

## **Title Page**

### **Observant participation with people who inject drugs in street-based settings: reflections on a method used during *applied* ethnographic research.**

This empirically-informed ‘opinion paper’ reflects upon the use of observant participant as a qualitative research method during an applied, multi-local, ethnographic study of street-based injecting drug use (conducted throughout the south of England during 2006-2011). Throughout these studies, participant observation took place with frontline service personnel and observant participation occurred with people who inject drugs.

Whereas participant observation typically involves the acquisition of a new role in an unfamiliar setting for a given person, observant participation prioritises existing roles in order to conduct research within familiar/unfamiliar settings. In this paper, the method of observant participation is compared and contrasted with participant observation as both methods were conducted in the aforementioned ethnographic study of street-based injecting drug use.

This experience-based comparison is followed by a discussion that offers a theoretically-informed explanation for the various success and outcomes attached to the study (and, specifically, to those obtained from the applied use of observant participation with people who inject drugs).

The paper concludes that observant participation may be best used as a ‘synergising’ component within a wider qualitative research toolkit especially when dedicated to inquiries of sensitive issues or ‘hard-to-reach’ populations (such as those affected by drug dependence). In addition, the synergistic effect of observant participation may contribute towards a combined understanding of social problems that is perhaps greater than the sum of findings obtained from separate, disconnected methods of social research.

**Keywords:** observant participation; participant observation; ethnography; street-based injecting drug use; applied qualitative research; harm reduction

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## **Observant participation with people who inject drugs in street-based settings: reflections on a method used during applied ethnographic research.**

Ethnography is a methodological approach to research that has been widely embraced throughout the social sciences since its introduction to the academy during the early-twentieth century. Although originally developed in the discipline of anthropology, it is an approach that has subsequently been adopted throughout sociology, social policy, medical sociology and healthcare politics. Ethnography is essentially defined by the study of people/communities in naturally-occurring environments; in which research seeks to identify established norms, values, beliefs, relationships and behaviours that characterise particular settings (Ormston et al 2014). In addition, physically-embedded inquiry of this design typically involves researchers (or ‘ethnographers’) participating directly in the social settings and activities they observe in order to generate qualitative data in a systematic manner (Brewer 2000). Ethnography therefore provides opportunities for research to uncover, understand and demonstrate complex social interactions that may underlie and determine ‘real-life’, normalised contexts that remain hidden, unexplained and/or unknown to wider audiences (including ‘society’ *per se*).

While ethnography may be adopted for *academic* studies of routinized, mundane behaviour, it is also an approach that has been used with increasingly popularity for *applied* purposes (Brewer 2012). In this regard, it may be used as an approach to inform the design and evaluation of health service intervention; identify areas of unmet need in health/social policy and to describe the relationship between structure and agency in response to specific intervention, policy and/or practice.

Nevertheless, it is perhaps necessary to reiterate at this point that ethnography is a research *methodology* (and therefore shaped and informed by epistemological and ontological orientations of the researcher concerned) and should not necessarily be confused with *methods* of research (Dixon-Woods and Shojania 2016, Jowsey 2015, Unknown 1993). Instead, ethnography may be best regarded as a research paradigm consisting of a series of inter-related, inter-connected methods that equally establish the principles of ethnographic research.

### *The Principles of Ethnography*

Ethnographic research typically follows an interpretivist tradition in which there is a universal recognition of the *social construction of reality* and that these realities are multiple and may vary across time and place. Within an interpretivist research paradigm, ethnographers typically seek to unpack these multiple constructions of reality in an approach that emphasises ‘thick description’ of social phenomena. This approach of abstraction typically prioritises four complementing principles that permit the production of detailed, descriptive and in-depth data; namely participation, observation, immersion and reflexivity.

*Participation* is a process that provides the researcher with opportunities to directly contribute to activities/events involved in the field of inquiry. Similarly, *observation* provides opportunities for the researcher to witness directly the same activities/events but in a less

involved, more detached manner. Ethnographic research however typically involves the combination of ‘participation’ and ‘observation’ to establish ‘*participant observation*’ in which the researcher typically adopts a role that provides access to and membership of a particular milieu (McNaughton Nicholls et al 2014). This temporary membership prioritises participation within a particular setting and simultaneously validates (or legitimises) an otherwise atypical ‘research presence’. In this manner, ethnographers become physically *immersed* in the milieu that they study; in which corporeal participation within social activity facilitates the conduct of sensory observation (Drobnick 2006, Howes 2004, Pink 2007, 2009) and which cumulatively contribute to rich, qualitative accounts of the field of study. In contrast, *observant participation* is a method that maintains these values, but requires the uptake of more observant and less participatory roles in data generation. Brewer (2000, 61) simplifies this subtle difference as one that involves the acquisition of a new role in an unfamiliar setting (for participant observation) compared to use of an existing role to research a familiar setting/unfamiliar setting (for observant participation).

### *Ethnography and Substance Use-Related Research*

It is perhaps the four principle pillars described above that explains the historical and contemporary uptake of ethnographic inquiries of substance use throughout the social sciences *per se*. Indeed, Rhodes and Moore (2001) provide a definitive summary of this issue in charting the development of qualitative (and ethnographic) research on illicit drug use from the nineteenth century to the modern era. In addition, whilst noting that much of the initial ground-breaking research on this issue was essentially concerned with ‘deviance’ and ‘subculture’, Rhodes and Moore further suggest that it was the advent of HIV/AIDS during the 1980s that came to ‘symbolise a key historical moment in the development of qualitative methods in drugs research’ (ibid; 282). Accordingly, ethnographic research during this period typically unpacked the socially-constructed nature of ‘risk-taking’ behaviours and the socially-situated nature of harm production (especially with regard to needle and syringe use by people who inject drugs [PWID]). During this period, many international studies of injecting drug use (including Bourgois 1998, Grund 1993, McKeganey and Barnard 1992, Ouellet et al 1991) demonstrated the influential impact of an ethnographic approach to comprehending social and economic disadvantage within more marginalised sectors of society.

Although the period 1980-2000 may have been characterised by remarkable ethnographic studies of drug-related risk and harm, it is also evident that others were critical of the limited range of qualitative methods that were actually employed within the same field of inquiry. Power, (2001) for example, asserted a need to incorporate greater levels of *participant observation* and *direct observation* within studies of illicit drug use and that such work should be accorded equal status with other (more quantitative) research methodologies. Similarly, others echoed these sentiments in succinctly stating that ‘observation is underutilised in qualitative research’ (Rhodes and Fitzgerald 2006).

Whilst there were obvious exceptions to this criticism (for example, Frenken and Sifaneck 1998), it would appear that contemporary drug-related qualitative research, in a post-HIV/AIDS era, is seemingly subject to a resurgence of ethnographic, field-based, observation. For example, observational work (whether as participant or as non-participant) has been included in prevalence studies of heroin use (Beckerleg and Hundt 2004, Sifaneck and Neaigus 2001); community responses to problematic drug use (McKeganey et al 2001), mapping drug/alcohol-related litter in community settings (Forsyth and Davidson 2010), as part of a 'forensic analysis' of drug adulteration (Furst 2000), the development of drug monitoring systems (Mheen et al 2006), the 're-design' of alcohol-related environments (Morrison et al 2016) and the ongoing development of harm reduction approaches to substance use (Pennay and Moore 2010).

Nevertheless, despite this revival in 'ethnographic' work within current studies of alcohol and other drugs, Power's (2001) criticisms of the overall qualitative approach this brings perhaps remain unresolved. For example, most contemporary ethnographic research continues to understate (or completely omit) the method of participant observation by the researcher(s) conducting fieldwork - and much non-participant observational work is invariably described as 'ethnographic', 'naturalistic', 'persistent' and/or 'non-obtrusive'. Relatedly, the method of observant participation is rarely (if ever) acknowledged in such studies. Similarly, from both historical and *euro-centric* perspectives, most forms of observational work (however described) within the fields of dependency and substance use continue to take place in settings that are predominantly outwith the United Kingdom (perhaps best exemplified by Debaere et al 2014). In order to provide possible explanatory responses to these particular criticisms, it is perhaps necessary to consider the changing 'face' of contemporary ethnography throughout the academy.

### *The 'Four Faces of Ethnography'*

Renowned ethnographers Patricia Adler and Peter Adler (2012) have proposed that four genres of ethnography have evolved within the social sciences. The four faces (or styles, genres) that establish this typology are termed 'classical', 'mainstream', 'public' and 'postmodern'. Within this classification, Adler and Adler define 'classical' as research which emulates the 'Chicago School' of ethnography; in which fieldworkers become immersed within particular milieux for lengthy periods in order to 'bring back the news' to academic settings regarding the *modus operandi* of the Other (e.g. Foote-Whyte 1943, Williams and Milton 2015). 'Mainstream' ethnography however is defined as research compliance with hegemonic disciplinary practices associated with publication (and individual prestige). In this regard, ethnographic thick description is compromised in favour of reductionist accounts that fit a 'hypothetico-deductive model of research' (Adler and Adler 2012, 27). An ethnographer's compliance with such positivist frameworks involves the overall need to justify an ethnographic approach; demonstrate data validity and reliability and the 'sterilisation' of subjective details that characterise ethnographic fieldwork. Examples of this genre may be found in almost any academic journal in which ethnography has been forcibly reduced to a series of headings (typically 'Methods', 'Findings' and 'Discussion') and constrained by strict content control (typically consisting of a stringent word limit). In

contrast, ‘public ethnography’ seeks to accentuate the ethnographer’s subjective experience of a given field of inquiry and emphasises lengthy descriptive accounts of engagement with people/events/activities in attempts to better inform lay audiences of particular social issues. Adler and Adler (ibid) further contend that public ethnography prioritises *participant observation* as a reflection of ‘living among the people’ represented. Similarly, due to an emphasis placed upon non-academic audiences, public ethnography does not necessarily prioritise epistemological, theoretical or disciplinary hegemony. Examples of work in this category typically seek to portray contemporary lifestyles in an accessible (non-academic) manner whilst rigorously informed by an ethnographic approach (e.g. Anderson 1999, Briggs 2012). Finally, postmodern ethnography is defined as an approach that rejects the ‘value-free’ diktat that characterises the aforementioned ‘mainstream’ genre. In this regard, postmodern ethnographers may overtly embrace a particular political approach and/or use their work as a form of evidence-based advocacy for particular concerns (e.g. social inequality, health concerns, gender politics). In addition, the postmodern ethnographer is equally anchored within the disciplinary, theoretical and epistemological foundations that characterise ‘classical’ ethnography. Examples of postmodern ethnography may include *Righteous Dopefiend* (Bourgois and Schonberg 2009) and *Habitus and Drug Using Environments* (Parkin 2013), in which the various ethnographers engage with academic models (theory) to advocate a harm reduction approach (epistemology) within national policy debates (politics) surrounding street-based injecting drug use in the USA and UK respectively. Postmodern ethnographers therefore aim to engage with audiences beyond traditional academic settings and seek to contribute towards political / policy-making agendas on a local, national and/or international platforms.

As inferred above, each of the four faces of ethnography is equally ‘geared toward four different audiences’ (Adler and Adler 2012, 27). Namely, classical ethnography appears to be aimed at scholastic audiences; mainstream ethnography for publishing houses, public ethnography for lay audiences and postmodern ethnography for academic *and* applied settings. As an illustration of the latter orientation, the remainder of this paper summarises the author’s use of observant participation during a multi-local ethnographic study of injecting drug use. The aim of this account is to provide an empirical demonstration of the value such a method may bring to academic and applied understandings of street-based injecting drug use.

#### *Street-based Injecting Drug Use and the Ethnographic Research Project: A Summary*

During the period 2006-2011 the author conducted a series of ethnographic studies of street-based injecting drug use in various urban centres throughout the south of England (Parkin 2013, 2014). Although the original research (Parkin 2009a) was an Economic and Social Research Council (ESRC) studentship towards doctoral qualification, all studies (including the ESRC study) were commissioned (in-full or in-part) by various local authorities as part of rapid appraisal action research. The ‘action research’ component of each of these studies aimed to develop solution-focused, *harm reduction* responses to street-based injecting drug use (and related issues). All research and associated methods attached to each of the ethnographic studies were approved by the relevant ethics committee at the author’s host institution at the time of research (i.e. the University of Plymouth, UK).

Fieldwork for each of the studies consisted of four stages of development. Stage 1 involved the author relocating to particular areas of interest (for varying periods of time) in order to complete the actual task of fieldwork and data generation. Stage 2 involved convening agencies and organisations (and relevant frontline staff) with direct experience and/or vested interests in street-based injecting drug use. This stage included ethnographic interviews and participant observation with frontline service personnel in order to witness how the issue of street-based drug use affected daily routines and working practices. This stage included attachment to toilet attendants, car park attendants, police officers, drug workers, outreach teams, security guards and various charitable bodies as and when they performed their daily routines. Stage 3 was dedicated to attachment to local drug services (typically needle and syringe programmes [NSP]) so that people who inject drugs (PWID) *and with experience of street-based injecting* could be interviewed about such practice. A final stage within each project involved observant participation with selected PWID who took part in Stage 3 NSP interviews. In this stage, the author was able to conduct observant participation throughout the relevant town/city and experience the environmental conditions associated with the respondents' reported street-based injecting episodes.<sup>1</sup>

*Participant Observation vs Observant Participation: clarification of distinction.*

As indicated above, methods employed during all aspects of fieldwork included participant observation *and* observant participation as part of environmental visual assessments of street-based injecting drug use. In order to clarify (and simplify) this distinction, the use of participant observation in this particular study was applied with frontline service personnel, whereas observant participation was conducted with PWID. This concise definition is explicated further below.

*Participant Observation with Frontline Service Personnel*

Research attachment to frontline service personnel provided opportunities for the author to conduct participant observation in a variety of 'unfamiliar settings' (including public toilets, parking lots, street-based outreach services, 'drop-in' centres for the homeless, street cleansing teams). In such circumstances, the author adopted a 'shadowing role' in which the researcher's presence was arranged by the relevant authorities and made overt (to personnel and members of the public) throughout each attachment. The role of the author in such work involved participation in street cleansing, identifying drug-related litter (DRL), accompanying outreach teams in the monitoring/locating of places used for 'rough sleeping'<sup>2</sup>

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<sup>1</sup> During the course of the 5-year ethnographic project (involving 14 months of fieldwork), a total of 169 frontline service personnel were interviewed regarding their experiences of managing street-based injecting. Similarly, a total of 71 people with experience of injecting drugs within a street-based setting ('in the last month') were interviewed (predominantly within NSP settings). A total of 8 individuals (from 3 different cities) agreed to participate in field visits to street-based injecting environments. In addition, throughout the entire project, the author attended over 400 street-based injecting environments, accompanied by frontline service personnel and/or PWID. These visits generated over 1000 photographs of injecting environments and over one-hour of video material as part of a 'visual methods' component also attached to the project. More detailed accounts of the above (including epistemology, ontology and other methodological issues) are documented in the relevant texts (Parkin 2013, 2014).

<sup>2</sup> 'Rough sleeping' is a term used in the UK for rooflessness and sleeping in makeshift street-based locations

and providing information to rough sleepers regarding the availability of specific services. Participation in such acts provided numerous opportunities to observe the social and physical conditions surrounding known drug using environments in street-based settings and how such conditions affected frontline personnel, the general public *and* people who use drugs.

Participant observation also incorporated ‘walk and talk’ tours (Pink 2008, Rhodes and Fitzgerald 2006) of the city environs with frontline service personnel. During such sessions, photographs were taken of locations known by authorities to be used for injecting drug use or to record the presence of DRL. These photographs also enabled the author to become familiar with a range of street-based injecting environments *from a harm reduction perspective*, in which a visual database provided convenient opportunities to ‘revisit’ such locations whenever necessary. Indeed, such images were integral in the design of a semi-structured interview schedule for use with PWID regarding injecting practice, injecting hygiene and the use of space within specific environments/locations.

Participant observation also involved periods of placement within a variety of needle and syringe programmes (NSP). During such sessions the author was often introduced to service users as a member of the NSP team ‘doing research on injecting behaviour’. Although the author did not participate in the provision of injecting paraphernalia; examine corporeal injecting sites or provide information regarding injecting hygiene/practice, privileged access to observing such exchanges became part of the participatory process. Accordingly, participant observation in such ‘unfamiliar settings’ noted the way in which service users interacted with drug workers (and vice versa) and the type of injecting paraphernalia requested. In observing the latter, it was possible to make an assessment of *where* an individual chose to inject, both physically and spatially. (For example, requests for larger needles suggested a preference for femoral injecting and requests for water ampoules inferred homelessness; each of which provided an indication of probable participation in street-based injecting). Although participant observation within NSP was conducted mainly as a method to recruit respondents for Stage 3 interviews, the assorted activities described above clearly concur with Brewer’s (2000) definition of participant observation. Namely, each particular task typically involved the acquisition of new roles for the author within unfamiliar settings in order to gain access and/or information about other social realities.

### *Observant Participation with People Who Inject Drugs*

The final stage of ethnographic fieldwork within each of the urban centres of the study involved the author maintaining an existing role (as ‘researcher’) to examine familiar/unfamiliar settings of street-based injecting drug use. Accordingly, observant participation involved accompanying PWID in a variety of familiar locations (parking lots, public conveniences, parkland, stairwells, alleyways) in order to comprehend how these settings were appropriated for *unfamiliar* purposes (i.e. preparing and injecting illicit substances such as heroin and crack-cocaine).

A total of eight PWID took part in this aspect of fieldwork and each were recruited from the three urban centres involved in the combined study of street-based injecting drug use.

Inclusion in this aspect of the study was assessed by the author during Stage 3 interviews (held within NSP) and was premised upon a respondent's 'lifetime experience' of street-based injecting (alongside their knowledge of such environments in the locality concerned). If considered suitable for Stage 4 fieldwork, respondents were invited to contribute to this aspect of the study at the conclusion of the interview. If they agreed to such participation, an ethically-approved Participant Information Sheet was provided that gave full details of what would be required during this aspect of data generation. Such information included notification that the author and participant would be accompanied by a drugs worker (from the NSP concerned) at all times during fieldwork (to ensure safety and provide assistance/care in the event of any drug-related episode [e.g. coping with withdrawal symptoms]); that participation would preferably involve visits to a minimum of six locations previously used for street-based injecting; that participation may involve a period of 2-4 hours work and would be arranged at a mutually convenient time for all parties concerned (participant, drugs worker and author); that the *environments* (and not participants) visited would be filmed and/or photographed for research purposes and that participants would be recompensed with an ethically-approved cash payment for completing the task.

Observant participation with PWID in street-based settings involved two phases of practice. Phase 1 emulated Stage 2 'walk and talk tours' in which participant, drugs worker, and author moved from one injecting environment to the next whilst the participant provided a 'running commentary' regarding why a particular route/place was chosen. Sites visited during such 'tours' often overlapped with those visited during Stage 2 fieldwork and therefore also included various public conveniences, secluded stairwells, alleyways, parking facilities, derelict buildings and green spaces across the urban environment concerned. Despite this overlap, the varying routes taken to access these locations provided opportunities for the author/participant to discuss/explain *the built environment* from a perspective that juxtaposed that of frontline service personnel obtained during Stage 2 fieldwork.

Similarly, 'route' as 'fieldwork location' also provided opportunities to observe the way in which participants negotiated the built environment and their relationship with other people that were encountered in-between locations of interest (such as security guards, toilet attendants, 'general public' and other PWID). In this regard, the participants' 'alternative walk and talk tour' provided a counter-narrative regarding the way in which public space and place is appropriated and managed by PWID. This may be evident in the following fieldnotes that typify participants' spatial awareness of all environments visited.

(As we moved from the stairwell to another car park) I became more cognisant of the 'mental map' that participants must have regarding the places and timings of drug use in the (urban) area; for example knowing where and when to go to particular places, when they are perceived to be 'safer' and less busy than other times. (In which 'safer' equates to less chance of being caught or detected)

(*Fieldnotes*)

Phase 2 of observant participation fieldwork commenced immediately upon arrival at each of the sites chosen by the participants concerned. Upon arrival, each participant was asked a



series of questions regarding how the environment *in situ* was adapted/utilised for injecting purposes. For example, participants were asked how substances were prepared and injected; how the immediate environment impacted upon injecting episodes and to provide an assessment of the setting from a harmful perspective (e.g. what was considered antithetical to injecting in the immediate environment). Similarly, participants were asked to explain how, why and when the site concerned was accessed and to describe the measures used to manage their own personal safety (including avoiding arrest or detention). All responses were audio-recorded *in situ* and following this short appraisal, each participant was then requested to physically demonstrate the way in which substances were prepared/injected in the place concerned. This re-creation of injecting episodes did not involve any injecting equipment or illicit substance and the participant ‘mimed’ the way in which such practice was conducted in the immediate setting. As such, the author observed individuals crouching, stooping, squatting and/or hunching in a variety of unnatural bodily positions as they demonstrated how walls, trees, stairwells, trash containers, and washroom facilities (amongst others) were utilised to prepare and administer illicit substances in a manner that was rapid, concealed and maintained privacy from the gaze of authority (including the general public). The following fieldnote illustrates one such re-created injecting episode.

(Participant) took me to a sapling that grew immediately above the brook. She demonstrated how she would lay her (equipment) on the soil next to the tree trunk and lean into the tree whilst squatting with her shoulder pressed into the trunk (for support), with her spine facing the brook (to conceal her injecting from people in the nearby houses). It looked a very uncomfortable and awkward position, especially for one as tall as she. In this position she would prepare her drugs and then lean into the tree once again, for further physical support, whilst actually injecting (into her forearm).

*(Fieldnotes)*

Once each physical demonstration was complete, the author adopted the same physical position in the same location as the participant and video-recorded the immediate environment (not participant) in a 360-degree sweep. This task aimed to generate data that may further identify the way in which ‘place’ may influence injecting-related harm and hazard, albeit from a more *visual* perspective. Accordingly, this required the author to emulate the physical positions adopted by participants in order to obtain visual representations of the relevant environments. Consequently, the author experienced various pains and cramps (in ankles, knees, neck, vertebrae) whilst walking in hunched positions or crouching/kneeling/squatting in damp, dark, claustrophobic conditions. In contrast, all participants completed these actions with accomplished ease. Similarly, the author acquired various cuts and bruises during data generation following less adept negotiations of barriers and obstacles than the participants involved. On one occasion, access to a secluded railway tunnel used for injecting purposes by several PWID required climbing a (2 metre high) spike-railed fence. However, decisions were made *not* to visually record this setting in order to avoid unnecessary injury. In this instance the decision was made not by the author, but by the relevant participant who believed the former would not be able to accomplish the physical task required without serious injury! Indeed, the following journal extract typifies numerous

accounts of the author's general *inexperience* at negotiating *unfamiliar* environments; inexperience that was essentially revealed by the process of observant participation.

The injecting site is located at the rear of the park, over a derelict fence and then through a barbed-wire fence to a grassy hill that drops suddenly, similar to a train embankment. Lots of tree cover, lots of thorns, lots of wire and my arms were cut to shreds (by the time we) entered to record the site ...

(Fieldnotes)

### *Discussion: The Ethnographic and Harm Reduction Value of Observant Participation*

It is perhaps necessary to emphasise that the various successes and outcomes attributed to this study relate almost exclusively to the *synthesis* of assorted qualitative methods conducted within and throughout the entire ethnographic project. However, as a 'stand-alone' research method (and exemplar of 'postmodern ethnography') the use of observant participation for applied purposes significantly enhanced and enriched the wider research process from the political perspective of harm reduction. For example, observant participation involved an ethnographic co-presence with PWID at approximately 50 street-based injecting environments and subsequently provided insights regarding activity and behaviour within such 'hidden places'. Accordingly, observant participation within these locations provided a unique harm reduction opportunity to experience the physical and spatial qualities attached to the street-based injecting phenomenon. For instance, the author was required to access/attend/exit such environments in a manner similar to those of the participants involved and was similarly guided through the process of drug preparation, administration and avoiding detection/arrest in such locations. In addition, during each period of observant participation, PWID verbally and physically articulated movement and motion, experience and knowledge of street-based injecting drug use in such a manner that is physically impossible to recreate in the traditional semi-structured interview held in confidential rooms/offices. Correspondingly, in conducting observant participation fieldwork within street-based settings, 'harm reduction' (principles and practice) was critically informed by the 'skilled vision' (Grasseni 2004) of those with recent experience of attending the sites visited for injecting purposes. In this regard, the 'skilled vision' of PWID provided advice and direction on appropriate positions for video-recording recreations of injecting episodes in public/semi-public places including the way in which specific environments are shaped and adapted for injecting purposes. As such, observant participation significantly contributed to the instantiation of participants' street-based injecting experience and associated practice.

Data generated via observant participation also transmitted typical street-based injecting experiences from participant to researcher via a 'total pedagogy' that 'tacitly guides social agents in their familiar universe' (Wacquant 2005, 465). Through these pedagogic processes a spatial and corporeal appreciation of injecting spaces was obtained through the (researcher's) observations of (participant) practice towards 'transformative action' (O'Connor 2007, 135) and thus enriched wider understandings of street-based injecting *per se*. Accordingly, observant participation with PWID contributed towards more critically relevant insights pertaining to injecting behaviour, its socio-spatial context, the social meaning

attached ‘place’ and how each of these may have facilitated or problematised the practice and principles of harm reduction. Perhaps more succinctly, data generated *exclusively* from observant participation provided explanations of the way in which the practice of street-based injecting is *produced* (via physical engagement) that in turn complemented and consolidated interview data that summarised the *products* (via oral accounts of behaviour) of practice (see Lande 2007, Parkin 2009a, 2013).

### *Highlighting Disciplinary Explanations*

The academic and applied value of data obtained from the inclusion of observant participation techniques during this study may be explained by various disciplinary assumptions attached to qualitative research. For example, from an *anthropological* perspective these differences may be regarded as a consequence of a simultaneous engagement with ‘etic’ and ‘emic’ (Pike 1967) perspectives within the street-based injecting phenomenon. In this framework, an *etic* perspective involves the interrogation, observation and description of a particular ‘culture’ (e.g. street-based injecting drug use) from the viewpoint of a detached ‘outsider’ (e.g. frontline service worker). An etic perspective also prioritises *the outsider’s interpretation* of cultural activity in which a focus upon external, measurable features may be assessed by comparative procedures at similar/different locations. In order to generalise such an ‘outsider view’, the etic approach typically involves attendance at multiple sites of interest involving brief, almost superficial, periods of observation in order to make a comparative assessment. In contrast, an *emic* perspective considers the same cultural concern from an *insider perspective*. In such an approach the observer seeks to avoid the *interpretation* of cultural activity and instead prioritises the way in which such behaviour and practice may complement a wider system of practice from a position *inside/within* that ‘culture’. Accordingly, those seeking to obtain an ‘emic/insider’ perspective of social phenomenon would normally prioritise wide-ranging, in-depth observations of cultural activity in numerous sites of interest. If this analytical framework is subsequently translated to this study of street-based injecting, then it may be apparent that participant observation with frontline service personnel involved a process of a detached ‘outsider looking-in’ to the settings of injecting drug use; whereas observant participation with PWID involved an ‘insider looking-out’ from the exact same places (Parkin 2009b).

From a more *sociological* perspective, Goffman’s (1959) metaphor of social identity as a ‘stage performance’ is also relevant to the way in which data were generated, analysed, cross-referenced and synthesised throughout the various stages of inquiry. More specifically, in Goffman’s dramaturgical model, behaviour and identity are never fixed/stable. Instead, social interaction with others is in constant flux, in which behaviour is a performance designed to facilitate positive impression management (i.e. the way others’ may perceive the self). In this regard, individuals are considered to have two personnas; one which appears ‘front-stage’ and that which appears ‘back-stage’. In brief, front stage persona/performance involves the projection of an identity that seeks to be accepted and accepting of social situations, in which all *public* performance seeks to confirm adherence to particular norms, conventions and social expectations. ‘Back-stage’ performance however is less concerned with the projection of an acceptable and accepted public face, as it is the private persona of an individual that

Goffman considered ‘out of bounds to members of the audience’ (1959, 124). In back-stage performance, the actor is permitted to behave in a more naturalised manner, to discard the ‘socially-situated identity’ and be oneself without having to ‘act’ appropriately for a given audience. If these notions of performance and identity are translated to the above study, then Stage 3 interviews (with PWID) and Stage 4 observant participation (also with PWID) are consistent with front-stage and back-stage performances respectively. More accurately, the ‘interview setting’ (within NSP) provided opportunities for PWID to provide front-stage ‘socially desirable responses’ (Sutton and Farrall 2005) regarding a practice generally considered stigmatising and shameful (Rhodes et al 2007). In contrast, the ‘tours’ of urban environments (including opportunities to recreate injecting episodes within street-based settings) provided privileged and exclusive access to ‘back-stage settings’ (street-based injecting environments) in which PWID were able to demonstrate and articulate - *without moral and/or physical constraint* - the way in which substances may be prepared and injected. In addition, such physically-bounded participation provided opportunities for the author to directly observe the role of ‘place’ upon injecting episodes and to validate interview responses made by PWID of this regard (during Stage 3). More simply, the process of ‘being there ... and there ... and there’ (Hannerz 2012) in a multi-local ethnography of substance use verified the harmful effect of ‘place’ upon injecting practice (Parkin 2009a, 2013, 2014) as a direct result of the author’s own observant participation with PWID in the field of practice.

Cumulatively, these two disciplinary frameworks (for data generation and data analysis) provide unique methodological and theoretical explanations regarding conflicting worldviews of particular social issues and/or health concerns. Indeed, this may be substantiated with the assorted academic and applied outcome associated with the author’s combined ethnographic studies of street-based injecting drug use conducted during 2006-2012.

#### *The contribution of observant participation to research outcome*

Although observant participation was only one of a compendium of qualitative research methods employed during the entire ethnographic project, it is perhaps necessary to underscore that attendance with PWID in street-based settings significantly informed harm reduction intervention. For example, from an *academic* perspective, the various analyses of ‘place’ led to the empirical demonstration of several sociological theories relating to harm reduction *and harm production* (Parkin 2009a,b 2013, 2014, 2015a); the control / contestation of public space and the socio-spatial organisation of injecting environments (Parkin 2015b, Parkin and Coomber 2009a,b, 2010a, 2011a,b). Similarly, accounts relating to the applied use of visual methods (Parkin and Coomber 2009c, Pearson and Parkin 2011) also provided academic output with harm reduction value.

However, it is also important to reiterate that the combined research had an equally significant *applied* component, in which the outcome aimed to develop, inform and promote harm reduction services in certain towns and cities throughout the south of England. As such, field-based observant participation contributed to the production of various locally commissioned (unpublished) reports (Parkin and Coomber 2007, 2008, 2009d, 2010b,

2011c). Within such documents, solution-focused responses were provided relating to issues including street-based DRL; drug-related hazard (including viral and bacterial infection) and the management of environments appropriated for injecting purposes. Similarly, a wide range of locally-relevant harm reduction recommendations were provided relating to 'safer practice' within street-based settings *for consideration by PWID and frontline service personnel*. Indeed, following the production of these documents, strategic public health and harm reduction responses included reviews of particular local drug policies (pertaining to safer needle and syringe provision, reducing hostel sanctions, improving homelessness policies, DRL-management and providing support for particular populations) and the way in which injecting spaces in public places were managed and/or policed. Finally, the assorted visual data generated with PWID and frontline service personnel significantly contributed to the production of applied outcome directly relevant to harm reduction intervention. For example, a typology of environments (known as *the continuum of descending safety*) provides a visual representation of settings appropriated for injecting purposes alongside a summary of normative social/injecting practice within (Parkin 2009a, 2013, 2014). This typology therefore provides a tool for *predicting* drug-related harm and hazard within environments for consideration by PWID, harm reduction services and the settings where the two groups convene (such as NSP). Similarly, video material informed by observant participation contributed to the production of a short, open-access film about street-based injecting. Indeed, this latter project was designed specifically for interactive and pedagogic purposes (for frontline staff and PWID) within applied settings of harm reduction outreach/in-reach (Parkin and Bingham 2013).

### *Conclusion*

Observant participation is a method of qualitative research that is possibly understated, misunderstood and/or confused with participant observation. However, the above 'reflection' demonstrates that opportunities to increase academic *and* applied 'research impact' may emerge from an engagement with this particular method. Furthermore, observant participation may be best used as a 'synergising' component within a wider qualitative research toolkit when dedicated to inquiries of sensitive issues or 'hard-to-reach' populations (such as drug dependence). Indeed, the synergistic effect of observant participation (when conducted alongside a range of assorted qualitative methods) may contribute towards a *combined* understanding of social phenomenon that is perhaps greater than the sum of findings obtained from separate, disconnected methods of social research (i.e. a method of providing 'even thicker description' with 'deeper research impact')

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The views, opinions and academic content within in this paper are those solely of the author. These views, opinions and interpretations should not necessarily be associated with any previous/current body/people previously associated with the research described throughout

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