University of Twente

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Analysis of Rapid Assessment Methodologies in Drug Use Policy Field through Interpretive and Deliberative Approaches

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Public Administration 2007 – 2008

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Master Thesis

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Table of Contents

Abstract

Rapid assessment methodologies are techniques which are used to quickly profile a policy situation and/or to develop timely interventions by acquiring local knowledge in a participative way. The frequent use of these techniques in drug use issue by governments and international organisations triggers the question of whether these methodologies provide relevant and plausible type of data which makes target populations agree to the terms of transition –means and ends of policy interventions.

In this study, interpretive and deliberative policy analysis approaches are used as a lens to answer this question. These approaches basically suggest that in order to make policy actors agree to the means and ends, their subjective meanings should be reflected to the policies and policy process should be participative which enable these actors exchange their standpoints to reach a shared understanding of terms of transition.

In the research, document analysis is carried out by searching for certain interpretive and deliberative criteria in two cases: "Injecting Drug Use Rapid Assessment and Response" study of World Health Organisation and "Rapid Assessment, Response and Evaluation" Programme of United States.

Key findings indicate that rapid assessment methodologies are promising as a recent phase in drug use policy field. However, they have some limitations due to time concerns and design problems. Instrumental capacity of methodologies should be increased by adding artefact analysis and some deliberative mechanisms in order to reach a shared understanding among policy relevant stakeholders.

Key words: Injecting drug use, rapid assessment, HIV/AIDS, interpretive policy analysis, deliberative policy analysis

Preface

I have always been interested in the process of "understanding". While wearing away the streets of Ankara probably talking on modern paintings, my friend told me that you cannot totally understand but you can "approach". I think she meant you need to put in some effort. While reading for this thesis - actually during the whole classes of Methods of Policy Deliberation Course- the word "understanding" visited me again but in a different context – making policies by "understanding" people: You will not be able to totally "understand" but you need to "listen" to them for ethical and practical reasons. This friendly and familiar sound attracted me to write a thesis using interpretive and deliberative policy analysis because they basically suggest that you need to listen to arrive at sound decisions. Luckily enough I studied my thesis on people who are in need of being "listened" and "approached".

While writing my thesis, I also felt the comfort of being "listened" and "approached" by my supervisors. I would like to thank them for their tolerance despite my late submissions. I feel indebted to Prof. Dr. Robert Hoppe for broadening my view in the classes and in our meetings, for his encouragement and for his insightful comments and I would like to thank Dr. Marsha De Vries for her suggestions to eliminate then numerous obscurities in my text. Additionally, I wish to thank the Dutch Government and University of Twente for provision of this opportunity of completing an appealing master's degree programme with a generous scholarship.

This thesis has been completed in turbulent times where I have felt the need of being heard. I would like to thank my mother, my father, my sister and brother for their talks giving me comfort. I want to thank my friends who listened to me in many troublesome times. If I made a list of credits of them, it would be a long one but I have to refer to one person by her name - Busra Karaduman Aktuna who reminded me "the Most Merciful" and I am grateful to the Most Merciful.

List of Abbreviations

ACMD	United Kingdom Advisory Council on the Misuse of Drugs
AIDS	Acquired Immune Deficiency Syndrome
CAB	Community Advisory Board
CWG	Community Working Group
GPA	Global Programme on AIDS
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IDU-RAR	The Rapid Assessment and Response Guide on Injecting Drug Use
LEDC	Less Economically Developed Country
NGO	Non-governmental Organisation
OHAP	United States Office for HIV/AIDS Policy
RAM	Rapid Assessment Methodology
RAR	Rapid Assessment and Response
RARE	Rapid Assessment, Response and Evaluation
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS

1. Introduction

Growing literature in the field of public health policy shows that rapid assessment methodologies (RAM) have emerged due to certain concerns of scarcity in funding and human resources, and due to the need of acquiring relevant information timely/quickly (Bennett, 1995, 1589). In the framework of these concerns, the methodologies make use of several research strategies in order to understand a specific policy issue in a particular socio-cultural context. Beebe (2000, p. 1) defines rapid assessment as a method to quickly develop a preliminary understanding of a situation. In these assessments multiple qualitative methods are utilized to understand the meaning and context of behaviour (Rhodes, Stimson, Fitch, Ball, Renton; 1999; p.65). In analyzing the World Health Organisation (WHO) Drug Injection Study Phase II (Fitch, Stimson; 2003, p. iv), the authors refers to the use of multiple strategies: RAMs draw on both quantitative and qualitative approaches, they are employed where data is needed quickly and local resources are not sufficient to carry out conventional methods.

1.1 Rapid assessment methodologies

The conventional methods generally used in the developing countries by the support of international agencies would include centrally planned surveys or field trips (Scrimshaw and Gleason, 1992). Although these methods were providing indispensable information, they had some discrepancies. The surveys were useful however but they were sometimes producing misleading, irrelevant, obtuse or late information and the academic reports written were difficult to understand. The field trips were generally reflecting impressions obtained looking out of the window of a speeding vehicle (Scrimshaw and Gleason, 1992). In such a context, the RAMs are supported by the international bodies like World Health Organisation and UNICEF as a third complementary method because they are deemed as cost-effective and pragmatic producing locally relevant knowledge. For these reasons they are recommended to developing countries for policy development.

The techniques are commonly used in public health issues such as drug use, HIV/AIDS, water sanitation and nutrition. The potential of the rapid assessment methodologies have been recognised by national and international agencies and applied on diverse range of policy fields other than public health (Fitch, Stimson; 2003, p. 8).

International agencies have published and revised guidelines to be used by researchers, national and local organisations, and these bodies systemized/refined these guidelines for implementers. Child Labour can be cited as an example for a different policy field. International Labour Organisation employs the methodology in the analysis of child labour problems in different countries and publishes guidelines to be employed for this purpose. (SIMPOC website).

1.2 The development of rapid assessment methodologies and its application in the drug use field

Rapid assessment methodologies have been frequently applied in the drug use fields in the last two decades. The methodologies were convenient for this field since policy makers called for a tool which provides information for quick intervention due to rapid spread of HIV among drug users starting from mid 1980s. The methodologies have had the forms like rapid rural appraisals, situational analyses, needs assessments and contextual assessments (Fitch, Stimson, 2003, p.1). As Manderson states (Fitch, Stimson, 2003, p.1) the methodology was originally developed for primary health care and agricultural issues. Nevertheless, it spread many policy areas like community development and child labour issues. The utilisation of these methodologies in the drug issue is quite recent however the reports and academic literature on this policy field are growing steadily because the rapid spread of AIDS particularly in developing countries requires techniques which produce interventions timely. Furthermore, methodologies are seen as convenient for informing effective policy and programme development in these countries because the policy analysis efforts have time, budget and staff limitations in less economically developed countries (LEDC) in the drug use field.

The rapid assessment techniques are utilised to develop, monitor and evaluate intervention programmes. They are also used as preliminary research for further conventional policy analysis. Fitch and Stimson (2003, p.8) presents the techniques “as a means of quickly profiling drug-related problems, mobilising HIV prevention efforts among injecting and other drug users, initiating policy change and service re-orientation and more recently as a potential component of second generation surveillance systems”.

The rapid assessment process aims at speeding social science research and it involves creation of direct linkage between analysis and decision making. (Rhodes, Stimson, Fitch,

Ball, Renton; 1999, p.66) The methodologies are used for pragmatic purposes rather than for publications in scientific journals. Informing the decision makers at the local level is the main purpose of these methodologies. Fitch and Stimson (2003, p.14) claim that the methodology blurs the conventional separation between research and intervention: "the process of assessment as the beginning of the response itself" (Greg, Kershnar; 2000, p. 25).

Besides rapidity and close linkage between research and intervention, rapid assessment methodologies are claimed to offer some useful methodological lessons for generic public health research as well (Rhodes, Stimson, Fitch, Ball, Renton; 1999, p. 66). The methodologies include some principles like "the use of multiple methods in conjunction with multiple data sources; the continuing triangulation of data; a cyclical process of inductive hypothesis formation and testing; and an investigative orientation familiar to afficionados of the detective novel. In addition, there is a focus on the social, cultural, and economic contexts in which populations, individuals, and their behaviours are situated; and an emphasis on community participation towards the design of interventions that achieve synergy in activities across different sectors."

It is claimed that these principles make rapid assessment methodologies suitable for using them in the social, cultural and economic contexts where data is inadequate (Rhodes, Stimson, Fitch, Ball, Renton, 1999, p. 66). Data inadequacy is a repeated concern in hidden populations like homeless and juvenile delinquents. Lambert and Wiebel (1999, p. 1). focus on the use of qualitative and especially ethnographic methods to reach these "hidden populations" like in the drug use field. They claim that quantitative methods obscure the issues in accessing them. These populations are more vulnerable for drug abuse than general population and they are more elusive to understand for decision makers and implementers. For this reason, the exploratory and descriptive stages of the ethnographic and qualitative methods contribute to the knowledge and understanding of the issues better in that type of policy situations. The rapid assessment methodologies assist in collecting such qualitative and ethnographic data since they analyze cultural, social and economic context of the drug users.

Besides focusing on multiple qualitative methods, rapid assessment techniques give priority to the participatory initiatives because they aim to develop interventions (Fitch, Rhodes, Stimson; 2000, p. 72). Participatory initiatives in the assessment process are based on inclusion of multiple partners starting from drug users to implementers and partners from

other sectors. In this respect, rapid assessment processes are carried out through involvement of local community, government agencies and non-government organisations. In parallel to this focus on locality, the rapid assessments are conducted by trained researchers/practitioners working "on the ground" rather than social scientists. (Fitch and Stimson, 2003, p.1).

1.3 The drug use issue and HIV

World Health Organisation reports that in 2004, 5 million people were infected with HIV and 3 million people died from AIDS (WHO, 2005). It is estimated that most people living with HIV/AIDS are between the ages of 15 and 24 and they are not aware of carrying the virus. Injecting drug use is one of the major causes of the spread of HIV. It accounts for the 10 % of all reported AIDS cases. Injecting drug use is spreading around the world regardless of religious or political views, development level, class or whether people are living in the cities or rural areas. Consequently, HIV infection is rapidly spreading among injecting drug users since these communities usually share contaminated equipments. In 2005 policy guideline, WHO indicates that HIV infections caused by injecting drug use are estimated as below:

- 50-90% in eastern Europe, central Asia and eastern Asia and the Pacific;
- 25-50% in North America and western Europe;
- 10-25% in Latin America;
- 1-10% in southern and south-eastern Asia; and
- Less than 1% in sub-Saharan Africa.

The spread of injecting drug use in such a broad geographical area and related HIV incidence have various reasons and cannot be limited to various groups (WHO, 2005): As drug control efforts increase, prices soar and accessibility of drugs decreases, therefore users do not want to lose the effect of the drug and prefer using injectors which improves magnitude of effect. Some additional reasons are also listed: (1) internet spreads information about how to inject drugs, (2) migration and easier travel opportunities introduce new information about ways of taking drug, and (3) some new social groups become more likely to be exposed to injecting drug use. Moreover, the production, nature and trafficking patterns of drugs are heavily changing. These diverse and multi-dimensional characteristics of the

issue require inclusion of many actors in the policy analysis process while taking the issue in broader sense and necessitate deeper analysis when analyses are carried out at the local and community level.

World Health Organisation (2005, p. 1) indicates that the spread of AIDS among injecting drug users are usually neglected resulting from: "(1) ignorance of the existence or extent of the epidemic; (2) cultural, social and political constraints on the development of responses; and (3) prejudice against people engaged in illegal behaviour such as drug use." However, Organisation concludes that the main reasons for the disregard of this epidemic are "the lack of understanding of the importance of controlling the epidemic, ignorance of effective methods for controlling the epidemic and a lack of knowledge about how to develop effective responses".

Considering these characteristics and rapid spread of HIV among injecting drug users, WHO suggests (2005, p. 11) that the intervention policies must "(1) respond to local problems; (2) be owned by the local community (by involving key stakeholders and by community participation); and (3) be realistic and reflect the local technical and economic resources." It is also suggested that conventional methods cannot generate timely responses in such a rapid spread situation and thus "rapid assessment and response" techniques are recommended as a combination of analysis and intervention in a quick method.

1.4 The need for analysis by interpretive and deliberative approaches

The rapid assessment methodologies in the drug use field move away from the conventional approaches in which the policy analysts provide decision makers with the data and then they develop interventions. In the rapid approaches, the response (intervention) begins with the conduct of the study. The line between the analysis and the intervention is blurred putting these methodologies into a kind of boundary arrangement (see Hoppe, 2005 and Hajer 2003). Analysis is not separated from the interventions directed to cope with the problem.

Before going further two concepts are needed to be explained with reference to handling a policy problem: "closing down" and "opening up" of a discussion through policy analysis. In order to cope with a problem, the policy process should be "closed down" by delivering "a unitary and prescriptive advice": ideally identifying one course of action which

appears to be preferable from the point of view of the particular participants, issues, options, possibilities and priorities that were included in the appraisal (Stirling, 2006, p.101)". Thus, closing down the argument is simply provision of a clear prescriptive recommendation.

The analysis may also serve as a tool for "opening up" the discussion by "revealing wider policy discourses to detailed implications of different sources of information and the role of different disciplines, divergent social values and conflicting interests" (Stirling, 2006, p.101). Following Stirling (2006), it may be suggested that opening up approach offers transparency and accountability in decision making. He suggests that participatory and analytical approaches can be used to open up or close down policy discourses. Interpretive and deliberative approaches jointly provide a theoretical frame to analyze RAMs in terms of their value in opening up and closing down the argument.

Certain reasons -like (1) the efforts of accessing local knowledge, (2) claimed responsiveness to the local needs and constraints, and (3) active involvement of the communities in shaping the decisions- make RAMs appealing for examination by interpretive and deliberative approaches. For instance, the data collection methods and reflection of the thoughts of hidden populations in the studies are worth to analyze on the basis of interpretive approaches since these techniques are claimed to be there to collect local knowledge in a particular site like city or region. The presentation of recommendations to the policy makers for producing interventions has potential of being studied with respect to deliberative approaches because of the fact that those recommendations serve as means for closing down the argument.

The interpretive approach presented by Yanow (1996, 2000) mainly focuses on identification of firstly the artefacts in a policy issue and secondly the communities that are relevant to these artefacts and lastly discourses and conflict points in the meanings attributed by these groups to the artefacts. Besides this main focus, the role of the analyst is significant in carrying out interpretive studies for finding out these meanings.

In this respect, the rapid assessment methodologies can be analysed in terms of its plausibility in finding out the artefacts in the drug use issue, in identifying interpretive communities which attribute meanings to these artefacts and in defining discourses and conflict points. Furthermore, the role of the researchers can be discussed with respect to Yanow's discussion regarding the role of the analyst – the translator (2000, p. 90).

Bringing the discussion to the production of feasible and plausible interventions/actions, the deliberative approaches (Loeber, 2003, 2004) may provide us a theoretical frame that can be used to evaluate the instrumental value of rapid assessments. In this context, the production process of the recommendations seen in RAM documents can be discussed looking at whether it serves well for closing down the argument.

Considering the discussions above, certain criteria using interpretive and deliberative approaches can be developed to assess RAMs with respect to its value in opening up and closing down the drug use problem in the related local communities.

The literature research demonstrates that rapid assessment tools are discussed firstly by comparing them with other qualitative approaches and secondly according to its validation quality. The validation literature mainly focuses on comparability of the findings. However, the preference towards intervention in RAMs rather than being a scientific inquiry is overlooked by this literature. The interpretive and deliberative analysis of this tool in a specific policy area may contribute to the discussions in the literature since these approaches mainly concerns with practical relevance or usefulness.

The use of interpretive and deliberative approaches may contribute to the study of rapid assessment methodologies however some factors should be taken into account in these analyses: firstly the democratic participation culture in the applied countries and secondly the quick analysis characteristic of the RAMs.

Baldwin (2005) in his book Disease and Democracy analyzes the different approaches taken by five developed countries (US, UK, Germany, France and Sweden) towards AIDS epidemic. He shows that the countries usually followed the conventional methods that they had used to apply in other communicable diseases thus they were path dependent in their responses to this new epidemic. The cultural differences in this sense play a major role in their choice of responses. Some countries like France focus on “cooperation and inclusion approach” which involves in education, voluntary and confidential testing, anonymous case reporting and co-operative planning with communities at risk (Murphy 2006). Others like United States apply method of “contain and control” including strategies of quarantine, mandatory testing and identified case reports. Although these western countries have strong democratic cultures their response methodologies in the AIDS epidemics change according to their historical and cultural policy practices and choices. Therefore, it should be expected that

the application of RAMs in the developing countries may also differ and may have some obstacles since usually the level of democratic participation is generally low in these countries compared to the countries studied by Baldwin. Ruger (2008, p.331), while reviewing the book of Baldwin, focuses on the historical institutionalism, contingencies and persistence of precedents aspects of his book. These aspects show that traditional political analysis methods, existing mechanisms and the historical tendencies regarding individual liberties and collective goods prevail in the study of the new epidemics. We should expect that these aspects should play a role in the application of RAMs in different countries.

Secondly, the "rapidity" of RAMs brings about questions about the analysis of these methodologies through interpretive and deliberative approaches because these practices usually require more time in analyzing a policy problem. Rapid assessment methodologies have the claim of providing action oriented relevant information in a short period of time. However, we may expect that these methodologies may have some disadvantages that occur in carrying out a quick analysis. With reference to multiple advocacy, George (1972, p.751) discusses the case of a participatory approach which harness diversity of views and interests in taking decisions in foreign policy field. This participatory approach aims to be inclusive by providing a balanced debate among several policy advocates. The participatory approaches in RAMs carry similar characteristics in this sense. George (1972, p. 759) indicates that to enable multiply advocacy to work, three conditions should be satisfied: there should not be major gaps in the distribution of resources among various actors, high-level participation and time for adequate debate and give and take. The time constraint may lead to poor quality in research efforts. The last condition is especially important for RAMs since the drug use issue demands for speed. Putt and Sprinter (1989, pp. 339-355) focuses on this condition making reference to drug problems. They discuss that the analysts may not have luxury of doing highly systematic research in this field; "they may be faced with doing their best to produce quality of information quickly". However, these kinds of analysis should employ some techniques to overcome poor quality problem, they suggest that multiple resources should be used in carrying out such analysis (1989, pp. 353-356) like available analyses, records and reports besides the study carried out and these sources should be compared for reasonableness. In order to produce a more complete and balanced portrait of the issue, the opposing and divergent interests should be combined. Following these suggestions, the RAMs should be able to integrate these aspects.

1.5 The aim of the study

The use of rapid assessment techniques in many policy areas by governments and international organisations triggers the question of whether these methodologies provide the relevant and plausible kind of data to be used in decision making mechanisms. Yanow (1996, p.231) indicates that behavioural change in a policy field occurs only if the target population agrees to the terms of transition. At this juncture, the terms of transition include (1) definition of the problem, (2) goals/objectives and (3) means of the provided solution. If the target populations refuse to accept these, it is quite possible that they refuse to participate in implementation. Loeber (2004, p.ix) names these terms as shared understanding of means and ends. The inclusive and participative characteristic of rapid assessment techniques can be regarded as efforts of bringing the drug users and relevant communities to the terms of transition. This aspect of the techniques can be analysed from the interpretive and deliberative approaches.

In this respect main research question of this study is: **to what extent and under which conditions rapid assessment methodologies contribute to the generation of decisions which makes the target populations agree to the terms of transition in the drug use issue.** In answering this question, the interpretive and deliberative approaches (Yanow, 1996; Loeber, 2003; Fischer 2003; Hajer and Wagenaar, 2003) can be used as a theoretical framework.

In her interpretive study of Israel Community Centres, Yanow (1996, p.236) states that the meanings of the clients, voters and other interpretations must be included in policy analysis. In addition to this, the studies must be multivocal "making those voices heard" and "the parameters of the situation must be identified and be located in some conceptual, demographic, political, or other 'space', rather than presented as universal, timeless…"

Taking into account Yanow's interpretive criteria and the acclaimed presumptions of the rapid assessment methodologies in accessing the knowledge in a "particular social context", the studies carried out can be analysed asking the sub questions:

- **Whether the meanings of relevant stakeholders are included into the reports by analysing the artefacts in the drug use policy field**
- **To what extent the methodologies are multivocal to make voices heard**

- **And whether parameters regarding the situation of local drug user communities are identified.**

In addition to these questions developed by using interpretive policy analysis frame, the deliberative policy analysis approach could be utilised for the analysis of rapid assessment methodologies. Fischer (2003, p. 221) in his book on deliberative practices focuses on the role of the professional expert as a "facilitator of public learning and empowerment. The analyst is in the arena to help actors to examine their own interests and make their own decisions by being a "deliberative practitioner". The practitioner brings professional knowledge, lived experiences to the actors and experts and creates an interpretive community. In this community, the parties express their standpoints mutually and enter into a co-production process in which sometimes they even change their views, beliefs and values. In this discursive process, they also take the responsibility for their decisions and consequences of them (Fischer, 2003, p. 222). In her discussion of Technology Assessment, Loeber (2003, p. 269) calls this process as "joint construction" in which a shared understanding is developed regarding the policy issue. These deliberative discussions have an instrumental value and help to the closing down the arguments. On the basis of deliberative approaches, additional sub-questions could be asked:

- **Whether the "researchers/practitioners" using rapid assessment methodologies enter into a deliberative process in which the interpretive communities exchange their standpoints.**

- **To what extent the participative nature of the rapid assessment techniques lead to a joint construction process by assisting the relevant communities to define their problems and find their solutions.**

1.6 Methodology

In order to answer these research questions, document analysis will be carried out in two cases: (1) World Health Organisation's Injecting Drug Use Rapid Assessment and Response Study (IDU-RAR), and (2) Rapid Assessment, Response and Evaluation Programme (RARE) of USA's Department of Health and Human Services.

Firstly, The guides and/or training programmes prepared by these two studies will be analyzed. In the analysis of these documents the instructions addressed to the researchers will

be examined asking whether these enable them to reach local knowledge and to design deliberative studies.

Secondly, the reports prepared using the rapid assessment techniques will be evaluated based on the interpretive and deliberative criteria indicated above. As Fitch and Stimson (2003) indicates that these reports remain as "grey literature" since they are not generally published. These documents are reached through internet search. The articles published in the academic journals are also utilised for the analysis of these studies.

Lastly, the document analysis was expected to be supported by interviews with the researchers who carried out such studies and who contributed to the preparation of rapid assessment guidelines. Because of time constraints and access problems these interviews could not be carried out. The interviews would provide information about the obstacles in the actual implementation of the methodologies.

1.7 Structure to be followed

In order to answer research questions, firstly interpretive and deliberative approaches will be outlined. The second chapter presents main characteristics of these theories and their contributions to policy research and analysis discipline. The significance of understanding "meanings" of policy relevant communities will be discussed using interpretive policy analysis frame. Deliberative policy approaches section contains discussions on instrumental value of participation in policy process and facilitator role of the analyst.

In the third chapter, the main research question is elaborated by answering the question: why it is important to study rapid assessment methodologies through interpretive and deliberative policy analysis approaches. Also in this chapter, the research approach will be presented by providing some indicators that is expected to be observed in document analysis.

Chapter 4 focuses on emergence of rapid assessment methodologies in public health policy field and specifically in drug use issue. This chapter also outline the two cases that are analyzed in this study.

Chapter 5 draws on theoretical framework and research approach to answer the research questions. Guides, training materials and reports that are available in both cases are

studied with respect to two methodologies' capacity to create congruence in the perceptions of policy actors. The cases are comparatively discussed and evaluated in Chapter 6 on the basis of findings of fifth chapter.

In the concluding chapter, findings are summarized and some recommendations are provided in order to contribute to the design of rapid assessment methodologies.

2. Interpretive and Deliberative Policy Analysis

Dunn (2008, p.1) describes policy analysis as a multi-disciplinary problem solving process. He puts particular emphasis on the usefulness dimension of analysis in understanding and improving policies. Additionally, he refers to Wildavsky: though scientific methods are employed, the process is not value free – "it also rests on processes of art, craft and persuasion" (Dunn, 2008, p.2). These processes are related to problem solving orientation in the policy analysis and this orientation distinguishes it from the other social inquiry disciplines. This difference is related to the normative aspect of the policy analysis rather than the descriptive one. Normative aspect is related to the *choice* of ends and means.

The discussion of normative aspect of policy analysis can be evaluated within the framework of finding "relevant" information for reaching policy objectives. Relevant information or "usable knowledge" as Loeber (2004, p.18) puts and the tools used for getting them can be regarded as the means. These means are also strongly linked to the ends (policy objectives). To be precise, the methods (means) chosen to formulate a policy problem by finding relevant information has the power of influencing what courses of actions can be taken to reach the policy objectives. Dunn (2008, p.4) refers to the crucial role of information because the definition of the problem also involves in the available solutions (expected outcomes) foreseen. He emphasizes that the policy outcomes are not "given" by the existing situation, thus information regarding the expected policy outcomes may require creativity, insight and the use of tacit knowledge (Dunn, 2008, p.4).

The discussion carried by Dunn brings us to the conclusion that the problem definition and the solutions are closely linked. The problems are not there as "given" so as the solutions. In discussing "how a policy means" Yanow explains that policy analysis and implementation are not the mirror of an existing situation (Yanow, 1996, p.3). Following the mirror metaphor, it may seem that the policy problems are there and mirroring them as closely as possible will lead to the "appropriate" and "correct" definition. Yanow argues that this is not the case: mirror understanding reflects the positivist approach to the policy analysis and it ignores the human quality aspect of policies, "human perception is not a mirror of nature but an interpretation of it" (Yanow, 1996, p.3). Since interpretation involves, policy problems cannot be defined from one perspective and the solutions as well. There are multiple meanings in understanding the policy problems and solutions and they may jointly contribute to the

"useful" policy definitions and solutions. These multiple meanings are studied by interpretive approaches in the policy analysis.

2.1 Interpretive approaches in policy analysis

The positivist approaches in social sciences follow the tradition of the physical sciences suggesting that general and universally applicable laws can be drawn regarding humans and social institutions. However, interpretive approaches suggest that social world has different characteristics that cannot be "observed" by the methods of natural sciences and cannot be "explained" by universal laws. Unlike the discoverable principles in the physical sciences, humans make meanings, interpret the meanings created by others; communicate their meanings to, and share them with others (Yanow, 1996, p. 5). Therefore the subject matter of the human sciences is to "understand" these meanings and related experiences occurring in the social world rather than "to observe" or "to explain" it.

The rational techniques of observation and explanation may fall short in understanding social phenomena since it derives conclusions based on the observed behaviours. However, the processes in social world involve ambiguity and tacit knowledge (Yanow, 1996, p. 6) which cannot be observed by the positivist methods. Ambiguity and tacit knowledge are associated with the meanings attributed to the human actions by the individuals. These meanings have a context coming from prior experience, education, training etc. Yanow (1996, p.6) indicates that this context constitute a frame which one sees the world and makes sense of what is seen. The common experiences of the individuals and the interaction between them help the creation of a "common meaning" within groups/communities.

These common meanings are the objects of the policy analysis together with the rational elements of politics. Meanings, values, feelings and beliefs are studied through the artefacts as the concrete symbols which represent them (Yanow, 1996, p.9). The common meanings attributed to these artefacts and shared by different communities in the policy field are interpreted in order to reach better problem definitions and solutions.

Artefacts

Artefacts are the concrete symbols of the values, feelings and beliefs shared by various communities. They may accommodate diverse meanings for different communities (Yanow, 1996, p.9). The values, feelings and beliefs attributed to the artefacts are tacitly known, shared

and these artefacts carry meanings more than what the specific member of the community could express in words. Artefacts may take the form of language, objects (dress, buildings etc...) and acts which are shared in a context created and/or lived in by the members of a community. They are concrete manifestations of the values, feelings and beliefs shared in a community (Yanow, 1996, p.10): "All language, objects and acts are potential carriers of meaning, open to interpretation by legislators, implementers, clients or policy "targets," concerned publics and other stakeholders."

The meanings carried by these artefacts are not generally openly expressed in everyday conversation. The implicit nature of the meanings makes them difficult to study through positivist methodologies. The shared context adds to this difficulty by disabling generalisations. Through the socialisation process we experience in our specific contexts we learn the meanings of these artefacts implicitly. In our interactions, we transmit these meanings and interpret them. These interpretations may not be essentially true however it provides us with a basis which we can understand the errors in the interpretations by acting upon them (Yanow, 1996, p.10). These interpretations also change as the time passes and as we involve in interactions. Thus it is difficult to suggest that universality and timelessness exist in the interpretation of the artefacts.

Yanow (1996, p. 12) states that the artefacts as concrete symbols cannot be separated from the substantive elements of politics. The purely instrumental such as distributional aspects of the politics are communicated through language, objects and acts in trying to achieve material ends. However, their communication (including the meanings of transmission and distribution) is concurrently material and expressive thus it carries values, beliefs and feelings. In this context, Yanow (1996, p.12) states that the purposes of policies can only be understood through the interpretation of the meanings represented by them.

Analyzing Artefacts

As mentioned above, the problem definition is the core step of the policy analysis process. Following Dunn (1981), Yanow (1996) states that the policy analysis is an inquiry process of asking questions rather than finding right answers. The right answers are not there to be observed or discovered because there are numerous definitions of the policy problems which vary at the legislation, implementation and street levels.

At the legislation level the policies bear different meanings for different legislators because the language used in this process has the elements of ambiguity which enable compromise between different political standpoints. Different stakeholder or interest groups attribute different meanings to the intentions worded in the legislative documents due to their varying contextual backgrounds. Furthermore, at the implementation level the bureaucrats and administrators read the texts and their intended meanings according to their specific performance context. The "reading" of the text by the implementers is followed by the interpretation of the both text and the implementation by the clients and citizens. They also read the text according to their background. This brings us the questioning of single policy intention through single problem definition and solution because the meanings and intentions are moving since the policy text is produced, reproduced by and addressed to different and changing actors. As an example, in analyzing the definition of the "public interest", Stone (2002, p.21) indicates that it may mean any of several things. She concludes that there is no agreement on the defining characteristics of public interest. There are always different interpretations and these interpretations are more powerful than "facts" (Stone, 2002, p.28). She adds that since they are more powerful "political activity is an effort to control interpretations." Multiple interpretations are significant especially at the implementation level. The policy texts change in the implementation process because this level is not passive and mechanic merely implementing the intentions of the legislators.

After discussing the unidirectional and traditional modals, Yanow (1996, pp. 20-22) concludes that "(1) implementation may cover a wide range of symbol-sharing communities, some but not all of which overlap; (2) interpretations of symbols and the making of meaning(s) change over time; (3) actors who share symbolic meanings at one time may not share them at another time in the course of implementing a policy; (4) relationships among actors, policy goals, and implementation may change over time." The policy analysis should include these assumptions in finding out plausible definition(s) of a policy problem.

In Yanow's assumptions the key elements are the symbol-sharing communities and the symbols. The role of the policy analyst starts with finding out these communities and symbolic artefacts and accordingly the meanings attributed to these artefacts by them. The symbolic artefacts may take the forms of buildings, programs, program names, organisational metaphors, rituals or ceremonies (Yanow, 1996, p.13). In general terms, these artefacts are spaces, words or acts observed in a policy field. The spaces may include geographical

locations where the target populations live: streets, neighbourhoods and their surroundings. As far as words are concerned, the specific jargons used by the target populations and how these jargons are understood by other stakeholders can be added to the analysis of a policy situation. The acts of the target populations which may take the form of rituals, everyday life behaviours can be used as well to understand a policy situation. The analysis of these artefacts may add to the plausible definition of a policy problem which enables the policy makers to communicate this definition effectively to stakeholders and target populations.

The organisational level analysis of Yanow can be extended to a more general level in problem definition. Yanow (1996, p.25) states that "in order to implement a policy mandate, an organization must be able to communicate to policy stakeholders what that mandate is, as well as its intentions for action, not to mention its ability to carry out that action". Following her argument, it can be suggested that the ability to communicate a policy mandate depends on the ability of accurate analysis of the artefactual symbols in a policy field and the meanings attributed to them by symbol-sharing communities. As policy makers know better the meanings of artefacts for stakeholders through the analysis of languages, objects and actions (or words, spaces and acts), willing acceptance of the policies would increase. Because the recipients including administrators, target populations and other actors are active in analyzing the words transmitted in policy texts; built spaces or the places where they live; and acts, they are in a process of attributing meanings to them. Thus understanding of attributed meanings contributes to the recognition of policies by the parties involved. In this context, the role of the analyst is painting a Picasso-like picture which retells the story from different angles of interpretive communities (Yanow, 1996, p.54) in order to guide to this recognition.

The interpretive approach presented offers a formula in order to increase acceptance level of the policies - namely formula of "understanding". Understanding;

- through analysis of the meanings attributed to symbolic artefacts (sub-question 1),
- by different actors/stakeholders/parties (sub-question 2)
- taking into account the parameters of their contextual background (sub-question 3)

in order to make them agree to the terms of transition (main research question).

Nonetheless, the interpretive approaches are criticized because of stopping at the point of understanding meanings. It would not be sufficient for developing policy actions (Yanow, 1996, p. 26). Needs should be understood and the interpretive analyses should contribute to a more democratic policy process and analysis. These arguments bring about the deliberative approaches in the policy analysis in which the meanings are transmitted in a participative way to the other communities in order to reach a common definition.

2.2 Deliberative approaches in policy analysis

The efforts leading to a more democratic policy process and analysis require citizen involvement in the problem definition and decision making stages. Yanow takes her work further adding the dimensions of interventions and actions in her 2000 study (p.22). The new step added contributes to the democratization of these stages. The analysis does not stop at the point of understanding meanings. At this new step she suggests that firstly the implications of the different meanings/interpretations for policy formulation and/or action should be made known. In addition, the analyst should make the audiences recognize that these differences reflect different ways of seeing a policy situation. Lastly in order to bridge these differences in some other form, the analyst should negotiate/mediate/intervene by suggestions reformulation or reframing (Yanow, 2000, p.22). She adds that this new step is not essentially designed to help policy makers but also it is an educative step which involves discourse and debate among policy relevant publics. This step dresses the analyst for a new role. She assists for formulation of a new understanding among contesting parties.

Fischer (2003, p.ix) in his work discusses the participatory implications of such a step. The role of the policy analyst becomes a facilitator of citizen deliberation which may involve negotiation, mediation, intervention and debate. The analyst does not merely provide information to the policy maker as in traditional perspective. S/he informs the participants in the policy field – the public, thus she empowers the less powerful whose stories are not usually heard. As a result professional policy analysis is used to inform the larger public and make policy decisions for them (Fischer, 2003, p.x). In this context, the policy analysis adopts an *instrumental* role focusing on problem orientation. Following Laswell, Fischer argues that as a discipline the policy analysis was aimed to be a multidisciplinary *applied* social science which *mediates* between academics, government decision-makers and ordinary citizens; and it aims to facilitate the development and evolution of democratic government. Following the

arguments in the interpretive analysis without hesitation the implementers could be added to the list of "to be mediated". Both Laswell and Fischer put emphasis on instrumentality of the policy analysis through mediation and problem orientation.

The problem orientation is enabled by the involvement of the relevant parties in the analysis and decision making process by giving them the power of defining the *problems* and *solutions* by themselves. Stakeholders agree on them for a smooth and feasible implementation. In this respect, Fischer focuses on the implementation of the policies. Former policy analysis efforts were focusing on the preparation of policy texts and decisions with a view that it is possible to develop a text that can be passively and automatically implemented by implementers and accepted by public. Because it was assumed that scientific (positivist, empiricist) methods provide superior formulations that can be applied uniformly (Fischer, 2003, pp. 5-7). However, the implementation stage is critical as it shapes the success or failure of the policies/decisions which are not finished products (texts) after decision making process is "completed".

Parallel to the discussions in the interpretive analysis section, Fischer (2003, p.8) states that policies evolve as they move through the policy process. The policy goals moves and changes as they are interpreted by the decision makers, implementers and target populations. Following Fischer, this active process brings the question "whose interpretation of goals should dominate". The contextual setting which is a product of the backgrounds of actors involved leads to different interpretations. Therefore these contexts should be added to the policy analysis in finding out whose interpretation should dominate.

The role of the policy analyst here is to collect and integrate, the information regarding meanings/interpretations together with the contexts in which they have developed, to the analytic process. However, by taking further steps the analyst should get citizens more deeply involved in decision making thus should "help decision makers and citizens develop alternatives that speak to their own needs and interests rather than those defined and shaped for them by others." (Fischer, 2003, p.15). The analyst provides access and explains data to all parties and enable them make informed choices.

In conventional methods of policy analysis the number of participants is generally limited since a single answer or assessment is looked for. (Fischer, 2003, p.205). However,

the involvement of the citizens and more stakeholders will serve for democratization and legitimization of the policy process.

Additionally, the deliberative approaches have an instrumental value since competing and conflicting views are aimed to turn them into *shared ideas* by entering into a coproduction process. In this coproduction process, the aim is to decrease the conflict between the parties and build acceptance and trust among them. (Fischer, 2003, p. 206). In this approach, the lay people are given the chance of learning about the policy processes and issues. Fischer states that such learning process may improve the support for the final decisions.

The instrumental value of the deliberative approaches is also supported by the inherent arguments on provision of important information and insights to the policy problems by the citizens (Fischer, 2003, p.206). In conventional methodologies, the citizens are seen as passive recipients of the policies. However, coming from their daily experiences they hold vital information which may facilitate the policy process and increase implementation ability of policies. Loeber (2004, p.10) indicates that relevant information on problem situations and solutions is dispersed among actors. This information may lead to more realistic basis for analysis and policies since the experts may not hold such local knowledge the citizens may have. In Turkey, the construction of Ankara Esenboga Airport is a word of mouth example of how local knowledge can be important in such a big project. As stated in Radikal Newspaper (03-02-2002), in 1950s the villagers warn the politician-rushed experts about the frequent foggy weather around this area saying that they cannot sometimes find their cattle herds because of fog. Now, the airport is known for frequent delays because of fog.

Fischer (2003, p. 206) adds that lay participation can also integrate social, ethical and political values to the analysis which cannot be addressed by analytical techniques. The conventional methods which works on an abstract level is short of integrating such valuable local first- hand knowledge and these values.

In deliberative approaches, not only the policy makers or implementers can learn from local knowledge, but also people can learn from one another by the setting established by the deliberation process (Fischer, 2003, p.207): the process focuses on “how problems are defined and understood, what the range of possible solutions might be, and who should have the responsibility for solving them.” This quote by Fischer (2003, p.207) from Reich suggests that

the process brings about the responsibility for the citizens as well. The public executives form the agenda after listening to the others' deliberations. Thus the agenda is set by citizens. They provide the alternative visions to the public to stimulate discussion and help them to understand themselves in the policy issue (Fischer, 2003, p. 207).

The expected active participation in deliberative practices is criticized by some scholars since the participation even to voting in some countries is very low. However, as summarized in Fischer (2003, p.209) citizens are able to participate to the deliberative processes if chances are given and necessary information is given by lay terms instead of using technical jargon. The citizens are not usually given this chance and they feel themselves aliens in some policy issues. Fischer (2003, p. 209) quotes from Wildawsky that citizens are able to use science enough to judge questions of technological risk for themselves if they are given chance. Here a cooperative relationship between experts and citizens is expected. Expert assists citizens to answer their own questions on their own terms (Fischer, p. 210).

Making reference to the Consensus Conference experience of the Danish Board of Technology, Fischer (2003, pp.210-213) illuminates the possible ways of active participation: This general outline gives us a clue how deliberative and participatory approaches can be developed in order to make an analysis in a policy research process. Firstly, ordinary citizens are informed through newspaper announcements, then 10-25 citizens who have no specific interest on the issue are selected according to certain socio-economic criteria, a steering committee outlines the topic in lay words in informal meetings then the citizens are expected to frame their own questions, in doing so they can also seek for their own information. After citizens studying at home the information given, experts answer their questions and make presentations about the topics in several meetings. Representatives from interest groups and other citizens are also invited to these meetings to reflect their positions. In the last meeting, the expert steering committee and lay citizens group prepare a report together reflecting a wide range interests and concerns including economic, legal, ethical, social aspects and as a last step the report is presented to general public and policy makers. The policy makers find the experience favourable since it reflects more clearly the concerns of the population than the more traditional expert assessments in lay words that politicians themselves prefer (Fischer, p. 213). Deliberative policy research aiming increased participation empowers the citizens to make their own action-oriented decisions by directly contributing to the process with their local knowledge. These self-help approaches assist them to co-create "their own reality

through participation: through their experience, their imagination and intuition, and their thinking and action" (Fischer, 2003, p. 215). The issue at hand is understood within its own socio-cultural context.

The role of the analyst

In this framework, the role of the policy analyst is again important as in interpretive approaches. The analyst helps the actors in every step of the research: in problem definition, choice of method, data analysis and the use of findings. The attitude of the analyst changes from carrying out these by him/herself to a role of assistance. "Usefulness" of the analyst as facilitator becomes prominent. S/he increases the actors' ability to pose problems and questions, to collect their own data and to write reports. S/he assists them to examine their own interests, and creates conditions in which citizens can ask questions in their own jargon and in which they involve in decision, planning processes (Fischer, 2003, p. 215-217).

The deliberative policy analyst is the facilitator of public learning and political empowerment (Fischer, 2003, p.221). S/he facilitates and clarifies communication rather than decide which group is right. S/he is also a translator across different actors thus s/he has to learn the languages of each. S/he is in the policy arena with his/her subjectivity and actively uses this to explore interpretations of all relevant actors -including ordinary citizens- by collecting local knowledge. Furthermore she enables mutual discourse for persuasive understanding among actors through translating their interpretations to each other.

Fischer (2003, p.223) referring to communicative policy analysis in planning, summarizes what analysts do in a deliberative process. They examine the "acts of power such as words in use, argumentation in action, as well as gestures, emotions, passions, and morals representing institutional politics and ways of thinking." This examination completes the empirical analysis rather than replacing it. It makes involved parties conscious about the hidden forms of communicative power to develop a democratic public communication thus it creates a communicative solidarity. The information level is equalized among the parties and pre-existing hierarchical relationships are overcome for a more democratic planning and policy process (Fischer, 2003, pp.224-225). In this endeavour, the analyst becomes a change agent as Lawlor (1996, p.118) refers: they are in the business of constructing new frames that "... beget new ways of looking at problems, which sometimes produce new strategies for intervention and reform."

The main critics for the role of analyst are related to whether the analyst is able to create such a participatory process since they are employed by the agencies which are in pre-existing hierarchy. The deliberative approaches accept that the analyst is part of already established power relationships, however in these approaches s/he tries to integrate generally ignored aspects into the policy making process. In conventional methods, the technical information speaks for itself and the analyst simply informs the clients in the language of planning (Fischer, 2003, p.226). However, this hierarchical mechanism does not help the policy makers and other actors to come in terms with each other since the power relationships (coming from language use, backgrounds, etc…) already settled and local knowledge are ignored in conventional methods. The addition of these aspects in a participative inquiry facilitates the implementation. Expert knowledge is needed however it is only applicable taking into account context.

As a last point, Fischer (2003, pp.232-237) mentions about how the analyst should be equipped to conduct the deliberative inquiry. Since, the expert is going beyond providing technical/scientific knowledge towards an art practice; the relevant curricula should include the subjects of "humanities" (history, poetry, novels). It also has to enable them familiarize themselves with everyday experiences, language, local knowledge and culture. To overcome possible ego problems coming from hierarchical power, s/he should socialize with non-experts (ordinary citizens, other actors). S/he should have high levels of social commitment and personal self-development.

As presented here, deliberative discussion follows the arguments developed in the interpretive approaches. However it takes "understanding" further to a new point: "a new understanding among contesting parties". This new understanding should be co-produced in order to make the target populations "agree" to the terms of transition. Referring back to our main research question this co-production takes place through;

- a deliberative process facilitated by researchers/practitioners (sub-question 4)
- as such relevant parties define their own problems and find their own solutions (sub-question 5)

This joint construction requires "equipped" analysts and citizens.

As we discussed above interpretive and deliberative approaches constitute two dimensions of our main research question “coming to the terms of transition” in a policy field. For that reason, they may be used as a lens to analyze rapid assessment methodologies in terms of its contribution to the drug use policy field.

3. Research Approach

Hidden populations refer to the ones who are disadvantaged and disenfranchised. This definition of Lambert and Wiebel (1990, p.1) includes groups like homeless, prostitutes, runaways or drug users. In general, these populations are not easy to reach thus they are often omitted from conventional methodologies like surveys. They are least studied and the most elusive to epidemiologists as put by Lambert and Wiebel (1990, p.1). For these reasons, they suggest that the ethnographic research methods are appropriate for these hidden populations and for topics about which little is known. Their methodological preference for such situations is qualitative methods supporting quantitative ones because this preference may provide significant contribution to surveys and experiments. Interpretive and deliberative approaches in the policy analysis are such methods which benefits from qualitative techniques developed in social sciences like ethnography, discourse analysis, organizational studies. Therefore, these approaches can be used to evaluate the validity of policy methods which aim to reach local knowledge in a participative manner. Rapid assessment methodologies carry this aim.

In this chapter, the main research question will be elaborated by answering the question: why it is important to study rapid assessment methodologies as a research topic and secondly the research approach to answer main research question and sub-questions will be presented.

3.1 The use of RAMs in drug use issue as a research topic

Producing policies for drug users is a challenging attempt. As we have seen these populations are generally hidden ones and difficult to reach. In addition to this, the policy makers are constrained with time limitations. In this respect rapid assessment methodologies are identified as forms of analysis that has the capacity of reaching these populations by overcoming time limitations. In literature, it is suggested that they may contribute to the decision making process by providing sound, action-oriented information on a timely basis. In this context, the question: whether the conduct of such analysis methods helps the decision makers and the target populations to agree to the solutions formulated is worth to analyze. Because the methodologies suggest that they have the power of reaching hidden populations in a short period of time by using participative techniques. Due to this suggestion and the

support of the international organisations, these techniques are commonly used and there is a growing literature in the field. Rapid assessment methodologies are an indication of a new phase in studying drug use issue with an investigative orientation like detective novels and with an emphasis on community participation. The interpretive approaches has the same investigative notion by referring to "thick description" of a problem situation and deliberative approaches focuses on participation of relevant parties and democratization of the policy process. These features of the interpretive and deliberative approaches provide us with a valuable yardstick that we can measure the validity of RAMs. This research aims at using this benchmark to evaluate the capacity of these methodologies.

3.2 Research approach

The discussion presented above give the reasons why RAMs can be studied as a research topic using interpretive and deliberative approaches. In studying these methodologies, the main research question is:

To what extent and under which conditions rapid assessment methodologies contribute to the generation of decisions which makes the target populations agree to the terms of transition in the drug use issue.

As discussed above, terms of transition refers to the means and ends of the decisions taken. In order to make the target populations agree to these we expect that their insights and context should be reflected in the documents of policy research, analysis and decision. For this purpose, the capacity of the RAMs as an effective tool could be studied by examining preparation, application and recommendation/decision stages of these methodologies.

In this respect, document analysis will be carried out to answer the main research question and sub-questions. Two cases is selected to analyze for this objective. In analyzing documents, preparation stage of rapid assessment applications will be assessed by using training materials and rapid assessment guidelines prepared by central governmental or international bodies. Application and recommendation stages will be analyzed by the reports produced by the application of RAMs. In doing so, the interpretive and deliberative criteria presented below for each sub-question will be used.

3.3 Interpretive criteria

Sub-question 1: whether the meanings of relevant stakeholders are included into the reports by analysing the artefacts in the drug use policy field

The first sub-question mainly deals with the inclusion of the meanings of the actors involved in the policy situation. The meanings of the drug users can be reflected through symbols like language they use, rituals they carry and objects they exploit. In order to find out these meanings, Yanow (1996, p. 35) bases her study on participant observation, non-participant observation, interviews, records and; files and newspaper accounts. By employing these methodologies, she tries to reach meanings attributed by the relevant interpretive communities. In this respect it is expected that, the guidelines should have indications regarding the employment of these methodologies and these methodologies should be used to find the meanings of the relevant interpretive communities. In the guidelines, training materials and reports, following indicators will be searched for

- whether participant observation or non-participant observation or interviews are foreseen in the guidelines and in training materials or these are carried out in the preparation of reports in order to find out the artefacts which carry symbolic meaning for relevant interpretive communities. These symbols can be like the needle sharing rituals done by the drug users, the symbols (like movies, books, logos, dressing) they embrace, the language (slang, metaphors) they use. These artefacts can also be created by the current implementation efforts. Buildings, spaces prepared for drug users and their decorations or furniture can also carry meanings. The perceived messages conveyed through these implementation efforts are expected to be included.

- whether legislative documents are analyzed in terms of their societal meanings for the relevant stakeholders, that is to say how policy objectives, programmes are perceived by them (Yanow, 1996, p.146)

- whether records, files and newspaper accounts are analyzed for the same purpose

- whether relevant interpretive communities are identified regarding these artefacts, in this sense, it is expected that the other actors like the ones in other policy areas such as neighbourhood communities, school boards, tradesmen etc. should be identified.

These actors are additions to the conventional ones - policy makers, implementers (security, health etc...) , drug users

- Whether the meanings of these artefacts are analyzed for these different interpretive communities and how they interpret these symbols, rituals and language use is examined

- Whether the conflict or compromise points are searched for.

Sub-question 2 : to what extent the methodologies are multivocal to make voices are heard

The second sub-question refers to multivocality. The multivocality in this sense does not only refer to the stakeholders usually taken into account in the conventional methods. The multivocality is enabled by including all possible relevant actors to the policy analysis process. The process should involve the disadvantaged ones whose voices are not heard and the other communities which may be relevant to the drug use policy field. In this respect although finding indications may be difficult, the documents will be searched in terms of

- Whether they make reference to the inclusion of the actors who are excluded in the former analyses and secondly

- Whether the other policy areas like housing, schooling, employment are examined since they may influence the problem situation of drug users

Sub-question 3: whether parameters regarding the situation of local drug user communities are identified.

As the third question puts, the parameters regarding the situation of local drug user communities are to be identified to have sound knowledge about the context of their lived experience. Following the method of Yanow in Israeal Comunnity Centers case (1996, p.37), and ethnographic study explanation of Wiebel (1990, p.8) it is expected that the guidelines should aim to get information on and the reports should include information about,

- Congregation areas of drug users, the information should include where do they usually hang out, the physical appearance of these places, plans of these areas

- The income patterns of the drug users, how do they earn and how much do they earn

- Family size, from which regions/hometowns they come,

- Leadership patterns in the group, interpersonal relations and interaction among members of the group

In addition to these, Kübler's (2001, p.630-637) analysis on Swiss drug policy may provide additional indicators which may be included in the reports

- The facilities provided by police or health centres,
- The patterns of use of these facilities,
- The locations and descriptions of these facilities,
- The location of congregation areas with respect to public buildings and areas (parks, schools, hospitals etc.)

Furthermore, the current implementation schemes in the drug use field is expected to be reflected in the reports like how the decisions are formulated and implemented, the implementation approach (top-down or more democratic), the organisation chart of the implementing agencies (Yanow, 1996, p.90) and their interaction with each other and target populations.

The interrelationship between three sub-questions is also worth to consider since the search for interpretive communities within drug use policy-field and related ones will increase the multivocality of the analysis and consequently the addition of relevant stakeholders will require provision of more information about the context of the policy situation.

3.4 Deliberative criteria

Sub-question 4: whether the "researchers/practitioners" using rapid assessment methodologies enter into a deliberative process in which the interpretive communities exchange their standpoints.

The first question regarding deliberative/participative inquiry is related to the role of the facilitator in the participation process as well as the deliberation process itself. In order to enable interpretive communities exchange their standpoints the practitioner should be trained accordingly and work as a facilitator for this exchange. In this respect it is expected that adding up to the deliberation process itself,

- The training programmes and guidelines prepared for local experts is to include attitude and behavioural change in them like increasing their skills in communication, cooperative work, negotiation, coaching, presentation, formulating questions and feedback provision. These personal development skills would add to the facilitator role of the researcher. Technical and content related knowledge is assumed to be with the experts since they usually work in the implementing agencies.

Sub-question 5: to what extent the participative nature of the rapid assessment techniques lead to a joint construction process by assisting the relevant communities to define their problems and find their solutions.

Second question in deliberative inquiry is related to the process of participative inquiry. For this purpose, the training materials, guidelines and reports will be searched for

- Whether participatory meetings are foreseen or organised in which the participants negotiate and persuade each other by expressing and exchanging their view points. Indicators may include whether they make presentation to other participants, whether they enter into a learning process by posing questions and taking responses. These indicators also show that the participants should be trained for making presentations and posing and responding questions in a structured manner.

- Whether the policy analysis reports and especially policy recommendations are written together with relevant participants and the results are disseminated together with them. As indicated in first point, this also implies training for how to write reports for the participants. In general, it is expected that the RAMs should empower the participants to reflect their position.

3.5 The interviews

Document analysis may give some essential information about the use of Rapid Assessment Techniques in selected cases. However, it has limitations in giving information about the cultural differences, time limitations put by the decision makers and possible problems faced in the application process. For this reason, this study needs to be taken further and be supported by interviews. Because of time limitations and access problems, these interviews were not carried out in this study. However possible benefits and implications of interviews are elaborated briefly below.

The cultural differences especially regarding participation may influence the application of RAMs. The experts may face the problem of unwillingness of lay persons and decision makers or simple lack of capacity of lay persons in participating such a process. This may hinder the multivocality and the deliberative feature of the inquiries. To have a sound argument about the application of these methodologies, in the interviews the respondents could be asked questions about

- The support of the decision makers in conducting such an analysis technique;
- The willingness level of the local communities like drug users, tradesmen;
- Whether the lay persons have the required capacity to involve in the process to exchange their views to the other actors though they want to participate to the research;
- What kind of measures are taken by the researchers to enable/empower/involve the lay persons to the process;

Time limitation is a second concern in the application of RAMs. Since the experts are expected to generate reports in a limited time they may skip some of the processes that may increase quality. This is also true for the trainers because they are expected to train local experts in a short time. Regarding time limitations, the interviewees could be asked about what kind of constraints this limitation creates for the implementation of a technique which aims at getting local knowledge in a participative way.

Although problems in the implementation regarding cultural differences and time limitations could be foreseen, there could be some additional limitations which may be expressed by the respondents. These limitations should also be reported in a more detailed research.

Besides the problems, the interviewees could give information about the actual preparation, application and recommendation stages. Considering these issues, the key informant interviews should be carried out with the researchers who prepared the guidelines and gave trainings and the local experts which conducted the actual studies.

Despite some limitations due to lack of interviews, the document analysis through the lens of interpretive and deliberative approaches has the potential of contributing to the

growing literature considering RAMs. These policy research and analysis approaches may strengthen contextual and participative nature of these methodologies. In this framework, the results of the document analysis will be used to answer the main research question and the sub-questions with respect to RAMs' capacity of bringing relevant actors to agree to the terms of transition.

4. The Emergence of Rapid Assessment Methodologies and Case Selection

In this research, the term "rapid assessment methodologies" is used intentionally since a single methodology that is used worldwide cannot be identified and studied to analyze the capacity of these techniques. As stated by Fitch, Rhodes and Stimson (2000, p. 64), these methodologies are diverse in form and there is subtle array of differences existing between them. The differences are generally related to the emphasis: some methodologies focus on community involvement or on the need for assessment to culminate in intervention (Fitch, Rhodes and Stimson, 2000, p.65).

In this context, this chapter will briefly discuss the emergence of these methodologies and the cases that will be analyzed in this research will be presented, by giving brief justification regarding why they are selected from many rapid assessment methodologies.

The emergence of RAMs in the drug use field can be linked with the recent concerns of rapidity and contextual analysis in the public health field in general. Manderson and Aaby (1992, pp. 839-850) label rapid assessment procedures in health research as an "epidemic" because of high interest on these methodologies. They suggest that rapidity and contextual analysis concerns are concomitant developments.

Although local social and cultural conditions are not direct causes of the operational difficulties experienced in control programmes, the need for such contextual analysis taking into account these conditions emerged from some structural, political and economic factors. Operational difficulties in public health field were mainly due to lack of funds and lack of drugs, communication problems, poor infrastructure and weak links at different administrative levels (Manderson and Aaby, 1992, p. 839). At the same time, the conventional methods of using biological and chemical controls were not effective as before, because of vector and parasite adaptations and environmental changes like in malaria prevention. The recognition of the external factors other than purely health profession concerns led to the realization of significance of working with communities to reduce disease and consequently to an increasing demand for social science research which ensures effectiveness, compliance and acceptability of the interventions (Manderson and Aaby, 1992, p. 839).

In parallel to this recognition, cost-effectiveness and timeliness for programme evaluation were other concerns especially in poor countries where the burden of disease is greatest. These countries were lacking anthropologists working in applied medical and health field. Moreover, research teams and control programme staff do not have sufficient time to carry out detailed research. In parallel to this, donors and non-government organizations have a concern to obtain rapid results from their time restricted resources (Bennett, 1995, p.1589). The policy makers' short term horizon is an additional concern (Walt, 1994, p.3). They are interested in research that promises findings in short term and that is in accessible form for non-experts.

Bennett (1995, p.1589) illustrates the need for rapid assessments by "large number of ineffective posters lie gathering dust in cupboards". The cost efficiency and effectiveness was not seriously considered despite the reality of lack of resources. The messages were ineffective since the health messages were communicated by professionals using concepts and words foreign to the recipients. Besides, health professionals and researchers have to compete with the rapid escalation of communication technology (Bennett, 1995, p.1589). There is an increasing concern on whether correct messages are communicated to the correct audience. Walt (1994, p.3) states that in Britain the scientific press have railed against the established press for inaccurate and misleading stories on AIDS.

Taking into account these concerns, methodologies have been required that provide contextual data which is useful on a timely basis. Rapid assessment methodologies emerge as a response to these needs in public health field.

Furthermore, these methodologies came out for other two reasons: as part of medical and emergency responses to war and natural disasters and secondly as a means of community organisation and change instead of sheer top-down research promoted by outside experts (Rhodes, Stimson, Fitch, Ball, Renton, 1999, pp 65-67).

The emergence of rapid assessment methodologies in the injecting drug use field can be explained by a mixture of factors presented above. In the next section, the place of these methods in this field will be elaborated with a focus on the impact of HIV on IDUs.

4.1 The impact of HIV on injecting drug users (IDUs)

The authors Fitch, Rhodes and Stimson (2000, p. 63-82), who were involved in the phases of development of rapid assessment methodologies, state that the substance abuse policy field was largely dominated by large-scale, quantitative and centralised research studies. One of these large scale studies was carried out by World Health Organisation (WHO) in the second half of the 1980s under Global Programme on AIDS (GPA). WHO-GPA conducted a comparative study in 12 cities to find out the relationship between HIV and injecting drug use. The study revealed that in some cities (New York, Edinburgh, Dundee) almost half of the IDUs were infected with HIV and in other cities the percentages were also high. The striking feature of this epidemic among IDUs was not its size but its rapid spread among them. The authors state that early public health interventions were urgently needed to tackle with such an 'explosive' epidemics (Fitch, Rhodes and Stimson, 2000, p. 66).

This situation brought about some concerns about what interventions would be appropriate for such a rapid spread because there was little experience and knowledge on the different courses of spread of such an epidemics. Fitch, Rhodes and Stimson (2000, p. 66-67) highlights that there was not a uniform explanation for describing the different ways of spread seen in different cities/countries. They make the observation that they were affected by wider, cultural, legal and political environments and it was not clear which of these factors influence the pattern of spread. There were concerns about the implementation of some interventions like needle-exchange since general public and politicians would not favour it because of moral reasons. These concerns led to the utterance for the need of collection of scientific, credible and comparable information (Fitch, Rhodes, Stimson, 2000, p.66). The two instances from UK and Sweden can give us an insight about the possible discussions that took place in the second half of the 1980s and in the first half of 1990s.

Stimson (1995, pp. 699-716) describes the policy change that took place in UK in 1980s and 1990s. In pre-AIDS era, the common belief among public and drug service workers was that IDUs are incorrigible and, high morbidity and mortality among them were accepted as inevitable. This pessimistic acceptance was stemming from an understanding that in these groups behavioural change was difficult. However, (1) the growing national AIDS awareness together with (2) fears of rapid spread among certain groups and (3) the realization of the fact that the IDUs are a bridge for the spread of HIV to others brought about discussions about

behavioural change. Stimson (1995, p.700) states that "from the late 1980s onwards it was discovered that behaviour changes falling short of abstinence could be achieved and that these appear to have had an impact on limiting the spread of HIV infection." He connects this discovery to the policy change experienced in UK towards "harm reduction" concept which will be discussed in the second case.

The discussions in the article may give clue about a change towards a qualitative, contextual and participative policy analysis like RAMs. By making reference to the May 1987 report of the Advisory Council on the Misuse of Drugs (ACMD), Stimson (1995, pp. 701-707) explains three conditions that lead to policy change: the HIV was spreading very rapidly among IDUs, the use of drugs by injection was diffusing to new population groups and sharing syringes was deemed as a normal behaviour among drug injectors. These conditions were accompanied by some findings regarding the actors related to drug use. The police forces were discouraging sale and possession of syringes, medical professionals were opposing to prescribe them, pharmacists were not selling syringes to the drug users although there was no legal ban on selling. These factors together with low level of investment for drug services were leading to sharing of injectors among IDUs and thus rapid spread of infection. ACMD put some principles based on these factors and findings in order to bring about a policy change: Firstly, the spread of HIV is a greater danger to individual and public health than drug use. Secondly, the service providers should work with the ones who misuse drugs in order to reduce the risk. Thirdly, there is a need for change in professional and public attitude since drug users should not remain hidden. In this respect services should be accessible and attractive for them. Lastly, prevention efforts for drug misuse are more important than before and should be reinforced. These principles gave way to a focus on injection behaviour rather than prevention of dependence. Syringe exchange programmes were launched. Health of drug users has become more important than the dependence since the drug users were bridge and they could infect others with risky behaviour like unprotected sex. Posters, brochures and comics were prepared for "safer drug use". Collaborative and facilitative flavours were brought to service provision getting far away from directional and coercive efforts. Outreach activities became important. Drug service workers reached IDUs in their territories not in the safety of the agency buildings. These efforts in UK were followed by many countries since it brought a success and the prevalence level was lowered significantly. Most importantly,

behavioural change was observed among IDUs: sharing syringe was not normative behaviour anymore.

However, the problems have not been overcome since new population groups under 21 started to practice injecting and sexual behaviour change was not observed among IDUs. Moreover, drug service workers were reluctant to study on sexual behaviour because of unwanted focus change. The issue had many dimensions including medical practices like prescription of methadone and also criminal justice aspect. Community outreach programmes has not also realised its full potential. These dimensions and many others make the problem situation blurry by including new actors to the policy research. This ambiguity calls for a different kind of policy inquiry which unties the web of relationships among these actors. At the end of his article Stimson (1995, p.712) makes some suggestions giving clues about analyzing the problem situation. He draws our attention to the fact that AIDS prevention messages can be transmitted/shared among IDUs by using the same network in which the syringes are shared. The actions related to HIV prevention should take into account the "wider context" beyond IDUs. Peer education, community change programmes to create behavioural and norm change should be introduced. The drug users themselves can be AIDS prevention activists by involving target populations and encouraging a collective response, because social etiquette of drug injecting influences the ability of individuals to adopt safer practices. The interventions' content should be decided with the people by dealing with their needs and providing inspiration and means of change for them.

Another example of policy change from Switzerland illustrates how the injecting drug use issue is multidimensional and requires involvement of many actors other than conventional ones. Kübler (2001, p.623-641) describes Swiss policy change using the lens of advocacy coalition framework in which actors establish coalitions to advocate their belief systems regarding problems and policies. Two approaches in dealing with drug issue should be defined within this context: prohibitionist and harm reduction approaches. In the prohibition model, societal norms and integrity of society is more important, for this reason the deviant drug users should be put "back on track" (Kübler, 2001, p.630). Therefore, coercive measures can be taken to limit individual liberties. Kübler (2001, p.630) suggests that most professionals in the medical sector, public prosecutors, judges and the police in Switzerland are in this belief group. In contrast to this view, harm reduction group views that prevention of infectious diseases like AIDS is a higher priority than abstinence from drug use.

The harm reductionists can be listed as social and youth workers and medical professionals specialized in infectious diseases.

These two main groups and their approaches do not make the picture clear. As in the British case, the Swiss case features many other actors which are involved in the policy problem other than these listed groups. The harm reductionists support the efforts like syringe-exchange schemes and harm reduction facilities and services. These facilities add new actors to the policy issue like neighbourhood mobilizations, shopkeeper's associations, local inhabitants and parents associations since they do not want these facilities around their neighbourhood. These groups even use construction law to prevent the establishment of these services. Urban scholars who are working on factors related to attracting investment to urban areas were an additional advocacy group against harm reduction facilities (Kübler, p. 634-635).

Both cases show that the drug use issue cannot be isolated from other related policy fields, context of the policy situation, belief system of the drug users, medical professionals, pharmacists and many actors who play a role in defining "what the problem is". And it is also observed that the policy situations differ from country to country and universal definitions or formulas could not be developed. Rapid assessment methodologies emerge in a period which experts realized the inadequacy of conventional methods. It is also worth to remind that Stimson is one of the authors of WHO's RAMs guide: "The Rapid Assessment and Response Guide on Injecting Drug Use (WHO, 1998)".

Keeping the discussions in both cases in mind, we can get our discussion to World Health Organisation studies again. The second report prepared by WHO (1996) covered locations especially from developing countries which were not represented in WHO GPA. The first report provided information about the course of HIV-1 epidemics among IDUs and practical experience. This experience was accompanied by the realisation of limited resources in developing countries. The study also indicated for a new research effort – one which is rapid enough to intervene HIV epidemic at very early stages. In the second report, some rapid assessment methodologies were employed together with conventional surveys (Fitch, Stimson, Rhodes, 2000, p.70). The emphasis was using inductive logic to respond to practical findings and identify immediate options for interventions or further research.

The emphasis were transferred into three factors that were thought to be essential for the realisation of such an ambitious technique (Fitch, Stimson, Rhodes, 2000, p.71-p.72): (1) Rapid assessment guidelines should be prepared, (2) local options should be added to the conventional surveys and (3) sampling should be in the city context and the size of the sample should be expanded to the non-injecting drug users to analyze factors leading to injection later on.

In this context, the preparation of the World Health Organisation's guide (IDU-RAR) started in 1996 and it was finalized as a draft version in 1998 for field testing. In order to build regional capacity for rapid assessment, training courses were held in some developing countries. The IDU-RAR Guide has been used for preparation of specific guidelines with the collaboration of WHO and other international agencies like UNAIDS and UNICEF (Fitch, Stimson, Rhodes, 2000, p.73): These guidelines were related to (1) sexual risk behaviour associated with substance use (SEX-RAR - WHO/UNAIDS, 1998), substance use and especially vulnerable young people (EVYP-RAR - WHO/UNICEF, 1998) and reduction of health problems associated with psychoactive substance use (SUB-RAR).

Furthermore, these guidelines were translated into national languages for country based studies like in Russia. The United States Department of Health and Human Services used the guideline to prepare its own guideline to study black and hispanic minorities (Fitch, Stimson, Rhodes, p.73). The guideline was designed to study these ethnic minorities since the spread level of HIV was high among these populations. The Department used a new acronym RARE- Rapid Assessment and Response Evaluation. These efforts supported the idea that the rapid assessment methodologies have potential to be used in the study of drug and related issues (Fitch, Stimson, Rhodes, p.73).

4.2 Cases

While mentioning about the emergence of the rapid assessment methodologies the main focus was assigned to the guidelines of WHO. This indicates the fact that these methodologies are heavily supported by international agencies and its spread as a tool is due to this support. The most prominent example of these guidelines is the IDU-RAR guideline prepared by World Health Organisation. As it is indicated above the guideline has led to preparation of many guidelines in specific fields. The IDU-RAR guideline has been widely used in many countries and translations has been made and national guidelines have been

prepared in line with it. These features of the guideline make it suitable in order to make a validity check through interpretive and deliberative policy approaches. The application of the guideline in LEDCs and developed countries also makes it suitable for a validity check since its capacity to be applicable in countries which have different participation cultures, differing resource problems and time concerns can be controlled by the study of this guideline. For this purpose, in this study, World Health Organisation's IDU-RAR (WHO, 1998) guideline and related training programmes and two reports produced by the use of this guideline will be analyzed.

As a second case, in order to show a culturally different approach, a national implementation will be studied: The Rapid Assessment, Response and Evaluation Programme (RARE) of the United States' Department of Health and Human Services. In carrying out literature review, it was found out that the guideline prepared by the Department is probably hardcopy and not accessible via internet. For this reason, the main features of the Project and guideline will be studied through two articles and two reports produced by local agencies. RARE Project takes the drug issue from a different perspective. The initiative is directed towards to analyze the rapid spread of AIDS among racial minorities and injecting drug use issue is taken into account within this context. In a way, the approach may be considered as path dependent since the context of the problematic issue forces US application to be implemented taking into account racial minority differences as usual in conventional policy analysis in US. The Surgeon General's website indicates this: The RARE Project is defined in these statements: "Managed in partnership with the Office of Minority Health, the Rapid Assessment, Response, and Evaluation (RARE) Project is a Federal technical assistance effort that helps local communities conduct assessments regarding HIV/AIDS needs and develop community-based interventions and services to address those needs. RARE targets communities in which the impact of HIV *on people of colour* is significant and severe, offering evidence-based strategies to change HIV risk behaviours, knowledge and community structures."

In analyzing RARE reports, special emphasis will be given to the sections related to the drug use issue. It is expected that both WHO and RARE cases would provide an adequate basis for discussion.

5. Analysis

The capacity of a policy analysis instrument depends on its ability to create congruence in the perceptions of actors regarding means and ends of the policies. The interpretive and deliberative approaches aim at this congruence by entering into a process of deciphering values, beliefs and meanings attributed to a policy situation and by using these revealed meanings in order to co-produce means and ends of the policies. In this chapter, two rapid assessment methodologies will be studied with respect to their ability to establish a basis for such congruence. Firstly, the World Health Organisation's IDU-RAR guide will be studied with their supplementary materials and reports. Secondly, the RARE programme will be analyzed. Comparison of these cases will be made in the following chapter.

5.1 World Health Organisation Guidelines

WHO Drug Injection Study aims at facilitating the reduction of adverse health consequences of injecting drug use (WHO, 1998, p.1). Rapid Assessment and Response (RAR) methods are used for development of effective intervention for HIV jointly with conventional surveys of drug users. The RAR guide is designed to be used at city or region level to assess the current situation of IDUs (WHO, 1998, p.3). The guide is composed of three sections. The first section provides background information regarding the guide and rapid assessments. The second section is related to the methods for undertaking rapid assessment and third section includes assessment modules which outline the procedures for undertaking assessment and information on formulation of an action plan. In the guide, the assessment is expected to be carried out by a multi-disciplinary team (RAR team). Since the assessment will be carried out in a short period of time, the members of this team are assigned to carry out certain tasks according to their skills. These tasks may be related to the application of some methods that will be explained below. The data collected from different from various sources by the application of these several methods are combined and cross-checked for accuracy and quality control. The deficiencies of time limitation is tried to be overcome by having a multi-disciplinary team rather than a single researcher and by this cross-checking mechanism.

In replying the research questions regarding the WHO case, the guide will be used as the main resource. Training materials and reports will be used as supporting documents.

Sub-question 1: Whether the meanings of relevant stakeholders are included into the reports by analysing the artefacts in the drug use policy field.

In the second section, IDU-RAR guide suggests that rapid assessment and response teams can use mainly 6 methods creatively, continuously and in combination to carry out the assessment:

- Existing information,
- Sampling and access,
- Interviews,
- Focus Groups,
- Observation and
- Estimation Techniques.

I will analyze each method separately to answer the first sub-question.

Existing information (WHO, 1998, pp.58-64)

The data collection through existing resources aims at reaching already available data by saving resources (WHO, 1998, p.58). This information provides a snap-shot of what is currently happening and compiles the factors that may facilitate or obstruct the actions to be taken. As in the study of Yanow (1996), the official documents (including legal ones) and media sources are used to collect data. In the early stages of rapid assessment the data is used to grasp the context of the study. Later on the continuous collection of existing information is used (1) to identify knowledge and practice gaps, (2) to monitor and (2) cross-check findings from other methods. The guide suggests that the existing information may provide representative descriptions of distribution of behaviours or characteristics in a population and admits that there may be accuracy and bias problems which will be explained below.

The contextual data provided by existing information is used firstly to understand why certain behaviours and activities are as they are; and secondly to identify key informants and the most suitable methods to undertake initial research (WHO, 1998, p.59). The guide describes (1) the meaning of existing information, (2) why it is important, (3) how to find such information, (4) how to select, (5) how to manage and lastly (6) how to interpret them.

The existing information module in the guide explains that this data is not problem-free because they could have bias and could be produced for a particular audience. This acceptance indicates that the authors are aware that these data are subjective and produced for some stakeholders (communities). They illustrate this acceptance by making reference to the definition of terms like "substance misuse" or "risk behaviour" in statistics. They may have different "meanings" for actual drug users or other research bodies and "perspectives" may differ which lead to these definitions (WHO, 1998, p.63). They also admit that the documentary resources like reports or newspaper articles may be biased accounts since they may cite "to selected evidence or photographs to support the arguments" of various stakeholders (WHO, 1998, p.64). In this module, the indicated awareness gives us the clue that the writers of the guide accept that there exist interpretive communities which attribute different meanings to various elements in the existing information, however they do not advise researchers to find out artefacts which carry symbolic meaning for these relevant interpretive communities. The module provides detailed account of ways of selecting, managing and interpreting information but does not refer to the significance of interpretations of multiple stakeholders and meanings attributed to the intentions worded in legislative documents or media accounts.

The significance of interpretations and meanings can be illustrated with an example: As discussed in the emergence of rapid assessment methodologies in the public health field, leaflets are heavily used in the prevention efforts, low utilization -because they are destined to lay in the dustbins- may show that these sources may have different meanings for the drug users other than the intentions of the donor organisations or government agencies. For instance, the findings regarding alcohol consumption shows that public health leaflets do not generally carry messages which address to the beliefs and emotions of the individuals (Abraham, Southby, Quandte, Krahe, Sluijs, 2007, pp. 31-60). Study indicates that individuals are more likely to change their behaviour if they believe they have the capacity to change and if the messages are directed to their subjective norms and to the group norms. These points are subject of policy analysis efforts for development of plausible interventions and they are not observed in IDU-RAR guide.

Sampling and Access (WHO, 1998, pp. 65-76).

The module dedicated to sampling and access provides local experts/researchers with information regarding (1) definition of sampling, (2) why it is important, (3) what information is needed to select a sample, (3) sampling techniques and (3) how to gain access to data resources. Since the first sub-question deals with relevant stakeholders/interpretive communities, this module will be analyzed according to its capacity to identify them.

The sampling exercise mainly deals with finding out the sample which truly represents the population to be studied. The researchers are expected to reach to a sample which may give detailed information about study population. The module mainly gives information about reaching relevant communities and their true representatives. It is suitable to discuss the guide's capacity regarding multivocality discussion in the second sub-question. However for the present, the pre-eliminary analysis shows that the techniques described are not directed to finding out interpretive communities which shares common meaning for symbolic artefacts. In first sub-question, it is expected that the relevant communities other than drug users, policy makers and implementers should be identified. In this respect, the point of saturation discussion in the sampling module is worth to analyze (WHO, 1998, pp. 67- 68). In the guide, the statistical sampling techniques are considered to be incomplete to frame the study population. For this reason, it is suggested that "the selection of respondents should continue until the point of saturation", in other words until no new information is to be found (WHO, 1998, p. 68). This may help to identify other actors partially increasing the capacity of the rapid assessments however the effort to grasp meanings of actors as interpretive communities is not foreseen.

Interviews (WHO, 1998, pp. 77-86)

Another method discussed in the method modules is "interviewing". This methodology is suggested by the authors for certain reasons: Firstly, it provides access to experiences, situations and knowledge that researchers would not be able to study otherwise; secondly it delivers information on local meanings and understandings of risk behaviours and health consequences and lastly it facilitates intervention (WHO, 1998 pp.77-78). In this method, it is aimed to reach to a wide range of key people.

The sub-chapter dedicated to this method provides information about whom, when and how to interview; and on interviewing techniques. At the early stages of the rapid assessment,

the researchers are recommended that the interviews should aim to produce lists of local terminology, behaviours, meanings, individuals and locations for further research (WHO, 1998, p.80). This recommendation can be evaluated as an effort to reach to the meanings, beliefs attributed by different respondents. However, this recommendation is not elaborated further to equip researchers on how to access such meanings. The guide authors briefly recommend (1) to use simple language, (2) to be a good listener and (3) to ask why and how; and (4) free listing to collect local terminology. Finding out artefacts and interpretive communities relevant to these symbolic artefacts are not referred. However, there are indications of possible artefacts which may be studied in detail. One of the case studies included to the RAR guide indicates a potential artefact in the field (WHO, 1998, p.84). In an interview, a sexual health device "condom" turns out to have a different meaning for IDUs: "Anyone who used condoms was thought to be unmasculine or a homosexual". This type of information is worth to analyze for effective intervention efforts

Focus Groups (WHO, 1998, pp. 88-94)

The fourth method recommended by the authors of the WHO guide is "focus groups". The focus groups are carried out to interview with the individuals who have common experience, come from a similar background and have a particular skill (WHO, 1998, p. 88). The focus group technique is worth to analyze with respect to the establishment of the groups. The groups are expected to be homogenous sharing a common characteristic, experience or expertise (WHO, 1998, p.90). Focus group participants are selected with the help of key informants and examination of documentary sources. The authors suggest that focus groups are useful for identifying and exploring beliefs, attitudes, opinions and behaviours in a community. This is similar to what interpretive approaches suggest because background of the participants are taken into account and the effort is directed to find out common meanings however it is not centred around revealing meanings attributed to a symbolic artefact. The key informants or the documentary resources are not utilized to extract these artefacts which may be used later on for understanding different meanings attributed by different focus groups. Although the participants of the focus groups are determined by consulting key informants, the selection of the relevant actor groups is not elaborated in the guide. The method can be used with both IDUs and non-IDUs. The process of selection of participants indicates that the use of this method is limited to IDUs and their direct contacts like prostitutes, taxi drivers, hotel and bar owners, and truck drivers (WHO, 1998, p.91). A focus group with actors like

neighbourhood communities or parent-school organisations is not foreseen. As discussed in Kübler's work, these communities may also provide vital information for the success of the implementation efforts. The stakeholder analysis carried out for initial consultation module discussed below may give some clues about the possible relevant groups. These groups can also be a subject group for the application of this method.

Observation (WHO, 1998, pp. 95-103)

The method of observation in rapid assessment is utilized to gain first-hand experience of the meanings, relationships and contexts of human behaviour (WHO, 1998, p.95). By the application of this method a descriptive account of the situation is aimed. The observation may provide clues which provide evidence about meanings and behaviours. In this respect, the meaning of some interactions like needle exchange or unusual specific rituals is tried to be understood through this method (WHO, 1998, pp. 97-99). In this sub-chapter, mapping techniques are advised for the researchers. By this technique it is aimed that the researcher obtains or draws a map of the locality, makes rough sketches about buildings, talks to people like shopkeepers and street vendors with casual conversations. The observation method mainly deals with the concerns of the interpretive approaches. Firstly, observation of the rituals, buildings, spaces, language use, behaviours and secondly interaction with the actors other than policy makers, implementers and drug users are efforts to understand the context. However, it is observed that like other methods an effort to find symbolic artefacts through such observations and an analysis of these symbolic artefacts with respect to shared meanings by certain communities are not observed. For instance, these artefacts may be syringe exchange facilities where IDUs are provided with clean syringes in return of used ones or specific rituals involved in drug preparing (WHO, 1998, p.99). Syringe exchange facilities may have meanings for IDUs other than being a basic harm reduction effort. Even the disinfection of syringes can be a clue for the presence of different interpretations: bleachers or even urine.

Estimation Techniques (WHO, 1998, pp.104-112)

These techniques are not listed as an indicator in this sub-question. However, the application of these techniques gives some insights about the interpretation involved in rapid assessments. These techniques are utilised to estimate the total number of people who inject drugs (WHO, 1998, p.105). These data are regarded as important because they may be used to

"convince" others or "persuade" decision makers that interventions are needed. It is accepted that conventional methods fall short in giving the actual numbers and that interpretations are needed by collecting data from more and various resources; and through triangulation. These assumptions differ from conventional methods, give value to interpretation of researchers and accept the use of numbers for persuasion. However, the sub-chapter does not provide information in answering the research question.

The third section of the WHO guide includes modules which outline certain procedures for carrying out assessments. These modules will be briefly analyzed below in order to find some answers to the first sub-question.

The Drug Use Assessment Module (WHO, 1998, pp.152-172) gives guidance about providing data on drug use and drug injecting. In relation to the first sub-question, it is stated that at the individual level data should be collected on knowledge and perceptions about different ways of using drugs and on community norms about different drugs and ways of using them at the community level. The data about knowledge and perceptions at individual level cover features like what is acceptable, available and fashionable (WHO, 1998, pp.157-158). Furthermore, data is expected to be made available about (1) local environmental influences on drug injectors' congregation sites, (2) the impact of the social, economic and cultural conditions and (3) the impact of national and local policies on drug injecting. These dimensions are also related to second and third sub-questions. It must be stated that in this module perceptions of stakeholders and their impact are studied however it is not conducted in a process of finding symbolic artefacts and relevant interpretive communities.

Similarly, the Risk Behaviour Assessment Module (WHO, 1998, pp. 194-216) aims to assess (1) the extent and nature of risk behaviours among IDUs, (2) why they engage in risk behaviour and (3) the factors which inhibit or enable risk reduction among them. Risk behaviour is evaluated in a wider context. At the individual level, personal knowledge and beliefs are important; additionally, drug users' community-wide norms and general public attitudes are also influential. This module requires researchers to collect information about risk behaviours and risk reduction and related perceptions. It is stressed that wider peer group or community norms are influential in determining what socially acceptable or appropriate behaviour is. "Risk behaviours are the product of negotiation between individuals which

occurs in the context of group defined norms and practices." (WHO, 1998, p.197) This emphasis points to the awareness considering importance of society's interpretations.

A study carried out at Madras, South India uses the WHO guide in order to develop appropriate interventions (Kumar, Mudaliar, Thyagarajan, Kumar, Selvanayagam, Daniels, 2000, pp. 83-98). In this study interviews are used as main data collection method and they were complemented by review of existing information, focus groups and observations. In the interviews, it is observed that the researchers access some information regarding the terms used by the drug users (Kumar et al., 2000, p.89, 91). Interviews are carried out with drug users, implementers, family members and key informants in variety of locations. Existing information study was carried out on demographic indicators, health indicators, law enforcement indicators and social indicators. These efforts points to a contextual analysis. However, in this study we do not observe an analysis of artefacts and their meanings attributed by different interpretive communities. Madras study tries to analyze the situation with a broader perspective; community advisory board which will be discussed in relation to deliberative criteria is an example for this.

In Madras study the short period of time is given as a limitation to reach some other groups like new injectors, female injectors, injectors from high-income and educated groups, special groups. The researchers are restricted to study only established injectors (WHO, 1998, p.86). Also limitations regarding the study of sexual behaviour are also indicated since the team is inexperienced on this issue. These limitations may have some hints regarding quality and time-constraint trade-off.

Another study carried out in Rosario City, Argentina employs IDU-RAR guide (Siri, Inchaurraga, 2000, 125-132). It was used as a *first step* to produce more detailed research data, identify urgently needed interventions and design a long-term harm reduction strategy for the city where half of HIV cases are caused by injecting drugs. The study is a basis (1) to establish a research infrastructure, (2) to begin developing behavioural and treatment indicators, (3) to further develop RAR methodology, (4) to promote harm reduction and (5) to demonstrate the utility of drug user participation in research by involving this population in the assessment process who are excluded in previous efforts (Siri, Inchaurraga, 2000, p.127).

In contrast to Madras study, in this study existing information based on statistics and former surveys are heavily used. Estimation techniques are utilised to find out the number of

IDU populations. In depth-interviews are also used to acquire data on service use and patterns of sharing injecting equipments. Since the study is aimed to be a first step, artefact analysis or efforts to find out interpretive communities are not foreseen. The perceptions of the drug users are reflected in a limited way and only with reference to practical reasons. As an example "the fixing session" (a kind of ritual) in which large number of people share equipments are mentioned however the perceptions regarding this session is not included in the article.

Sub-question 2: To what extent the methodologies are multivocal to make voices are heard.

The second sub-question mainly deals with the inclusion of relevant actors to the policy process. In this respect, two issues are important: firstly adding the ones who were not listened before – this may be hidden populations and secondly involving the other actors who are related to the issue other than the usual stakeholders in drug use policy. The IDU-RAR guide is expected to include these stakeholders.

The World Health Organisation guide aims at developing interventions at multi-level in other words at individual, community, environment and policy levels (WHO, 1998, p.25). It is believed that effective responses require multiple and integrated strategies including wider social environment and public policy. The behavioural change can be achieved through creating necessary social conditions. Therefore, social environment like local or community attitudes or responses to substance use and physical environment like housing areas of prostitution and substance use should be taken into account as well as the provision of services for the drug users (WHO, 1998, p.33). Here, the authors give importance to community participation and advocacy. The broadest definition of community is preferred to develop targeted interventions with a concern of balancing this participation.

The stakeholder analysis is carried out (1) to identify and list all potential stakeholders, (2) to determine each stakeholder's role and (3) to identify risks and assumptions (WHO, 1998, p. 38). The potential list of stakeholders includes a wide range of participants including housing and business communities. The aim of reaching widest range of participants is to create ownership of a project. Therefore a Community Advisory Committee is set to develop and implement community participation. The selection of this committee gives us clue about the preferred position of the World Health Organisation: the harm reduction is assumed

approach and the members of committee must be able to empathize with drug users (WHO, 1998, p.40).

In addition to community participation, the advocacy concept is presented to promote and ensure long-term sustainable interventions within drug using populations (WHO, 1998, p.41). In discussing advocacy, the authors of the guide make reference to the formation of more democratic, open and accountable decision-making structures and procedures. This reference can be evaluated within multivocality. The clues given will be analyzed below in responding deliberative criteria sub-questions.

The community participation discussion is frequently observed in the guide. In the Organizing Rapid Assessment and Response Chapter (WHO, 1998, pp.47-57), consultation with as many actors as possible is emphasised by involving stakeholders from other sectors. Building trust and persuasion are the main themes in these discussions. The authors believe that activities should be organized to communicate the importance of the rapid assessment to the ones unwilling to participate. Here "the sampling and access methods" and one of the assessment module "initial consultation" are attention-grabbing.

In the sampling and access module (WHO, 1998, pp.65-76), the sampling frames usually produced by government agencies or NGOs are seen inadequate since unknown cases are not in the sampling lists (WHO, 1998, p.67) or the sampling lists are probably non-existing. For this reason, the researchers are suggested to establish their own sampling frame using multiple resources. By this way, the researchers will be able to contain under-reported and unknown cases of the former sampling lists. To illustrate this, the topics such as drug use and sexual behaviour are given as examples: conventional statistically representative sampling procedures are not able to include them.

The point of saturation discussion analyzed in the first sub-question is also related to unknown cases discussion. The effort to reach as many respondents as possible (until no new information is being discovered) may help to achieve multivocality. "Network samples" is one of the suggested techniques in which snow-balling and chain referrals are used when there is no adequate sampling frame (WHO, 1998, p.70). However, the main trend in the guide is repeated - the use of multiple resources and cross-checking to reach widest range of populations. The sub-chapter dedicated interviewing methods also make reference to the

inclusion of unheard voices. It is admitted that local meanings and understandings are not usually consulted or listened to by policy makers and planners (WHO, 1998, p.77).

The modules in the guide are designed to cover key issues for investigation in the rapid assessment (WHO, 1998, p.120). These are

- Initial consultation,
- Country and city profile,
- Contextual assessment,
- Drug use assessment,
- Health consequences assessment,
- Risk behaviour assessment,
- Intervention and policy assessment.

These modules are expected to be used creatively, continuously and in combination. A comprehensive assessment is aimed by analyzing key issues using these modules. The convenient methods from the 6 methods mentioned in the first sub-question are employed in these modules. The modules are accompanied by assessment grids (WHO, 1998, p.121). The grids correspond to key questions which guide/direct the assessment and they can be adapted according to the local conditions. Key questions are presented in each module to provide guidance to the practitioners. As seen in the grid next page, the aim in this key question is to provide information about the "geographical locations of injectors". It is one of the key questions of "drug use assessment" module. According to the grid, practitioners are expected to fill in the columns however they are also advised to add new key questions and new columns according to the local context.

Drug Use Assessment grids

10. Geographical location of injectors

1. Use this list as a guide to the areas that should be investigated; 2. Provide a local description; 3. Describe the sources used and assess the validity of the data

	Local description	sources of information and validity of data
In which parts of the city		
- do injectors live?	Injectors live in all parts of the city, but there are higher concentrations in particular areas of social deprivation. Some of these are on poorly maintained municipal housing estates where drug use co-exists with social problems.	
- do they go to buy drugs?	There are two relatively open drug dealing scenes; Kings Cross, which is a railway terminus; and Earl's Court, which has a high transient, multi-cultural population and multi-occupancy residences. In both areas there are also sex-workers and heavy-drinking bars.	
- do they go to inject drugs?	Near open dealing scenes, some injectors use public toilets, or small side streets. Most inject at home. Few go to shooting galleries.	

Table 1 – Drug Use Assessment Grid (WHO, 1998, p. 168)

Initial consultation (WHO, 1998, pp. 122-126)

In responding the second sub-question, initial consultation module gives some valuable information. In this module, the aim is to adapt rapid assessment to local conditions (WHO, 1998, p.122-123). The focus group made by meetings with invitation is suggested method for this module. The consultation is undertaken prior to rapid assessment in order to make initial judgements about the focus and parameters of the assessment and to be prepared for development of funding proposals and a research protocol which will end in a local rapid assessment which is *practically relevant*.

One of the principles of this effort of providing practically relevant information is community involvement. Building sense of ownership for future intervention efforts is the key purpose of community participation (WHO, 1998, p.124). Active involvement of the stakeholders to the decisions regarding parameters of coming rapid assessment is essential for the applicability of the findings. At the initial consultation stage, establishment of community

advisory groups representing a good cross section of the community is recommended by authors.

Possible participants in suggested focus groups are beyond drug users and service providers – representatives from NGOs, law and criminal justice, media, educational, political organisations, international agencies. The effort to go beyond typical stakeholders may be evaluated as a multi-sector approach in which the issue is addressed in a wider context which takes into account possible relationships of other sectors with the drug problem.

The initial consultation stage can be deemed as increasing the multivocality of the rapid assessments. The authors of the guide also accept that this stage is provisional since the actual course may change during investigation. This may be evaluated as addition of new stakeholders as long as the study continues.

In the Madras rapid assessment case (Kumar et al., 2000, pp.83-98) the multivocality is tried to be achieved by a community advisory board. The board is composed of 20 members from religious groups, community workers, police department, health services, pharmacists, national authorities, NGOs, local authorities and prominent citizens from different segments of society. Since the study is accessed from a journal article, an analysis cannot be made regarding the inclusion of "unheard voices". However, it is observed that multivocality is highly valued because the RAR team composed of technical experts has a position of assisting to this board rather than being a separate entity. Although the analysis gives importance to the socio-economic factors, it is observed that the groups from schooling, housing or employment are not in the board in question.

The rapid assessment conducted in Rosario aims to raise awareness of inclusion of drug users to assessment processes (Siri, Inchaurraga, 2000, p.127). They draw attention to (1) the lack of mechanisms ensuring civil and health rights of IDUs, (2) supporting peer education programs or (3) ensuring IDUs' involvement and contact with the health system. This effort is worth to note however it is limited with respect to the second sub-question. Because, in this study civil and health rights are not elaborated and possible relationship of these with other policy fields are not explained. Essentially, civil rights like prevention of discrimination and equality in public places is strongly related with the health rights like reducing vulnerability to ill-health since health policies are related with both domains of these rights.

Sub-question 3: Whether parameters regarding the situation of local drug user communities are identified

This sub-question deals with the contextual analysis of the situation of drug users. The plausible interventions are expected to include local context in which the IDUs live since the universal solutions may not be directly applicable.

The WHO guide is designed for application in cities and regions in order to reduce adverse health consequences of injecting drug use. This aspect is emphasised throughout the guide: in the introduction, and in methods and modules recommended for the conduct of rapid assessments. It is accepted that patterns of drug use and injecting behaviours and their health consequences vary from country to country, between areas, between social groups; and these patterns and consequences can change over time (WHO, 1998, p.7). Therefore the interventions should also vary since they are influenced by social, cultural, political, religious and economic factors. The assessments should be locally sensitive as a principle (WHO, 1998, p.47).

In the sub-chapter on "existing information", the method is used to acquire local information to understand the situation of the stakeholders (WHO, 1998, pp.59-60). In conducting "interviews" one of the stages is dedicated to exploration of economic and structural factors affecting risk behaviours in the target population (WHO, 1998, pp.79). In this respect, the attitudes of police and military are given as examples of interviewing areas. Additionally, the researchers are advised to collect demographic information like age, ethnicity, type of drug use, source of income and status. Furthermore, the interviewees are asked to involve in mapping exercises. As it is foreseen in the sub-question, they assist researchers to draw maps of local area or particular locations using locally available materials (sticks, stones, sand etc). (WHO, 1998, pp.85).

In this sub-question, contextual analysis is not only limited to economic or social factors but also group dynamics. In the focus group method, the researchers are warned to observe group dynamics and power structures which can influence who speaks and what they say (WHO, 1998, p.93). This aspect is briefly touched upon in the method.

Understanding the context of policy situation is one of the main concerns of the sub-chapter on observation method (WHO, 1998, pp.95-103). Here, researchers want to produce a descriptive account of the situation for contextual background. They are advised to map the

area to focus and locate the observation (WHO, 1998, pp. 98-99). The observers are recommended to acquire an available map of the area. If it does not exist they are expected to draw one. Furthermore, they should note important features, check layout, make rough sketches and add detail to the map. They should do this talking through the area with shopkeepers and street vendors. In extended observations, the researcher records behaviours and interaction.

The main sub-chapters dedicated to the situation of local drug users are "Country and City Profile" (WHO, 1998, pp.127-141) and "Contextual Assessment" (WHO, 1998, pp. 142-151) modules.

The Country and City Profile (CCP) aims at providing a brief description of the environmental, political, legal and economic context of the country and city or study area (WHO, 1998, p.128). The main issues addressed are geo-environmental, population and infrastructure features of the country and the city. In addition to this, the main political, governmental and administrative structures are analyzed. In this module, these parameters are presented at a more broad level. The background analysis specific to injecting drug use issue is made in the contextual assessment.

The contextual assessment is a description of the larger context in which drug injecting occurs and public health programmes operate (WHO, 1998, p.142). This definition suggests an analysis of the factors that affect the nature and extent of drug injecting. These factors are listed as:

- Likely to encourage the spread of injecting and likely to discourage
- Exacerbating the adverse health consequences of injecting and ameliorating
- Likely to hinder the development of interventions and likely to enable.

It is admitted that each country, region or city has a unique mix of social, religious and cultural characteristics, practices, laws and economic resources and these influence drug injecting attitudes and behaviours. The key questions recommended to the researchers under these factors cover the aspects listed in the third sub-question: household economy and family structures, religion, educational system, literacy level, administrative structures in police and justice systems, health services; and political structures are some examples.

The Intervention and Policy Assessment Module (WHO, 1998, p.217-232) is also related to the situation of local drug user communities. The current intervention efforts and policies are analyzed in terms of such factors like its types, aims, objectives, effectiveness, strategies, availability, geographical distribution and so on. The collected data will be used for developing future interventions by making a gap and need analysis.

The Madras Study (Kumar et al., 2000, pp. 83-98), demonstrate that social parameters are taken into account. Congregation areas, service uses, socio-economic backgrounds are analyzed. In this analysis it is indicated these factors influence risk reduction efforts.

In Rosaria City study (Siri, Inchaurraga, 2000, pp. 125-132), the parameters like locations of drug markets, services in the field of drugs and their patterns of use are briefly reflected to the article. However, it is limited and at the surface level since it is a first step analysis.

Sub-question 4: whether the researchers/practitioners using rapid assessment methodologies enter into a deliberative process in which the interpretive communities exchange their standpoints

The exchange in this sub-question is aimed at reaching decisions which are acceptable for the parties involved. The assumption is that the democratization of the process by the exchange and participative processes will have an instrumental value which facilitates implementation. Deliberative criteria do not stop at this point. The participation is important however the process should be carried out in a method which enables the parties to present their ideas in a comprehensible way to each other. In this context, three aspects are important the role of the researcher as facilitator, the instrumental participation process and the empowerment of the stakeholders. In the first sub-question, we will analyze whether the researchers are equipped enough to carry out such a participation process.

In the WHO guide, some clues are observed describing required skills for researchers in conducting rapid assessment process in which community participation is deemed essential. In the Community Participation and Advocacy chapter, it is stated that wide range of participation will require a good balance. Because the action plan for interventions may need to focus on a specific community (WHO, 1998, p.34). Also in this chapter, the success of the participation is associated with the levels of "trust" which can be built up between the rapid assessment team and the community. The rapid assessment team needs to be receptive to the

concerns of the community (WHO, 1998, p.36). Advocacy also requires some skills, the leaders, policy makers or those who carry out policies should be educated. The rapid assessment team is responsible for this (WHO, 1998, p.41). As a matter of fact whole advocacy discussions give evidences about the required skills: persuasion, building coalitions, developing and delivering advocacy messages or fund-raising.

The RAR team also requires certain skills. They should commit themselves for the study; the team should include people who have a range of different skills/disciplines (WHO, 1998, p.51). In the team, representatives from local community should have good communication skills. In general the team should be "creative" to combine different methods and modules integrated in the rapid assessment guide. Since skills are important in conducting the assessments, tasks are allocated according to the skills of the members of the team.

Furthermore, the team should build trust among these "difficult to reach" and "difficult to research" groups. They should establish and improve rapport and should be able to get information from these groups (WHO, 1998, p.72). They need to convince them or carefully negotiate with them. In discussing access to the populations, several techniques are suggested to improve rapport (WHO, 1998, p.76). In order to make people feel comfortable, the team members should take care of their appearance, they should know how to approach individuals, use appropriate language, and they should stress that all opinions are valued and will be confidential.

In the sub-chapters dedicated to interviewing (WHO, 1998, pp. 77-87) and focus groups (WHO, 1998, pp. 88-94), new skills are added: facilitation and asking effective questions, and using probes and prompts. Researcher should be a good listener and a good moderator by making people feel involved. In doing contextual assessment, the team member should think creatively and broadly to show interactions between different issues (WHO, 1998, pp.147-148).

The awareness on these needs is expected to be reflected to the training programmes. The training programme in the appendix is designed according to the needs of the RAR team: (1) skills in social science research, (2) knowledge of injecting drug use and its related health consequences, (3) awareness of the principles underlying a rapid assessment and (4) familiarity with using the RAR guide to conduct a rapid assessment. The trainings can be adapted according to the local circumstances and the knowledge level of the team. In these

trainings, knowledgeable team members and selected local participants like epidemiologists or ex-drug users can make presentations. RAR teams can be directly trained by experienced researchers or by capacity building works in which participants are trained to become RAR trainers.

In the training appendix, the main concern is the RAR package and the sections of the guide (WHO, 1998, 247). Participants should gain an overview of the aims and objectives of the rapid assessment; understand RAR, modules, methods and sources of information; and know their roles in conducting assessments. Training exercises included mainly serves to develop personal skills of the RAR team. These are role playing; gaining access to research settings by negotiation, practicing interviewing techniques on one another, completing assessment grids, deciding what should be recorded. By these exercises the trainer assesses participants' skills on these areas and allocates time for improving them. However, these exercises are not the main body of the training. It is admitted that "a rapid assessment often needs to be conducted in difficult and testing circumstances – such as having to quickly conduct an interview or focus group in a noisy treatment centre; [...] successfully negotiating access to an area or informant with unwilling drug dealers" (WHO, 1998, p.253). Role play is expected to help in dealing with these issues. Exercises in asking questions and acting on responses are aimed at developing personal skills. These exercises are expected to help in conducting interviews rather than in a deliberation process. They are directed to carry out the methods.

Another example of training is the course prepared by the Center for Harm Reduction in Australia (Burrows, 2001). The Training Course on Rapid Assessment and Response to HIV/AIDS among IDUs is designed to give (1) an overview of the theory and practice of effective HIV prevention among IDUs; (2) an overview of WHO RAR methodology; (3) assistance with advocacy for undertaking RAR work and developing effective interventions; and (4) advice about ongoing opportunities for technical assistance and funding for RAR interventions. The sessions regarding RAR are related to the use of the methods to achieve effective HIV prevention among IDUs. The method is overviewed, and the parts of the guide on access, sampling, estimation techniques, observation, existing information, interviewing, and focus groups are presented to the participants. The strong feature of this programme is the field visits to the services established in the Australia which enable hands-on training.

In the Madras study (Kumar et al., 2000, pp. 83-98), trainings are held using the IDU-RAR guide. Trainings regarding personal development are not mentioned in the related article. With respect to deliberative criteria, in the Rosario study (Siri, Inchaurraga, 2000, pp. 125-132), the participative practices and related trainings are not observed.

Sub-question 5: to what extent the participative nature of the rapid assessment techniques lead to a joint construction process by assisting relevant communities to define their problems and find their solutions.

Community involvement and consultation are listed as principles of the rapid assessment in the WHO guide (WHO, 1998, p.23): "Rapid assessments involve the community and those who will be involved in developing interventions or advocating on their behalf" and "Rapid assessments recognise the need to consult with a wide range of people, including drug users and injectors". These mentioned principles are elaborated in the chapters of the guide.

Community Participation and Advocacy Chapter (WHO, 1998, p.34-46) stresses upon the importance of participation and ownership. The types of participation are listed from manipulative participation to self-mobilisation and it is stated that "the extent to which participation can be effectively developed depends upon the levels of trust which can be built up between rapid assessment team and the community". For this reason, initial consultation stage is important, the RAR team should be able to convince stakeholders about the possible benefits of the assessment. In addition to this, barriers to participation are also listed as local and national structural frameworks (political, economic, social, religious etc.). The principles are being flexible and achieving as high level of participation as possible by involving all the key stakeholders.

In this chapter, it is also admitted that conflicts are part of the participation process (WHO, 1998, p.37). Community members may see drug use as some else's problem or as undesirable and opinions may conflict on how to deal with this problem. The rapid assessment team should balance these differing opinions.

The Community Advisory Committee has some participative roles: it provides on-going feedback on the findings of the situation assessment, and it participates in developing the action plan for interventions. The members of the committee can act as representatives of

certain organisations. Beyond this, they should be able to express their own opinions (WHO, 1998, p.41).

Essentially, the participatory meetings are not foreseen in the application of the methods. However, in designing interviews, the research questions or what kind of information to be collected are discussed by key-informants (like ex-drug users) (WHO, 1998, pp. 79-81). Furthermore, the researchers are responsible for making interviewees feel involved in the research process. Focus groups method has a more participatory nature similar to the deliberative process. Because of the nature of this technique, the focus groups are held with participants having similar background and discussions are held in which they express their view points. However, it does not have an instrumental use for closing down the argument in a deliberative way.

In Research Skills Chapter, as an ethical consideration it is stated that "those people who were involved in the rapid assessment should be given a chance to comment on the findings". (WHO, 1998, p.119). This feedback is seen as useful final check on the validity of any results and the feasibility of any recommendations.

The module "Initial Consultation" and the chapter on "Action Plan" are expected to refer to a participatory inquiry.

In carrying out initial consultation, developing sense of community ownership is the key for future interventions. Active involvement is sought in the establishment of parameters of the rapid assessment and in the applicability of the end findings. The applications provided as examples give clues about the initial consultation process. The selected participants are expected to make presentations, brain-storming follows these presentations, facilitated group works are carried out on key issues and plans for the rapid assessment.

Rapid assessments are carried out to develop an action plan to reduce the actual or potential adverse health consequences of injecting drug use (WHO, 1998, p.234). In these action plans recommendations are made about the interventions required. In the last chapter of the WHO guide – action plan- it is aimed to give recommendations on how to combine various findings and conclusions. It is stated that in the assessment process many ideas will have already emerged about the kinds of interventions. The results and feedbacks coming from, drug injecting, health consequences, risk behaviour, and intervention modules are used to make judgements about interventions. These judgements will be about (1) where to focus,

(2) which adverse consequences to be addressed (3) which risk behaviours need to be targeted and how; and about future policy and intervention needs.

With reference to the fifth sub-question the steps and the methods are important in preparing the action plan. The team will (1) bring together the key findings, (2) list most important ones, (3) indicate the actions required and (4) assess the relevance of the interventions in terms of their feasibility, resources needed, expected efficacy and obstacles. The action plan is developed by the rapid assessment team together. Members of the team summarise their findings and brainstorming step follows these summary session. With respect to the deliberation or participation it is suggested that "It will also be useful to bring in outsiders – such as government officials, drug workers, and drug users and injectors- in order to get feedback on the relevance, appropriateness and feasibility of the proposed interventions" (WHO, 1998, p.237).

The community participation dimension of the rapid assessment is not designed for entering into a deliberation process in which parties negotiate and persuade each other. The report is mainly written by the rapid assessment team, thus training is not foreseen for the stakeholders involved.

The Madras study is a worthy of note example of community participation (Kumar et al., 2000, pp. 83-98). The community advisory board mentioned in the first sub-question represents diverse and varying interests and it is "empowered to generate ideas and is entirely responsible for the evolution and implementation of RAR" (Kumar et al, 2000, p. 85). Negotiations around priority issues for assessment and intervention establish the core principle for decision making. The authors suggest that since community advisory board addresses issues like legal issues or resistances, ownership is ensured. However, the financial constraints were an obstacle for developing comprehensive and integrated interventions (Kumar et al., 2000, p 87). One of the strong features of this study is 2 day advocacy meeting to discuss the action plan. The action plan is endorsed at a meeting attended by Senior Government Health officials, leading NGOs, professionals, users and ex-users and in this meeting the current users' perspectives are given priority (Kumar et al., 2000, p.94). This characteristic of the study is deemed as increasing the reliability of the assessments. In this context, we observe that although the parties are invited, the action plan is written by the team

itself and relevant parties are not trained for developing their skills regarding the issues mentioned in this sub-question.

5.2 The RARE Programme in public health in United States

The Rapid Assessment, Response and Evaluation (RARE) Programme applied in United States utilizes concepts from the WHO RAR guides to provide communities with the philosophy of rapid assessment (Needle, Trotter, Goosby, Bates, Von Zinkernagel, 2000, p.20). The Programme has been adopted by the U.S. Office of HIV/AIDS Policy (OHAP) to be used in major metropolitan cities (Trotter, Needle, Goosby, Bates, Singer, 2001, p.137). The programme is different from the World Health Organisation's study which uses IDU-RAR guide because it is designed for a developed country which has already have extensive data using formal conventional methodologies and it is directed to the HIV epidemic among minorities in U.S. rather than injecting drug users. IDUs are a sub-population in this programme. It is a complementary programme not a replacement (Trotter et al., 2001, p.138). The programme tries to catch emerging conditions which are not visible through conventional methods taking into account local cultural conditions and values.

Since it is related to the analysis of the RARE programme with respect to answering sub-questions, the implementation of the programme will be briefly presented (Needle et al., 2003, p.971). Elected officials of the local government apply to OHAP for funding. After this application, a technical assistance team from OHAP review federal and local responsibilities for RARE and provide advice for establishment of a local community working group which is similar to the Community Advisory Board in WHO application. Community working group has a steering role on the field research team which will apply the methods in the setting. The central RARE technical assistance team provides training to field research team in assessment methodologies, analysis of data and preparation of reports for the working group. Training is also foreseen for the chief elected officials (Needle et al., 2003, p.971). The field research team which is led by an ethnographer collects data, analyzes information and prepares an options action plan which is presented to the community working group. The group reviews and prioritizes the elements of the plan and submits it to the elected officials of the local government.

Sub-question 1: Whether the meanings of relevant stakeholders are included into the reports by analysing the artefacts in the drug use policy field.

The RARE programme follows the same methodological mix used in the WHO studies. The data collected by using different methods is cross-checked. Focus groups, interviews, key-informant interviews, direct observations, mapping and geo-coding are used methods. In addition to this, "rapid street intercept assessment interviews" are used (Needle, Trotter, Singer, Bates, Page, Metzger, Marcelin, 2003, p.971). In street intercept interviews, respondents are interviewed in maximum five minutes with specific open or close ended questions. The questions are related to emerging issues and interviews are conducted in a particular street intercept location or sampling is made through ecological rapid assessment sampling procedures. These methods are chosen because firstly, they provide quick data for community intervention recommendations, secondly they produce data in clear language that can be understood by all the parties involved and lastly triangulation is possible for reliability and validity checks (Needle et al. 2003, p.971).

In general, RARE programme benefit from ethnographic and assessment research techniques (Trotter et al., 2001, p.146). In this respect data on beliefs and knowledge systems are collected.

A case from Seattle gives details about the implementation of the RARE Programme (Seattle RARE Project, 2003). The Project is applied to assess HIV prevention needs of the Black community in order to provide more effective prevention services. As it is mentioned above the focus is not injecting drug users but HIV in minorities. Drug users is a sub-group in the study. Vulnerable populations are identified in a broader sense. Although injection is one of the major criteria in determining HIV exposure categories, the frame is broader including the ones like sexual behaviours and preferences, blood transfusion and prenatal exposure. The study carried out in Seattle King County uses methods of observation and mapping, interviews, focus groups, street intercept surveys.

The study is focused in two geographic sites in the county. The study population was black community, service providers, and policy makers. The participants are listed as (1) cultural or community experts who may give information about the "rationale" of the behaviours, (2) service providers who knows the community and has a unique perspective and (3) lastly community leaders such as elders, business leaders respected by RARE site

residents. The study is different from WHO implementation since the field team carries out focus groups and interviews with established organisations and their leaders (Seattle RARE Project, 2003, p.11). In interviews interactions are noted as well as the verbal responses. Focus groups are held with (1) subpopulations like African-born immigrants, people involved with drugs, heterosexual women; (2) community leaders, like clergy, business owners; and (3) service providers. Street intercept surveys which are done with the people passing on the streets provide information on whether they know the HIV service locations, whom they consider as leaders. By these surveys researchers assess perceived seriousness of HIV problem and possible actions.

In the Seattle study, although an artefact analysis is not carried out, the perceptions attributed to HIV are studied in detail. Because among main questions to be answered, we see some of them are related to perceptions like (Seattle RARE Project, 2003, p.19):

- What do people know or believe about HIV?
- What do people know or believe about getting an HIV test?

The answers coming from black community gives clues about attributed meanings. For instance, the community has a significant myth that the disease was a purposefully constructed genocide plan for the black community and this distrust influences the use of education and testing efforts.

Another study from Buffalo, New York (2003) focuses on minorities from a drug use perspective because existing data indicate that drug use is the main risk factor for HIV spread. This study utilizes observation, mapping, street intercept surveys, formal interviews and focus groups. The study population is the same with Seattle RARE Project. Especially, the findings from focus groups reflect perceptions regarding age factors, services and injecting drug use. (Buffalo RARE Project, 2003, p.23-29). However, we do not observe an artefact analysis.

Sub-question 2: to what extent methodologies are multivocal to make voices are heard.

Community involvement is an adopted principle in RARE programme since it helps ensure that the recommendations for the interventions will be accepted by the community (Trotter et al., 2001, p.148). Community participation is established in three level: policy development processes, involvement of community leadership and participation in data collection. Community working group is composed of high level officials, major stakeholders

in HIV/AIDS, health providers, individuals carrying HIV and community leaders. In carrying out interviews, individuals are asked to nominate experts who are known to have in-depth knowledge and experience in the areas being assessed (Needle et al, 2003, p.972). These consensual experts provide information for particular cultural domains.

The groups mentioned above are also members of the Community Working Group (CWG) in Seattle RARE Project (2003): officials from Public Health organisation, HIV prevention and care providers for Black community, clergy, and representatives of the African immigrant community. Multivocality is tried to be ensured by participating organizations and institutions in RARE implementation.

CWG is also observed in Buffalo case. It is made up of local officials and leaders of the local and regional health care community. However in this case, representatives of the minorities are not in the group. As in the case of Seattle, the field team in Buffalo is assembled from people who are indigenous to the communities of interest. In Buffalo, in the selection of field team members, outreach experience and relationships with individuals who lived or spent time in these areas are desirable qualifications (Buffalo RARE Project, 2003, p.15). In Seattle case, we see representatives in the field team from stakeholders like minority groups, formerly incarcerated people.

In both cases, the other policy areas are also studied however they are not included to the CWG or to interviews or focus groups. The inclusion of unheard voices is not referred in both studies. However, the reference to visibility of "non-visible ones of conventional methods" can be regarded as such an effort in RARE programme.

Sub-question 3: whether parameters regarding the situation of local drug user communities are identified.

RARE Programme takes into account local contexts and it tries to fit solutions into these contexts with cultural competency and accommodation of local values and conditions (Trotter et al., 2001, p. 140). Socio-cultural, physical, structural contexts are analyzed using key informant interviews, focus groups, geo mapping, surveys and observations.

The data given in the Seattle RARE Project report (2003, p. 5-8) shows that parameters regarding the situation of minority communities are included in the assessments. Education, poverty, transportation and housing problems, employment and income patterns,

neighbourhood characteristics are reflected in the report. The hang out places for the minorities are mapped with observations. The detailed maps of two sites in the Seattle King County are annexed as appendices to the main report. Street activities including illegal ones and general community activities like shopping, eating are integrated to the reports. The interviewees are asked to give information about health care facilities, their use and locations.

Similar to the Seattle case, in RARE Buffalo, it is observed that parameters regarding socio-economic factors are given in the reports like demographic and unemployment information and housing and income patterns. This information is linked with the drug use issue. For instance, it was stated that abandoned houses are used for drug sale. The patterns of service use are also included in the report. The mapping efforts show that the location of illegal street and drug activities are analyzed with respect to housing areas. The proximity of one of these locations to housing for veterans gives clues about the perceptions of the people above 50 regarding HIV prevention (Buffalo RARE Project, 2003, p.23): "you cannot teach old dog new tricks". In addition to this, in the report the pictures of abandoned houses and administration of drugs are annexed.

Sub-question 4: whether the "researchers/practitioners" using rapid assessment methodologies enter into a deliberative process in which the interpretive communities exchange their standpoints.

In analysing the RARE programme, we need to remind the role of the practitioners in this assessment. The practitioners work as a field team which provides information and recommendations (action options in RARE) to the main decision making body that is community working group. Community working group is responsible for (1) identifying the area of assessment for local planning and implementation of interventions, (2) selecting the field team, (3) providing assistance to the assessment process and finally (4) turning the assessment data and reports into local actions like policy changes, ordinances (Trotter et al., 2001, p. 149). In this respect the process within the community working group should be analyzed.

In Seattle RARE Project, the CWG is involved in all steps of the rapid assessment process beginning with the selection of two sites. In the selection of these sites, it is observed that participatory methods are used in parallel with existing HIV and sexually transmitted diseases data. In the interviews with knowledgeable people, they are asked to name areas in

the County which may be studied and the reasons for these nominations. The CWG members are consulted to participate in additional ways like review of interview questionnaires or being facilitators for certain focus groups. At the final stage CWG members discuss and prioritize recommended action points. In Seattle RARE Project, action steps are agreed upon by the CWG and are presented to the community in both RARE sites through public forums. In the report sufficient information is not available regarding the discussions taking place in CWG meetings. As far as the fourth sub-question is concerned, enough data is not available for analysis. However, as indicated above trainings for field research team is limited to assessment methodologies, analysis of data, and preparation of reports rather than personal skills. The Community Working Group in Buffalo contributes to the RARE project similar to Seattle and field research team is trained in the methods.

Sub-question 5: to what extent the participative nature of the rapid assessment techniques lead to a joint construction process by assisting the relevant communities to define their problems and find their solutions.

Community working group approach employed in RARE projects shows that the assessments have a participative nature. Starting from the selection of sites and ending with the formulation of final action points; community representatives, service providers and experts are involved to define their problems and find their solutions. However, it is not observed that participants from relevant communities are trained for posing questions and taking responses. This may be due to representation through organisations and institutions since leaders of them who may have experience in art of politics are involved in the process. The reports developed by the field research teams are not written with the participants of interviews or focus groups so they are not trained for this purpose. However, the composition of the field research teams indicates a tendency for a joint-construction process because representatives of local communities are included in teams.

Trotter et al. (2001, p.146) mentions about an empowerment example: RARE core methods " produce data that are summarized in the form of high-impact quotes (letting the community and the data speak for themselves), maps, pictures, and summaries in clear language that can be understood by all of the parties involved. There is no obfuscation by jargon." This approach is observed in the communication of "Observation Findings" and "Barriers to HIV Prevention Findings" chapters of Seattle RARE project (2003, pp.15-37).

These chapters are easily readable supported by visuals and findings and also quotes from respondents are highlighted in boxes to grab attention. In Buffalo project, we see a similar empowerment tendency; two of the focus groups are conducted in Spanish. In this project, CWG actively assists for the conduct of focus groups. In both projects the reports are written by the field research teams, and then they are presented to CWGs which examine data and recommendations. It is observed that in both reports the findings parts are designed to reflect the opinions and perceptions of the participants.

Having analyzed documents of both methodologies, in the next chapter, Rapid Assessment and Response implementation of World Health Organisation and RARE Programme of United States will be evaluated comparatively.

6. Comparison and Evaluation

Referring back to our main research question, this study aims at analyzing rapid assessment methodologies in terms of their contribution to the generation of decisions which makes target populations agree to the terms of transition in the drug use issue. In this chapter, the implementation of World Health Organisation and U.S. RARE Project will be comparatively evaluated to answer this question.

6.1 Interpretive criteria

Sub-question 1: whether the meanings of relevant stakeholders are included into the reports by analysing the artefacts in the drug use policy field.

As presented in the analysis section, in both studies it is observed that researchers are searching for meanings, either using the word "perspectives" in WHO Study or "rationale" in RARE Project. However, these attempts are not directed to find out symbolic artefacts that carry shared meanings for certain communities. The lack of this aspect would influence the usefulness of the information needed by the practitioners and policy makers because the attributed meanings by different communities for "a" certain symbolic artefact can be used later on to find a shared/negotiated/compromised meaning for that artefact. In this respect, the Black Minorities' opinion of seeing AIDS as a genocide plan and injecting drug users' opinion about condom as a "gay" object are worth to analyze. The researchers reflect these perceptions but stop at this phase without taking it to an upper level of finding out conflict and compromise points about these. This level may help to close down the argument in the policy issue since the parties would enter into a process of explaining these meanings to each other.

Though not uttered explicitly, the presence of interpretive communities is implicitly referred. In WHO case, the authors of the guide draw attention to the possible bias problems in the existing information since they could be intentionally prepared for certain stakeholders by being selective in presenting information. These stakeholders can be regarded as interpretive communities. In the RARE Project the communities with whom the focus groups are held can also be regarded as interpretive communities. However, referring back to our discussion regarding attributed meanings to "a" certain artefact, it is observed that these interpretive communities are analyzed separately. In order to elaborate this we can give the example of services provided and their perceived meanings. In both studies, it is seen that the

relevant stakeholders are asked to evaluate the services. However, the guides or reports do not reflect on different meanings of "a" service or "a" programme for different communities. In the RARE Project, we see that some projects or organizations of some groups are appreciated by the minorities (Buffalo RARE Project, 2003, p.25). However, "why" these efforts are appreciated is not studied and the standpoints of the other stakeholders are not reflected regarding them. For this reason, the methodologies miss the opportunity to find out conflict and compromise points and elaborate on them for closing down the argument through coming to the terms. As an example, syringe exchange facilities may have different meanings for related parties. Harm reductionist service providers may see it as a service to prevent "a more evil than injecting drug use" however neighbourhood communities may not want these facilities in their "backyard" to protect their children. The use of focus groups method may help to find out meanings attributed to these facilities. Finding out these meanings separately in different focus groups of service providers and neighbourhood communities may fall short in finding out shared meanings, conflict and compromise points which may be later on used in a co-production process. In this respect, the power of the method may be low in terms of its instrumentality.

Another method used in both studies is observation. The method is used to observe rituals, language use, behaviours which are also concerns of interpretive approaches. However, the above discussion is valid for this method also. The results of observations are reflected in the reports however it is not instrumentally used to search for conflict and compromise points.

As expected in the research question, the relevant communities are identified in a broader sense -other than accustomed stakeholders like policy makers, implementers and drug users. Here, the difference between two methodologies should be stressed. The WHO study takes injecting drug use as the central point and tries to define the relevant communities with respect to this centre. However, RARE project starts with minority communities and sees IDUs as a part of this. This different approach brings about differing conceptualizations regarding relevant stakeholders. The RARE project mainly deals with organized communities in minority groups whereas WHO study tries to find out relevant stakeholders until reaching to a point of saturation. This difference probably is due to US's being a more institutionalized society and this country's established perception of public health interventions. Nevertheless, in both cases, these stakeholders are not seen as interpretive communities. The probable

shared or conflicting meanings among them are not reflected in reports. In both methods harm reduction and prevention advocacy rather than prohibition are essential parts of the assessments. In this respect, the researchers seek for a positive stance among stakeholders against drug users/target populations. Therefore, the action points recommended reflect this harm reduction pre-conception of the practitioners thus prohibitionist perspectives of some communities are not generally reflected.

Sub-question 2: To what extent the methodologies are multivocal to make voices are heard.

Community involvement is an important aspect of the rapid assessment methodologies. In both cases, it is seen that this aspect is highly emphasized and participation of stakeholders are tried to be ensured by some mechanisms. In WHO study, development of interventions at individual, community and environment level refer to this emphasis. For this reason, possible broadest definition of community is sought. The same concern is also one of the main dimensions of the RARE programme. In both cases, we see establishment of an advisory board which includes stakeholders from different sectors: the Community Advisory Board (CAB) in WHO study and Community Working Group (CWG) in RARE programme. In CAB case we see inclusion of stakeholders from different sectors like media, education or housing, however in CWG the representatives are generally limited to service providers, minorities and community representatives though other sectors are analyzed in the reports. In this respect, it can be suggested that the WHO study is more multivocal by including more actors and making voices are heard. This argument can also be supported by the point of saturation discussion in sampling and access. In WHO study, the use of snow-balling and chain referrals are efforts to reach as many stakeholders as possible. However, in the WHO study the inclusion of different sectors is not problem-free because in Madras case, the suggested parties of the IDU-RAR guide are not observed in the CAB. In RARE programme multivocality is limited with participating “organisations” and “institutions”.

Another point in multivocality is the inclusion of the formerly excluded ones. In WHO study, the researchers are advised to establish their own sampling frames by containing under-reported cases and non-existing ones. Similarly, in RARE programme we see a reference to the visibility of non-visible ones. However, inclusion of the unheard voices is limited in both cases.

In both cases, the awareness for a need of multilevel analysis may help to the implementation of the decisions taken through the assessment process. Framing the issue with a broader view may assist to find out possible factors that may facilitate or hinder the implementation. In both cases we observe this awareness by the emphasis put on involvement like in CWGs and CABs. However, this awareness should be reflected to the decision making mechanisms in transforming information to interventions. This will be analyzed in the deliberative criteria part.

Sub-question 3: Whether parameters regarding the situation of local drug user communities are identified.

Both WHO Study and RARE Programme are well-built in reflecting the contextual background of target populations they analyze. Almost all the indicators covered in the research approach chapter are included to the guides and reports. The importance of studying context is highly emphasised in both study. The strong feature of two cases is the effort of making association with the context and the policy issue at hand. Sensitivity to the local parameters may facilitate the implementation of interventions suggested.

6.2 Deliberative criteria

Sub-question 4: whether the researchers/practitioners using rapid assessment methodologies enter into a deliberative process in which the interpretive communities exchange their standpoints

In responding this question it is expected that rapid assessment methodologies would lead to the exchange of standpoints in order to reach plausible definitions and decisions. And this instrumentality is expected to be achieved through the facilitation role of the researchers/practitioners.

In both cases, it is observed that the role of the researchers and practitioners are stressed. In World Health Organisation study, the reference to the skills needed for the researchers is done almost in every chapter of the guide. These skills are like negotiation, persuasion and the use of appropriate language etc. The recognition of required skills in the WHO study does not lead to design of training programmes which equip the researchers in these personal development areas. The programmes are directed to train experts in the implementation of the RAR guide, and methods and modules in it. The skills mentioned

above are integrated to the training programmes in order to carry out these methods and modules rather than facilitating a deliberative process in which involved parties present and discuss their views.

In RARE programme we do not see such references for need of these skills. It is observed that Community Working Group enters into a discussion process for planning rapid assessment and field research team as the executive branch of CWG implements what is agreed in this discussion process. The training programme developed for the field research team as executing body is similar to the WHO study.

In both cases, it may be suggested that there is a need for the development of such skills in research teams as practitioners because in both cases the teams are composed of local people as well as professionals.

Sub-question 5: to what extent the participative nature of the rapid assessment techniques lead to a joint construction process by assisting relevant communities to define their problems and find their solutions

In both cases, sense of ownership is one of the main purposes of the studies conducted. It is seen as a condition for the success of these assessments. This sense is tried to be ensured by CABs or CWGs which represent certain stakeholders. These advisory groups provide guidance in the assessment process.

In WHO guide we do not see a reference to a joint construction process; however in the implementation of suggested methods we see elements of participation which is directed to get consulting views from key informants. In the Madras study, we observe an advocacy meeting in which the action plan prepared by the field team is endorsed.

In both studies, the reports are mainly written by the field research teams. Since the teams are supposed to be established by many stakeholders including target populations, the elements of joint-construction can be seen. However, it cannot be suggested that the process is a deliberative process because the target populations and researchers are not sufficiently equipped/empowered by trainings or other means. Information regarding the write-up process is usually limited in the guidelines and reports, however the guidelines, reports and training programmes show that both methods do not prepare the participants for such a process from the beginning. In Danish consensus conferences of technology assessment, lay citizens spend

two weekends before the actual process starts to learn about the subject in order to ask qualified questions (www.tekno.dk). This opening helps citizens at the end of the process in writing the report around central questions that are formulated at the beginning although the facilitator and secretaries have substantial role in writing reports.

The elements of empowerment in the RARE Programme reports are limited to the use of lay terms and increased readability of the reports. In WHO Study, it was not possible to observe these since the simplicity of the reports is not discussed in the guide and the articles regarding studies are used because of lack of reports.

The Interviews

The evaluation presented here is limited since the interviews mentioned in the research approach chapter could not be conducted because of access problems to the interviewees and time constraints.

Evaluation would be more accurate if actual application process, the impact of cultural differences and time limitations were reflected in this section. In reports or in related articles we see reference to time constraints which lead to some limitations in the assessments carried out however this information is not detailed to make a sound judgement about the capacity of the assessments.

Participation is seen as a strong feature of both cases however the actual problems are briefly reflected in reports like difficulty of access to some communities. The role of cultural differences in these access problems cannot be evaluated sufficiently in terms of participation. The interviews would provide valuable data in this respect.

As well as participation, insight information on trainings would be helpful in evaluating the actual process. The demands of the trainees in the training programmes would give information about the facilitation role problems of the researchers/ practitioners.

In the next chapter, concluding remarks will be made within the framework of interpretive and deliberative policy approaches and some recommendations will be provided to contribute to the practical relevancy of the rapid assessment methodologies.

7. Conclusion and Recommendations

Policy analysis methods are expected to produce relevant information which enables target populations come to the terms of transition. The terms of transition are policy means and policy ends. Interpretive and deliberative approaches basically claims that to make individuals agree to the means and ends, their meanings should be reflected to the policies and they should involve in the process of production of these policies. In both approaches, local and practically relevant knowledge is seen as essential.

In this study, rapid assessment methodologies in the drug use field are analyzed taking into account these basic suggestions of the interpretive and deliberative approaches. The main argument of these methodologies is the collection of practically relevant local knowledge in a participatory manner. Although RAMs have many forms two cases are selected. The World Health Organisation study, the most common and the first rapid assessment effort in the drug use field and secondly the RARE project of U.S. inspired by WHO study and which is focusing drug use issue as a part of HIV problem among minorities.

In analyzing these two cases, the study aimed to see to what extent and under which conditions rapid assessment methodologies contribute to the generation of decisions which makes the target populations agree to the terms of transition in the drug use issue. In searching for an answer for this question firstly the lens of interpretive approaches are utilized by searching for

- Whether the meanings of the relevant stakeholders are included through artefact analysis,
- Whether the methodologies are multivocal,
- Whether the contextual background of relevant communities are analyzed.

The study shows that in both cases the meanings, perceptions or rationales of the relevant stakeholders are aimed to be included to the assessments carried out. However, this process is not done through an artefact analysis. The inclusion of meanings to the assessments adds to the acquisition of relevant information in rapid assessments since it may provide understanding of the policy situation better thus leading to better definition of the problem, better analysis and better solution. This understanding may help the policymakers to

communicate policies to the stakeholders in a comprehensible way. Nonetheless, the lack of artefact analysis may create some obstacles in the communication of the policies. The artefact analysis tries to find out different meanings attributed to an artefact. Then, the conflict and compromise points regarding the artefact is searched for and transmitted to the policy makers for better policies. Such an effort in RAMs may contribute to the instrumentality regarding better understanding of the policy problem. The researchers may try to find out what are the different attributed meanings to a programme implemented or to a service provided. Then they may try to find out conflict and compromise points for this programme or service. This information can be later on used for bridging differences in a deliberative process. In this respect addition of the artefact analysis approach to the rapid assessment methodologies may contribute to its claimed "intervention focus" and increase instrumental value of RAMs.

The instrumentality problem is also seen in the multivocality of the RAMs. The community participation is a strong feature of these methodologies. The researchers/practitioners try to carry out assessments by involving as many participants as possible. This strong feature can be developed by the suggestions of the interpretive approaches. In Yanow's study (1996), it is stated that the analyst can show the implications of the different approaches for policy formulation in a policy process and decision makers can be aware of what kind of trade-offs may occur in designing the interventions. In RAMs, field research teams may present their findings and attributed meanings to the advisory boards (CABs or CWGs) at the same time by showing their implications. Multivocality facilitated through such a presentation may enable policy makers to better understand the policy situation by watching different angles and thus design constructive policies which are sensitive to the thoughts of target populations.

However, it must be taken into account that these "rapid" methodologies may experience some difficulties regarding multivocality discussion. In both cases studied it is observed that time limitation puts some constraints in reaching all the stakeholders. Although in WHO study it is claimed that point of saturation can be reached in terms of getting as much information as possible, this seems impractical since time limitations may prevent this. The point of saturation discussion may help to reach relevant stakeholders and unheard ones together with cross-checking frequently. However, it may not help the practitioners who are inexperienced in social science research and bounded with time in the application of RAMs. They may need to stop at one point since rapidity is important in HIV epidemics with respect

to injecting drug use. This incompatibility between time limitation and the purpose of reaching as much information as possible can be overcome by the context validity of the information reached (Dunn, 2001, pp. 417-436). In his study, Dunn indicates that in a policy situation there are numerous (almost endless) hypotheses, meanings and information which are rivals to each other. The researcher is expected to experience difficulties in identifying and testing all of these. In order to overcome this problem, he suggests the process of context validation based on pragmatic elimination which aims to reach proximal range of these rival explanations. Context validity requires the analysis of value of each additional information provided through the research process. This is the cost-effectiveness aspect of context validity. Potential usefulness of an information increases as its frequency of occurrence decreases. The cost-effectiveness can be achieved through mapping of each piece of information on a chart of frequency distribution. This will show that at one point convergence will occur indicating that new piece of information is repeating the previously told ones. Dunn names this aspect as correctness-in-the-limit. However the meaningful convergence can only occur if every piece of information reflects the subjective meanings, beliefs attached to them - the "character" requirement. As another aspect of context validity, Dunn (2001, p. 423) states that "hypotheses supporting the beliefs of most stakeholders occur far more frequently than hypotheses opposing those beliefs. Rarely occurring hypotheses may be taken as symptoms of doubt, while that occur more frequently are signs of trust in existing knowledge". This statement indicates that rarely occurring hypotheses may be more useful in analyzing the policy situation. The use of context validity in rapid assessment methodologies may help practitioners to know where to stop in carrying out the assessments by mapping the frequency of the every piece of information and maximum utilization of the challenging claims in the drug use field.

It can be suggested that the strongest feature of the RAMs is the study of the context. The knowledge acquired through assessments is "situated". This feature helps these methodologies to grasp the situation of the injecting drug users in a broader context.

In this study, the lens of interpretive approaches are used together with the policy deliberation frames in finding out the instrumentality of rapid assessment methodologies in bringing the target populations to the terms of transition. In doing so, we looked at

- Firstly, whether methodologies foresee a deliberative process in which interpretive communities exchange their standpoints
- And secondly whether a joint construction process is experienced which enables relevant communities to define their problems and find their own solutions.

In our effort of searching answer for these questions, the main concerns were the participation process foreseen and whether researchers and participants were equipped/empowered for such a process.

In both cases, participation was a highly stressed dimension of the methodologies. The establishment of advisory groups and efforts to include relevant populations to the assessment process from the very beginning were observed notions. However, the exchange of standpoints of the stakeholders was weak or unseen. This may be due to two factors "rapidity" feature of the methodologies and the characteristics of the target populations –especially drug users.

Time constraint due to immediate intervention need hamper the participation dimension of RAMs. The stakeholder analysis carried out at the beginning of the process is limited although it is aimed to reach as many stakeholders as possible. In the implementation stage of the methodologies, the participation is emphasised however the instrumentality of this participation is controversial. The view points of the relevant parties are collected separately by the use of methods like focus groups and interviews. The exchange of viewpoints is missing in the process. The exchange is foreseen at the advisory board level and time concerns and the design of RAMs disable an exchange process where conflict and compromise points are searched for. The final writing of reports and policy recommendations stage of the process is therefore problematic. The writing process is generally completed by the field research teams and the stakeholders are only "consulted". In such a rapid effort, this is an expected outcome. Time concerns prevent (1) a complete stakeholder analysis, (2) entering into a mutual learning process through discussion and (3) provision of necessary qualifications for both researchers and participants through trainings or by other means. As in the Danish technology assessment case the lay citizen participants of the consensus conferences is chosen through a long selection process, the citizens discuss the issue by asking qualified questions and lastly they are equipped with the tools and information to ask these qualified questions in preparatory sessions. As a result, although a facilitator and

secretaries are present in the writing of the final report, the main results are generated by the participants around the qualified questions they themselves produced at the beginning of the process. In making this analysis, financial constraints should also be taken into account especially in the WHO case. Because limited resources disable the application of such a deliberation process in developing countries. However, the comparative discussion together with USA case shows that the rapidity is the major obstacle for deliberation process.

The characteristics of the target populations especially the IDUs should also be taken into account in evaluating participative nature of these methodologies. Actually rapid assessment methodologies have a strong position in advocating the rights of the injecting drug users since harm reduction is a general standpoint in these methodologies. The participants of the process are expected to have sympathy or at least empathy towards the problems of these populations. This strong feature can be more developed through more focus on empowerment dimension of these methodologies. In their study, Schneider and Ingram (1997, p.102) provides a comprehensive frame for analyzing the design of policies based on the political power of the target populations and social constructions regarding their "of being worthy". In their four cell category of advantaged, contender, dependent and deviant target populations, injecting drug users are considered to be in the last cell because they do not held political power and they are socially constructed as groups of unworthy or undeserving. This situation leads to production of degenerative policy designs addressed to these populations. The policies are generally authoritarian, including sanctions and strict rules with a perspective of protecting the general population from them. The cases studied shows that rapid assessment methodologies have the capacity to overcome these degenerative policies since advocacy is preferred for the benefit of these disadvantaged populations. In order to achieve this, the participative claim of the methodologies should be strengthened through empowerment of these groups by trainings, provision of information, access opportunities to media and by the design of the deliberation process.

Participation level in the deviant groups is generally low since it is much more difficult for them to organize and mobilize for protection of their interests (Schneider and Ingram, 1997, p.144). The deliberative process which enables the participants from these groups to communicate their standpoints by presenting their claims in a persuasive way would help them to overcome these obstacles. The joint-construction process as foreseen in

deliberative approaches may give them the chance to communicate their viewpoints and persuade other stakeholders to have a more favourable position against them.

Rapid assessment methodologies are used to analyze drug use issue as a policy situation by taking into account the context and with a participative manner. In these assessments, the activities, characteristics and outcomes of previously established programs are also evaluated. At the same time, the methodologies have intervention focus since they come up with new recommendations/interventions in this field. Taking into account this characteristic of these methodologies, the assessments and the policies produced by them should be evaluated. In doing so, the utilization focused-evaluation approach (Patton, 1986, p.14) can be used to assess their usefulness, practicality, accuracy and ethical dimensions. The main concern in carrying out such an evaluation is to discover whether intended users actually use the recommendations/intervention suggestions or findings for decision making and program improvement. In literature, these methodologies are not analyzed comprehensively using such an approach. The RAR-Review carried out by World Health Organisation (Fitch and Stimson, 2003) mainly aims at answering the questions regarding (1) the origins and development of these methodologies in drug use field, (2) the different models of rapid assessment practice and (3) impact and outcomes of the approach. Although the last purpose is similar to utilization focus, it mainly touches upon (1) a description of the extent and type of interventions, (2) an overview of factors likely to contribute to post-rapid assessment intervention development and (3) recommendations on development of additional materials for existing guides. Actually, the main focus of the evaluation should be "whether the intended users value the findings and find them credible" as Patton (Patton, 1986) puts in utilization-focused approach. The overview of the factors section in Fitch and Stimson's RAR-Review gives some examples regarding credibility but it remains limited. In essence, the evaluation should be particularly interested in the stories, experiences and perceptions of program/assessment participants including target populations with a focus of usefulness and credibility. Such an evaluation may provide the methodologies with the capacity of finding out information needs and alternative methodological options taking into account the context of the evaluation.

Following Loeber (2003), the main concern of this study was to find out whether rapid assessment methodologies make target populations agree to the terms of transition in drug use field. The methodologies were observed to be a new phase in this policy area. The

use of RAMs implies the recognition of inadequacy of conventional methodologies like large surveys and questionnaires. These techniques mainly suggest that effective interventions require local knowledge and participation of the target populations to the policy process. These suggestions are not typically attained by conventional techniques. These aspects of methodologies are promising since they offer the opportunities of hearing the voice of local stakeholders -especially of disadvantaged groups- and collecting practically relevant local knowledge. The research shows that this promise should be supported. Instrumental capacity of methodologies should be increased by adding artefact analysis and some deliberative mechanisms in order to reach a shared understanding among policy relevant stakeholders.

References

Abraham, C., Southby, L., Quandte, S., Krahe, B., Sluijs, W. (2007). What is in a Leaflet? Identifying Research-based Persuasive Messages in European Alcohol-education Leaflets. *Psychology and Health*, Vol 22:1, pp. 31-60.

Beebe, J. (2001). Rapid Assessment Process: An Introduction, Walnut Creek, CA: AltaMira Press.

Bennett, F.J. (1995). Qualitative and Quantitative Methods: In-depth or rapid assessment? *Soc. Sci. Med.* Vol. 40, No.12, pp. 1589-1590.

Buffalo RARE Project (2003). RARE Rapid Assessment, Response and Evaluation: Final Report and Recommendations. Buffalo New York.

Burrows D. (2001). Rapid Assessment and Response to HIV/AIDS among Injecting Drug Users Training Course: Sydney and Melbourne, Australia 26 September – 4 October 2001: Training Guidelines Centre for Harm Reduction. Melbourne.

Dunn, W. N. (2001). Using the Method of Context Validation to Mitigate Type III Errors in Environmental Policy Analysis in (Eds. Hsschemöller, M., Hoppe, R., Dunn, W.N., Ravetz, J.R.) *Knowledge, Power, and Participation in Environmental Policy Analysis: Policy Studies Review Annual Vol. 12.* New Brunswick and London: Transaction Publishers.

Fischer, F. (2003). Reframing Public Policy: Discursive Politics and Deliberative Approaches. Oxford: Oxford University Press.

George, A. L., (1972). The Case for Multiple Advocacy in Making Foreign Policy. *The American Political Science Review*: Vol. 66. No: 3, pp. 751-785.

Fitch, C., Rhodes, T., Stimson, G.V. (2000), Origins of an Epidemic: The Methodological and Political Emergence of Rapid Assessment. *International Journal of Drug Policy*. V.11 pp. 63-82.

Fitch, C., Stimson, G.V. (2003). An International Review of Rapid Assessments Conducted on Drug Use. A report from the Who Drug Injection Study Phase II. Geneva: World Health Organisation.

Greig, A., Kershnar, S. (2000). When Enough is Enough: Rapid Assessment and Response in the Context of Injecting Drug Use and the HIV Epidemic. *International Journal of Drug Policy*. V. 11 pp. 25-28

Hajer, M. (2003). Policy without polity? Policy Analysis and the Institutional Void. *Policy Sciences*. V. 36. pp. 175-195.

Hajer M. A., Wagenaar, H. (Eds. 2003). Deliberative Policy Analysis: Understanding Governance in the Network Society – Theories of Institutional Design. Cambridge: Cambridge University Press.

Hoppe, R. (2005). Rethinking the Science-policy Nexus: from Knowledge Utilization and Science Technology Studies to Types of Boundary Arrangements. *Poiesis Prax*. V. 3, pp. 199-215.

Kumar, M. S., Mudaliar, S., Thyagarajan, S. P., Kumar, S., Selvanayagam, A., Daniels, D., (2000). Rapid Assessment and Response to Injecting Drug Use in Madras, South India. *International Journal of Drug Policy*. V. 11 pp. 83-98.

Lambert, Y. E., Wiebel, W.W. (1990). Introduction Chapter in (Ed. Lambert, Y.L.) *The Collection and Interpretation of Data from Hidden Populations: National Institute on Drug Abuse Research Monograph 98.* Rockville: U.S. Department of Health and Human Services

Lawlor, E. F. (1996). Review Essay: The Argumentative Turn in Policy Analysis and Planning by Frank Fischer ; John Forester , Narrative Policy Analysis: Theory and Practice by Emery Roe , Policy Change and Learning: An Advocacy Coalition Approach by Paul Sabatier ; Hank C. Jenkins- Smith. *Journal of Policy Analysis and Management.* Vol. 15. No.1 (Winter, 1996). pp. 110-121.

Loeber, A. (2003). Practical Wisdom in the Risk Society: Methods and Practice of Interpretive Analysis on Questions of Sustainable Development. Thesis: University of Amsterdam.

Loeber, A. (2004). Method and practice of interactive technology assessment. Learning from a Dutch analytic experiment on sustainable crop protection. Paper presented at Joint 4S/EASST Conference, Paris 25-28 August

Manderson, L. Aaby, P. (1992). An Epidemic in the Field? Rapid Assessment Procedures and Health Research, *Soc. Sci. Med*. Vol 35, No.7, pp. 839-850

Murphy, T. F. (2006). Book Review: Baldwin, P. Disease and Democracy: The Industrialized World Faces AIDS. In *Social History of Medicine*. Vol. 19, pp. 348-349.

Needle, R.H., Trotter II, R.T., Singer, M., Bates, C., Page., J.B., Metzger, D., Marcelin, L.H. (2003). Rapid Assessment of the HIV/AIDS Crisis in Racial and Ethnic Minority Communities: An Approach for Timely Community Interventions. *American Journal of Public Health.* June 2003, Vol.93. No.6, pp. 970-979.

Patton, M. Q. (1986). Utilization Focused Evaluation: Second Edition. Beverly Hills: Sage Publications.

Putt, A.D., Springer, J.D. (1989). Policy Research: Concepts, Methods and Applications, New Jersey: Prentice-Hall Inc.

Radikal Newspaper. Issue 03.02.2002. Göz gözü görmezken (While not seeing others' eyes):

http://www.radikal.com.tr/haber.php?haberno=28250&tarih=03/02/2002

Rhodes, T., Stimson, V.S., Fitch, C., Ball, A., Renton, A. (1999). Rapid Assessment, Injecting Drug Use, and Public Health. *The Lancet,* Vol. 354, pp. 65-68.

Ruger, J. P. (2005). Book Review: Disease and Democracy: The Industrialized World Faces AIDS. In *BMJ.* Vol. 331: 22 October 2005.

Seattle RARE Project (2003). Rapid Assessment, Response and Evaluation: Final Report and Recommendations. Public Health-Seattle & King County.

Scheneider, A.L., Ingram, H. (1997). Policy Design for Democracy. Kansas: University Press of Kansas.

Scrimshaw, N. S., Gleason, G. R. (Eds.) (1992). RAP, Rapid Assessment Procedures, Qualitative Methodologies for Planning and Evaluation of Health Related Programmes. International Nutrition Foundation for Developing Countries:

http://nzdl.sadl.uleth.ca/cgi-bin/library?a=p&p=home&l=en&w=utf-8

SIMPOC (Statistical Information and Monitoring Programme on Child Labour). Web-Site:

http://www-ilo-mirror.cornell.edu/public/english/standards/ipec/simpoc/ra/index.htm

Siri, P., Inchaurraga, S. (2000) 'First steps': using rapid assessment and response methods to develop research, intervention and advocacy capacity for addressing drug use in Rosario City, Argentina. *International Journal of Drug Policy*., V. 11 pp.125-132.

Stirling, A. (2006)., Analysis, participation and power: justification and closure in participatory multi-criteria analysis. *Land Use Policy*, Vol. 23 pp. 95-107.

The Danish Board of Technology Website, Methods of Technology Assessment: Consensus Conference:

http://www.tekno.dk/subpage.php3?article=468&toppic=kategori12&language=uk

Trotter II, R. T., Needle, R.H., Goosby, E., Bates, C., Singer, M. (2001). A Methodological Model for Rapid Assessment, Response, and Evaluation: The RARE Program in Public Health. *Field Methods*. Vol.13, No.2, pp. 137-159.

Walt, G. (1994). How far does research influence policy? *European Journal of Public Health.* 1994:4, pp. 233-235.

WHO (2005). Policy and Programming Guide for HIV/AIDS Prevention and Care Among Injecting Drug Users. Geneva: World Health Organisation.

World Health Organisation – Substance Abuse Department (1998). The Rapid Assessment and Response Guide on Injecting Drug Use (Eds. Stimson, G.V., Fitch, C., Rhodes, T.,) WHO, Geneva.

Wiebel, W.W. (1990). Identifying and Gaining Access to Hidden Populations. in (Ed. Lambert, Y.L.) *The Collection and Interpretation of Data from Hidden Populations: National Institute on Drug Abuse Research Monograph 98.* Rockville: U.S. Department of Health and Human Services

Yanow, D. (1996). How Does a Policy Mean? Interpreting Policy and Organizational Actions. Washington D.C.: Georgetown University Press.

Yanow, D. (2000). Conducting Interpretive Policy Analysis: Qualitative Research Methods Series Volume 47. London, New Delhi: Sage Publications