

Drug users' rights in Ukraine

Life as drug user in Kiev, Ukraine. Organization's help and support.

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Abstract

The aim of my thesis was to study the organization Convictus, which works with people who have a drug dependency. More specifically, the purpose of this study was to find out what help Convictus can offer their members and its significance for people with drug dependence. I used the theories of symbolic interaction, the organization and its member's values, norms and culture that they share as well as stigmatization. To collect empirical data, I used qualitative methods that included interviews, observations, conversations and also the go-along method. Observations were usually made at the Convictus community center where I conducted interviews and discussions with its members. Conversations with members and the go-along method were used during outreach or other activities.

Key words: drug addiction, competence, outreach work, social workers, voluntary organizations.

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1 Introduction

The misfortune of the modern man is great:
it lacks the main thing - the meaning of life.

I. A. Ilyin
(The Russian philosopher)

1.1 Being an addict in Ukraine

Drug addiction is a social problem in Ukraine, as in most other societies. Drug abuse issues in Ukraine stretch far down in the ages. Injection drug use and non-sterile injection equipment are risk factors not only for contracting HIV/AIDS but also Hepatitis. HIV-infected people and drug addicts have not been prioritized by the Ukrainian social policy because this group of people is not considered to be healthy for society (Drug Policy and Health in Ukraine, 2002). The consequence is an increased spread of infection and inadequate care. According to Drug Policy and Health in Ukraine research (2002), medical treatment is not generally available in Ukraine. Drug use is treated as a criminal matter and users are subject to arrest and imprisonment. Drug treatment other than detoxification is expensive and difficult to obtain. The particular social lifestyle is considered shameful and stigmatized.

In the same document you can read that: “Behavioral surveys in Ukraine reveal that many drug users share the same container and often buy ready to use drugs in contaminated syringes from dealers... Injection drug users in Ukraine are engaging in high risk injection behavior, partly because of lack of basic information about the disease risks”, (Drug Policy and Health in Ukraine, 2002.)

The following quote from the Convictus organization (an NGO¹ working with drug abuse) in Stockholm which also has a branch in Ukraine, reflects the difference between living as a Hepatitis C infected individual in Sweden and Ukraine: “If Anya had lived in Sweden, she had received treatment for her Hepatitis C infection, an infection transmitted through shared needles. But now she lives in Ukraine, where she has no medicine and she cannot pay for treatment. Anya is not alone in this, hundreds of thousands of young active and former drug users are in the same situation. Gradually, they get a worsening hepatic function and will eventually become poisoned and die from the infection without medication”, (Convictus, 2012).

¹NGO – non - governmental organization.

Ukraine became an obvious choice because I was born and raised in Ukraine. I know the language and culture, which plays an important role in the work. With the help of previous research, I aim to explore the organization's work with drug addiction, how substance users view their situation and the help which is offered as well as the surrounding culture. The surrounding culture which I wish to explore is composed of the knowledge and preconceptions that the employees at Convictus and their members share.

1.2 Aim of the study

The aim of this study is to investigate an organization that works with drug addicts. I wanted to explore and bring forth what options and obstacles exist in working with the users with my base being the volunteer organization Convictus as well as to illustrate the interaction between the employees and the members of the Convictus organization with the help of the social interaction theory.

1.3 Problem formulation

- What normative values do the employees of Convictus describe concerning work with substance abuse as well as their work and identity as a part of society?
- What meaning does Convictus have for people with drug addiction?
- What obstacles and opportunities are there involved in running such an organization in Ukraine?

1.4 Addiction/ Misuse

In this study I will often use terms such as *drug addiction* and *addicts*, therefore I will shortly account for the intended definition of these two terms with the help of Markus Heilig (2011:29, 31). Heilig refers to facts based on the DSM IV (Diagnostic and Statistical Manual of Mental Disorders) explanation for what is meant by the terms *addiction* and *misuse*. According to DSM IV, three or more criteria need to be fulfilled during a twelve-month period in order to be categorized as *addicted*. Seven criteria are mentioned: 1 – Tolerance: a need for the user to use a greater dosage (more than 30%) in order to attain the same effect or a diminished effect of the drug(s) with taken in the same persisting dosage. 2 - Abstinence – a particular syndrome which occurs when the intake of a drug(s) is halted. 3 - An increase in dosage during a prolonged period of time. 4 - The persisting presence of a wish to stop or the

failure to do so. 5 - A great deal of the individual's life is spent procuring the drug(s) and recuperating from the intake of it. 6 - Important life activities and the social life is infringed upon or limited by the use of the drug(s). 7 - Unwanted intake of the drug(s) despite the knowledge and understanding of its harmful physical and psychological effects.

Only one or more criteria needs to be fulfilled in order to be categorized as *misuse* during a twelve-month period: 1 - Repeated drug use inhibits the individual from completing their duties in school, at home or at the workplace. 2 - The use of the drug(s) in situations that involve a risk of physical harm, such as driving. 3 - Unwarranted behavior such as driving intoxicated and disruptive behavior. 4 - Continued use despite ongoing and recurring social problems.

2 Previous researches

2.1 Organizations involved in drug abuse in Ukraine and abroad

There is much research that treats the issue of narcotics and addiction/misuse. Since my study is focused on one organization that works with addicts and their members, I wanted to primarily find relevant literature that addresses studies about different organizations that work with this particular target-group and research that discusses drug misuse in itself with a focus on the user's perspective. I was interested in both national and international research and tried to view various dissertations and scientific articles as well as current Ukrainian governmental publications and reports. In Ukraine, organizations that work with people that use drugs are new phenomena and there have not been many evaluations and descriptions of them. In her article, Sidorenko (2006) describes the relationship between the medical, legal and psychosocial models of prevention of youth drug abuse and brings up the fact that currently there is almost no systematical analysis or research regarding the effectiveness and anti-drug programs through studies about the narcotics situation within the country and its psychological causes. There is only a marginal amount of organizational and meaningful aspects of preventive measures.

When I found descriptions about these organizations in Ukraine, they were primarily aimed at teaching people who work within these areas (as well as social work students) about how one should work with clients within such an organization. I also used doctor theses that did not directly address voluntary social work with drug addicts, but that still were of great help for me regarding the question of narcotics and addiction/misuse since this was the topic and the target-group which I came into daily contact with while conducting my study.

Narayanan, Vicknasingam, and Robson (2011) wrote an article about the role of NGO's in the harm reduction of addiction in Malaysia. They mean that it is never easy to make the transition within the drug politics from the complete ban to a harm reduction approach. The NGOs in Malaysia played a key role in reworking the religious leader's and decision maker's belief in a ban against harm reduction. The authors mean that the understanding of how this was done can be educational for other similar countries. The role of the non-government organizations was to educate their partners in the state coalition, involve the religious lobby and alert the academics and medical doctors. The individual organizations aim to motivate injecting substance users to seek medical treatment by offering syringe exchange programs. According to the authors this may lead to a decrease in both the harmful effects of the use of narcotics and the prevalence of it. The Convictus organization also works with syringe exchange programs and the article provided me with necessary understanding of the purpose and consequences of the syringe exchange program.

Aaron Pycroft (2010) is a Senior Lecturer in Addiction Studies at the Institute of criminal Justice Studies at the University of Portsmouth. He has worked for fifteen years as a practitioner and senior manager in providing rehab, detox and other support services for substance misuses. He is active in researching in this area of work. Pycroft's book is about his practice experience of work with people who have substance misuse problems and research about services users. His research is relevant to my work since it enables me to get an understanding of how it is to work with narcotic addiction from theoretical explanations and the link between substance abuse and problem areas. He writes of drug abuse as complex health- and social care needs and has brought up examples of how various aid organizations operate, their tactics, what works and what their impediments are. His main research about social work with substance abusers is taken from UK, Netherlands and USA includes many organizations and gives particular reference to the perceived links between drug use and social exclusion.

2.2 Swedish research on drugs and institutional environments

Hilte (1996:15) describes that culture is something that can be understood as a "kit" that makes up a group or society and holds it together. In their theses Svensson (2007) and Antoniusson (2003) aim to understand and explain the social world and the culture of substance users. These theses will help me understand the interaction between the members and the employees.

Mats Hilte (1990), Bengt Svensson (2007) and Eva-Malin Antoniusson (2003) have written dissertations about their research concerning narcotics and various institutional environments that work with individuals who misuse narcotics. I have chosen these three studies due to the fact that they research a major portion of the questions that are interesting in my work and their theories (theories about symbolic interactionism, preconceptions, values, norms, culture and subculture as well as stigma) are relevant to my study. Their studies, as mine, are based on qualitative and ethnographic field-studies from the users' perspective as well as institutional environments in Malmoe (Antoniusson's research is from Sweden, USA and Holland). Their dissertations have helped me to look closer at how the authors conducted their studies and get a greater insight into the topic of drugs, addiction and the incorporation of theories into practical work. Goldberg (2010) has conducted participation observations in Stockholm concerning drug issues as an explanatory model for why certain individuals enter the drug world and how we can prevent drugs issues. I used his explanatory model in my study by using his terminological use of addiction and mentioned cultural aspects. I have chosen these three studies due to the interesting nature of their research questions as well as their applicability and relevance to my study.

Mats Hilte (1990) PhD dissertation about the first treatment institutions took form in the 1970's. In the mid 1960's the use of narcotics began to be defined as a serious social problem that could not be solved with the help of medical interventions. Hilte describes the addiction care in Malmoe during the 1980's, with emphasis on the care form, as a cultural and socializing system. He evaluates what effects the care form had on those who were treated as well as on their life situation and looks into culture that is composed of knowledge, norms, preconceptions and value systems as part of society. He means that one can understand culture as something that holds together a group or a society and he maps the care culture's moral and ideological roots. Hilte describes the first care, its different stations and provides a background to and presents the prerequisites for institutional analysis. His dissertation helped me understand how one views and assesses the input of the organization, equal evaluating methods and what is meant by drug addiction.

Eva-Malin Antoniusson (2003) is an anthropologist at the University of Lund and has written a doctor thesis about studies regarding the social consequences of drug overdoses and the stance of different actors within healthcare and institutional environments towards drug overdoses as a phenomenon (Antoniusson, 2003). Her research is based on empirical studies and field studies in Sweden, USA and Holland. She has striven to illustrate the interaction between users and professional helpers. In her work, Antoniusson processes the user's culture

and analyzes the relationship between culture and social context. She uses the construct of *Culture* that is divided into three separate classifications: *Culture I*, *Culture II* and *Culture III* (about which I will go into detail further in the passage which addresses theory). These are theories that I will be applying in my study in order to use them within an organization.

Bengt Svensson (2007) is a researcher who has written a dissertation about multi-annual ethnographic field research regarding the use of narcotics and the daily lives of the addicts which is gathered from the perspective of the qualitative research tradition. He uses terms such as *social worlds* and *social identity* in order to understand and shed light on the lives and existence of the informants. Svensson's work is of great importance to me, even if he does not focus on organizations who work with addicts, he still raises the question of the user's opinions. He discusses different types of narcotics and its effects, addresses the term *addiction/misuse* and processes different aspects of the addict's daily lives. All of this is important for me to know since I had daily contact with the users and the professionals during my study (even if the focus of my study was aimed at the organization itself) and Svensson's work contributed to my general understand of all things necessary in this situation.

Ted Goldberg (2010) is a professor of sociology and one of Sweden's most famous drug researchers. He believes that in order to understand the user's behavior, we need to have more knowledge about human relationships. He presents a bio-psychosocial perspective by nature and social performances. He assumes that people have innate resources such as living will and power. I used his reasoning about human nature, its thinking and the individual influence of social relationships. Goldberg also says that it is not the drugs themselves, but rather lack of opportunities for a good life, that leads people to become addicts.

3 Theories

3.1 Symbolic interaction

In order to analyze my material, I will be using theories that are relevant to my work. My material is rather broad and encompasses several different fields. However, my focus is aimed at the organization itself, that works with people with drug addictions and they are a vital part of my work. I have chosen to mainly use Svensson's (2007) and Antoniusson's (2005) theoretical choice of symbolic interactionism, which encompasses shared; ideas, values norms, culture and subculture as well as Goffman's (2007) research regarding stigma. With symbolic interactionism, I mean a social psychological perspective from which one sees society as a result of any ongoing interaction based events. Society is seen as a constantly

changing process and not as an immutable structure. According to symbolic interactionism, it is we ourselves who create our identities in interaction with the environment and the individual actions as well as the choices are at the center. Given that, symbolic interactionism is that we interact (integrate) with each other, using different symbols, gestures and language. We integrate ourselves in the community and with each other by designing our own way of thinking and interpreting the various symbols that apply in different situations. It is a perspective that is widely used in qualitative methods, such as participant observation, which I used in my study.

Svensson (2007) means that social identity is formed by participation and home-belonging within *social world*. The *social worlds* are built upon culture, sometimes subculture. The individual's life changes can happen gradually and can, in the long term perspective, depend on *critical events* that lead the person into a new *social world*. These worlds are created through communication and human relations and communal activities unite people. However, these activities require money, space and communal goals. The notion of *culture* encompasses human consciousness, norms, ideas and values that are shared by a group. However, our society also holds various cultures that are characterized by differing or deviant preconceptions and deviate from the greater main culture. Svensson calls these *subcultures*. The actors of these adjust their communal interpretations of reality and have similar adaptive problems. If the individual is not happy with or is not suited by the stature that is provided by the group it seeks itself to a different group. In the different *social worlds* we communicate with each-other and build up *social identities* with similar values.

Antoniussen's (2003) conceptualization of culture (that I also will use) brings up a similar way of understanding the world which is shared by the members of the same group: its norms, values, identity, knowledge and symbols. In her dissertation she addresses the user's culture and proceeds from Kroenberg's and Kluckhohn's three categories within the definition of culture: descriptive, normative and historical (Antoniussen, 2003:13). The different definitions of culture stem from an objectifying phenomenon of special qualities that are associated with a population or situation. In order to comprehend what role culture plays in the creation of identities, Antoniussen (2003:13) describes cultural terms based on different classifications: *Culture I*, *Culture II* and *Culture III*. Wherein: *Culture I* describes specific qualities of a population group, *Culture II* describes the self identification of a group (that otherwise may be integrated into another *social world*) and *Culture III* which is a way to organize the social life for the participants. From these theories, with emphasis on *Culture II*,

Antoniussen has attempted to understand the world that the members of the same group may share: its identity, norms, values, knowledge and symbols.

3.2 Stigmatization and discrimination

Stigma also has a place in my work, since it is a key part of understanding important parts of the behavior of the members and understanding why the organization and its members function the way they do. Antoniussen (2003:17) refers to Goffman's theory of stigma and writes that stigma influences the individual's self-image, which gives the individual a sense of insecurity regarding where one belongs and how others perceive you. *Stigma* (Greek- brand, mark) is a term within the discipline of social psychology which is defined as a social attribute that discredits the individual or a group that is thought of as a "great burden".

Goffman (2007) distinguishes three types of stigma. The first is man's physical deformity of various forms. The second is the deviant behavior of personal character which may be perceived as weak willed, lacking in honor, treacherous or rigid beliefs. The third Goffman calls the "tribal" tribe-conditioned stigma, which can encompass race, religion and nation. The latter sort of stigma can be passed down from generation to generation and can affect all members of a family. An individual that has as stigma deviates from our preconceptions in an undesirable way. Those others, who do not deviate in a negative way from the preconceptions and expectations, are called "the normal ones" by Goffman. He describes attitudes that us "normal ones" develop and assume towards people with stigmas and the measures which we take against them.

Aleksandrov (2006) did studies about stigma of addiction and he means that stigma is defined as a sign of neglect or disbelief that separates the individual or group from the rest of society. Stigmatization is the process of separation from other individuals on the basis of unacceptable deviance from the norm in order to apply social sanctions. Quite often the stigmatization or discrimination contributes to preexisting prejudices and patterns of social exclusion. The fear of discrimination hinders people from applying to services which work preventive, give treatment for drug addiction and work towards minimizing the damage which is caused by drug addiction. Stigmatization and discrimination also creates an ideal climate for the growth and development of drug addiction (Open Society Institut, 2003).

4 Research methods

4.1 Choice of method

In the book about research methodology (Meeuwisse, et al. 2008) the authors describe what is meant by the methods and describe the methods that are available. They say that a method is a "...way of getting things done", (Levin, 2008:36), which means to collect data using for example: interviews, observations, questionnaires, records and so on. My main method was qualitative method that included interviews, observations, conversation as well as the go-along method.

I chose to combine a few techniques that would complete each other and give me a wider view of the questions I investigated. All methods have their advantages and disadvantages. Interviews give us the opportunity to deeply discuss one or more questions. Johansson (1999:19) writes that the disadvantage of quantitative research interviews is that the final questionnaire misses "much of the interviewee's thoughts and experiences. So it's good to let the interviewee tell themselves and then process the story in the analysis, which I did.

Observations are helpful because they give the opportunity to get closer to the situations and environments being studied (Ahrne, 2012), and that: "... one can see the world through the eyes of others", (Bryman, 2012: 440). The go-along method combines some of the strengths of ethnographic observation and interviewing. Kusebach (2003) demonstrates the benefits of go-along. She believes that this method is more a systematic and result-oriented version than when you "hang out" with informants. What makes this method unique is that ethnographers can observe their informants in unfamiliar territory or engage them in activities that are not part of their routines and you can also interview/talk with informants while you go along. In conclusion the writer underlines that the strengths and advantages of interviews, participant observations and the strengths of the go-along method and all methods increase when they are operated in combination.

All my interviews with interviewees were in Russian. My knowledge of both Ukrainian and Russian (both languages still used in the country), helped me avoid misunderstandings because of language. I recorded them, wrote them down and transcribed further in the coding and analysis. The quotes that I have used in the text, I have translated by myself. Ahrne (2012: 25) explains that the interview that is recorded (the sound) is our *data*, while the transcription of this audio is the *empirical material*. All data was sorted, organized and categorized in order to find answers to the questions. To transcribe the interviews increased the reliability of the data and gave more quality to the analysis. With quality I mean the

scientific quality that Aspers (2007:216) describes in his book. He says that the text is of high quality if it contributes to theory and methods and gives us more knowledge about an area. It must also be noted that I gave my interviewees fictitious names in my essay.

4.2 Interviews and observations

Johansson & Öberg (2008) mean that the speaker/narrator and listener have multifaceted roles. The listener, despite their silence must be deeply involved in the narration. "Listener's task is to listen carefully and make an effort to understand and appreciate the story". (Hyden, 2008: 94-95). Hilmarsson (2012: 122) mentions three levels of listening: Active counseling, Active listening to understand and Active listening with empathy. It is also important by Hilmarsson (2012:31) to create a good relationship with the person you are talking to. During my interviews I showed my interest and was active and engaged in person's stories. Discussions and debates were an important part of my studies. Bryman (2012) describes language as a necessity for social scientists and how it becomes its own power-focus of interest.

Observations included organizations and people's everyday lives. Svensson (2007:89) refers to Hewitt and Denzins reasoning that the researcher should be able to see a social world so that members see it, he must try to be a part of it; an ethnographic approach to participation is a central method. Bryman (2012: Ch. 16) distinguishes between two different concepts of ethnography and participant observation, but he believes that both terms focus on the researcher to engage in a particular group or people, observe the group/people's behavior and listening to them.

The different steps of the analysis of my empirical findings were carried out more or less parallel to my fieldwork. Some of the observations were written out on the field and some at home. They were written in Russian as it was the language everybody spoke. One day was allowed to record the staff's report on the organization when they had a visitor from India. The staff spoke Russian, but used an interpreter for the visitors. Employees explained how they worked and shared their own experiences of what it's like to work with people who use drugs. I wrote down the conversations that became a part of the empirical data. The material that I used in my text, I have translated by myself. Coding became a part of the analysis and the results in turn became the basis for my accounts. During the coding process the material was split into different parts, so-called codes. I conducted a portion of the preparatory work that would guide my coding through pilot studies, the empirical data itself and the selection of a theory. At the same time I continued my empirical work through coding and analysis as new

questions and concerns arose. Some questions could not be acquired through interviews and discussions, so I had to combined them with observations. In order to construct the material, I used different codes which I deemed relevant and that could be part of a code schema. I separated the material from different dimensions such as interviews (who said what), location (where the discussions and the interviews took place), members, employees, events. Then I sorted these under different terms in order to get stronger and deeper data.

4.3 Life stories

To get deeper a view of the informants' life, I wanted to find out their life story to describe how it is to be a substance misuse and how it is to live with drug abuse. In sociological research the life-story gives an overall picture of the informant's life. The method assumes that one should motivate the interviewee to tell his life story in his own words. The method is also called "narrative" method (Johansson, 1999). You can ask the person to tell about his life from early childhood until today. Life-stories can help to analyze the person's life and situation and how events in one's life are linked.

I chose to record the life-stories of two individuals with a drug abuse problem and who also were members of the organization. My interviews with these two individuals were unstructured, since my interest was directed towards the person's positions. My interview was flexible and pliable in which people were free to answer my questions in the direction they wanted and new unplanned issues emerged during their story.

4.4 Go-along

Margarethe Kusebach (2003) has conducted research in which she used a method called Go-along. The method is described in her article as an ethnographic research tool. She introduces and evaluates go-along as part of the qualitative research tools that are different from other traditional ethnographic methods of interviews and participant observation. The go-along method means that the field worker follows individual informants during their daily natural outings and asks questions, listens, observes and studies. According to Kusebach's experience the productive time-span for a go-along is about an hour to ninety minutes.

Kusebach (2003) doesn't suggest that go-along can or should replace other traditional ethnographic methods. There are limits to demonstrate the application of this method. The method of go-along may be unsuitable to explore many social settings and activities where there is no place for conversation and when activities may be in any way dangerous, such as criminal acts or private matters. I chose to use the method with people who I met before and

who got to know me a little. It happened that I was on the organization and met the members that I talked to, and then we could go together to the bus location and continue our conversation in the meantime. I often went with a staff member by bus and walked with them to the store. I met the members outside and when we were on outreach work duty, where we could speak freely even with those who didn't know me. It felt natural to talk to them then and it was easy to see who was interested in conversation with me and it was natural to discuss issues or just listen to their story. The places also play an important role in where informants feel safe, the environment in which they feel at home. All the people that I met and talked with knew who I was and what I did. I have not used any particular person in my essay from this method and no personal story comes up, but I analyzed all the conversations and observations that I later used in my work as a supplement or additions.

I used the go-along method mostly because there were several activities that Convictus was a part of organizing, such as the World AIDS Day that they had on a square, away from the organization's facility, and where I met all the staff, members and people from other organizations with whom Convictus cooperates. It was a good opportunity to socialize with anyone outside the organization's walls in a different way. When I was on outreach, I frequently met outreach workers in the metro and we used to go to places where they used to work. Without thinking about it, we hung-out as friends and talked about all the different things both private but also much about their work, members, drugs. It was very interesting and fun to go together to their work. Out on the street where outreach workers worked I got to meet many members who just came and talked to us. Some came by when they went to their job and took their staff, others came to socialize, share a bit of what worried them, or just to talk. The time out with members was valuable to me because it was another way to socialize and talk to them. It might be best to write down conversations and observations out there on the spot, but it did not feel right towards the members and it would destroy the same effect of the conversation with them. Moreover, it was so cold out there so it wouldn't be possible to write with my hands in gloves. Everything was documented daily in my journal to remember better and got the data into my work. That which was said during our walks was written down afterwards, along with the field-notes from the observations.

4.5 Limitations

Convictus works with different projects aimed at a wide group of people with different problems. Current projects at the moment are: *Step towards*, which provides a safe place for the exchange of information and social services and mutual support for injecting drug users,

female sex workers and their families. *The three-stage program of reintegration* (the project is Implemented under the financial support of the Swedish International Development Agency SIDA), and *Peer Driver Intervention* (Convictus' internal training programs and workshops aimed to develop and organize activities and find methods that are effective and suitable for Ukrainian conditions).

As mentioned above I chose to record the life-stories of two individuals that Convictus helped me select. It is one of the selections that is named convenience selection that Bryman (2012: 433) mentions in his book. With that he means that you choose the type of selection which may be a result of accessibility to individuals who are hard to find. In my case it wouldn't be difficult to find people, who abuse drugs in Kiev, but the people I used in my work are known to the organization and it gave me more assurance to fulfill my plan. I even had discussions with other members of the organization and people who work there. Drug use in Ukraine today is creeping down in the ages and it would be interesting to interview younger people. But since it is a sensitive subject, and I have more experience working with adults I prioritized to study adults.

4.6 Ethics

According to Levin (2008:35) social science research means that it is people who are active in different practices and it is people who are interviewed and observed by researchers, therefore the research method involves a high degree of ethical awareness.

During my work, I comply with the Research Ethics' (Vetenskapsrådets Forskningsetiska principer, 2012) four main principles as fundamental individual protection requirements: information requirements, consent requirements, confidentiality and use requirements.

- I informed the participants of my study about their role in my work and what will happen during our meetings. I told that it's free to set-up and they have the right to stop their participation. The information will not be used for another purpose than my inquiry in education. I will not search among authority records for information on their identity.
- I confirmed that participation is free. If any of the participants had been involved in the media or TV I would get their consent to use it in my work if needed. Helen, the woman I interviewed, told me that she has been featured on TV and in newspapers when it came to her crime and she didn't mind that I got to find out about it and could use the material if I needed to. I told her that it was not necessary and I didn't need those materials, but thanked her for the offer and trust.
- All my information about identifiable individuals or information that may be ethically

sensitive was and is recorded and stored in a way that people cannot be identified by outsiders. No real names were used in order to protect my participants.

- All my data and information was used only in my own purposes and wasn't transmitted to unauthorized people or authorities. My research results may not be used by different authorities investigating the participants in order to force them to care or expose to other interventions against their will.

5 Empirical data and context

5.1 Convictus Ukraine

In the mid - 80s when the HIV epidemic came to Sweden and a many of the infected were drug injectors, Convictus was founded in Stockholm as an organization that took on this group's interest. Over time, other organizations formed to support other affected groups. Work built as a result of HIV, but today they work with wider groups as homelessness, substance abuse and health² (Convictus, 2013).

Due to the relatively low engagement from the Ukrainian government, international NGO (anon - governmental organization) plays the part of the social protection/help offered to drug users. Convictus in Ukraine was founded in 2006 with the help of a Swedish collaboration, the Agency for International Development and Cooperation SIDA. It has developed into a mature and stable organization that works with supporting people living a precarious life because of homelessness, substance abuse, HIV / Hepatitis, sex work or criminality to a better life.

The work is based on professional and humanitarian support to people with current or previous severe substance abuse problems and often with a plethora of associated complications such as HIV or Hepatitis infections, poor socio-economic background, psychological disorders, long criminal career, prostitution, etc. Employees who work at Convictus are highly educated and experienced in social and psychological sciences, and their internal training programs and workshops are aimed to develop and organize activities and find methods that are effective and suitable for Ukrainian conditions. Some of the people who work there are former addicts or in any other way had close contact with people who used drugs.

²Convictus is a nonprofit organization that is religious and political unbound. Convictus in Sweden working with people who are homeless, people who are affected by HIV and Hepatitis, drug addicts and promotes human right. They organize conferences, training on abuse, homelessness and health for medical care, politicians, various churches and social services. Convictus members perform outreach, testing, vaccinations and counseling and reaches active addict.

Convictus' two largest regions are the Kyiv Region and the Kharkov region. In the Kiev region this includes those in Kiev and in two small towns near Kiev: Boyarka and Vasilkov. The Convictus community center in Kiev is located in one of Kiev's poorer areas because it is where most of the users are and it would therefore be easier for them to get into the organization.

5.2 Convictus Kiev

Convictus Kiev is operational in two areas: one of the offices, “Convictus Ukraine” central office is located in the central part of the city and the second, “Convictus community center” is situated far from the center of the city in one of the worn down suburbs of Kiev which is on the of the poorer areas. The largest part of my stay was at the Convictus community center. This is the place where all members come in and where the largest portion of the work with the users is carried out.

The Community center is located on a bus stop that is called “Detskij sad” - kindergarten. In this location there is only one road for the buses as well as the trolley buses. There is a wide and long white wall along the road and it is not easy to notice the entrance into the organization. I was introduced to all the people that were on site at that time and told them all who I was as well as of the purpose of my visit. I was warmly greeted by everybody and felt a warm welcome inside the cold and worn-down facilities where I would be spending many weeks.

5.3 Community center

When I first came into the facilities of the Community center I was met by a corridor with bare walls and a plastic floor. On my right was their “living room” where all the members met and got to meet the social workers who were on the spot. The room is small, but there is room for a table with two armchairs on each side. A half long sofa with a duvet on it. Then, there stands a table with a computer that everybody (including the members) is allowed to use. On the side there is a bench with a table that one can fold up. On the other side of the wall there is a TV, a water container (since you cannot drink the tap water in Kiev and need to by canisters with water), a washing machine, chairs that are put up one next to the other and a kitchen sink. On the surrounding walls of the room there is amongst other things twelve-step rules, pictures, postcards and a myriad of pictures that the members have drawn themselves and that they thought were so nice. There was a lot of personality in them, feelings and thoughts. Most of the pictures were about the drug-life, the evil of drugs and the harm they

cause. They were pictures that were drawn, painted and crafted with much wise advice and quotes. Those pictures warmed up the worn down, cold walls. Well at the corridor there is a shared bathroom for both members and employees. To the left there was a little corridor that led to several smaller rooms. In these rooms works the Head of Work With drug users in Kiev, Head of work with female sex workers who is also the Project Manager for treatment of sexually transmitted infections, social workers with drug users, a psychologist, a social/outreach worker for female sex workers, an accountant and a laboratory doctor. Sometimes, those who work in the main office also come and work there. When I first arrived in Kiev it was nice and warm outside, it was almost spring weather. However, after a few weeks winter came with all the snow and cold that a Ukrainian winter entails. Then, it was not so pleasant and fun to be in those facilities.

5.4 Target for membership

When it comes to work with addiction or various sorts, the volunteer organizations across the globe have a long tradition when it comes to preventive action as well as care and support. Although drug misuse in Ukraine is widespread, there is not much being done from the side of the state and there are not many resources that are directed at fighting it. During the latter years the issue has become more visible and the interest for research and interventions has risen. The narcotics issue in Ukraine influences not only Ukraine but other countries as well. Sweden has opened a project in Ukraine in order to help the country with its work against addiction and opened the organization Convictus. The plan was to have the organization as a trial for a three-year period in order to then see and evaluate if it had worked. It showed that the organization did a good job and gave results; therefore it was permitted to continue its development and its work.

The organization can offer its members syringe exchange, consultation from a lawyer, a psychologist who performs group-work and a social worker. They carry out different education projects such as: “Overdose prevention”, “Safer Injection and sexual behavior”, “TB. Prevention and treatment”, “Occupation”, “Treatment, diagnosis, prevention” and others. On site everybody who wants to can do a quick test for HIV, Hepatitis B or C and Syphilis. If there is a need for information the member can receive such and a referral to an infection doctor, dermatologist, doctor or gynecologist.

A part of Convictus work is preventive measures. Goldberg (2005) takes up three levels for preventive measures that researchers and governmental investigations discuss: *primary intervention* (prevent an onset of a problem), *secondary prevention* (prevent an increase in the

problem or remedy the problem as early as possible) and *tertiary prevention* (prevent a further escalation of the problem or counteract relapses). The people who come to Convictus are people who already have an addiction problem and it is too late to inform them of the harmful effects of the drugs and advise them not to start taking the drugs. But they put in a great effort during different conferences and lectures where they inform others about the effects of drugs. However, primary prevention is not the main task of Convictus. Their work is rather to recruit members and people they meet outside that already have problems with drugs and help them understand the importance of waking up and making sure that something needs to be done. They often discuss with their members the risk of using for example substances that are new and may be cheaper alternatives to what is available. They share their knowledge, which is the most common preventive measure. They help people to decrease their addiction and substance misuse through a program which means to prevent psychological illness (there is a psychologist at the Convictus Community center). *Harm minimization* measures that are a major part of the work are carried out at Convictus through syringe exchange, handing out information material and other remedies. However, with the current corruption in Ukraine there are issues even in that area. Instead of helping the voluntary organizations to give support, financial support to grow and build up their organizations they are instead pressed for fees and get not governmental attention.

On the Convictus website (Convictus, 2012), you can read about their mission and principles: "Mission of organization – guided by our personal and professional experience, based on humanitarian principles, mutual goals and equality to create conditions for Public Health Policy in Ukraine. Together with this to provide comprehensive support to people affected by HIV/AIDS, abuses and social adaptation problems with the aim of successful reintegration into society and improvement of the quality of life." On the first place of their principles is respect for the person, promotion of a healthy lifestyle and: "...no differentiation in social status, gender, physical, psychological state, as well as on other grounds" (ibid.).

5.5 Outreach work

Dewson, Davis and Caseborne (2006) have compiled a report based on research that has been conducted by the Institute for occupation on studies for the Department of work and Pensions in the United Kingdom. In their report the authors describe the definition of outreach work, its purpose, goal and method. They base their literature study on sources from Great Britain, USA and international sources. They describe the terms "outreach" as a term that is often used but is seldom defined. An important part of outreach services is to fill a gap in the

services that usual, often governmental services, cannot offer as well as to increase the users' awareness of available services. Dolan, Erin L. (2008) describes the term “outreach” as: “Outreach: A systematic attempt to provide services beyond conventional limits as to particular segments of a community”. Service and commitment are a part of outreach work. Dewson, Davis, Caseborne, (2006) write that outreach work serves an important function in those societies where they are active. An outreach worker helps people in need of social services and provides them with the necessary support that is needed. Many people in need of support may not be aware of programs that can help them or their families. An outreach worker can help with information that users may need and give insight into the available interventions in society.

Within Convictus structured outreach work is developed by people with personal experience of addiction that therefore can easily get a connection with active addicts. Outreach workers are a great resource at Convictus and put in a great effort into the work of the organization. There is an outreach program where people who are social workers are employed in order to work with outreach work. There are four men who work with outreach activities at Convictus in Kiev. On the question as to why only men work the reply I received was that there previously also have been women that have worked with outreach work there. There was in other words no special reason for why it was only men, it was simply how things were at the time and this varied over time.

There are two places where they stand. These are places that have been chosen with the intention of working where there are most users in the area. First we went along with Viktor (an employee that works with the outreach program) to the first location and walked into a pharmacy. Inside there was a cabinet where employees had their bag and things that they needed to have with them. There was a large bag with a Convictus emblem on it. Inside the bag there were new syringes in varying sizes, needles, hygienic napkins, condoms, cards and member pads. We took the bus from this location to the next, where we would stand for two hours and meet the users. They already stood there waiting for us and the other outreach worker Valerij (who works together with Viktor). The first weeks I stood outside with the guys and had a short talk with them about all possible things. Later on when the winter began and much snow came, along with minus degrees outside it was no longer so fun to stand outside in the cold. It was hard to stand still there for two hours, even though I had prepared thoroughly for the cold Ukrainian winter and had my warm winter boots and down jacket. We had to jump, walk back and forth and I could not understand how the guys could handle this during all the cold winter days and other bad weather. Viktor said that when it was absolutely

worst they got to stand inside the pharmacy and that the users knew to find them there. They told that the employees otherwise liked being out and meeting the users in an out-of-office kind of setting. The users recognize the guys who work at the location. They also wear black jackets with Convictus' emblem on their back so that you will not miss them. All those who work outside have personal experience of drug addiction but are sober now. They speak to the users about their problems, quite often of what type of drugs the users are using and the importance of protecting oneself from contamination. Certain users have a job and walk past the location to pick up what they need when they are on their way to work. Everyone gets information about organizations where they can turn for different types of help and recommend Convictus to their acquaintances that also come to locations in order to become members and use Convictus' services.

Svensson's (2007) studies indicate that addicts create their social identity and a lifestyle which may be hard to break. It is hard for addicts to break with their previous lives and return to society. It is hard to get away from the stigmatization that is brought on by being an addict. Several of those who came to us lived with a partner that also used drugs, but many of them live with their parents or siblings. According to Svensson, many addicts have taken a wrong turn in their life at an early age or had a traumatic childhood. Many feel guilt and shame before their families and seek themselves to individuals that share the same experience and have experience of being outsiders. By meeting the guys that work with outreach measures the individuals who use drugs or are stuck in their own drug-world get a chance to break, even for a moment, with their social circle or come away from problematic home environments. Then, they can experience being treated respectfully and be seen as any other person. Hilde (1990) means that the way out from drug misuse stems from the person who is treating the substance misuse by affecting attitudes and preconceptions. The goal is to influence the drug addicts lifestyle and identity. All users receive information about organizations that they can turn to for help and to recommend Convictus to their acquaintances, which also come to locations to become members and utilize the services that are provided by Convictus. The role of the employees is also to motivate the new users that are not members to not ignore the help that is available and to start dealing with their problems.

5.6 Convictus' interaction with members

I have spent many weeks at Convictus community center and observed the communication of the employees, how they work, what their members do and spoken to the employees that have different tasks. Svensson (2007) bases his dissertation on symbolic interactionism in order to

analyze drug-users' daily life. He means that all objects have their meaning. The importance or influence of an object has different meanings to different people. Different objects have different meanings to each individual. However, the term *object* does not refer only to physical items but also events, actions and the self. In order to understand how a certain group lives and functions one must know which objects exist in this group's world and what they mean. The self is built up through interaction with other people and can be seen as a process that is constantly being reshaped and remodeled. When people meet, they attempt to interpret and understand each other's actions and behavior. In order to understand an organization an analysis of people's actions is necessary. Therefore I have attempted to observe the behavior of both the staff and the members and the interaction between the different actors. Inside the meeting-room, where all the members came in there were men who worked as social workers and seeing those who came there. Many members came to this place every day. Sometimes it was calm in there and sometimes many members came all at once. The members could pick up new syringes, needles, condoms and hygienic napkins. However, this was not the only reason as to why many of them came there. Many came only to see those who work there for a little chat, to take a cup of tea or coffee and even take the opportunity to launder their clothes (as all of them do not have the opportunity to do so at home and Convictus can contribute with a washing-machine and washing detergent). Antoniusson (2003) means that drug users live integrated in the society but outside the social life due to their usage of illegal substances and a lifestyle that is shaped by and around this. All are welcome to Convictus disregarding what drugs they use, their criminal past and varying backgrounds. Many of those who come there may not have anyone in their proximity that can support and understand them. Convictus' philosophy is to support and work patiently and pragmatically with the target group in order to eventually help their clients to lift themselves out of their situation. There were those who came there under the influence of narcotics. I asked Valerij if you are allowed to come under the influence. Valerij said that all are welcome and that they also can come and get what they need as long as they do not act strange or sit and fall asleep there. Sometimes it can be of help for them to just come into the warmth and get something of their chest or speak about any problems they may be experiencing. Valerij and the other men who work there have themselves had a drug addiction but are now drug-free. They know much about different types of narcotics and how they affect people. This is why they understand how others may feel and if anyone feels bad they can provide the individual with good advice and support.

There were people that came there after being recommended by an acquaintance that already was or had been a member there, members with their friends and close ones. Several times young men came there, who had had enough of the hard drug-life or who's family no longer could take tolerate them and put harsh ultimatums about that they either had to do something about the situation or they would have to leave the home and fend for themselves. According to Svensson (2007) there must occur some change in an individual's life in order for that individual to change their behavior or habits. Changes can occur gradually, long-term, but also something life-changing can happen that makes the individual establish themselves in a different social world. A young man (I call him O) works at Convictus. He said that he abused drugs together with his girlfriend and when she became pregnant they made a decision to stop using drugs.

O - *When she became pregnant, we considered the risks of drugs that could affect our future child and our life, so we decided to quit together.*

I – *But how could you manage it? You just quit?*

O – *Umm, yeah. It was very important for both of us and we had each other for support. We did it with great motivation and support from each other, yes.*

Smith (2007) describes the social aspects that revolve around drug use as something that initially attracts newcomers. Drug experiences are namely amplified when you are with others. The drug-world is an environment that entails an intense experience of the present. Participants in the gang frequently socialize with one another, have the same interest, give each other a helping hand when needed and share their experiences and knowledge with each other. Working at Convictus is also a way for the young man to stay away from people from their old drug-world and trade away their solidarity towards the previous socialization with the other group.

5.7 Member's drug-world

I got the opportunity to conduct in-depth interviews with Alex and Helen in order to get an insight into their life stories. They are members of Convictus since a long while back. Their life stories are interesting for my case since they enable me to see the cause of their addiction and foremost to get an insight into Convictus' influence on their lives and their thoughts about the organization's policies and values. Is there any common denominator in their story and what makes them different? Using interviews with them, I also had a broader understanding

of their private lives and how it is to be an addict in Ukraine. Alex is 32 years old and lives in Kiev today with his sister and her family. He has been in prison twice. Alex and Helen tell that they, like others, thought that they could not develop a heavy addiction in the beginning. “I guess I thought like everybody else: that this won't happen to me”, said Alex. You do not have time to notice that you are in the vicious circle, when an increasingly higher level of the misuse develops to a higher degree of tolerance, which makes using increasingly more expensive and heavy drugs with increasing dosage. Alex began to smoke in school and tried his first injection in ninth grade. It was the older friends that invited him to try opium and Alex did not like it much the first time. He tried once and did not feel well for the whole month; however when he did feel well again he could not turn down the next occasion to try, everyone else was doing it after all. They were a gang of friends who used to socialize and the use of drugs had become more and more frequent. In the beginning they most often smoked opium, but since they used it more and more frequently, greater and more expensive amounts were needed. This required more money. There was one option, namely to inject the opium instead of smoking it. According to Alex, one needed three times more of the substance when smoking it in order to achieve the same result. “For one to smoke could be enough for three men to inject it instead. Then it is clear that one did not think of the consequences at that time, it was only good to get more of the merchandize”, Alex retells. Sushik and Vasilyuk (2010) define the first attempt to use drugs by minors as a pivotal moment in the shaping of future attitudes. Many believe that 1-2 tries do no harm. This is not the case. For example, only 5-6 injections of opium are enough or 1-2 cigarettes of cannabis to reach the first stage of addiction. It can sometimes only take one dose in order to reach the psychological addiction. Teenagers experiment with drugs in order to emphasize their maturity without think about the consequences (ibid.).

Alex uses methadone that he gets on prescription from the pharmacy that he mixes with pills like *Tramadol*³ or others. They say that without it, he does not get the same effect. He means that *Methadone* also is just a synthetic drug. He has been using it during approximately four years and does not see it as help to become independent, but rather as something that helps him not have to rob in order to get money for drugs. When it comes to heroin, Alex says that there isn't so much in Kiev, as far as he knows or maybe it exists but only amongst richer

³Tramadol, a synthetic drug which is a derivative of opium, has been available on the open market as a pharmaceutical. It was produced by pharmaceutical factories both legally and illegally. The misuse of Tramadol in Ukraine became the handicap and the virtual death of the youths in the country. Only a great pressure and a myriad of measures from public organizations made it possible for Tramadol to be officially recognized as an illicit drug. (Narconon, Kiev, 2013).

people. Heilig (2011) writes that the “lighter” substances are always tried first. Alcohol and cigarettes are almost always the first two drugs in the addiction-career. He mentions the two most important factors that decide how many will come to try out drugs. These are: the availability as well as the attitudes and norms that are prevalent. In this stage, some drugs can morph into a subculture, like for example current attitudes are permissive to ecstasy amongst youth cultures today.

Helen is a woman 38 years of age. She lives in an apartment with her 11 year-old daughter. Helen was convicted to prison for selling Tramadol, which is only sold of prescription, but she did not have to go to prison since she knew the “right kind of people” and could make use of them. Selling Tramadol is Helens livelihood till this day. She wishes to become drug-free but, like Alex, she does not have the funds for treatments and therefore tries to decrease her intake. She has used the worst drug, *Crocodile*, but was fortunate not to get stuck on it. When the experimental phase of the drug use transcends to a more regular usage the individual begins their adjustment of their life as well as their self-image according to the situation. Heilig (2011) calls this period as the development of a drug-addict identity. The addict learns more about different tricks to use in order to hide the addiction and broadens their social network with people who also are substance users. The perception of the effects of the drugs and the subculture are still positive and the misuse is often hidden. During this stage, the addict rarely searches himself to care and the motivation to leave the addiction is small. The final stage is to develop a high degree of addiction when the addiction evolves and transcends into physiological symptoms of abstinence. The misuse becomes intravenous and/or pretty much becomes daily drug-use. Heilig (2011) describes how this stage and the individual's behavior is the same way as he recognizes in his interview subjects. He means that the drug-user identity is confirmed and drugs give increasingly shorter moments of blissful intoxication and a more painful abstinence. More and more time is dedicated to the pursuit of drugs and money to get the drugs. For men this quite often means dealing, stealing, robbery or breaking in. For women this often means prostitution. Antoniusson (2003:73) describes Lalander's study of young heroin users and means that the users are pulled into the life-style and gradually want to try new drugs. After a while they are prepared to try the most dangerous ones. Helen has used the worst drug, *Crocodile* but was lucky not to get stuck in the use of it. She told about her boyfriend, who had to get his thigh amputated and in the end lost his life. She has many acquaintances that have lost their lives due to the use of crocodile drug.

Regarding methadone, Helen says that it is of no help for those who wish to stop using drugs or decrease their intake. “Free handouts of methadone provide no help at all to those

who wish to stop with drugs or decrease their intake. Of course, it is appreciated by all drug-addicts. You get it free and say yes, why not. But methadone is also a drug, just free. Those who get it use it as a morning perk-me-up substance that helps them to wake up and start their day that is later followed by the search for other drugs and so on”. Contrary to Antoniusson's (2003) description of the methadone program in Sweden is not the same as in Ukraine. She means that from an international perspective, the Swedish model is stricter in comparison considering those limitations that concern the amount of participants in the program and the tolerance of side-effects. If the individual who gets methadone uses other drugs on the side, he gets to leave the program. This is not the case in Ukraine. Unlike Alex, Helena means that heroin is everywhere but is expensive to acquire. Helen said: “You can get a hold of all the drugs in the world here in Kiev. Precisely all of them! Just pay. And people are also very flexible and resourceful. They are good at finding new drugs and if they take away a substance from the pharmacy or cease to sell something over-the-counter then there is always an alternative to replace it with”. Her story was told to me during several conversations with members that came to Convictus and told about news concerning some medicines that became prescription-only and could no longer be bought freely. However the members had several other suggestions that could replace them.

5.8 Convictus' significance for Alex, Helen.

During our conversation, Alex had many interesting facts about his time growing up, life, and addiction, how the healthcare works, how it was to be in prison and his childhood friends who today most likely are dead or in prison. However, my main question was still to find out how Alex found his way Convictus and what he gets out of it. Alex told me that he met some Convictus guys out on a festival where they stood and handed out business-cards and spoke about their organization. He thought that it did not cost anything to come to them. It was there that they carried out different tests and he found out that he had Hepatitis C. He received information about where he could turn to and that he could become their member, meet people in the same situation as him and get different things that he now regularly comes and gets from them.

A - I have no friends. All are in prison or dead. I come here to meet people and socialize. This is where I got to know that I have Hepatitis C. Here it is free to test yourself. Now I test myself every three months. But I don't have HIV.

I - I'm glad you don't have it. (Pause). Is there anyone else except Convictus who could help you in any way?

A - Who would it be? Here (in Kiev, own additions,) everyone have to fight for himself. Well, you inject, so what. What to do? Who cares? Who will help you? Will someone give you their own money? No. So it is good that at least you can get here.

Like many others Alex wants to get care for his hepatitis C, but there is no free healthcare in Ukraine and you have to finance it yourself, which far from everybody can afford. It is expensive. He says that even if he can't get help with healthcare from Convictus, it is still important to him that they are there so that people can come there and get advice and information and to at least socialize with others and listen to the staff that can understand and not judge. Convictus offers psychological help, but Alex means that you first have to become physically healthy. He said: "It is impossible to listen to a psychologist when you later on come home and feel so physically ill that you feel like you don't want to live anymore and the body just needs drugs". Svensson (2007) writes about terms such as social worlds and social identity that tie into the symbolic-interactionism tradition that emphasizes the interaction between the individual, the group and the social environment. We create our world by giving the objects meaning. When a person defines situations as real they become real. For many members drugs have had a steering effect with experience and actions. In order to break the individual's stances and interpretations it helps to meet others that are not trapped in the same drug-patterns as themselves and try to cultivate a different reality. Several of the employees at Convictus have themselves broken this pattern once and therefore can be a supporting hand for those who come to them.

Helen often comes to Convictus and expresses very warm opinions about the organization. Today she was supposed to go to a mediation course for 12 weeks that she is very glad about.

I – How often do you come here now?

H - Well, right now it's more often because we go to ummm. (Laughter).

I - (Laughter). To what?

H - To ummm. (Laughter). You know what it is. It's not like meditation but .. hmm, how can you call it? Or, yes, meditation with a little extra. Is it a course where everyone meets with the employees. First we go through what has happened during the week, tell what we have done. Then we listen to meditation, listen to voices and relax. In the beginning everyone was a bit shy and did not open up so much to the others, but after a few meetings they feel like they

have known each-other for a long time and have the same problems and understanding for one another.

I- How many are you there?

H – Last time we were only three members and two of the staff. Oh, um. Today we will gossip, ha-ha.

I - And how does this course help you?

H - Sometimes it feels like it feels better both mentally and physically. My acquaintances also notice this when I meet them after the course and they wonder what has happened to put me into such a good mood and such a happy state. There are several acquaintances that also are supposed to go there after my recommendation.

Generally Helen very fond of the group of people that work with Convictus: “It is a very good group here. Everybody understands you. It is good that they hired those who themselves have gone through the same thing. It feel safe and fun to come here”, says Helen about the employees at Convictus. Antoniusson (2003) made a summary of her interview subjects that drug-addicts are skilled at interpreting different signals that can happen during communication with each-other. They can easily see what the other person thinks of you. I go the same feeling from the Convictus members. There is an internal slang amongst the substance misuses, a special type of drug addict slang that most users know of. They use many words and terms that are not used in the common everyday language. The users quite often use the regular words and terms when they are in contact with healthcare or the Social services in order to look presentable and not be categorized as a drug addict and also due to the fact that the healthcare professionals may not actually understand the slang. However, it can happen that the users use their expressions and slang during a meeting with their treatment professional or social secretary in order to test their knowledge and experience of what life as a drug addict actually entails. If the employees do not understand or master their language, it can be perceived as a way of distancing oneself from the user. Users can perceive it as that the staff does not know much about the patient’s life as an addict or that he/she is a poor listener that does not care. When the users visit Convictus, they meet staff that have been in the same situation as the user themselves and have lived the life of an addict. They do not try to show that they are better than you who is in an ongoing addiction and one quickly notices the presence of slang that I myself did not comprehend. For the users this meant that they did not need to pretend to be someone else than themselves and could feel relaxed. Sometimes the employees could be a little harsh to the members when they attempted to

convey the damage and danger of different street-drugs that the users used and were quite blunt when it came to not accepting available help. However, when I was there I could think, or even say aloud, a little on the joking side: "Oh! That was tough love!" or: "Poor Andrej. Those were not kind words, no". Then the members answered that it was not a big deal. It was better that they got to hear the truth all the way through and also knew that was not meant as an offense but came from the heart, as someone close to you would speak to you. This also means that the users see the employees as honest and one of them. It also means that the member's opinions of the organization's helpers are based on their own or also others' previous experiences. One of the employees had said to me that the users come there like children. They notice directly which opinions others have of them and are in great need of respect and understanding.

My data consists of my personal observations, interviews with two members of Convictus as well as conversations and discussions with the staff and other members. I am aware of the fact that my analysis of my gathered data is based on my own preconceptions and interpretations. The two people whom I interviewed were picked by my supervisors, partially because it would feel more secure for me to interview people whom the staff is familiar with and partially due to the fact that it may have been hard for me to find volunteers for the interviews by myself. However, I must keep in mind that these interview subjects were chosen for me by my supervisors, which has an impact on my analysis. My thought was that since the organization itself was the focus of the interviews, these people may have been chosen due to their allegiance with Convictus and that they in turn would describe only the positive aspects of the organization. However, I have not experienced that this was the case and do not think that the interview subjects were prepped in any way. The general impression was that they were honest with their answers and meant what they said. I may have received different answers and opinions from individuals who come to the organization more seldom. My feeling was that even if not all, but most of the users who come to Convictus have a very positive perception of what the organization and the staff does for them. Even if the members come there to get their things or to test themselves they also most often stay a while or longer to take a cup of coffee or tea, spend time with the staff and other members, share what is on their heart or how they are feeling. One member, to whom I refer as N, once told me the following when we were the only two people in the room upon my question regarding why he comes there:

N – I usually come here a few times a week.

Me – Is it to pick up your things?

N – Umm, yes, although not just. It is just new syringes and needles that I take...and condoms. However, I don't need to come here so often to get them. I do this once a week. It's pleasant to come here and meet everyone who is here instead of sitting at home and thinking about a lot of stupid things. The time goes faster when you are here. What should I do otherwise?

I have also thought about the fact that since I was there to write about the organization and their work with the users, that this in itself may have had an impact on the employees and that they may have been more observant and in result affected their behavior and actions. However, I could not see any motive for the staff to pretend or be more observant in conjunction to my presence. I was there during an eight-week period and that is a long time to read off the situation and those who were present on site. I noticed that the language that was used was the common language that is used neither in an official setting nor amongst strangers. I also tried to be “one of them” at Convictus, so it did not feel like my stay there may have brought on any discomfort or unpleasantness.

5.9 Few opportunities to be accepted for employment

Hilte (1990) provides an example of how therapists within the educational welfare of the notions of users they encounter in health care. According to him, represents junkies for them a criminal group with the uncivilized and operational control life. For these sorts of beliefs about drug users, he uses concepts *sortaddict*. An important objective of treatment, these performances meant to develop drug user's self-discipline, punctuality and cleanliness. Stigma and categorization affect people negatively in many ways and hinder them to take a step up to the "normal" life. I wanted to look at how poor drug users in Ukraine experience stigma and found out that although they had finished with drugs and struggling to get a tolerable life so it is very difficult.

One of the members that I met at Convictus and outside had no work. Often it was illegal part-time work without employment. However most say that they gladly would get somewhere to work but they know that there are no opportunities, no-one would want to hire them even if they were sober. “It doesn't matter if you're sober now. The employer surely checks your past. No one will hire an ex drug-addict or criminal. I doesn't matter what kind of work it is, they don't trust you”, a member has once said to me during a discussion regarding employment. A clear effect of the high rate of freezing out drug addict patients is that these individuals loose the opportunity to be accepted for employment, acquire driver's licenses and

participate in other important functions of being a member of society. Hidden discrimination is a form of social exclusion and isolation of individuals. For example, a person that has been or is currently diagnosed with addiction does not get accepted for a work position with the explanation that his or her qualifications are lacking for the position in question, that there are no positions to fill at the moment or that he/she would simply not be able to carry out the necessary work. Goldberg (2010) describes how an individual's self-image is associated with work. He means that in society in your own and others' eyes you are mainly what you work with. Who are you if you have no employment? An answer that is close at hand – you are a bum, a junkie or something worse...nothing. For an individual to have a positive self-image they need to feel like they have something to give, contribute with something, accomplish something, be self-sufficient. A person with an addiction may already have a poor self-image and believe that they are good for nothing, which creates difficulties in finding work. When you apply for it and do not get it – the self-esteem sinks even lower. You want to be like others but at the same time you do not believe that it is possible. The poor self-esteem affects the person even if they succeed in getting a job, since they have high demands put on them and tasks that one might not always want to go to. Even the everyday obvious things like attending to one's hygienic needs and get up every day at the same time and come on time to work can be a hard adjustment that brings forth feelings of hopelessness. On top of this it takes a lot of time and money to procure drugs so it is almost impossible to combine work with the hunt for drugs. It can lead to that you will never become employed or lose your work quickly.

The greatest problem for Helen that I interviewed was that he could not get a job. She means that she would gladly cease with her illegal sale of tramadol and stop using drugs. There are no other opportunities for her to do so without a job, since money is needed to get help with detoxing at the hospital and she has a daughter that she supports by herself. But there are almost no chances for her to get any job, mostly because of the fact that employers can find out that she had two sentences and no one would want to hire someone like that. She means that here is a high rate of unemployment in Kiev and the competition is too great.

H - Of course. Who would want to hire someone who used drugs and even if I didn't then no one would hire someone who has been convicted twice. Not even as a clerk at a store. What if I would steal something? There are after all so many that are without a job.

Alex told that he had practically finished school and passed high-school where he studied construction work. I asked if he had a job, he said that he worked a month outside and built walls for rail-bus stops. It was very temporary work and he was not officially employed. I wondered if it went to take drugs and work, Alex answered:

A - I was not employed there. It was just temporary work. The employer saw me under the influence with my eyes shut and then he said, several times, that they do not need that kind of workers. But I managed a month till the project ended. But now they would not take to another project, even illegally. I do not look for work today either. I want to get rid of my addiction first.

On the question how Alex manages financially he says that he lives with his sister and her family for free and that his father helps a little. I was wondering what the sister says about his addiction, she has a family with a husband and children. Alex says that they are of course not happy over what he does, but they cannot do anything about it, they cannot kick him out and are trying to help. Therefore Alex also feels guilty before his sister and her family. He understands that he is an adult and must get a life of his own and not be dependent on others and be in their way. Svensson (2005) means that the stigma of addiction affects both alcohol- and drug addicts, but primarily it is the victims of drug addiction who suffer the most. It is especially true for those groups who are addicted to needle drugs such homemade opiates, heroin, illegal methadone and amphetamine. Drug addiction in Ukraine does so that the individual feels separated from society and the individual is believed to influence the society in a negative way. This is especially true for those addicts who suffered an HIV infection says Anneli, who works at Convictus with addiction issues. Goffman (2007) also means that it is cruel and humiliating to openly be referred to as unemployed. The individual feel inferior and cannot compare themselves to other regular citizens. This claim is well in line with my interview subjects and other members with whom I have discussed this issue. Many of them are living with their families that give them a place to live and support them financially. There is no one who wants to be a burden to their near and dear ones and feel shame before them, neighbors and others.

Convictus, Kiev work intensively with helping people that have been convicted and with outsiders. The *Three step program for reintegration* is a project that has been conducted under the financial support from the Swedish international developmental work SIDA. The purpose of the project is to create a program for reintegration for people that have been let out of

prison. For the participants of the project there is an offer of exploring the possibilities for employment, help with signing contracts with employers for a job, creation of an individual “reintegration” plan for every member and emotional support in the form of groups and individual counseling.

6 Convictus challenges

At the Convictus community center Natalie works daily as a laboratory doctor. She is there to help members get tested, get consultation and advice. We often discussed with her the difficulties of their work and the Ukrainian healthcare for those affected in general. Natalie told me that it is very sad that the healthcare must be financed by the users themselves. Almost all of their members and even some employees have this illness and nothing can be done about it. It is too expensive. Natalie and the other employees told me that a politician recently sentenced 110 000 Ukrainians to death through the state budget in Ukraine in 2013 that was accepted by the state. This could be confirmed by the newspaper *Korrespondent* (2012) that described that the president insisted on full financing of treatment in 2013 for tuberculosis, hepatitis and AIDS. The government ignored this plea and put 0 hryven in the budget for 2013 for treatment of hepatitis and only 40 % would finance treatment of AIDS and tuberculosis, which can lead to an estimated death of 110 000 Ukrainians next year. Several members had expressed answers to my question regarding the state's work towards decreasing the drug-use in Ukraine. They answered: “This is how it is to be a politician: the simplest way to “fight drug-addicts” is through prison or death”. When Convictus was visited by men from India they asked Natalie why she works there with the addicts and if she likes doing what she does. Natalie had earlier told that when she applied there she did not know who she would be working with, only what she would be doing. When she got an employment and began to work there she did not think of the fact that these were people who used drugs. They were people like everybody else and came to her to get help and it felt wonderful to be able to help and feel needed. She says that not any doctor would work there. Corruption is widespread in Ukraine and many doctors make a large sum by working illegally and charging extra for their services. Rudenko (2013) wrote in a Newspaper the news about trouble in Ukraine with importing syringes. The fee for importing syringes hit hard the nongovernmental anti-AIDS organizations. The Ministry of Taxes and Fees demands that a group pays Hr 3.3 million retroactively for syringes imported from a Spanish company more than two years ago. Representatives of the International charity foundation "International HIV/AIDS Alliance in Ukraine" say that they have been demanded to pay a fee of three

million and three hundred fourteen thousand hryven that were imported during 2010 and were financed by the global fund for combating aids, tuberculosis and malaria. They were distributed free-of-charge amongst those who are in the risk zone of HIV-infection. The government does not finance preventive measures in Ukraine and every year more and more citizens become infected and die of aids. Professionals now want to make use of international financial aids. Because of this, preventive programs risk being terminated. This can lead to an upswing in the occurrence of HIV/AIDS in the nation. Alliance representatives say that they had not certified syringes as humanitarian aid since it was not necessary. Legally imported of syringes were stamped with a “zero toll” stamp under the control of the customs. Alliance means that the actions of the customs' are and extortion and will challenge the enormous fee in court.

Pycroft (2010), believes that the more the government turns a blind eye to drug problems in the country, the more there is a risk of people developing problems with drugs and there is a further increased risk of developing more and more complicated harm to individuals and communities. According to him, many of these health- and social issues mean fear, misunderstanding and stigmatization. But it is of great importance for the government to deal with the problem, which can be prevented or alleviated. The healthcare in Ukraine has faults. Even if you have the right to it, many problems are generated in this area and patients are sometimes forced to spend a lot of money on the most basic kind of care. At Convictus there is no illegal money that is felt but for Natalie there are other things here that have a great importance for her.

The lack of money is also an issue in the organization. The facility where the Convictus community center is situated could have been improved in many ways. During my stay there they had to be closed due to the lack of heating and water there. Thursday December 6th, I came to the organization and discovered that there was no water there. Because of this, they had to close off the toilet. I came to the toilet that is right down the hall and was met by a closed door with a handwritten note: “The toilet does not work AT ALL!” It is not possible to drink tap water in Kiev so they order water from a company that comes with big canisters and therefore you could drink water and boil tea-water. It was cold, no water and no toilet. The water can and went during a few days and we did not receive heat during my entire stay and therefore had to acquire a large heater. Peter who works at the Convictus office says that:

The usage of drugs is creeping down in the ages and there is also no such social safety-net like we have in Sweden, so here people fall much harder and much faster. The corruption is

very tangible and you are given promises of incoming financial support, but then the next day some other person gets that place. Swedish SIDA has so far put out 13 million into the Convictus program here in Ukraine. The goal is that the Ukrainian state will take over the responsibility of the organization.

Eugenia, as executive director at Convictus, carries out remarkable work. She has a true passion for her work and has spent an enormous amount of time and energy on the development of the organization. She told me: “We are very proud over our work. It is important for us to really see the use of it that we are needed and are appreciated. We will build up our connection with the government and expand our trust”.

Dmutro Muxajlenko (the real name), ex director of the Convictus organization expressed himself regarding the organization: “Everyone can trip and fall down. But far from everyone can understand the other and help him get up. Luckily there are organizations in Ukraine that can do this. The results of Convictus’ work are not just statistics, even if that is what leaves an impression. Underneath our hundreds of clients and thousands of services carried out there is much more – a decrease in crime, saved fates, saved lives...and just that gives us the drive to continue” (Convictus, 2012).

7 Discussion and conclusions

Drug-use in Ukraine is a growing problem, yet there is little research on the Ukrainian national drug-policy and the state does not prioritize the issues. The people of Ukraine who work with substance abuse issues start to look at the risks of addiction and the development of new perspectives and try to learn from other countries which have a better drug-policy like for example, harm reduction and help for addicts instead of zero tolerance. Ukraine has come a long way in reducing harm, though there are many sticks in the wheels along the way towards developing a functional way of working with drug users.

In my essay, I wanted to describe how Convictus work, their membership, their methods and approach to customers. To better understand the members, I tried to look at their addiction and living situation. What was it that got them to turn to Convictus and what impact does the organization have on them? It's not easy to run a volunteer organization, but in Ukraine it is more problematic than for example in Sweden and other developed countries.

I wanted to explore what difficulties there are of running such an organization in Ukraine. Antoniusson (2003) describes how a person experiences a drug. She believes that the user experience is affected by the physical environment, relationships with other people and

society's attitudes. For many members of Convictus it is important to be able to come to a place where they can meet with drug-free people without being judged. Many say that it's nice to go there if you do not have anything to do. This helps to avoid thinking about the boredom of life and avoid meeting their old friends who use drugs. Employees do not look at their members as addicts, but as anybody else and therefore the members do not feel labeled or categorized as drug addicts.

There are several people who work at Convictus that are former addicts themselves and therefore fully understand people who abuse drugs and have sympathy for them. But there are also many employees who have not had any contact with the drug-world before and are highly skilled in different areas. This is perceived as a good combination by the members. Goffman (2007) argues that sympathy from a "normal" person plays a very important role on the stigma. To be accepted in another group where the norms and values are not the same as in the old socializing group you are used to staying with, gives confirmation that all is not hopeless and there is hope. The environment at Convictus is not the same as that of healthcare clinics or Social service offices. Users know that the staff is there for them and is there support them and provide help without pointers. In the employee's eyes the members are not "junkies", but ordinary, "normal" people, just as they themselves and all others. At Convictus everyone is welcome. A condition to become a member and get your tools is that you must register and obtain a card that members must provide every time they get something. But they do not register with their real names and address, so it is anonymous. There was an occurrence when members came in under the influence of a substance. They may do so if they intend to come in order to just get what they need or if it's something important, but they do not behave in unacceptable ways, which never happened. It is part of the standards within the organization. Employees of Convictus do important work that has great importance for many people. It is not always easy and simple to work with drug users. I myself have sometimes experienced difficult situations during my stay there and it can be tough to often meet people that feel bad and have difficult problems. One day, when we were out working with outreach work, a young man came and told us that he had received an sms regarding a friend of his the other night, a friend that had committed suicide by jumping off of a balcony. He told a very sad story and that he was planning on attending the funeral, despite the fact that he himself was feeling bad. I have met a user who used *Crocodile*, I have never seen a person in such a state that he was in and a feeling of unease followed me for a long while after he left the building. Once, I pointed out this hardship that comes with working and handling these kind of tough situations to a man at Convictus named Ivan. The users often come because

they do not feel well or because something bad has happened. I asked how they handle such situations without losing their patience or lowering their spirits. Then, he told me:

Yes, of course. This happens often. Of course you will be affected by it, but here on Convictus it is important that all those who work here have an understanding of the users. Yes, it can be hard sometimes, but we are here to provide help and support and then we have to be strong. But there are so many fun and interesting meetings here.

Ivan told more of the positive aspects of working there. His story was reminiscent of the other employee's since I received similar answers when I inquired about the same thing. However, as I understood of his and the other employee's similar explanations, one must be level-headed, perceptive towards the users and treat everyone with respect in order to work as employee at Convictus. This goes in line with the norms of the organization; to accept all the people that come to them, regardless of what their addiction may be and regardless of their lifestyle. Their motto is that their members are their greatest profit. Hilte (1996) describes normative understanding as human action. He means that our actions are steered by other people's expectations and that norms regulate the roles that we play. Human actions may be bound to the expectations that are in turn bound to a certain role within an institution. At Convictus, the employees are expected to treat everyone equally and it is important to not categorize or brand their members.

I have given an example of the view of the employees of Convictus on their members and it seems as all of those whom I spoke to agreed on that they view, greet and treat the users as any other regular people. At the same time, all organizations have certain norms and regulations that both the employees and the clients must follow. This is something that is a necessary component that enables any organization or workplace to function. There should be a boss, a leader that watches over the other employees, who in turn must look to accomplishing their tasks and follow the norms that are present in the workplace. Even if the staffs at Convictus mean that they see the users as any other regular people and do not view them as addicts, I could still notice that the staff was aware of the kind of people that come there. An example of this was (as I mentioned earlier) an employee's statement regarding the members. She meant that users come there much like children. With this, she meant that the members are skilled at reading off what others think of them. She meant well, but it can still be said that one can see that the users who come there have a particular experience and qualities that not everyone else may have.

While I wrote my essay I got to take part of the information that Convictus Ukraine renewed their contract for financial support to the organization with the help of the Swedish Agency SIDA and that this meant that they would be able to continue their program. The new contract was signed on March 7th 2013 and it will be running up until the 28th of February 2015. One of the important goals with the contract is to strengthen the capacity of the organization and to have an impact on the situation in Ukraine for the human rights as well as the availability of quality services for the vulnerable and marginalized groups and meet their needs.

Many people look at the drug user identity as shameful and stigmatizing. Because of this, many addicts avoid seeking help and they are afraid that their addiction will get attention, which in turn leads to more stigma and shame. Addicts are often seen as a deviant and dangerous group that should be avoided by other citizens. If that would change, addicts would dare to seek help as any individual and be integrated into society. But sometimes in order for the addict to be able to do so it's necessary that society gives a helping hand, changes their attitude and shows understanding. Solidarity is also important in organizations where employees are on the users' side. Everyone knows that it can be problematic for an addict to turn for help within healthcare or Social services and the staff tries to help in different ways and can offer to follow their members to the places they need to visit. Svensson (2007) places a great emphasis on solidarity and believes that an insight into the lack of it leads to trying to leave the narcotic world whole or in part. Vacuum left by drug life must be filled with new relationships that provide access to a new social world.

During my stay in Kiev, despite the state's ignorance regarding the work of harm reduction and understanding of the drug problem in the country, I have seen that there are people and organizations that fight wholeheartedly in every possible way to help the most vulnerable group. Convictus has been opened and partially funded by SIDA from Sweden, showing that the drug problem in Ukraine is very important and affects other countries. Economy, corruption and the Ukrainian drug-policy is the biggest problem that prevents the organization from helping as much as they would wish to.

8 Personal reflections

It was a pleasure for me to conduct my study at Convictus and meet all these amazing people who work there, the members and those who I met outside. During the weeks of my stay there have never been any incidents and I never felt any irritation or misunderstanding amongst the staff and the employees. I am glad that I got to know everyone and got very much out of it

both as a student and a human being. I was warmly met by all from the first day and felt like one of them when I was there. There was much that could be written about Convictus Ukraine and I think that it is a pity that there is no room in my paper to describe all that I have seen and learned. It feels sad to me to be able to give space to all those who meant so much to me there. I would like to mention each and one that I met there, tell how much they do and what I learned from them. I have only heard warm words about the members from the people who work there and vice versa. It was noticeable that the employees are proud over their work that they receive great satisfaction from and from what they do.

Alex and Helen's stories give a not so unusual image of people's lives when they are/have been a substance misuses. During my conversation with members at the Convictus community and outside the organization I got to hear many people's stories about how and why they started to use narcotics. Everyone that I spoke to was or is members of Convictus and I heard many warm and thankful words about the organization. One time I spoke to a female member that came to the organization. I asked her about what Convictus meant to her. Her answer was:

- At Convictus, humanity is the most important of all qualities. Those who need will get their first whip. For them there are no criminals, only people. They believe in us and always welcome us. They help forget the past and start a new life. They have saved many people. I am incredibly grateful to them.

And I am also grateful for everyone at Convictus and their members. Grateful for all the help, warmth, the work they do, their principles and view on humanity.

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