Methodological Reflections on Closing Qualitative Interviews with Women Drug Users

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Abstract

This article reflects on closing in-depth interviews with women drug users and is based on a grounded theory study conducted with 45 female injectors in two areas of the United Kingdom (UK). In order to bring the interviews to a natural close and to focus the discussion on more positive topics than had been discussed in the main sections of the interview, participants were asked about their plans and hopes for the future. Four methodological issues emerged. These related to the final questions regarding future plans as more than a technique to end interviews; the participants’ optimism; unanticipated ethical issues, and time constraints. We discuss our findings by drawing parallels between Parson’s work on the doctor/ patient relationship and the interviewer/ interviewee interaction. The implications for future research with drug users, and potentially other vulnerable and chaotic groups, are also considered.

Introduction

Interviews are typically seen as the ‘gold standard’ qualitative research method (Silverman, 2000) and are becoming increasingly popular in contemporary health research. They seek to generate rich insights into narratives, experiences, attitudes and feelings (May, 2001) by allowing participants to express themselves in their own words and based on their own thoughts and life experiences. Interviews can be seen as a ‘conversation with a purpose’ (Burgess, 1984: 102) which is grounded in specific contexts, events and examples in order to illuminate the complexity of the phenomena being investigated.

Interviews vary in pre-determined structure depending upon the research question and purpose, but generally fall within three types: structured, semi structured and unstructured (Robson, 2002). Structured interviews only allow interview participants to express opinions as determined by a priori codes developed by the researcher (May, 2001). Unstructured interviews are guided by specific themes which the interviewer wishes to cover, but the interview course tends to be directed by the interviewee (Fontana & Frey, 2000). Semi-structured interviews fall somewhere between the structured and the unstructured. Although they usually have predetermined questions and topic areas, the ordering is flexible dependent on the issues that arise in individual interviews. An in-depth approach to semi structured interviewing encourages this flexibility as it covers a sequence of themes but is accommodating in design and the process is responsive to participants’ personal accounts (Kvale, 1996).
An important aspect of the interview conduct is that it should ‘flow’ (Mathers, Fox & Hunn, 2000) and this can be facilitated by the interviewer using a topic guide. The beginning of a topic guide includes an opportunity for introductions and informal conversation. This puts both the interviewer and interviewee at ease and enables rapport to be established. Early questions should then be factual and non-threatening (Rubin & Rubin, 1995) preparing the participant for discussion of the main (often sensitive) interview topics which follow. Finally, the interview is brought to a close. Sometimes, practical issues such as time pressure can account for the end of an interview, particularly if the interview participant has talked at length. On other occasions, the interviewer chooses when it is suitable to end an interview based on theoretical research issues, such as having covered all the key issues and having received sufficient information.

Closing interviews has been described as ‘one of the most difficult things to do’ (Mathers, Fox & Hunn, 2000: 125). Accordingly, interviewers need to adopt techniques both to indicate that an interview is coming to an end and to steer participants away from thinking about the discussion, especially if the topics have been sensitive and/or distressing. Strategies such as switching off the audio recorder provide a clear signal that an interview is over. However as this can be abrupt, it should be preceded by more subtle strategies such as asking if the interviewee has anything extra to add, remarking about the time or discussing more general or mundane aspects of the study (Arksey & Knight, 1999).

Ensuring interview participants are left feeling calm and in a positive frame of mind is also an important aspect of closing interviews (Rubin & Rubin, 1995). This can often be achieved by discussing topics with no emotional or threatening content (Bowling, 2002) or returning to the ‘casual chatting’ which may have started the interview (Rubin & Rubin, 1995) to return the participant to more neutral ground. In addition, interviewees may discuss or add valuable and interesting information during the final stages of an interview (Robson, 2002). For example, they may remember something they want to add or clarify a previous statement. Sometimes, they may make a passing but very revealing comment or say something that leads to a new line of questioning.

The aim of this paper is to reflect on some methodological issues that arose when closing in-depth interviews with women drug users by examining the data collected in the final minutes of the interviews. The women were interviewed as part of a broader study about their experiences of being injected with illicit drugs by other people (Tompkins et al. 2006). We draw upon the work of Parsons (1951) to account for our findings and then consider the implications for future research.

**Methods**

**Research Setting**

The study was conducted in two regions of the UK (Leeds and North Nottinghamshire) where the injecting of illicit drugs is common. Leeds is a densely populated city of 750,000 people with many different drug networks. In contrast, North Nottinghamshire consists of small-to-medium-sized villages and towns spread over a wide geographic area with a population of around 400,000 people.

**Ethical Arrangements and Consent**

Ethical approval for the study was obtained from a National Health Service (NHS) Multi Centre Research Committee (MREC) in August 2004. All participants were assured of their confidentiality and written consent was obtained prior to them being interviewed. Rights to withdraw at any time and to not answer questions were explained. Women were also assured that their withdrawal from, or non-participation in, the research would not jeopardise their current or future treatment or support from any service.

**Topic Guide**
A preliminary focus group was conducted with five women who were using heroin intravenously to inform the content and order of the topic guide to be later used in the study. This topic guide was chronological in design (Arksey & Knight, 1999) and first sought general information, such as the women’s drug use histories. This helped gain their trust and build rapport. The middle part of the guide focused on their experiences of being injected, concentrating on the nature of their relationship with their injectors, the reciprocal exchange for being injected and their perceived risks of receiving injections. The interview focused on these topics, which were grouped together so that it flowed. Issues that were less central to the research were covered towards the end of the guide. Finally, the women were asked whether there was anything else that they wanted to add and what they planned and hoped for their futures.

**Recruitment and Sampling**

Women drug users were recruited through needle exchange programmes, drug services, primary care settings and specialist drug or women-only services, including agencies for those working in the sex industry. Research information sheets, leaflets and posters were distributed to these services and women were introduced to the study by service staff. Interested women were asked to complete short pre-interview slips which requested basic demographic and drug use information. These slips were returned to the researchers who used them to theoretically sample participants with diverse demographic and drug use characteristics. Suitable women were then contacted by letter, telephone or through their drug worker to arrange convenient interview times. Although no-one refused to be interviewed, some failed to attend their appointments and these were rearranged whenever possible.

**Interviewing**

The interviews lasted between 30 and 90 minutes and were all audio recorded, using an external microphone to ensure optimal sound quality. The interviewers (CT and LS) made field notes after each interview and gave a £15 cash or voucher incentive to each participant on completion. The interviews were conducted in private rooms at drug services or other agencies over a three-month period. Interviewing was undertaken flexibly, with probing of responses for further elaboration, clarification and examples (Arksey & Knight, 1999). The order of the topics discussed varied between interviews, but the closing questions were always about the women’s future plans. Participants were encouraged to interpret and answer this as they liked and we had no preconceived ideas of how they would respond. The aim of this was to move away from the sensitive issue of being injected and to draw interviews to a positive close.

**Transcription**

Interviews were transcribed following a pre-arranged standard format which included pauses in speech and descriptions of evident displays of emotion. Names of participants, people and places mentioned during the interviews were not included on the transcripts. All transcripts were checked against the recordings for accuracy, which were labelled using unique numbers to protect participant identification and were stored securely in line with data protection requirements.

**Analysis**

Qualitative data analysis is often considered problematic due to the ‘voluminous, unstructured and unwieldy’ (Bryman & Burgess, 1995: 216) nature of the collected data. This research used grounded theory, a well established analytical approach which relies on constant comparison and theoretical sampling (Glaser & Strauss, 1967). Theoretical sampling was ensured by monitoring the women interviewed and actively sampling new cases for their potential for generating new theory by deepening and expanding understandings (Pidgeon, 1996). Constant comparison involved sifting and comparing elements of the interviews. The first stage of the analysis involved CT and LS independently immersing themselves in the data by listening to interview recordings and reading the transcripts. Subsequently, each transcript was systematically scrutinised
and interpreted by CT and LS working together, with the wider project team meeting regularly to discuss ideas and recurrent themes.

Preliminary analyses indicated that the final moments of the interviews raised some unexpected and important methodological issues which were explored in more depth for the present paper. The women’s responses to the questions about their futures were summarised in a Microsoft Word document in order to be analysed. Any relevant interviewer field notes relating to the final stages of each interview were also summarised and added to the Word document to be included in the analysis. Including these in the analysis was important to provide context to the closing interview conversation. For example, field notes included details of when the women’s interviews were time limited, which was not always evident from reading the interview transcript. Adding these to the analysis document therefore helped to understand and contextualise the women’s comments about their futures, or lack of them if they were in a particular hurry to end the interview. Furthermore, women sometimes made additional comments after the tape recorder had been turned off. These comments were described in the observational notes and subsequently were fed into the analysis, where appropriate.

Concepts that arose from either the women’s responses or the interviewer’s observations were defined and mapped, and possible explanations for these were considered. Four main issues were identified. These related to the final questions regarding future plans as more than a technique to end interviews; the participants’ optimism; unanticipated ethical issues, and time constraints. In reporting the findings, the women’s own words are used where they seem particularly poignant. However, to protect their anonymity, their names do not appear, but their true ages are presented. Any interviewer speech included in the quotations is shown in bold font.

Findings

Participant Demographics

Forty-five female drug users (twenty-five from North Nottinghamshire and twenty from Leeds) were interviewed. The women’s ages ranged from 16 to 46 years. Forty-three were White British and forty-two were heterosexual. Few of the women had current paid legal employment and most were receiving state benefits. The majority made money through illegal activities, particularly shoplifting, and some of those interviewed in Leeds worked in the outdoor sex industry. The women’s injecting histories ranged from 5 months to 18 years, but not all were using drugs intravenously at the time of their interview. The main drug injected was heroin. Poly drug use, whereby more than one illegal drug is used, was common.

Participant Vulnerability

All women interviewed had been injected with illicit drugs by other drug users. The experience of being injected was highly individualistic and contextual to specific women, and we identified that it increased their vulnerability in a multitude of ways (Tompkins et al., 2006). For example, the women were more prone to experience physical harm as a result of having their drug injections administered by someone else. This often had negative and serious implications for their health. The women ordinarily had to provide drugs to their injector as payment for being injected. Therefore, women’s criminal involvement and illegal activity was higher if they were being injected as they were not only funding their personal drug habit, but also that of their injector/s. Receiving injections from others also increased women’s vulnerability to being deceived and heavily controlled by their injectors, as being dependent on someone to inject them meant that they were often wholly or partially excluded by their peers. This was particularly complex for the women who relied on their male partners for their injections, in whom they often placed their love and trust, as being injected reduced their power, agency and choice.

In addition, the women reported a wide range of other complex social problems. For example, some were homeless – either roofless of living in temporary accommodation – and others said that they were insecurely
housed. Accounts of upsetting or traumatic past life events, such as histories of domestic violence, growing up in care, imprisonment, physical abuse, bereavement and the experience of miscarriage were widespread. Women who were mothers often reported that their children had been taken into care by Social Services or were being looked after by non-drug-using family because they had been considered unable to bring up their children whilst heavily using drugs. Such experiences clearly distressed the women and increased their vulnerability, sense of marginalisation and exclusion from mainstream society.

‘Future plans’ as more than a technique to end interviews

The first and most immediate finding relating to the close of interview data was that the topic of future plans which had been chosen to draw the interviews to a close generated considerably more data than initially expected. We had not anticipated that the women would be quite so keen to talk at such length about their futures. In addition, we were surprised by the amount of detail and valuable information provided by the women in their responses, in particular in relation to the clearly expressed plans that they already had in order to realise their future ambitions.

Despite the fact that the interviews had already covered a broad range of topics and the women had often discussed some very sensitive issues such as emotional and physical abuse, many participants were still very keen to talk at length about their future plans and aspirations. Indeed, such discussions often served to extend the interviews rather than draw them to a close. For example, one young woman whose ‘bad tempered’ boyfriend was waiting impatiently for her outside the interview room talked for a number of minutes about what she thought was going to happen in her future, repeatedly emphasising that the boyfriend would have to wait until she had finished. On another occasion, a woman answered her mobile phone three times during the interview to tell her friend waiting outside that she would be delayed as the interview had not finished. In these situations, the interviewers deferred to the women’s evident desire to talk and endeavoured to let the interviews come to a natural end as possible.

In terms of the substantive content of the women’s statements about their futures, a range of aspirations were discussed. Being drug free was central to the women’s future plans. Whilst this was not inconceivable, and the women spoke about this in a very determined way, we were surprised at the detail that the women went to describing what they needed to do in order to realise this plan. The women explained how being drug free symbolised making a ‘fresh start’ and living a ‘normal’ life. As this teenage woman explained in response to the interviewer asking about her future:

**How do you see it all going for you in the future?**

I’m hoping I’ll be off it (heroin) very soon because I really have had enough now. It’s got to the point where I don’t want this life any more. I don’t want to be who I’ve turned out to be. I want a job. I want to do things with my life. I don’t want to be a druggie all my life. (18 years old)

In order to become drug free, the women often stated that they would need help and particularly prescribed opiate medication. However, they also recognised that they would have to make a fresh start in other areas of their lives too. Some wanted to move away from the area where they currently lived as this would enable them to disassociate themselves from their social network of drug-using friends, partners and associates. Making a fresh start implied the beginnings of being ‘normal.’ To this end, the women reported that they wanted to have control of their lives and establish both security and stability. For those experiencing housing problems, this could be achieved by having their own home. For others, it meant re-establishing family relationships, meeting new people and mixing with people who did not use drugs:

I am absolutely tired of existing. I really want to get out there and live. I went out on Tuesday night for the first time in years and I had a really, really good night, so I want to start doing
that again. I’d sooner get my buzz from going out on a night out than sticking needles in my arm or smoking a (crack) pipe. (39 years old)

A further important goal indicative of being ‘normal’, particularly amongst those women whose children were in care or at risk of being taken into care, was bringing up their children in a stable environment and being a ‘good mother’. This pregnant participant explained her reasoning:

I just want this drugs thing to be a bad dream, do you know what I mean? I really do, and I hope I sort myself out because I can’t watch my baby go in care like my mam did with me. I can’t. Do you know what I mean? ‘Cos that will mess my head up. So I want to get clean and that’s what I’m working on. (17 years old)

Finally, returning to education and training or obtaining paid legal employment were additional hopes that symbolised a return to ‘normal’ life. Indeed, the women commonly reported that studying or working would offer them independence, enjoyment, satisfaction, structure and a regular source of legitimate income. Equally, such activities would help them occupy their minds, prevent boredom and thus deter them from using drugs:

I want to get myself off gear (heroin) get my son back and get a house sorted and decorate and that lot and get myself back on my feet and sort myself out. And I want to go do a computer course and get myself a decent education and a decent job. (20 years old)

Understanding how important it was to the women to move away from drug-using lifestyles and live more ‘normal’ settled lives alongside non-drug-using friends and relatives was in itself an important, but somewhat unexpected, substantive research finding from the concluding interview data. Indeed, it enabled us better to contextualise and interpret the women’s lives, feelings, experiences and behaviours when analysing other aspects of the study.

Participants’ optimism

Whilst we did not hold any preconceived notions regarding how the participants would respond when questioned about their futures, as the above findings illustrate, the women reported lucid, reasoned and very positive future hopes and plans. In fact, all of the women viewed the future as a time when they would be drug free and none were pessimistic or suggested that they anticipated negative events or personal experiences. In analysing the end of interview data, this apparent optimism presented a second methodological issue. The women’s lives were frequently characterised by multiple past negative events and experiences and these are not dissimilar to the high levels of personal and social problems reported elsewhere amongst female drug users (Neale, 2004; Neale & Robertson, 2005; McKeganey et al., 2005). Given this, one might realistically have expected more negative predictions for their future lives. For example, some participants were likely to experience chronic health problems, fatal and non-fatal drug overdoses, bereavements, violence, imprisonment and protracted unemployment in their futures.

When considering why the women did not mention such issues it is important to remember that in asking about the future the questions were frequently framed in a positive way, often actually focussing on their hopes and plans. That said, it is unlikely that the women would have hoped or planned to experience traumatic situations and negative life events in their futures. Some further explanations seemed possible regarding why women did not mention the possibility of more turbulent and potentially distressing events in their futures lives. We wondered whether the women were offering us socially desirable responses and/ or trying to normalise their otherwise ‘deviant’ lives. Thus, they might have been reporting what they believed the interviewers wanted or expected to hear, or were trying to seek approval from them. This, however, seemed unlikely given that the women had already willingly disclosed many more socially unacceptable experiences, behaviours and activities earlier in the interviews. Further, the women could have been deluding themselves about their futures because the truth was too painful or because they, like most other people, tend to assume
that bad things happen to others and good things happen to themselves – a phenomenon known in the psychology literature as ‘unrealistic optimism’ (Weinstein, 1980). Finally, it was not inconceivable that the women recognised that our questioning was part of the routine social interactions that occur in interview settings. Accordingly, they understood that the interviews were being brought to a close and so colluded with us in this process by enabling us to move away from some of the more negative issues that had been discussed in order to end on a happier and more positive note.

Considering these possible explanations, we interrogated the responses further. We noted how very ordinary the women’s hopes and aspirations actually were. They did not have grandiose plans or highly unrealistic ambitions. Rather, they universally aspired to very unexceptional goals of being drug free and lead ‘normal’ lives. In other words, they sought to engage in the kind of activities that most other women might take for granted. For example, one young woman described wanting to ‘chill’ with her boyfriend on an evening by sharing a pizza after they had both returned from work. Another said:

All I want to work towards is getting clean and staying clean, just a day at a time, and getting back into the real world. I miss that. I’m not happy being on drugs. It’s just stress all the time and you don’t ever have a laugh. (25 years old)

Alongside the modest nature of their ambitions, it was evident that the women were determined to achieve them but retained a sense of realism about what they could achieve and how difficult this might be:

I want to get clean and start going to college and get some qualifications and do something with my life. I’m not gonna pretend it’s gonna be an easy ride, cos it’s hard just staying off the drugs at the moment. (26 years old)

In particular, they often stressed that it would be very difficult for them to stop using drugs and some were reluctant to specify when they either expected to be drug free or by when they hoped to have established some order in their lives. These women did not want to commit themselves to progress or deadlines which they felt they could not achieve:

I don’t want to set too many goals or anything, because then if I don’t reach them, I get depressed, I’ll feel like I’ve failed, so I’m just taking it day by day, with my Mum. (19 years old)

Meanwhile, others realistically emphasised how much support (both professional and informal) they would need in order to make progress towards ‘normality.’

Some women, however, were more confident that they could achieve their future aims within their own specified time period. They tended to support this with descriptions of plans that they already had in place or specific actions that they would take in order to become ‘clean’ and realise their goals, making their aspirations seem more realistic and achievable. Indeed, some had investigated options for future training and education and/or had decided on the kind of work they wanted and some were already engaged with drug services and had reduced their drug use, some had made arrangements to stay with family or friends living in a different part of the country who did not use drugs:

I’ve already made a start. I’ve already gone to my Mum’s, I’m staying at my Mum’s and that. I’m just getting out of the way of everybody that I know and that and you know. I’m going to go down to be with my sister, she had nowt to do with the gear (heroin). (27 years old)

Importantly, a few women had already achieved some of their future plans. For example:

I’ve got used to the money since I’ve got off the gear (heroin) and I’ve had a job and it is nice ‘cos I’ve got a different set of friends. I’ve cut ties with everybody who I used with. Like I
say, I’m not with my ex anyway no more and in the future I do want to go back to work full-time. (27 years old)

These findings further suggest that the women were probably not deluding themselves about what the future held or being unrealistically optimistic about what they could achieve. Nonetheless, they unanimously did not acknowledge the very real possibility of experiencing any future negative life events. That the women were colluding with us in ending the interviews on a positive note thus retained some explanatory appeal.

**Ethical issues**

As we reflected on what the women did not discuss when responding to questions about their future – for example, that they might become homeless, permanently estranged from their children or families, in prison, in hospital, or even dead – we debated how we would have responded to such negativity had it surfaced. The process of securing ethical approval for the research had encouraged us to consider and plan what we would do if a participant became distressed or requested information about where they might seek help. Therefore, CT and LS carried information on a range of relevant agencies should these have been requested and were prepared to terminate interviews prematurely if necessary.

During the fieldwork the importance of reflecting on how the interviews went and the interviewers debriefing with each other became apparent. This was particularly relevant in relation to the closing stages of the interviews. For example, at the project outset we had not fully considered what CT and LS would have done or said if a participant had calmly and honestly announced that they expected to be in prison, homeless or dead in the imminence future. Whilst we were to some extent fortunate that we had not needed to confront such dilemmas in the initial interviews, we considered how we would deal with this possibility if it was to arise in future interviews.

An unexpected finding and ethical issue that arose in the closing interview data was that some participants reported that they were considering committing crime in the future in order to be sent to prison. Their reason for this was that they would be offered immediate assistance with opiate detoxification through the criminal justice system, whereas they believed that they would have to wait much longer in the community. As this woman explained:

> I want to come off it (heroin). I’m ready. I’m sick of it and I told me Mum a couple of week ago that if I don’t sort out something (treatment) in the next few week then I’ll end up just getting myself locked up (sent to prison) to come off it. (24 years old)

According to these women, being sent to prison would enable them to achieve their goal of being drug-free sooner than would otherwise have been possible. None of the women stated the nature of the crime they would commit or disclosed details of a serious crime that they intended to commit. However, this would have placed the interviewers in a difficult position if they had done so. If a participant had started to disclose such details, the interviewers would have needed to make a decision regarding whether they should stop them from saying more or let them continue. In the latter case however, the interviewers might have had to breach the women’s confidentiality by discussing the information obtained with professionals who were in a position to intervene if the women spoke of a clear intention to commit a planned serious crime that would cause harm to themselves or to others. However, as the interviewers fully explained the confidentiality arrangements to the women prior to each interview they understood in which situations the researchers would legally and ethically have to break the assurance of confidentiality. They might therefore have carefully considered this when talking about future criminal intentions.

**Time constraints**
A final unanticipated methodological issue that emerged related to the often pressured nature of the end of the interviews. As discussed, some women had friends or partners waiting for them outside the interview room and, even though the woman were keen to talk on, the knowledge that others were waiting created a sense of urgency and pressure to close the discussion. This was particularly the case when women had disclosed being emotionally or physically abused by a male partner who was known to be waiting for them. Whilst the interviewers wanted to allow the women to continue talking, they were also very conscious of the potential ‘trouble’ that this might later cause for participants and so were careful not to extend the interview unnecessarily.

The final stages of the interview were occasionally interrupted by service workers ‘reminding’ their clients of the time or to pass on messages. In many respects, these interruptions were understandable and necessary since the workers sometimes knew that the women had other appointments and/or commitments, or had to calm those waiting for the women. Nonetheless, the stoppages disrupted the flow of the discussion and tended to lead to an abrupt and premature termination of the interview. This was usually because the interviewers recognised the need to draw the discussion to an end even though the women were sometimes happy to talk on.

A further time pressure on the interviewing process related to chaotic and busy nature of the participants’ lives. People who use drugs are often caught in a routine of obtaining money, procuring drugs and then using them (Pearson, 1987). This might account for why the women sometimes arrived late for their interview appointments. Late arrival could constrain the length of the discussion, particularly if the researchers had subsequent interviews arranged. Beyond this, participants themselves sometimes had to end their interviews early because they had pre-arranged appointments elsewhere, such as at medical, housing or criminal justice services, or because they needed to pick up their children from school or from relatives who were looking after them.

None of the women stated they were in a hurry to end their interview in order to obtain or use drugs. Nonetheless, a few were intoxicated during the interviews and their concentration and ability to converse tended to worsen the longer the conversation continued. Collectively, such factors meant that future aspirations could not always be fully discussed and the end of some interviews felt more hurried and disjointed. Despite this, we are confident that no participants were left in a ‘state of personal disquiet’ (Arksey & Knight, 1999: 98). On the contrary, they seemed very pleased to have helped with the research and talk about a wide range of issues in the interview:

**Have you got anything extra that you want to add?**

No just thanks for talking to me cos it’s got me out of the way for an hour.

**It’s got you out of the way? Why what was meant to be happening?**

No I was just down at (name of service) you know with all the drug addicts and that and it just gets me away for an hour. It just gets boring after a bit…They’re just always on about it all the time, on about heroin and you can’t have a proper conversation…It’s just always about where they’re going to get their next dig (injection) from or whatever and it just does your head in. (19 years old)

**Conclusions**

The methodological literature on interviewing is rife with varied descriptions and accounts of researchers’ experiences of conducting fieldwork. This is not surprising as interviewing is often the most exciting part of a qualitative research project. However, the closing of interviews has tended to be portrayed as a largely technical operation, bringing the discussion to a natural close and returning it to a more ‘everyday’ level. Meanwhile, methodological reports of researching injecting drug users have mostly focused on issues of
access (Taylor & Kearney, 2005) confidentiality and ethics (Wright et al. 1998) incentive payments (Ritter et al., 2003) and the relationship between the interviewer and participant (Goode, 2000). Whilst some literature has described drug-using women’s future aspirations, (Sterk, 1999; Taylor, 1993) to our knowledge, the ways in which interviews with drug users are ended has not previously been described.

This paper is based on the analyses of data collected at the end of in-depth interviews with women drug users. Central to this were the final questions that invited them to discuss their futures. Whilst this topic was chosen to help draw the interviews to a close and to move away from sensitive topics and return the women to more neutral ground, the methodological relevance of this end of interview material was recognised during the preliminary analysis.

Firstly, we recognised that the closing topic and questions offered much more than a technique to end the interviews. The women were very keen to talk at length about their futures and the information provided was extremely helpful in terms of contextualising and interpreting other aspects of the data. Although we were initially surprised at women’s evident optimism for their futures, we concluded that this was unlikely to be because they were providing socially desirable responses or were being unrealistic. Rather, we speculate that they might have been colluding with us in ending the interviews on a positive note. Once fieldwork had begun, we realised that we had not initially fully considered the ethical issues that might arise in asking vulnerable women with multiple and complex problems about their futures. However, this was soon recognised as part of our ongoing iterative and reflexive approach and our techniques were subsequently considered and adapted. As experienced social scientists and drug researchers, we were aware that it was unrealistic to expect to end all the interviews in a positive and manageable way. However, despite the women’s willingness to talk on, their lives could not be hermetically sealed within the interview setting. Indeed, the chaotic nature of their lives often seeped into the interview which created pressures, tensions and constraints that sometimes forced the interviews to end prematurely, sometimes resulting in the interviewers feeling uneasy about this.

In seeking to frame these findings within a broader theoretical framework, we were drawn to Parson’s functionalist account of the doctor/patient relationship (Parsons, 1951). According to Parsons, widely accepted social expectations and obligations are brought to the medical encounter. For example, doctors possess scientific knowledge, have the patient’s welfare at heart and are authoritative and commanding of respect. In contrast, patients have a need and desire for the doctor’s technical skills, must want to get well, and will cooperate with the doctor in order to do so. Such expectations and obligations permit the patient to enter the ‘sick role’, a state which exempts them temporarily from their normal duties and responsibilities.

We do not claim that the ‘interview role’ is the research equivalent of the medical ‘sick role’ (nor that Parson’s work is beyond critique). However, there appear to be some useful parallels. Thus, CT and LS endeavoured to conduct the interviews in a highly professional manner. This included fully briefing the women about the study, their rights and issues of confidentiality and listening carefully during the interviews, with empathy and without judgement. Moreover, their previous experience and expertise meant they understood the nature of the women’s lives and were not surprised or shocked by what was said. To all intents, they must have presented as technical experts who commanded a degree of respect yet also had the participants’ interests at heart.

For their part, it appeared that the women fully embraced the interviewee role. Once briefed, they were interviewed in a private room and were audio recorded. They were encouraged to talk frankly and at length about a range of very sensitive and serious topics. Arguably, by the end of the interviews the participants had grasped that their role was to co-operate and respond to the questioning, providing as much detail as possible. It was also likely that they understood implicit rules around what, and what not, to say. Thus, they did not disclose anything that required a breach of their confidentiality and they ended the interviews positively with upbeat statements about their futures. Perhaps it is not surprising that sometimes the women did not want the interviews to end as they probably provided some welcome temporary relief from the harsh realities and stresses of their everyday lives.
Having speculated on why the interviews closed as they did, we conclude by reflecting briefly on the implications of our findings for future research, both with drug users and with other vulnerable and/or chaotic groups. Most obviously, it is evident that the final questions of any in-depth interview need to be carefully considered. Final questions are an important part of the interviewing process and can provide valuable and insightful information. However, the nature of the questions chosen must be suitable for the population being interviewed and should not leave scope for participants to fall into negativity or despair. Equally, it is important to explore any hidden ethical issues that might emerge directly or indirectly from how the interview is ended. These may not, as we discovered, be immediately obvious.

Strategies were developed throughout the fieldwork that helped to end and close the interviews appropriately and minimise unwanted issues. This included planning for and offsetting factors that may interrupt the final moments of the interview - such as friends waiting impatiently or the need to leave for other commitments. Whilst these cannot always be avoided, being clear about the likely minimum length of an interview helped. Asking participants before starting the interview whether they had appointments elsewhere, encouraging them to attend alone and discouraging service workers from interrupting was also beneficial. Equally, interviewers need to be flexible and prepared to extend interviews for participants who arrive late or who want to talk on. Accordingly, allowing time for this required not arranging interview appointments too closely together. For those with complex and/or chaotic lives, the interview may function as a valued respite from normal duties and responsibilities. Alternatively, it may simply be an interaction that they enjoy or one that they feel is important and worthwhile. As researchers, our role is to recognise and accommodate that.

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**Acknowledgments**

We are most grateful to the women drug users who were interviewed and made this work possible, and to the organisations and workers who put us in contact with them. Thanks go to Dr Nat Wright, Nik Howes and Dr Lesley Jones for their support and guidance. We must also acknowledge Judy Bryan and Katy Harris for transcribing most of the interviews. Finally, we thank the funders, Leeds North East Primary Care Trust (PCT) and Nottinghamshire County Council Drug and Alcohol Action Team (DAAT).