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Swedish Social Workers' Perceptions of Harm Reduction Methods in Substance Abuse Treatment

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Abstract

The aim of this study was to explore how harm reduction methods are perceived by Swedish social workers working with treatment of substance abuse. In doing so, qualitative research method with semi-structured interviews was conducted with five social workers practicing within the social services adult unit from three different municipalities in mid-Sweden. The gathered data was analyzed through the perspective of the two related theoretical frameworks of social constructionism and discourse theory. The result revealed diverse perceptions and perspectives regarding harm reduction methods which both were conflicted between participants and within the participants. Methods practiced in Sweden were to a large degree perceived as positive. Perceptions regarding methods outside of Sweden were to a large degree split between an overall negative perception and a conflicted perception between negative views on the legitimization of drugs and positive perceptions regarding preventive positive outcomes. From the chosen theoretical framework, The participating social workers' perceptions appeared to be influenced by experience, social context, and a prohibitionist discourse on drug abuse that has since long been predominant in Sweden.

Keywords: Harm reduction, Zero-tolerance, Swedish Substance Abuse Discourse, Social Work, Social constructionism, Discourse.

Preface

First and foremost, we would like to thank our participants who made this study possible by making the time for us and providing us with the information we needed and more. They also reminded us of the important role of our profession of social work that we are there to help people in need.

We also would like to thank our family members and friends for being supportive and understanding during the busy weeks of writing this thesis. Their support and belief in us made the process of working on this thesis easier.

Lastly, but not least, we would like to say that we are very grateful for our supervisor Stefan Sjöberg who shared his valuable knowledge and gave us the needed guidance. Without his help, we would not have been able to complete this thesis on time and achieve the conclusions we are proud of.

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1. Introduction

Substance abuse is a social problem at a global level as it can be found in each and every nation of the world. There are estimations that every year, a minimum of 190 000 individuals die due to the usage of different drugs globally where most of them are related to the use of opioids which also carries other health risks such as the infection of blood-related diseases (UNODC, 2017).

In 2016 the number of drug-related deaths in Sweden was approximately 590, a decrease from a 10 years period upward trend, which during the following year of 2017 would increase to 626 (Folkhälsomyndigheten, 2019). Comparing the numbers to other countries within the European Union (EU) Sweden is among the three nations with the highest rate of drug-induced mortality per million populations (EMCDDA, 2018).

For decades the Swedish narcotic policies have been prohibitionist and rooted in the approach of zero-tolerance where substance use is seen as something hazardous and damaging to society and should, therefore, be eradicated by legal punishment (Goldberg, 2005; Tham, 2012, SOU, 2011:66). Studies show however that the zero-tolerance approach has been unsuccessful in its struggle to eradicate drugs and has shown in many cases shown to create further problems in terms of marginalization and failing to protect the users from further harm (Magor-Blatch, 2011). Discussed, as an opposite direction to zero-tolerance is harm reduction, which emphasizes that society is not likely to be free from drugs and therefore society should implement a public health approach to strive towards minimizing the hazardous effects of the substances in question (Goldberg, 2005; Hunt et al., 2003; Zajdow, 2005). As the harm reduction approach has been gaining stronger scientific evidence over the years, more countries around the globe have implemented them into practice (Drucker, 2013; Goldberg, 2005). Although some harm reduction methods are practiced in Sweden, specifically Syringe programs and substitute treatment, Sweden is still one of the countries where harm reduction methods in general are considered to be controversial (SOU, 2011:66).

The authors of this thesis caught an interest in the topic of harm reduction because two things were recognized; first, that the curriculum of our own education was failing to discuss the subject. Second, in the search for literature around the topic, it became clear that it is common that the fields of medicine, criminology, and psychology are active in the discussion but that the perspective of social workers is missing.

It is recognized that social workers are one of the professions that are frequently having close contact with individuals who are suffering from substance abuse. Thus, their insight and knowledge of what is important for the group should be taken into consideration. With that it is considered in this thesis that the social workers' professional knowledge, experience and close contact with the group can contribute to the debate regarding the treatment of substance abusers in Sweden.

1.1 Aim

The aim of this study is to explore how harm reduction methods are perceived by Swedish social workers working with the treatment of substance abuse.

1.2 Research Questions

The study has two overarching research questions related to the aim.

1. Which perspectives and perceptions do the social workers have regarding harm reduction methods?
2. How do social workers perceive harm reduction in relation to contemporary Swedish treatment methods?

1.3 Essay Disposition

In the following third chapter previous research gathered from earlier studies as well as relevant reports and other documents from multiple organizations relevant to explore the purpose of the research will be presented. The chapter after that covers the theoretical framework that will introduce the social constructionism and discourse theory and how it is considered to be relevant for this thesis. Then it will proceed to the methodology chapter, which describes the method, and research design by which this thesis has been conducted and how the results have been gathered. Following that, a chapter with result and analysis is presented where the findings of the conducted thesis are analyzed through the perspective of social constructionism and discourse theory as well as related to the previous research.

The result and analysis chapter consists of two overarching themes each with two belonging subthemes where the aim and research questions will be answered.

Lastly, a discussion chapter is presented where a result discussion answering to the research questions will be found as well as a discussion regarding suggestions for future research.

1.4 Abbreviations and Explanation of Concepts

Harm reduction method

Harm reduction refers to a policy or program aiming to reduce the adverse health, social and economic harm or consequences of drug use (Zajdow, 2005).

Needle and syringe program (NSP)

Needle and syringe program, sometimes also referred to as needle exchange program, is a program for substance abusers where injection drug users come to hand in used and receive clean needles (European Monitoring Centre for Drugs and Drug Addiction, EMCDDA, 2018).

Opioid substitute treatment (OST)

OST is a treatment, which offers people who are dependent on opioid drugs such as heroin an alternative prescribed medicine, most typically methadone or buprenorphine, which is swallowed rather than injected, in a supervised clinical setting (EMCDDA, 2018).

Heroin-Assisted treatment (HAT)

HAT is sometimes referred to as heroin prescription, pharmaceutical-grade heroin supervised by medical officials in a designed health facility (Ekendahl, 2012). It is prescribed for people when their opioid use disorder (OUD) has not been managed with other interventions, such as methadone treatment (Rehm et al., 2001).

Drug consumption room (DCR)

DCR is sometimes referred as a supervised injection site and is a place where people can use pre-obtained street-sourced drugs using sterile injection supplies in the presence of trained staff who monitor for overdose or risky injection practices and interfere when necessary (Kilmer et al, 2018). Some DCRs also provide additional services, such as referrals to primary health, social services and access to quality testing of the brought substances (ibid).

Law of mandatory treatment (LVM)

Is short for “Lag om vård av missbrukare i vissa fall” translated to the law of mandatory treatment for abusers. It is a law, which can be used to place addicts under compulsory treatment. The law is meant to eke out the social service act (Socialtjänstlagen), which regulates interventions that are based on free will (Eneroth, 2014).

2. Previous research

This chapter will present the previous research around harm reduction methods and the Swedish discourse of substance abuse. Before going in deeper it is considered important to present the fundamental stance of two opposites perspective in the drug discourse, zero tolerance and harm reduction as it is considered that a short definition of those would not do the approaches justice. Zero tolerance can be seen as an approach that is lying at the root when forming certain policies around the use of illicit drugs. (Magor-Blatch, 2011). In general, as the term reveals, policies that come from the zero-tolerance approach is trying to send a message to the society that that certain behaviors are not allowed and if the policies are not followed, legal consequences will follow (Goldberg, 2005; Magor-Blatch, 2011; Tham, 2012).

On the opposing side, the approach of harm reduction can be found. Goldberg (2005) states that the two approaches can be seen as one emphasizing cure and the other one care whereas as harm reduction is the latter. With that, a harm reduction perspective considers that society will never be free from drugs in its entirety and therefore harm reduction methods should be in place to reduce the risks around substance abuse (Drucker, 2013; Hunt et al., 2003). Harm reduction is therefore an approach that emphasizes a public health approach (Zajdow, 2005). The restrictive zero tolerance approach appears to hold consequences for the already vulnerable group of substance abusers. There are many who points towards the ineffectiveness and unreachable goal of zero-tolerance which has not passed unrecognized by every country as harm reduction has gained more solid scientific evidence and hence begun to be more implemented across countries (Drucker, 2013; Goldberg, 2005; Magor-Blatch, 2011).

2.1 Harm reduction

Harm reduction can be seen as both a general policy approach and a set of different interventions. The argument from a harm reduction perspective is that the prohibitionist zero-tolerance perspective is ineffective and lacks respect for human rights. In this thesis harm reduction will be discussed in relation to the effectiveness of four different interventions that can be categorized as belonging to the harm reduction approach. These four specific interventions were chosen mainly because they are the most researched ones until today. The main studies we have found that examine the

effectiveness and efficacy of each method will be summarized with their aim, method and most important findings that are related to the focus of this thesis.

Needle syringe program

Wodak and Cooney (2006) made the first international, extensive and systematic review on the evidence that NSP reduces HIV infections among injection drug users.

The most important findings of the study suggested that NSP reduces transmission of HIV commonly associated with injection addicts not only by providing clean needles but also by raising awareness. They also found that NSP is cost-effective across the world and that there is no convincing evidence that NSP can increase drug use in general. However, the researchers also concluded that NSP alone cannot guarantee to control HIV, thus it is recommended to complement it with other harm reduction methods or measures.

Ritter and Cameron (2005) on the other hand, did a research review on the effectiveness of NSP on three outcomes; reduced risk behavior, reduced HIV transmission and reduced hepatitis C virus. They concluded that there is strong evidence to support the first two outcomes but not enough to support the last outcome. They explained that although there are many studies showing that NSP reduces transmission of hepatitis C, they are not as many as the studies that show the other two outcomes. They also mentioned that there are many independent studies that conclude that NSP is cost-effective. The latest report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2018) supports that NSP is an effective method of reducing the risk of transmittable diseases, without going into detail about different sorts of transmittable diseases.

Opioid substitute treatment

Kermode et al (2011) did a systematic review on OST across different settings and found out many crucial pieces of evidence on its effectiveness in reducing harms of using drugs. Their finding revealed that OST reduces illicit opioid use, opioid-related deaths, transmission of blood-borne viruses as well as it appears to reduce criminal activity and socio-economic stress for drug users and their families.

In addition to that, they also concluded that OST acts as a bridge to primary health care, testing for various diseases and other types of treatments but that despite the evidence there is a problem with low-coverage of OST.

Hunt's review on reviews (2003) reveal that OST has all the positive impacts that are mentioned above and the evidence for it has been developed for more than forty years and from across the world.

However, it is important to mention that misuse and diversion of OST can have lots of negative impacts on the individual as well as on the society (Reimer *et al*, 2016). The misuse of OST medications can result in various health problems and even deaths, while diversion of those medications can lead to crimes and unsuccessful treatment outcomes (*ibid*).

Drug consumption room

Schatz and Nougier (2012) published a report for *The International Drug Policy Consortium* that provides an overview of the various DCRs in different countries and an analysis of available evidence regarding their impacts.

Their most important findings suggest that DCR has a positive impact not only on drug users but as well as on the wider communities, by reducing the rates of drug-induced mortality, the transmission of diseases, selling and using of drugs in the streets. Moreover, they mentioned that DCR clients feel less socially excluded and that the DCR staff encourages their clients to get help from health and social services. Their findings also include that even though politicians and media are against having DCRs, people generally appear to view DCRs positively in the places where they already exist.

Other studies also have shown that DCRs appear to reduce drug-induced mortality (Marshall, Milloy, Wood, Montaner & Kerr, 2011) as well as it can give injections users an environment free from stigmatization (Kappel *et al.*, 2016). A review of 75 studies concluded that DCR or supervised injection sites fulfill their harm-reduction objectives that are mentioned above and there is no evidence that they can increase drug use (Potier *et al*, 2014).

Interestingly, a critical review that was published in *International Journal of Drug Policy* by authors May, Bennett and Holloway (2018), which concluded that evidence for DCR's effectiveness is not as strong as it appears to be, had been retracted from the journal by the authors because of methodological weaknesses.

However, there are some studies that discuss a few shortcomings in evidence of DCR's positive impacts. The Independent Working group (IWG, 2006) report suggested that it is crucial to pay attention to DCR's implementation in order to benefit from its positive impacts and gave an example of DCR in Germany, which attracted less than intended clients because it was built far away from the local drug market.

Hunt *et al.* (2003) explained that even if there is some evidence that shows DCR can reduce deaths by overdose and transmission of diseases, the evidence cannot yet be 'well-quantified'.

Ritter and Cameron (2005) also said that DCR may reduce overdose-related deaths but the quantity of the evidence is less than claimed. Also, they explained that it is difficult to evaluate the impacts of DCR because they are only a small part of bigger public initiatives. Kilmer et al. (2018) found similar results that studies supporting DCR's positive impact are low in quality and are from limited locations. It is however interesting to note that three of the studies that found some shortcomings on the evidence of DCR's impacts are older than the studies that support the evidence, and also that the recent study (May et al., 2018) that doubted the evidence on DCR had been retracted from the journal due to methodological weakness.

Heroin-assisted treatment

Kilmer et al. (2018) made a study, using mixed methods of combining literature review and different types of interviews with various informants in several countries, to assess the evidence and arguments on HAT and drug consumption rooms.

Their most important results show that HAT is more effective than using methadone alone in treating OUD among people who have tried other treatments and still have no success in stopping their heroin use. Furthermore, they also mentioned that people who are in HAT are less exposed to fentanyl and other dangerous drugs that are sold on the streets, thus their mental and physical health is improved and their involvement in crimes is reduced. However, their findings suggest that HAT patients still are in various risks compared to methadone patients but still outweigh the risks associated with substances sold on the black-market.

These findings are similar to a study by Verthein et al. (2008) where the authors studied a HAT program in Germany over a two-year period and found out that HAT appeared to improve the mental and physical health as well as decrease of the illicit drug use.

In an earlier study by Hunt et al. (2003) it was concluded that the evidence base for HAT was weak because there were only a number of studies with only four of them being RTC (Randomized Controlled Trial). The review by Kilmer et al. (2018) was done more recently and based its conclusion on ten RTCs from Canada and Europe.

2.2 The Swedish Substance Abuse Discourse

The need for a revision of the current approach towards illicit drug use in Sweden appears as crucial as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2018) shows in the

recent report that Sweden is one of the countries that have the highest drug-related mortality rate within the EU with a majority of those cases related to the usage of opioids.

Sweden is a country where the traces to the zero-tolerance approach is clear, as it can be seen in the emphasized catchphrase “A drug-free society (Ett drogfritt samhälle)” that has been around since the 1970 (Goldberg, 2005; Richert, 2014; SOU, 2011:66).

It is considered in this thesis that in order to understand the Swedish approach to drug policies, one must understand the theoretical framework in which it has its roots.

The theoretical framework for the Swedish drug policies stems to a large degree from the work of Nils Bejerot (Goldberg, 2005; UNODC, 2006), who argued that individuals become dependent on substances because the chemicals change the biology of the individual and eventually the effect of the substance will take over the individual to an extent where he/she does not longer have any control over the usage (Goldberg, 2005).

Goldberg (2005) highlights some key components of the Swedish restrictive approach towards drug policies that can be traced to the work of Bejerot (As cited in Goldberg, 2005);

- (1) Individuals who use drugs are at risk of becoming dependent on the substances, which means that,
- (2) all use of such substances outside medical purpose is hence problematic.
- (3) Changing socioeconomic and cultural factors does not affect the problematic use of drugs.
- (4) Drug use is an urgent issue and needs drastic actions to be dealt with.

From this, the Swedish policies have had a strong emphasis on control (Richert, 2014). The restrictive approach has been based on zero-tolerance to drugs and it has been considered important to prohibit all use of narcotics substances. In 1988 the personal usage of illicit narcotics has been criminalized and since 1993 the individual who uses these illicit substances faces the possibility of being sentenced up to 6 months in prison (Socialdepartementet, 2016).

Although the prohibitionist zero-tolerance approach is clear in Sweden there are still methods that fall within the harm reduction approach such as NSP and OST (SOU, 2011:66).

The two first trial clinics of NSP was started 1987 - 88 where the controversial perception around the method kept it from expanding until it by law became accepted for counties to open NSP's if they wanted to (Richert, 2014). The first OST was launched in 1966 but it would take approximately 35 years for the method to gain recognition and be further expanded with the largest expansion occurring over the last 15 years (Richert 2014; Socialdepartementet, 2016).

Sweden, a country that on the international arena is seen as a nation that is on the forefront in many areas has been given critics from the United Nations (UN) for their lack of human right perspective

in their formation of drug policies (Berghstedt & Wicklen, 2015). OST has a number of positive aspects and has also been emphasized to be crucial by the World Health Organization (WHO, 2009) in the treatment of opioid-dependent patients (ODP) which now appears to be more recognized in Sweden. The change of discourse and expansion of these harm reduction methods could be due to the methods gaining more evidence, pressure from the international organizations (Berghstedt & Wicklen, 2015; WHO, 2009) and that the discourse in Europe has in general turned to a more harm reduction approach over the last two decades (Richert, 2014).

However, when it comes to OST there still is criticism, which states that it is too hard to get into and stay within the programs in Sweden (Ekendahl, 2011).

The critique also appears regarding how NSP in Sweden functions as a report from EMCDDA (2018) shows that the coverage of programs is still considered to be low.

With what has already been mentioned, Sweden has a tradition of focusing on rehabilitation with the goal that the individuals should come to a life where no abuse or dependency of illicit substance should exist as made clear with the prohibitionist and zero-tolerance emphasized quote “A drug free society” (Goldberg, 2005; SOU, 2011/66).

There is little previous work to be found regarding what perception social workers in Sweden have of different harm reduction methods. However, there is some previous work that can be found. In a qualitative study by Ekendahl (2011) the studies aim was to explore which discourse professionals such as nurses and social workers use in their legitimization of OST. The results revealed that there where an overreaching positive perception of OST among the participating healthcare staff and social workers based on the criteria that it is closely monitored and that it should not be seen as a treatment that works only in itself as other aspects are needed.

The study which was selected because of its similar exploration to this thesis had its primary interest in the discourse around OST but it also appeared that the participating social workers in Ekendahl (2011) expressed that that supervised injections and HAT are considered to be controversial which is considered interesting as these harm reductions will be explored in this thesis.

It is considered in this thesis that social workers within the social service can contribute with an important and interesting perspective as they are one actor who influences the treatment of those who are suffering from different forms of dependency in Sweden.

One way in which the social services and social workers have an influence on the life of substance abusers is their work with the law compulsory care act of addicts, known as LVM which under certain circumstances substance abusers can be placed against their will. According to the Ministry

of Health and Social Affairs, the mandatory treatment is meant to motivate the substance abuser to undergo voluntary treatment and is in place for the better good of the individual (Socialdepartementet, 2016).

In the Swedish prohibitionist discourse, LVM may not appear as a controversial law but from an international perspective, it can be viewed as such because of its deviation from other approaches among western countries (Bergmark & Oscarsson, 1999).

In a Swedish medical journal (*läkartidningen*) Olofsson, Löfstedt & Nilsson (2012) wrote a debate article where their main argument where that the law is outdated, fails to provide evidence-based care and long-term changes for substance abusers.

It should be stated that in the process of searching for previous research it has been challenging to find studies that support the restrictive approach to substance abuse that Sweden has. To avoid confusion it is considered important to state that although critique appear towards the law of mandatory treatment of substance abusers that Sweden as the welfare state it is, should not be considered a nation that does not offer support for the target group as there are many services that are provided in Sweden to address the problem of substance abuse. For example, the social services that can be located in every municipality offer a wide range of support including social allowance, housing and voluntary treatment (Eneroth, 2014; Storbjörk, 2012). There is also an obligation for the healthcare system to provide medical and physical treatment in relation to substance abuse (Storbjörk, 2012). Neither should the high rates of drug-induced mortality alone be interpreted as evidence that the Swedish drug approach is failing since no comprehensive evaluation has been done (Richert, 2014). The United Nations Office on Drugs and Crime (UNODC, 2006) has called the Swedish approach successful, as there are statistics that show low rates of drug use in comparison to other nations within the European Union. However, the lack of a broader evaluation over the situation of illicit narcotics in Sweden also results in that these statistics can't either claim the success of the Swedish discourse.

3. Theoretical Framework

In this thesis, the theoretical perspectives have been chosen based on the interest of how the different harm reduction methods are perceived and given meaning to. It is considered that these theoretical perspectives can support the analysis of the social workers' perceptions and explore

which discourses influence those perceptions. It is considered that these theoretical frameworks are of relevance in answering to the aim as the topic is influenced by societal context, history, culture, politics, and communication (Jørgensen & Phillips, 2002).

3.1 Social constructionism and Discourse theory

It is recognized that there is no single definition or description of social constructionism.

With that said, writers with roots in social constructionism have similar characteristics where it is emphasized that there is a problem with knowledge that is taken for granted (Burr, 2003). The knowledge that humankind has about the reality of the world and how it is understood is from a social constructionist perspective that collectively individuals constitute their reality in their interaction between each other. An important influence of the social constructionism theory is from the work of Berger & Luckmann (1991, originally published in 1966) the classical book “the social construction of reality”. Berger & Luckmann (1991) argue that individuals have their own uniqueness and subjectivity, which makes our perception of reality differ. Still, there is an everyday reality, which is constituted by individuals interacting with each other (Berger & Luckmann, 1991).

Berger and Luckmann (1991) argue that this experienced reality of everyday life has been objectified and institutionalized to the degree that it is no longer questioned and hence, taken for granted as real. Payne (2014) also states that from peoples experience in life, social constructions are formed, reproduced and sustained through our interaction with others. With that said, there are many aspects that influence the individuals to what constructs their assumed reality. For example, how the assumed reality appears is influenced by the historical time and where the individual lives relating to culture and norms (Burr, 2003; Tran, 2013).

From this viewpoint, we cannot take for granted that our society or our way of living is the correct way and hence we should be mindful how we view and experience our world as it may not be as it is assumed to be.

As social constructionism is concerned with the theory of knowledge and states that it is constructed through human interaction, language becomes an important aspect of the construction (Burr, 2003; Berger & Luckmann, 1991).

Just as the case of social constructionism, there is a lack of general definition of discourse theory. Although similar characteristics can be found among the different perspectives there are also areas where the perspectives are in opposition to each other (Jørgensen & Phillips, 2002).

The discursive perspectives that will be used in this thesis will be more towards the abstract perspective with analysis of the overarching patterns that can be found. One perspective of discourse can be that as we humans talk and express ourselves through speaking or writing we engage in a discourse. It is how we articulate to reach specificity where words can be open for interpretation and through language; we are trying to reach a point where it is clear what we are trying to say (ibid.).

However, drawn for the perspectives of Laclau and Mouffe (2014) and Foucault, discourse is viewed as more than just text and speech as it is conceptualized as more than just words and includes all social phenomena (Burr, 2003; Payne, 2014). Clear traces of the social constructionist perspective can be seen in Foucault's emphasis on that the truth is discursively constructed (Burr, 2003). From the perspective of Laclau and Mouffe (2014), there are two concepts of particular interest in this thesis. First, we have what is called the nodal point which is the term in the speech or text for analysis that is central to the articulation and has a particular meaning. Second, we find the concept that is referred to as the chain of equivalence where the analyst sought out the places in which the nodal point is mentioned in relation to other terms which gives it meaning (Jørgensen & Phillips, 2002).

The Foucauldian approach also opens up many interesting perspectives.

Foucault's perspective of power and knowledge, where power is viewed as scattered and integrated everywhere instead of being just a top-down mechanism (Foucault, 1990). Power is therefore not only viewed as suppressive or constraining but also as enabling discourses and knowledge. The knowledge is tied up with power, which spread and reproduces the knowledge to legitimize its power (Burr, 2003).

There is then in the perspective of Foucault institutions in which discourses are bounded and their practices organize and regulate the social life (Jørgensen & Phillips, 2002; Payne, 2014).

As an example of how discourses are tied to institutions practice, the compulsory treatment law LVM which can forcefully place a substance abuser at a treatment facility can be legitimized by the statement that the substance abuser is treated that way for his or her own good where they are meant to become motivated to voluntary treatment. Although this institution is using power to control, it might not appear as negative to us as we may be a part of that discourse.

Just as in social constructionism, there is a space and place component of discourse in which our assumption of the word is influenced (Burr, 2003). It appears that Foucault has a tendency to only consider one regime of knowledge of a certain period in time whereas other gives the perspective that conflicting discourses coexist and struggle to achieve hegemonic control, which is also considered in this thesis (Jørgensen & Phillips, 2002).

3.2 Application of Theories

Drawing from these related theoretical perspectives, the social workers perceptions of different harm reduction methods have been explored. Resting on the social constructionist perspective that our assumed reality is constructed it goes further into the discourse perspective of Laclau and Mouffe which is considered to give a way of viewing how different harm reduction methods are constructed and ascribed with meaning. From the Foucauldian perspective it is considered the path of relating the constructions to a broader discourse has been achievable. With that, the chosen theoretical framework and the different perspectives have supported the analysis of the collected data and given an understanding of both how the participants ascribe meaning and construct different methods as well as what appears to have influenced their perceptions.

4. Methodology

This chapter presents the following headings that are addressing the methodological aspects of this study: preliminary understanding, research design, mode of procedure, sampling, tools of analysis, ethical standpoints, credibility, and discussion of methodology.

4.1. Preliminary understanding

The authors of the thesis had opposite expectations on what the collected data would look like before doing the interviews. The preliminary understanding of one author was that the majority of participants would view that most, if not all the harm reduction methods discussed as controversial and unsuitable in the Swedish society, while the other author expected that the participants would have supportive opinions around harm reduction methods and would support the idea of using more

of them in Sweden. One of the authors has working experience within the psychiatric care where frequent contact with substance abusers have existed and experienced a lack of harm reduction mindset in Swedish social services. The author who expected that social workers would support harm reduction methods had limited encounters with substance abusers and social service support for them.

This difference in the author's' preliminary understanding of the expected data helped to avoid researcher bias in interview questions, interview process, and analysis of the data.

4.2. Research design

Qualitative research method with in-depth face-to-face interviews was used for this thesis because it is important to gather rich and deep empirical data in order to fulfill the research aim of exploring how harm reduction methods in substance abuse treatment are perceived by Swedish social workers. Qualitative research design enables researchers to achieve deeper understanding and gather more detailed information on the studied phenomenon (Kvale & Brinkmann, 2009). Also, qualitative research is suitable when examining people's perceptions, because one of the main features of qualitative research is its ability to represent views and perspectives of the participants in the study, by obtaining ideas that represent meanings of real-life events by the people who are living them instead of meanings that are affected by the values and preconceptions of the researcher (Yin, 2011). If the study used, for example, quantitative methods the interview questions would be close-ended which can be more prone to be affected by the researcher's values and preconceptions. Instead, the study used semi-structured interviews with open-ended questions in order to avoid the questions being affected by the researcher's preconceptions and values and bring out the participants real perspectives.

The qualitative data were gathered through face-to-face interviews. The reason for choosing face-to-face interview was that it gives the opportunity to ask follow-up questions, correct misunderstandings and investigate the underlying reasons and tones in a way that is not possible to do in questionnaire or email interviews (Robson, 2007).

4.3. Mode of procedure

4.3.1. Selection of Literature

The articles that were used in the *Previous Research* chapter were searched and obtained from databases Swepub, Scopus, and Google scholars. The keywords that were used in the search process were: *Harm reduction, Zero tolerance, Supervised injecting facilities, Drug consumption rooms, needle exchange, Methadone treatment, Heroin prescription, Drug policy & Sweden, Harm reduction & Sweden. Social policy & Sweden. Harm reduction & substance abuse, drug discourse, Swedish drug discourse, Lagen om särskild vård av missbrukare i vissa fall & Sweden, LVM & Drug Discourse & Sweden.*

The search result showed more than hundreds of articles. Many articles that came up around harm reduction and zero tolerance were about school policies in other countries that were not considered to be of importance for this thesis. Likewise, many studies that appeared from certain keywords were regarding tobacco and alcohol and were excluded. The studies were chosen under the criteria of recent years and peer-reviewed. For the different harm reduction methods discussed in previous research, the authors chose extensive international studies and reviews as well as complemented with perspectives from studies done within certain countries to give further perspectives.

Since many of the studies for the different harm reduction methods were supporting the evidence of their effectiveness, another search was made with keywords: *Critics on Harm reduction methods, Critical review of needle exchange, Effectiveness of harm reduction.* There were still very few critical studies to be found with results critical towards harm reduction methods.

The used reports have been retrieved from the organizations' websites: www.emcdda.europa.eu, <http://www.sou.gov.se>, <https://www.who.int>. These reports included facts and information on drug policies around the world, the European Union, and Sweden that were significant for this thesis. The main books that were used for the *Methodology* chapter were chosen from the International Social work Program course literature.

4.3.2. Sampling

As the aim of the study is focused only on the social workers' perspective, the interviewees were all social workers working in Sweden. The authors first contacted with Social Service Centers of more than five different Municipalities via emails explaining the purpose of the interviews. An information letter describing the study (see Appendix 1) was attached to the sent emails. The information letter included information about the purpose and topic of the interview, consent, confidentiality, expected duration of the interviews, information of audio recording as well as the contact information of the authors and their supervisor. It is recognized that in the time of recruitment of participants it is important to obtain informed consent by giving an explanation of the study to the potential participants (Mack & Woodsong, 2005).

Three of the Social Service Centers replied and referred to social workers that were interested in participating. Thus, five social workers from three different municipalities were contacted and the interviews were booked with the time and place.

The sampling method for this study is called purposive sampling, in which the researchers look for participants who can give the most complete data about the study focus (Morris, 2006). For this study, it was important to select social workers that are working specifically within the adult unit as participants, because they are the ones who work closely with substance abusers and are able to give deeper insight to the research objectives. When using a purposive sampling method, the researcher chooses a sampling unit that can represent the population based on her or his subjective judgment (Frankfort-Nachmias & Nachmias, 2008). The reasons for including participants from three municipalities are to protect participants confidentiality and to avoid biased answers as if all the participants were from one municipality then there was a risk that they discuss the research topic among themselves before all the interviews were done and it could result in biased answers. Another point to consider was that their anonymity could be revealed if every participant knew each other.

4.3.3. The Interviews

Five interviews were conducted with social workers working within the 'Adult Unit' in three different municipalities in mid-Sweden. Two of the municipalities are located in relatively small towns and one is located in a big city. The participants were between the ages of 40-60, of whom

two were males and three were females. The educational background of the participant differed slightly as three had a social work degree, one a social care and counseling degree and one had a degree physiatrist aide degree. Four of the participants have long working experience of 18-25 years while one participant has worked as a social worker for two years.

Each participant decided the time and the place for an interview because it was important that they felt comfortable during the interviews. Robson (2007) explains that in order to achieve the best outcome for an interview, the researchers should aim for a comfortable conversation.

Before starting the interviews, the participants were once again verbally informed about the purpose of the research and the fact that the interview material will be used only for this research.

They were also assured confidentiality and anonymity, that the interviews will be audio-recorded and that they were allowed to withdraw from the interview at any time.

Semi-structured interviews with a pre-constructed interview guide (see Appendix 2) were conducted and audio-recorded by using mobile phones.

The interviews were audio-recorded because it was considered to be the best way to get the most accurate record of everything that was said during the interview and to quote the participants accurately (Morris, 2006). Semi-structured interview style was chosen because it offers a balance between broadness of open-ended interview and focus of a structured survey. It allows the conversation to flow naturally, and at the same time, it enables the interviewer to guide the discussion towards the subject of focus (Robson, 2007). Thus, it generates both expansive and relevant data. Another reason to choose a semi-structured interview with the interview guide is that it increases the chance of a common pattern and themes throughout all conducted interviews.

Before the interviews, the researchers had in advance prepared a number of interview questions that are organized under specific themes that are of relevance to what the researchers want to explore.

The themes and their attached questions are however not fixed to the extent that the researchers would only have to use those, instead, they should function as a guide which leaves the opportunity for the researcher to dive deeper into certain questions and ask other questions if necessary. The interview guide for this research consisted of four themes with approximately 3-4 open-ended questions within each theme. The themes were: Background, Personal preference around Swedish drug policies, Base of knowledge, and harm reduction. When choosing the interview guide themes and their questions, the authors had in mind that the topics of the interviews are not to be identified, measured and tested but rather to be explored, reexamined, and perhaps redefined (Morris, 2006).

The authors also asked follow-up questions to make sure to receive answers that were complete and clear. In cases where the answers were not perceived as clear, the authors summarized how they understood the answer and asked, “Did I understand you right?”.

The interviews lasted between 40-50 minutes and were conducted in Swedish and English. Most of the participants preferred being interviewed in Swedish and the authors agreed to do it, as they preferred because it is very important for the quality of the interview that they feel comfortable and express themselves freely (Robson, 2007). Later, the Swedish interviews were translated and transcribed into English text. The English interview was also transcribed word by word into a text.

4.3.4. Tools of Analysis

At first, the two authors analyzed the transcribed data separately and then integrated them together by discussing and comparing. The main reason for this was to avoid researcher bias (Patton, 2002). The approach thematic analysis was used which is identifying patterns and themes in the data that are important or interesting regards to the focus of the research (Maguire and Delahunt, 2017). The authors had in mind that good thematic analysis interprets and makes sense of the data, instead of simply summarizing it (ibid).

There are two main ways of doing a thematic analysis (ibid). The first one is called top-down or theoretical thematic analysis, which is driven by the researcher’s topic of interest, specific research question or a theory (ibid). The second approach is called the bottom-up or inductive approach, which is driven by the empirical data itself (ibid). This study integrated elements of both approaches. Some of the codes were collected to support the concepts or theories that the authors had in mind, that was developed by reading the previous researches. At the same time, the authors collected other codes and quotes that were considered interesting or relevant, found the patterns in them and eventually grouped them into themes and sub-themes.

There are two levels of themes- semantic and latent (ibid). Semantic themes represent the surface meanings of the data and they are not beyond what the participants have said, while latent themes are created by identifying and examining the underlying ideas, assumptions, conceptualizations, and ideologies of the semantic content of the data (ibid). All efforts were made by the authors to identify the latent level of themes.

As described by Maguire and Delahunt, (2017. p.3354), Braun and Clarke’s (2006) six-phase guide was used for the thematic analysis of this thesis. In this thesis, each author followed the first three

stages of this six-phase guide separately and during the last three stages, the authors worked together. The first step of this guide is to become familiar with the data. The authors read and re-read the entire transcripts and made a rough summary. The second stage is to generate an initial code. The authors organized the data in a meaningful and systematic way by combining both top-down and bottom-up approaches. The third step is to search for themes. The authors found codes that were related to each other and organized them into broader themes that seemed to say something about the research questions. At this stage, the themes were predominately descriptive or semantic.

The next stage is to review the themes, in which the authors worked together to review, compare, modify, and develop the preliminary themes that were identified by each author separately. And the fifth stage is called 'define themes' by Maguire and Delahunt (2017. p.33511), which is the final refinement of the themes. The authors aimed to identify the 'essence' of each main theme and their subthemes. We also tried to find the interactions and relatedness of the sub-themes with the main themes, as well as the relationships between the main themes. In the last stage, the authors presented the final themes in the Results and Analysis chapter by analyzing them through the theoretical frameworks and previous research.

4.4. Ethical standpoints

The study has followed the four traditional general ethical guidelines of research to assure that it is done in an ethical way; informed consent, confidentiality, consequences, and the role of the researcher (Kvale & Brinkmann, 2009).

One of the most fundamental research ethics principles is 'respect for persons' and informed consent is one of the most important tools to ensure it during the research (Mack and Woodsong, 2005. p.9). It lets the participant "understand what it means to participate in the study so they can decide in a conscious, deliberate way whether they want to participate" (ibid. p.9). As mentioned earlier, all participants of the study were introduced to informed consent in a letterform before deciding to participate in the study. They also were verbally informed about the informed consent right before giving the interview. The informed consent included details regarding the name of the researchers, which university they were coming from and the purpose of the study. With that, it also consisted of information regarding the approximate duration of the interviews, that the interviews would be digitally recorded and how the material would be used.

When it comes to confidentiality, assuring participants that the information they give will be kept in confidence is important, not only for ethical reasons but also for earning their trust and thus for receiving good data (ibid). In the information letter and before the start of the interviews the participants were informed that they would be anonymous, that the recorded material would only be used for the purpose of the study and that no one besides the authors, supervisor, and examiner would have access to the material. The participants were informed before the start of each interview that they have every right to withdraw from the interview and decline to answer if there was to come to a question that they did not feel comfortable answering. To protect participants' confidentiality, any information that may reveal their identity is not presented. All participants are referred to as Participant 1, Participant 2, Participant 3 and so on.

The consequences of a qualitative study are related to the possible harm and potential benefits of participating in the study for the participants (Kvale & Brinkmann, 2009). The potential benefits and the importance of the gained knowledge should always be more than the possible harms (ibid). With that said, the authors think the knowledge gathered from this study is interesting and important because social workers' perception of the subject is not well researched in Sweden, and since this study investigates the participants' professional life rather than their personal life, the possible harm on the participants can be considered little to none.

The role of the researcher as a person and his or her integrity is important for the quality of scientific knowledge (ibid). Both authors made efforts to be responsible, sensitive and morally right throughout the study.

4.5. Essay Credibility

The credibility of the thesis will be discussed through Validity, Reliability, and Generalizability.

4.5.1 Validity

In qualitative research, the validity is related to whether a method investigates what it is intended to investigate (Patton, 2002; Kvale & Brinkmann, 2009). Using a qualitative method with an aim to explore people's perceptions of a matter it is somewhat difficult to determine the validity of the

study. However, Kvale and Brinkmann, (2009) suggest that transparent research procedures of checking, questioning and theorizing can ideally lead to external validity.

As the two authors' preliminary understanding of the expected findings differed from one another, it affected the validity of the study positively. More attention was put into the structure and phrasing of the interview questions to avoid having leading questions.

Another tool to strengthen the validity was that the participants did not see the interview guide questions beforehand so that their answers were less likely to be over-thought or/and pre-prepared and more likely to be spontaneous and honest. Furthermore, all the interviews were audio-recorded to make sure that the information was stored and statements could be used correctly.

In an attempt to reduce the threats towards the validity of the thesis analyst triangulation technique was used, which can sometimes also be referred to as observation or investigator triangulation (Patton, 2002; Robson, 2007). It is considered that adopting this form of triangulation can support the thesis by reducing the threat towards the validity as the two authors analyzed, coded and created themes of the gathered data independent from each other (Robson, 2007). This is also considered to make the result of the thesis less prone to researcher bias (Patton, 2002).

4.5.2 Reliability and Generalizability

The reliability of qualitative research rests on the consistency and trustworthiness of the research findings, regards to whether or not other researchers can reproduce the same finding at other times (Kvale & Brinkmann, 2009). In order to assure reliability, every step that was taken to reach the conclusion of the thesis is reported in a transparent and detailed manner, including the six-phase guide, which was used for creating the themes of the results.

Generalizability means whether a finding in one situation can be repeated in another situation (Kvale & Brinkmann, 2009). One of the main qualities of using the qualitative method is that it gathers unique, rich and subjective information (Patton, 2002). As the aim of the study is focused on the social worker's perception of harm reduction methods, the purposive sampling method was used together with an interview guide with open-ended questions. The characteristics of the chosen methods are not considered to generate generalizable results nor is it meant to (Robson, 2007). The results of the study can only give a deeper understanding of diverse perceptions and perspectives of social workers on harm reduction methods, hence the findings in this thesis should not be considered to be a generalizable presentation of the Swedish social workers outside of this empirical field.

4.6 Discussion of the Methodology

One of the main qualities of qualitative research is that it captures the uniqueness of phenomena (Yin, 2011), which makes it difficult to replicate and generalize its findings. One of the limitations of this study appears to be that the results cannot represent the whole population of Swedish social workers. Based on the time constraint of this study, only five interviews were done. However, it is compensated by the quality and the depth of the interviews, which all lasted 40-50 minutes.

Another limitation of the chosen method can be the choice of purposive sampling, which is entirely up to the researchers' subjective judgment (Frankfort-Nachmias & Nachmias, 2008). The choice of sampling population can be affected by the researcher's preference and bias, to some extent. In order to reduce potential researcher bias in purposive sampling, the study included as diverse as possible participants, who are from three municipalities belonging to different counties. Also, the authors only contacted the head of the adult unit of each Social Service Centre, who passed the information to the potential participants.

Another disadvantage of the chosen method can be that one-by-one in-depth interviews were used. Although the in-depth interviews allowed the participants express their personal opinions and experiences, which was crucial for answering the research questions of the study, the authors realized that focus group interviews would have gathered a more complex picture of how harm reduction methods are perceived by social workers. It was noticed from the empirical data that social workers' perception of the matter do differ from one another and there is a lack of discussion of harm reduction methods among social workers. Therefore, the authors think that focus-group interview would have been an appropriate choice of interview method, considering that focus-group brings out the range of perspectives that exist within a group or subgroups (Mack and Woodsong, 2005).

Another limitation of the study can be the fact that most of the interviews were done in Swedish. Even though efforts are made to preserve the original meaning of the sentences, there can be words and phrases that are misinterpreted in the process of translation.

Lastly, the interview guide questions had covered several harm reduction methods, which resulted in too much empirical data to analyze within the given limited time. The authors consider that if the interview questions were focused on only a few methods, for example, NSP and OST alone, the empirical data would have looked more narrow but deeper so that it could be analyzed in a more detailed manner.

5. Results and Analysis

In this chapter, the results of the conducted interviews and the analysis based on the chosen theoretical perspectives and previous research will be presented.

This chapter is divided into two main themes which each has two sub-themes.

The main themes emerged from the research questions in combination with what emanated from the empirical interview data. The related sub-themes were also formed to make it easier for the reader to follow the text. The first main theme consists of what perceptions the participants have of the contemporary Swedish treatments of substance abuse. When they talked about Swedish treatments, almost everyone mentioned about LVM in comparison to free will, hence one of the sub-themes focuses on that. The second sub-theme is about the two harm reduction methods (NSP and OST) that are part of the Swedish treatments. The second main theme includes discussions on all four harm reduction methods where each sub-theme is focusing on one method that is practiced in Sweden in relation to one of the methods that are not practiced in Sweden. The participants will be mentioned as, Participant 1 – 5 based on in which order they were interviewed.

Participant 1 is a female over the age of 40, graduated the social work program more than 20 years ago and has since worked the majority of those years within the area of substance abuse and mental health issues. Participant 2 is a male about 60 years old, has an educational background in psychiatric care and has worked within the adult unit for almost 20 years and approximately 10 years within the psychiatric care before that. Participant 3 is a male around the age of 40, graduated as a social worker and has 20 years of experience as a social worker working with children and youths as well as within the adult unit.

Participant 4 is a female around the age of 50, graduated the social work program 2 years ago and has since worked within the social service adult unit. Has also past experience of working within a treatment home for substance abuse and comorbidity.

Participant 5 is a female, 50 plus and has a 2-year degree in social care. Has been working within the adult unit for 11 years and before that has past experience from working with functional disability and other units within the social services.

5.1 Contemporary Swedish Treatment

5.1.1 Free will versus mandatory law treatment

From the empirical data that was collected through the interviews a common concern that was raised by all of the participants was the emphasized importance of the substance abusers own free will to undergo treatment. With that emphasized it came naturally for the participants to talk about the compulsory treatment law LVM which the participants directed skepticism towards, as exemplified in these two quotes:

“forced treatment, like LVM, does not really change anything, it is more about what the individual wants. –Participant 1.

“I can’t really see that it helps or changes anything for the individual in the long run.” –Participant

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The compulsory law is here described as not really changing anything in the long-run for the substance abuser. The participant states that it can be important to use but that it is only in cases where it is in a situation of emergency. The emphasize in the quotes by participant 1 and 4 appears to be that it does not “change” the life of the substance abusers in the long run and for change to be obtained, it is important what the “individual wants” hence their participation and free will in the treatment process which is echoed among all the participants.

In addition to the perception that LVM law is ineffective, participant 5 raises what she considered to be another problematic aspect of the law when she says that:

“it may actually destroy our relationship because they view that I am to blame that they were sent away against their own will” – Participant 5 on LVM.

With this, it appears as the social workers' perception is not only concerned with the lack of positive outcomes for the substance abusers but also that it can be a threat towards the “relationship” between the social worker and the client. Participant 5 also states that the law in many cases appears to be “outdated” which is also argued in the debate article by Olofsson et al. (2012). Bergmark & Oscarsson (1999) states that from an international perspective, the compulsory treatment under

LVM can be seen as controversial and that Sweden also has a harsh compulsory law compared to its neighboring Nordic countries.

Participant 5 states that LVM should be revised because it is “outdated” which implies that there was a time where it may have been appropriate. This can be seen as the space & place component that Burr (2003) discussed in relation to how our assumed reality is constructed based on the time and context in which we live.

From a social constructionist perspective, it is considered that the interaction constructs and sustains the assumed reality (Berger & Luckmann, 1991; Burr, 2003). All the participating social workers have a shared perception of the importance of voluntary and the shortcomings of compulsory treatment. It is therefore likely that the group of social workers that are working with the treatment and its laws has shared their perception and through this institutionalized their assumed reality of the law in which it has become sustained by their interaction (Berger & Luckman, 1991; Burr, 2003). The experience of working with the target group and the contemporary methods (laws of treatment) should not be forgotten as Payne (2014) states that social constructionism also considers that experience plays an important role in how reality is constructed. Hence it can be seen that the social workers have had an experience that compulsory treatment does not “change” the life of the client in the “long run” and that in their interaction, LVM has been constructed and sustained through their interaction as unsuccessful. This discourse appears to challenge the view of the Ministry of Health and Social Affairs (Socialdepartementet, 2016) that LVM is for the better good and is there to motivate the individual to voluntary treatment.

Applying the discourse perspective of Laclau & Mouffe (2014), it is reasonable to interpret that LVM is constructed as a method that is ineffective, outdated and has the potential to destroy relationships with the client. The way the participants perceive the LVM one can interpret that it is constructed as negative and given meaning to with terms such as ineffective, outdated and that it can destroy the relationship to the client in the chain of equivalence. From the Foucauldian perspective, it then appears that the discourse of the institution regulating social life is not legitimized by the social workers. The participants seem to deviate from the predominant Swedish prohibitionist discourse when it comes to how they perceive LVM (Jørgensen & Phillips, 2002).

5.1.2 Needle Exchange Program (NSP) and Opioid Substitute Treatment (OST)

From the collected data, it is clear that all participants of the study have positive perceptions of the two harm reduction methods that are used in Sweden. However, it has also been noticed that they haven't always been supportive of these methods in the past. Their perceptions have been changed because they have experienced the benefits of using the methods.

All participants share a positive view of needle syringe programs, mainly because they perceive that it plays a big role in preventing the transmission of diseases as can be seen when two participants state that:

"It has been shown that there has been a decrease in the number of hepatitis and HIV cases, so clearly, it serves a purpose" - Participant 2

"I have seen the spreading of the diseases and even deaths occur when people use each other's tools" -Participant 3

It is clear that every participant is aware that one of the positive effects of having NSP is to prevent transmission of diseases like HIV and hepatitis C by providing clean needles because of the tendency of sharing needles among drug users. Most of them have had experience with clients who benefited from this program, as well as experience with unhygienic injections among clients resulting transmissions of infections. Thus, they consider NSP to be an important method in the treatment of substance abusers.

The participating social workers' perception of NSP is in accordance with what has been found in previous research regarding NSP being an effective method in the reduction of transmittable diseases like HIV and Hepatitis C (Ritter & Cameron, 2005; Wodak & Cooney, 2006).

It becomes clear that some are not only supportive of having NSPs, they also want it to expand and develop, when two of the participants express that they would like these programs to include giving naloxone as next step which is described as a medicine that blocks the effect of opioids primarily in cases of overdose. Some of them also criticize the fact that the coverage of NSP is low in Sweden that depending on where they live, some people don't have access to these programs which is in

accordance with the report from EMCDDA (2018) that confirms that the coverage of NSPs is still considered to be low.

Most of the participants mention that they have had conflicting thoughts on NSPs before' as it appears to allow usage of injection drugs. But after experiencing the positive impacts of NSP they came to their current perception that it is "needed" for reducing diseases among drug users.

From the findings in this thesis, it is recognized that the participants of the study had an overreaching positive perception over the usage of substitution treatment and saw many beneficial outcomes of the offered treatment. This can be seen when participant one says:

I have through the years seen those who need medication, that's how it is. Sometimes it doesn't work any other way." - Participant 1

The quotation above can summarize the shared perception of all the participants of the thesis. OST with methadone or similar substance is seen as an effective method that can help the substance abuser and as it often is needed. Another interesting thing with the substitution treatment is that the majority of the participants explain the method as leading to a functioning life as where the participants mentioned among many things that the substance abusers have a result developed a "decent life" where examples such as getting back their families, have a home and a job was described as witnessed.

However, it is clear from the conducted interviews that OST have not always been viewed in the same light as it is by social workers today as we can see when participant 4 states that:

"I had a negative perception and opinion on substitution treatment and viewed that as giving addicts their drugs. But that has changed, and I see the full picture now. It is a medicine that can save lives" – Participant 4.

Participant 4 is not alone in the change of perception as this is echoed by the majority of the participants. For example, when discussing the social workers change in perception throughout their years as a social worker Participant 5 states that with increased insight into the OST program the perception changed from the views of giving abusers their substance to see that it is an effective medicine in the treatment of opioid-addicted individuals. Participant 5 also expresses that it is a shame that the availability of OST can be dependent on where in Sweden you live.

The positive outcomes that are recognized by the participating social workers appear to echo the perceptions of other social workers found in previous research (Ekendahl, 2011).

It appears that the positive perception is mostly regarding the positive outcome in terms of the client becoming more functioning in society and getting their life back.

Previous studies have also pointed to the positive effects that OST can contribute to a more functioning life and stable life as the method can contribute to a reduction in criminal activity and ill health overall.

WHO (2009) is one among the international organizations that are emphasizing the importance of substitution treatment in the work with opiate-dependent individuals, which appears to be recognized in Sweden (SOU, 2011:66) that can also be seen in the increased coverage during the last 15 years (Richert, 2014).

Social constructionism emphasizes that our assumption of reality is influenced by the context in which we live, for example, a specific society with its norms and values (Burr, 2003). As already mentioned Sweden has a history of the prohibitionist approach (Goldberg, 2005).

The Swedish discourse on OST and NSP has stalled and held back the expansion of the methods because of a controversial perception. It seems now that the Swedish discourse regarding the two methods has recently started to change as the coverage has expanded (Richert, 2014).

From our theoretical framework, it can be understood as the expansion of OST and NSP has made the social workers come in contact with the different treatment discourses and experienced the outcomes of them (Burr, 2003; Payne, 2014).

This in itself might have challenged the construction of the methods as “*giving drugs to the addict*” and “*Allowing the use of drugs*” Further, drawing from the Foucauldian perspective, one can observe that the Swedish discourse of OST and NSP has changed with influence from a more international drug discourse, which states their importance (WHO, 2009).

This leads up to the social workers’ re-constructed perceptions of methadone from a “*drug*” to a “*medicine*” where terms such as “*taking back their life*” and “*it is needed*” appears in a chain of equivalence giving methadone or similar substance a new meaning (Laclau & Mouffe, 2014).

For NSP the re-construction appears from that earlier the method was constructed and ascribed meaning to by terms such as “*allowing*” drug use to that it now appears as a public health approach where it can “*prevent*” transmittable diseases.

From the theoretical framework of this thesis, it appears as with the increased experience of the social workers and a powerful medical/public health discourse with tied knowledge has challenged the Swedish prohibitionist drug discourse and changed the perceptions of the participating social workers.

5.2 Harm reduction methods

5.2.1 Needle syringe program (NSP) and Drug consumption rooms (DCR)

As mentioned in the previous theme, all participants of the study recognize NSP as an effective method in preventing transmittable diseases among drug users, although they recall that they used to have conflicting thoughts about it before experiencing its benefits. One of the reasons for this past conflict can be seen when participant 2 states that:

“Personally, I have been against NSP because there has been a lack of statistical evidence”-

Participant 2

It appears that there has been a change in the perception of NSP.

Just like Participant 2, all the others mention how their perceptions of the program changed when they have seen the statistics that show that NSP decreases transmittable diseases, or/and when they saw how bad it could get when people share needles with each other.

On the other hand, the participant’s perception of DCR’s is not overall positive as with NSP. Here there are two different perspectives among the informants between allowing the usage of drugs and preventing the consequences of the use. It is however important to note that the participants that perceived DCR’s as effective have had some form of experience with it where two participants had visited supervised injections sites in another country, and one had attended a seminar where DCRs were shown on video and evidence that was pro-DCR’s was shared. The two participants who were critical to drug consumption rooms had a low level of knowledge and no experience on them.

It is emphasized among some participants that it is important with a goal of rehabilitation in treatment methods to be able to “*break*” the dependency and usage of the substance to get a better life without the drug. This can be seen when participant 3 states that;

“But where would that leave you? In three years, where are you then? What would change so much for you to get out of the system? (Sic)” – Participant 3.

The participant does not perceive that the method can help the substance abuser out of the addiction and lifestyle. They express that having DCR is a way to allow the individual to do drugs and that the method does not have any goals of rehabilitation. As the participants who are critical reflect, it is expressed that it might prevent certain harms but are skeptical towards it reducing overdoses and are concerned with the lack of control of the substance abusers outside of the DCR setting.

The other participants perceive that drug consumption rooms can serve a purpose because it is considered to have the possibility of reducing overdoses, connect substance users with primary healthcare. The participants also consider the possibility that social workers get a place to work in a non-judgmental setting where they can work with motivating the individual to treatment based on free will as can be seen in the statement by one participant:

“it would be a preventative method, safe, controlled and that the health-care does more for this group. It could also be effective if social workers could be placed there to really motivate the client to long-term treatment” -Participant 5.

With this statement, the participant also lifts the aspect that the other with a positive perception of DCR's has, that there is too little responsibility taken by the healthcare system and sees that DCR's may increase that responsibility and collaboration. It is also considered by participant 5 that using this method could open up the possibility for social workers to work with the motivation of substance abusers in a non-judgmental environment.

The previous research that has been gathered for this thesis points to many positive aspects of using DCR's which appears to be recognized among the participants with a positive perception such as increased primary healthcare, reduce the risk of overdose and connection the social services for motivation to long-term treatment (Kilmer et al., 2018; Marshall et al., 2011; Schatz & Nougier, 2012).

It is recognized that although there is compelling evidence for the positive aspects of using DCR's there appears to be a controversial perception among policymakers to incorporate them which also (Schatz & Nougier, 2012) which is likely to also be the case in Sweden with its prohibitionist approach towards substance abuse (Goldberg, 2005; SOU, 2011:66).

Unlike NSP, DCR is not perceived as positive by all participants. When applying the chosen theoretical framework the two participants who perceive DCR as something negative can be considered to construct NSP as a public health method, where it is described to have a preventative effect to the associated consequences of being an injection addict. When these participants ascribe

meaning to DCR the method becomes constructed as something that is allowing the use of illicit substances and the thoughts on it reducing the associated harmful consequences are met with skepticism. The three participants who have experience of the method give meaning to DCR in a similar way that they do with NSP and construct it as a public health method. In addition to the terms that were used to ascribe meaning to NSP, the participants also perceive that DCR could reduce the risk of overdose-related mortality as well as create a non-judgmental area for interaction with the client. From the chosen theoretical framework it appears as the lack of knowledge, experience, and contact with the discourse of DCR, the Swedish prohibitionist drug discourse still appears to have the largest influence on the social workers' perception (Burr, 2003; Jørgensen & Phillips, 2002). This impression becomes even stronger as those who now construct DCR as a public health method has had a negative perception of the method before they came in contact with the DCR discourse. Although the two participants who are skeptical give meaning to DCR through terms such as "where would that leave you?" implying that there is a lack of rehabilitation goal and questions the "control" regarding substance abusers drug intake outside of the facility there are still reflections regarding the reduction of harmful consequences the method could offer. Those reflections are met with skepticism by the social workers themselves but from that, it appears as there is an internal struggle between the dominating prohibitionist discourse and the public health discourse. The conflict between discourses is considered to imply that there is no hegemonic discourse when it comes to DCR as the public health discourse is still an available perspective for the social workers.

5.2.2 Opioid Substitution Treatment (OST) and Heroin Assisted Treatment (HAT)

It has been shown that OST appears to have been reconstructed as the participants' perception of the method has changed as they have gained increased insight into the treatment. The same phenomena appear with NSP. OST is now perceived as a method that can transform the lives of substance abusers for the better and is many times crucial to get a better life. Just as there is a conflicted perception between NSP and DCR's there are between OST and HAT.

When it comes to social workers perceptions of heroin-assisted treatment the perceptions vary among the participants. Although all participants did not have an overarching negative perception of the method no one was positive to the extent that it was emphasized the need for the method to

be implemented in Sweden. On one side there were two social workers who perceived that there is a problem of legitimizing the usage of illicit narcotics, as one participant states:

“I can't really see the point of using such a method. Where should we draw the line?”

“I can't really see the point of using that in any country. That is in some ways to make illegal substances legal.” – Participant 1

The perception of the participant above is a perspective that the majority of the participating social workers harmonize with where participant 3 raises a concern that the substance abuser might not have a chance of taking back his or her life from the addiction. It appears as these perceptions are concerned that society gives the user the substance, which sends a message that the substance becomes allowed in society. As that happens, it is perceived that there is a lack of a goal towards becoming free from the addiction. However, there is one participant that perceive that the method could be useful in some cases a participant 2 states that:

“If nothing else works, I think it could be fair where at least the heroin could be quality controlled and safer”. Participant 2.

The participant does not express a need for the method in the Swedish treatment but does neither hold the view that it equals legalization. Rather the method is considered that it can serve a purpose for those who have been unsuccessful in other methods and be there as a safety net for those who can't come out of their addiction. Participant 2 further states that it is perceived that the method is fair because it can reduce the possibility of contamination, overdose and the need to conduct criminal activities to afford the street heroin.

The two quotations above illustrate the key perceptions that the social workers had. The two remaining social workers express an internal conflict between these two perceptions. On one side concern of allowing the drug use and how the side-use of substances can be controlled where participant 4 explains that the method feels wrong in the gut.

The conflict appears, as the social workers also perceive the perspective that it could minimize other harmful consequences as described by participant 2. The conflicted social workers, however, express that their knowledge around the method is low and that it is hard to say what is really best.

The negative perception that can be seen in the participating social workers' statements has also been seen by other Swedish social workers where it has been described as also allowing the drug use (Ekendahl, 2011). The point that appears to not be considered with using HAT is as with all harm reduction methods to minimize the associates' harm of being a substance abuser. Previous research has shown that using HAT can have a positive effect on many of those harms as it is brought up that it can reduce risk of using contaminated street heroin, side abuse and improve the health of the substance abuser (Kilmer et al., 2018; Verthain et al., 2008).

The participating social workers have no real experience of HAT as they have with OST.

From the chosen theoretical perspectives, the experience component is important in the construction of the assumed reality of phenomena (Burr, 2003; Payne, 2014). It also takes into account that the Swedish drug discourse has for a long time been prohibitionist and emphasized to control the drug threat to society (Goldberg, 2005; Richert, 2014).

In contrast to methadone or similar substances that are constructed as a medicine, HAT and heroin are described as a hazardous drug wherein the chain of equivalence it is described as making heroin legal and not leading to a better life. It appears, as with the lack of experience and that there is little to no interaction with the discourse regarding HAT, the Swedish drug discourse with an emphasis on control still appears as dominant.

From the perspective of Foucault as described in Jørgensen & Phillips (2002) the dominant discourse may not manifest itself as negative because the individuals are a part of the (institutions) discourse which might be a reason in understanding the perceptions of the negative perception. The conflicted perception appears to be a conflict between the norms and values that has come with the prohibitionist perspective in the Swedish drug discourse and the professional knowledge around the consequences of being a heroin abuser as participant 4 states that the HAT method is "*feels*" wrong but still recognize that it can improve the life of the substance abuser.

Within social constructionism and discourse theory, it is considered that we should be careful to take our knowledge and assumption of what is real for granted (Berger & Luckmann, 1991; Foucault, 1990). With that, we should not assume that what is considered true in our societal context, culture and historical period is true in another context. However, it can be seen that one social worker goes to the extent of saying that HAT should not be used in "any country" implying that the prohibitionist discourse is right and should be considered in other societal contexts. From this statement, it appears as the Swedish drug discourse is very institutionalized within the individual where another discourse on HAT seems to be unreachable.

6. Discussion

This following chapter will consist of a reflective discussion regarding the results, analysis as well as the choice of the theoretical framework and further suggestions.

6.1 Result Discussion

The aim of this study was to explore how harm reduction methods are perceived by Swedish social workers working with the treatment of substance abuse. In the exploration to get a deeper understanding of the social workers' perceptions, the authors formed two overarching research questions in relation to the aim. The first research question was regarding which perspectives and perceptions the social workers had regarding harm reduction methods and the second was how the social workers perceive harm reduction in relation to contemporary Swedish treatment methods.

From the data that was gathered from the interviews, it became clear that the perspectives and perceptions of the social workers differed and that their perceptions appeared to be conflicted regarding some methods.

For the Harm reduction methods that are practiced in Sweden, it was clear that all participants perceived the methods NSP and OST as having positive effects for the substance abuser, which they all had experienced. The positive outcomes they perceived from those methods where that NSP could decrease the associated harms of being an injection user such as the transmission of diseases and infections. The positive perception of OST was rooted in the experience of the social workers where the participants had seen people getting out of their old habits and now can be seen having a more 'normal' life with a job, a family and a home. These methods also fall within the second research question on the contemporary Swedish treatment of substance abusers.

Some participants have expressed that the shortcoming of these two methods is that the coverage is low and that it is dependent on where the person lives. The participants' perception of the positive effects and the problem regarding the coverage of these two harm reduction methods are in accordance with what has been found in our previous research section. Besides these methods, social workers perceived that from their experience, the most important thing is the motivation towards voluntary treatment. All participants had a critical perception of the compulsory treatment

act of substance abusers (LVM) and considered it to be ineffective and outdated which goes in line with the criticism found in previous research.

When it came to the social workers' perception of the harm reduction methods for substance abusers that are not yet practiced in Sweden the perceptions varied greatly. Not only between the participants but also, an inner conflict appeared within the participants.

HAT did not appear as 'positive' in any of the social workers' perception rather, it was acknowledged by some as a last resort for substance abusers in which no other method had been successful. Two participants saw no point of using HAT at all where it was perceived as irresponsible and legitimizing the usage of drugs. One considers that it could be "fair" as a last resort if no other method had been effective where at least the substance could be controlled, and the addict could focus on more productive things than living a life chasing the next dose.

The last perception of HAT was a shared view of both the first and second perspectives where the participants saw both that it could have preventative and harm decreasing effect but at the same time, a struggle appeared regarding feelings of legitimizing the usage of illicit narcotics.

In the results regarding DCR, two perceptions appeared where two of the participants had a conflict between the recognition of the positive preventative outcomes of using the methods but yet again, the fear of it legitimizing drug use.

The other three social workers, which also had some form of experience of DCR, had an understanding of the implementation of the method.

Social constructionism and discourse theory have been used to get an understanding of the participant's perceptions of different harm reduction methods. The social constructionist perspective has given insight into how complex the perception of different harm reduction methods can be. From the theoretical framework drawn from the Foucauldian perspective, the perceptions have been understood as based on how the reality of these methods are assumed based on the societal context of Swedish drug discourse history, the interaction that social workers may have among each other as well as how the experience has influenced the participants to change of perception. Discourse theory according to Laclau and Mouffe has given us a tool to see how different perspectives and perceptions are discussed and given meaning. The theories have supported the authors in analyzing and formulating a deeper understanding of the social workers' perceptions of the drug treatment discourse in Sweden.

It seems that the perceptions of the social workers can be understood as signs of a changing Swedish drug treatment discourse; from a very restrictive prohibition approach towards treatment with more influence from harm reduction.

6.2 Further Suggestions

A suggestion for future studies is to put the focus on social work student's perceptions, views, and knowledge regarding harm reduction methods. This is considered an important suggestion based on three different thoughts that became clear during the work with the thesis.

First, as was mentioned in the beginning that the authors experience is that the harm reduction discourse was missing in their own education.

Second, the majority of the participating social workers stated that it was not something that was discussed during their education. However, it is recognized that due to the fact that the majority of the participants graduated long ago it is not that strange, but it was still the case that it was not discussed during the education of the social worker who graduated 2 years ago. This leads to the third reason, which is that the majority of our participants were between 40 - 60 years of age whereas as if future studies were exploring students' perceptions it is considered more likely that it could involve a younger generation. With a younger generation, it might be the case that the prohibitionist Swedish drug discourse has had less influence on their perceptions or that they could bring other interesting perspectives.

In conclusion, the findings of this thesis both from the previous research and gathered data it appears that there is a struggle between the prohibitionist discourse and the public health discourse. The conflict seems to appear due to the change of the discourse regarding NSP and OST that has been expanding in the Swedish society and thus becomes re-constructed. It also appears as the experience and evidence of the public health discourse challenges the prohibitionist discourse and has started to gain more power because of the knowledge that is tied to it. Regarding which discourse is constructed and appears to be best in the Swedish context it is clear that Sweden has one of the greatest problems with drug-induced mortality rates within the EU and that there is a strong need for improvement.

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Appendix 1

Socialarbetares uppfattningar om skadereduktionsmetoder inom beroendebehandling

Hej!

Vi är två studenter som går sista terminen på programmet för internationellt socialt arbete vid Högskolan i Gävle. Vi ska nu skriva ett examensarbete med fokus på skadereduktionsmetoder relaterade till missbruk där vi skulle vilja intervjua socialarbetare inom vuxenenheten.

Syftet med studien är att undersöka hur socialarbetare uppfattar och resonerar kring användningen av olika skadereduktionsmetoder i arbetet med missbrukare. Vår uppfattning är att svenska socialarbetares professionella åsikter inte finns med i debatten kring dessa metoder och vi anser att det är ett av de betydande perspektiven som är viktigt att lyfta upp på agendan. Därför är vi intresserade av att intervjua socialarbetare inom Socialtjänsten om deras tankar kring dessa metoder.

Studien kommer att använda sig av intervjuer som främsta källan till information där vi avser att enskilt intervjua 2 – 3 socialarbetare vid vuxenenheten. Dessa intervjuer uppskattas ta mellan 30 – 60 minuter och kommer att spelas in digitalt. Deltagarna i studien kommer att behandlas konfidentiellt och vara anonyma. Det inspelade materialet kommer endast att analyseras av oss som skriver uppsatsen och informationen kommer endast användas till studien. Utöver oss författare, handledaren och examinatorn kommer intervjumaterialet inte att delges någon utomstående. Vi hoppas att detta låter som ett intressant ämne som socialarbetare hos er vill vara med och diskutera.

Med vänliga hälsningar Patrik Wikström & Javzmaa Enkhat.

Vid frågor vänligen kontakta Patrik via:

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Handledare: Stefan Sjöberg, universitetslektor i sociologi

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Social Workers Perception about Harm Reduction Methods Within the Substance Abuse Treatment

Hey!

We are two students of the international social work program at the University of Gävle and during our final period at the university we are going to write a bachelors thesis regarding the usage of harm reduction methods in relation to substance abuse and are therefore interested in interviewing social workers within the adult unit at the social services.

The purpose with the study is to explore how Swedish social workers perceive and view the usage of different harm reduction methods in the work with substance abusers. Our view is that Swedish social workers perception does not exist within the debate and therefore we want to lift their professional perspective and opinions onto the agenda. Therefore, we are interested in conducting interviews with social workers in your unit regarding their perception and views of these methods.

The study will use the interviews as its main source of information where we are interested in individual interviews with 2 – 3 social workers. These interviews will approximately take between 30 – 60 minutes and will be recorded digitally. The participants will be completely anonymous. The interview material will not be viewed by others than the authors, supervisors and examiner.

We hope that this sounds like an interesting topic that social workers at your unit want to take part in and discuss.

Kind regards, Javzmaa Enkhbat and Patrik Wikström

If you have any questions, please contact Javzmaa via:

Mail: javzmaa.e@gmail.com

Phone: xxxxxxxxxxxx

Handledare: Stefan Sjöberg, universitetslektor i sociologi

Mail:xxx@xxx.xx

Telefon: xxx-xxx-xx

Appendix 2

Interview Guide

Theme 1: Background.

- How long have you been working as a social worker?
- What made you choose to work within the adult unit?
- Can you tell a bit about your workplace and your tasks here?
- How do you work with substance abusers at your workplace?

Theme 2: Personal preference around Swedish drug policies

- What are your personal opinions regarding the Swedish approach towards the treatment of substance abusers?
- How does your personal opinion influence your work?
- How did you come to your personal view on this?

Theme 3: Base of Knowledge

- What is your educational background?
- How were harm reduction methods in relation to substance abuse discussed in your education?
- How has your perception of substance abuse changed during your education and work experience?

Theme 4: Harm reduction

- What do you know about different harm reduction methods that are being practiced in Sweden?
- How do those methods differ from harm reduction methods that are used in other countries? (like in Denmark or the Netherlands).
- What are your views on the harm reduction methods that are practiced in Sweden? (Needle exchange, Substitute programs)
 - What are the positive outcomes of those methods?
 - What are the negative outcomes of those methods?
- What are your views on harm reduction methods that are not practiced in Sweden?
 - Heroin Prescription?
 - Drug consumption rooms?
 - Testing booths?
- Could these methods be suitable in Sweden? If so how? If not why?
 - Heroin Prescription?
 - Drug consumption rooms?
 - Testing booths?