Conducting Research Interviews With Marginalized Young People About a Sensitive Topic

Abstract

In this case study, I describe my experiences of conducting research interviews with young people who used inhalants (also known as volatile substances or solvents). My intention in conducting the study was to give some measure of public voice to young people in debates around inhalant use policy responses. I knew that as the author of the study (which I submitted as my PhD thesis), I could only offer an interpretation of these experiences. Nonetheless, the study generated new and nuanced ways of understanding both the pleasures and perils of inhalant use to inform policy and intervention. I accessed participants through drug treatment and homelessness agencies, and they were generally acutely marginalized and disengaged from education and employment, often homeless and many with mental health, juvenile justice, or past child protection involvement. The study design was interpretive and collaborative, and I used follow-up interviews to check my findings with participants. Study methods evolved in response to barriers and opportunities that arose. I describe how in-depth semi-structured interviews can be adjusted when interviewing marginalized young people. For example, acknowledging differences between the researched and the researcher can make the exchange more comfortable than pretending they do not exist. This case study also highlights how attending to the emotions aroused in research interviews can provide useful insights into the meanings of social practices. I conclude that alongside the potential for harm, research involvement can offer benefits for individuals who receive little social acknowledgment that their experiences are important.

Learning Outcomes

By the end of this case, students should be able to

- Recognize how research methods are often shaped by the opportunities available to the researcher
- Describe some strategies for engaging young people about interviews about sensitive topics such as drug use
- Outline some of the ethical issues involved in research involving marginalized drug users, some of whom are aged below 18 years
- Identify challenges involved when interviews are conducted by people whose life experiences are quite different to those of their research subjects
- Understand how paying attention to the emotional responses of both interviewer and interviewees during interviews can provide insights into the meanings of social practices

The Research

Chroming is a form of inhalant (or volatile substance) use that has emerged in recent decades in Australia. It consists of breathing deeply on aerosol paint fumes. Chroming is named for the silver and gold "chrome"-

colored spray paints that are preferred by users. Other products inhaled for their intoxicating effects include petrol (gasoline), butane lighter fuels, glues, deodorants, and other sprays. Although it is not uncommon for young people to try inhalants, intensive use is strongly associated with acute social and economic disadvantage (MacLean, Cameron, Harney, & Lee, 2012).

Most people know very little about inhalant use. Few are aware that vivid hallucinations induced by breathing in paints take some young people to a place they call "chrome world." In this world, they find themselves imbued with "chrome magic": the hallucinatory effect of spray paint intoxication to make anything one imagines feel real (MacLean, 2005). Indeed, inhalant use offers many pleasures that are rarely articulated in research literature and belie the disgust of the adult world toward this activity. Users and ex-users of inhalants with whom I spoke for this study told of a thrilling physical rush and temporary dissolution of sadness and suffering. Some felt their bodies become as strong as those of superheroes (MacLean, 2011). Many played hallucinatory games with friends, inspired by characters, landscapes, and storylines drawn from popular culture (MacLean, 2007). Traveling across Melbourne on trains while intoxicated afforded an unparalleled sense of freedom and mobility. Yet young people involved in the research talked also of other experiences related to chroming: humiliation, contamination from paint, and remorse about violence. Some believed that they had profoundly damaged their bodies, brains, social reputations, and even their future life projects. Painful feelings of shame and regret sat awkwardly for these young people alongside memories of intense pleasure and excitement associated with chroming (MacLean, 2008).

This Case Study

The paragraphs above indicate some of the insights about social and embodied experiences of inhalant use in Melbourne that I identified through my PhD research. In this case study, I describe my experiences of planning and conducting research interviews with marginalized and service-involved young people for the study. Details of the analysis I conducted and more comprehensive information about my research findings are available in publications reporting on the study (MacLean, 2005, 2007, 2008; MacLean, 2012; MacLean & d'Abbs, 2011).

Reinserting Inhalant Users in Debates About Them

When I started to study inhalant use, I was struck by the degree to which users of these substances are represented in the literature as steeped in pathology and risk. Epidemiologists observe that inhalant use is prevalent in early teenagers, with regular use generally associated with experiences of marginality such as poverty and homelessness (Halliburton & Bray, 2016). Psychologists have identified a range of risk factors that predispose people to use inhalants—for example, an association between inhalant use and increased rates of psychological disorder (Best et al., 2004; Sakai, Mikulich-Gilbertson, & Crowley, 2006; Wu, Pilowsky, & Schlenger, 2004). Inhalant users are notorious also for involvement in petty crime and violent, deviant or anti-social behavior (Best et al., 2004; Wu et al., 2004). Acute and chronic health risks associated with the

practice include a small possibility of death on any use, cognitive impairment, and damage to organs (National Institute on Drug Abuse, 2012).

Indeed, research on inhalant use provides strong support for Fernandes' (2000) argument that drug users, and particularly those experiencing social exclusion, tend to be understood as either mad or bad, rather than as people whose actions make sense in the social and economic contexts of their lives:

> The voluntary alteration of the state of the mind through the use of psychoactive substances was turned into a strange, pathological and criminogenic behaviour during the western process of medicalisation and juridification; it is necessary to reinsert it in the social practices from where it emerged. After the attempt to silence it—the first aim of the "war on drugs"—it is now time to let it speak: about our social mechanisms, particularly those that produce social exclusion. (p. 146)

Young people who chrome have less opportunity perhaps even than other drug users to manage how they—and their substance use—are represented in public discourse such as in media reporting or policy. My aim in conducting the study was to explore how inhalant use by marginalized young people might be understood as meaningful and purposeful and to identify possibilities for policy and intervention that such an analysis might open up. Thus, I hoped to give some measure of public voice to young people in debates around inhalant use policy responses.

Here, I was in a bit of a bind. As an adult who didn't use inhalants, I knew that I could not fully understand chroming from the perspective of a marginalized young person. I could have tried sniffing paint, but even if I had done this, I doubt I would have experienced it through the same frame of meanings that my participants did or that others would have responded to me as they did to a young person using these substances. However, I felt that I brought some strengths to the project. These included a commitment to listening and checking my interpretations. I also possessed a grasp of theory that would enable me to make sense of these accounts in a way that my participants might not have thought of and the writing skills to bring these ideas to public attention.

Research Design

This was an interpretive study premised on the belief that people understand the world around them through social constructions such as language and meaning. Unlike the clinical and epidemiological research mentioned above, interpretive studies do not purport to hold a mirror to a real world or to provide direct access to people's experience. Interpretive research acknowledges a status as "translations" of other people's culturally encoded explications of experience (Sulkunen, 2002).

The study was strongly influenced also by the symbolic interactionist insight that meaning is produced relationally rather than being the provenance of any individual (Somers, 1994). I argued that meanings of inhalant use are generated not only by chromers themselves but also within the wider social and economic contexts in which inhalant use is practiced. Struggles over the meanings of inhalant use were illustrated

through comparing accounts made by 28 inhalant users with those made by expert workers participating in 10 interviews and through 10 research feedback forums conducted for the study (described below). Wider public narratives about inhalant use were traced through analysis of research literature, policy documents, and media coverage. I also included observations at locations where chroming occurred and other field notes as part of my data collection.

By necessity, the research design was strongly collaborative. Collaboration with youth homelessness and drug treatment agencies was essential in gaining access to their clients. To ensure, as much as possible, that my findings would be considered in policy-making processes, I commenced by consulting with government departments and youth agencies to identify questions that they needed answered. As part of my commitment to provide feedback to agencies that assisted me in accessing users and ex-users of inhalants, I conducted 10 workshops at which I shared research findings with professional staff and invited feedback and comments, which I also used as data. Sustained collaboration with young people involved in the research was important in the iterative process of forming my representations of their narratives about inhalant use. Follow-up and feedback interviews also provided a means of letting participants know something about the uses to which their contributions were being put. This was restricted by difficulties I experienced in maintaining ongoing contact with young participants.

Accessing a "Concealed" Population

Although it draws on some methodologies of ethnographic research, this study was not a work of ethnography. There were, in fact, very real impediments to my entering the world of chromers as a participant observer. This is in part because as an adult, I would be unlikely to be wanted at chroming sessions. At meetings and forums and during interviews, workers often commented on the difficulty in general of engaging with inhalant users and the near impossibility of doing so while they are intoxicated. Early in my research, I was invited by two youth workers employed at a local council to visit a location where they knew young people had been chroming. We went during working hours, recognizing that users would probably only be there after dark. The following excerpt from my research field diary suggests a pervasive fear even some professional workers have of encountering intoxicated young people:

> I asked the youth workers whether they had ever visited at night when the place was in use. They hadn't. Chromers are known for both elusiveness and violence. Elsewhere, when the workers had tried to intervene, their council-issued Commodore car headlights advised the chromers of the imminent arrival of adults and they would run away into the night. But the workers also feared "catching" heavily intoxicated young people due to their unpredictability and the lack of back-up in a place such as this.

With this in mind, I determined to conduct interviews with young people who might be accessed at drug treatment and homelessness agencies. In total, four non-government agencies agreed to assist me recruit young people. Of these, two were youth drug treatment agencies and two provided services for young

homeless people.

Early consultations with drug outreach workers indicated that the majority of identified regular inhalant users were young people below 18 years of age and subject to Protective Orders, vesting their legal guardianship with the (then named) state Department of Human Services (DHS). Young people on Protective Orders are often housed in various forms of out-of-home care.

I approached DHS initially in June 2001 seeking permission to include young people on protective orders with experience of inhalant use in the research, and subsequently entered a lengthy negotiation process with the department. My timing proved unfortunate. In January 2002, media caught wind that a local agency providing residential care for young people on protective orders had a policy of supervising their charges when they decided to chrome, rather than making them leave the unit to do so. This policy enabled workers to maintain engagement with young people to ensure that they took regular breaks from chroming, to encourage them to engage in alternative activities, and to call for medical help if required. Although this policy had never been hidden, widespread condemnatory media coverage led to the state government issuing a statement banning staff from overseeing inhalant use and the eventual resignation of the minister responsible (on this, see Mendes, 2002). I felt sure that these young people's evident capacity to generate public distress and controversy was a factor in DHS' decision to refuse me permission to speak with their clients for the research.

I then turned my attention to accessing young people without DHS involvement through the agencies mentioned above. Even so, the ban on interviewing young people with protective involvement dramatically restricted the numbers of young people whom agencies were able to refer to the study. Although I do not dispute the importance of protecting young people in state care from research that may be distressing or invasive, I agree with Heptinstall (2000) that excessive gatekeeping undermines their right to decide to speak for themselves on issues that concern them.

Researchers identify some groups of drug users as particularly hard to access because they are "hidden" or "difficult to reach" (i.e., Mayock, 2000; Sifaneck & Neaigus, 2001). The itinerancy that characterizes the lives of many inhalant users often made conducting the research difficult (arranged interviews frequently fell through and participants had often moved by the time I tried to schedule follow-up meetings). Despite this, their involvement with drug or homelessness services meant they could not really be described as "hidden." Inhalant users would not have been at all difficult to reach if I had been allowed to interview young people in out-of-home care. "Concealed" provides a better metaphor for some of the interview participants I hoped to include in this study.

Within restrictions on accessing research participants, I made efforts to include people with a range of inhalant use experiences—particularly younger users—who could help me fill gaps in the development of my ideas. About a third of participants were recruited through long periods of time spent at youth drug treatment drop-in center. Clients of this program seldom attended arranged appointments but were often prepared to speak with me if our visits happened to coincide. This strategy was also useful for recruiting participants for follow-up and feedback interviews.

An Emergent Method

The eventual methodology and methods adopted for this research emerged as an artifact of the opportunities and difficulties presented, consistent with an iterative research process where strategies are adjusted to fit the evolving project (Bryman, 2016).

As an effect of accessing young people through welfare and treatment agencies, my interviewees were, with one exception, acutely socially marginalized, with all except one disengaged from regular employment or attending school other than on an intermittent basis. Most were homeless, and many reported involvement with juvenile justice.

Because I was not permitted to interview young people in the care of the state, it was also difficult to access people aged under 18 years with experience of inhalant use. Those in the eventual cohort of 28 young people were aged from 13 to 24 years but only 8 were below 18. The group I interviewed was, therefore, significantly older and less DHS involved than the majority of regular inhalant users that the workers I also spoke with described. Nonetheless, 14 participants identified that they had been in state care in the past. Interviewing these young people about their past experiences of inhalant use in care enabled me to understand the relationship between these two experiences (MacLean, 2012).

Interviewing Strategies

Traces of qualitative research's humanist origins remain within its terminology. Detailed semi-structured interviews are often termed "in-depth" interviews (Bryman, 2016; Minichiello, Aroni, Timewell, & Alexander, 1995). I resisted using this term to describe interviews as it suggests a kind of vision into the interior of a person, rather than an engagement between interviewer and interviewee. Participants' capacity to engage in interviews varied. The interview I conducted with 13-year-old Ben was awkward and full of silences. In contrast, although only a year older, Emily was enthusiastic to share her experiences with me.

Interviews were structured around five main themes. These themes were developed through consultation with workers and to explore ideas from sociological literature: for instance, in relation to the phenomenology of inhalant use or how it is framed as a consumption practice. The themes were as follows:

- How other people see chroming;
- The experience of chroming;
- Making decisions around inhalant use;
- Perceptions of risk;
- What should be done?

Under each theme, I asked questions which I hoped would generate "thick descriptions" (Geertz, 1973) about inhalant use. Questions were considerably refined throughout the research. Many encouraged participants to

share anecdotes about chroming. Perhaps not surprisingly, younger research participants found some of the very unstructured questions, which called for story responses, hard to respond to and were more confident about answering concrete but open questions such as "where do you get paints from?" I also used photos as research prompts. One of these, a photo of discarded spray cans, was useful in generating discussion about merits of various products. By the later interviews, I had begun to ask participants for their responses to my emerging theorization of narratives. Against advice to move from general to personal matters (Minichiello et al., 1995), in later interviews, I started with a direct question about how much participants chromed and when they last used. At the conclusion of interviews, I collected very brief demographic information: for instance, on living arrangements, income source, ethnicity, past involvement with DHS, and so forth.

In recognition of the limitations on the kinds of discussion that occur at first meetings, I sought to conduct follow-up interviews to discuss research transcripts and to ensure that the transcripts made sense to participants. I met with five participants and made unsuccessful efforts to recontact a further seven. I also met with seven of the interview participants to feedback initial findings and hear their reflections on my analysis. This proved an effective means of generating complex narratives within established themes.

As others have observed, interviews with young people that involve discussion of sensitive issues should be conducted in an informal and relaxed manner, without time pressure or strict adherence to structure (Allen, 2002). Thus, I treated the interviews as focused conversations (Bourdieu, 1996). Bringing food along to share with participants helped to establish engagement and make interviews less formal. Being flexible about interview times and duration was certainly critical as interviewees were frequently late or did not arrive at all. Interviews were conducted at services, in family homes, or at public locations such as parks. They varied in duration from about 20 min to nearly 2 hr. It took me well more than a year to gather the interviews.

Participants were offered a choice of an interview on their own or with one or two friends who had also used inhalants. I hoped that these friendship or "intact social group" interviews (Highet, 2003) would allow me access to narratives of drug use as they are told among peers. Interestingly, however, almost everyone wanted to be interviewed alone. This was due, I was told, to the sensitivity of the issue. The exceptions here were two male–female couples and two sisters. The interview involving sisters was repeatedly punctuated by the elder leaving the room when she felt she could not cope with hearing of her younger sister's drug use and sexual activities.

All interviewees were offered a transcript of our discussions to check for errors or misrepresentation or just to keep. Just under half of the users and ex-users provided me with an address, so this could be forwarded to them. In many cases, young people did not receive them, as they had moved address during the time, it took me to transcribe the interviews.

Managing the Differences Between Myself and My Interviewees

It has become customary within qualitative research to identify one's own subjective positioning as it shapes

the conduct and analysis of research. At the time of writing my thesis, I was (am still am) a middle-class woman, parent, university graduate, former youth worker, and former senior policy advisor within a government department. This means that I shared a great deal with some of the workers who participated in the study and much less with the young people. Inevitably, my introduction to young people through drug treatment and welfare agencies set me up in a worker-like relation to them. Silverman (2000) suggests that interviews echo structures of the psychoanalytic consultation or religious confessional. Many of the young people interviewed were used to making accounts of themselves that professionals (and often women) might like to hear, having had significant involvement already in their lives from welfare, drug treatment, homelessness, justice, and child protection workers.

The proclivity of interviewees to see me as "worker-like" was most apparent when I asked them about inhalant intervention, questions which I included at the behest of DHS and youth agencies. I became very aware through the interviews that discussions on these themes implicitly asked respondents to present themselves as responsible citizens, as keen to assist the state in wiping out chroming, or at least to express contrition about their own drug use. Earlier questions about chroming experiences where I directly requested stories of pleasure-seeking selves called up a very different and less formulaic dynamic. The most detailed and interesting parts of the interviews were invariably those that centered on inhalant use pleasures, not what should be done in response.

Bourdieu (1996) advises that it is important to acknowledge differences between researchers and research participants both while conducting research interviews and through the analysis process. I found it helpful to start interviews by acknowledging to participants that I had never chromed and hence that I needed their advice to understand the practice. Of course, they all assumed that a professional woman interviewing them would not sniff spray paints but stating the obvious here seemed to clear the air. This gave me license to treat the young people involved as colleagues in the research endeavor; they had expert knowledge based on lived experience of drug use that I did not. At the same time, it allowed interviewees to situate themselves as holders of important information, rather than as people who had failed to control their drug use.

Despite stark differences in social positioning, I felt in many but not all interviews with young people a sense of connection through our unusual shared interest in producing a public inhalant use that privileged the experiences of users. Many of the young people who participated told their workers, or me, that they had enjoyed the experience or that it helped them think about chroming. I was touched when one young man showed me that he had retained a copy of the transcript I had sent him some months earlier; perhaps, it was tangible proof that his words had value.

Acknowledging Emotion in Research Interviews

As I came to realize, inhalant use is a subject of particular emotional intensity for both users themselves and for others who witness them. Far from conducting a dispassionate scientific explication of inhalant use, I tried to attend to how emotion influenced my subjects' and my own engagements in research interviews, as well

as how fear of inhalant use was evident in policy responses.

Bourgois (2002) critiques much drug research for humiliating drug users by forcing them to admit to practices that they know to be stupid or offensive, having internalized strong social sanctions against them. He argues that drug research implicitly suggests that individuals are personally responsible for their decision making: "This displaces the onus of responsibility and blame for poor health onto the vulnerable individuals who are defined as 'choosing' to take drugs dangerously" (p. 267). People will attempt to evade questions that require them to confess to a failure to discipline the self, as exemplified through risky or dangerous practices.

While conducting interviews, I became very conscious of the shame people felt when they talked about their own experiences of inhalant use, and this idea featured strongly in my subsequent publications. Dom told me, for instance, that he felt distressed looking at a photo of young people chroming that I used as a research prompt. Participants used a range of strategies to negotiate unease about identifying themselves as chromers. For instance, Pedros commenced the interview by telling me he was an ex-user. It later emerged that he used every day and had done so the previous night. Star managed the interview by distancing herself from chroming through expressing sympathy and concern for other young people who use these drugs: "It is a really sad thing to see these kids go the way they go from this chrome." Rather than compromising the reliability of data, I viewed these strategies as providing, in themselves, important insight into the difficulties of acknowledging inhalant use while attempting through an interview to make public as well as private sense of the self (Frank, 2002).

Feminist writers on methodology have advocated the usefulness of monitoring one's own emotional responses during the process of research (Warr, 2004). Despite the sense of connection I felt with many interviewees and my fascination for hearing their stories, the research process was sometimes very uncomfortable for me. Glaser and Strauss (1967) famously developed the idea of "theoretical saturation" as the point at which a theoretical position can be fully described and assessed within data. In truth, the kind of saturation I reached in my data generation was personal rather than theoretical. I stopped interviewing when my discussions with young people with chroming experience were beginning to make me feel very distressed. Earlier interviews should have been equally upsetting but had left me surprisingly unperturbed. I wondered whether my later emotional "saturation" was due to the fact that the intellectual interest in uncovering new material that had earlier sustained me was by now absorbing less of my energy, leaving me unprotected against the grimness of my interviewees' lives.

The intensifying anxiety I felt about harm to which the young people with whom I spoke were exposed through their own activities and potentially also through the research (as described below) heightened my awareness of the centrality of affect in all transactions around inhalant use.

Ethical Issues in Interviewing Marginalized Young People About Sensitive Issues

Many users of inhalants are either not in regular contact with or have difficult relationships with parents, and so securing parental consent for those below 18 years to participate in research is frequently problematic. The ethics committee which provided approval to conduct the research stipulated that parental or guardian consent was required to speak with 13- to 15-year-olds. I was allowed to interview 16- and 17-year-olds without protective involvement when a youth worker would sign that the young person understood what was involved and freely consented to participate. Some participants found reading difficult and careful verbal explanation of the purpose of the research, and the nature of their involvement was necessary to secure informed consent. Young people interviewed were reimbursed with either AUD$20 cash or cinema tickets to a similar value. I took advice from parents or workers as to which form reimbursement should take when interviewees were below 18. The consent forms for the study included a provision whereby I would break confidentiality and inform a worker if I was concerned at risks to young people's well-being. False names are used in all publications arising from the study (including this one) to protect participants' confidentiality.

I am glad we have ethics committees to oversee the kind of research I did. My interview participants' vulnerability was brought home to me when I was told that one had died of a heroin overdose several months after our interview. I also heard of the death of a second interviewee shortly before finalizing the thesis. Toward the end of the data-generation period, I was deeply shaken by the marked physical deterioration I observed in two interviewees, each of whom I interviewed on occasions spanning a year. Despite knowing that my research could do little to change the lives of individuals involved, I despaired at the failure of I and other adults to help. After a couple of interviews where younger participants told me that speaking with me about chroming made them want to use, I became concerned that exploring the topic with me might make it *more* difficult for participants to stick with fragile decisions about drug use. When this occurred, I was careful to check with workers to ensure someone kept an eye on them (as I was able to do within the terms of consent to participate in the study). Despite my concerns, I heard no reports that my interviews encouraged any participants to recommence inhalant use. Balancing this, a couple of interviewees told me that time spent talking with me about chroming forced them to delay their use that day.

Conclusion

The interviews collected for the study enabled me to argue that marginalized young people use inhalants, at least in part, to experience desired physical sensations, take risks, and to enjoy immersive experiences of popular culture (though hallucinating that they were participants in films and games). However, the pleasures of inhalant use were rarely recognized by adults around them, who tended, as in the literature alluded to above, to see inhalant use largely as a sign that something was very wrong with individuals. At the same time, I traced within this thesis a mutually constitutive relationship between chroming and social and economic marginality, arguing that marginality is reinforced through the invocation of a sense of shame in individuals who use these drugs.

Through this study, I attempted to "reinsert" drug user perspectives within public understandings of inhalant

use. As an outsider myself, and as someone who needed to develop my own conclusions in a thesis, there were evident restrictions on the extent to which this was possible. The study inevitably involved my own interpretations of other people's accounts. I tried to confront the social differences between myself and my research participants as openly and reflexively as I could. I set up interviews in such a way as to enable my interviewees to position themselves as experts, rather than as people with something wrong with them.

The study was conducted within many restrictions. It was undertaken in the context of intense political concern about chroming and its management by state-funded institutions. Restrictions imposed by DHS on accessing inhalant users with protective involvement shaped both the focus and design of the project. Accessing regular chromers in the settings where they used drugs also proved impossible. The approach I used evolved in response to barriers and opportunities that arose.

Bauman (2000) is scathing of the tradition of interview research, linking it with a confessional culture that constructs selves as somehow authentic through public displays of sincerity. Although acknowledging that the structure of interviews and the social positioning of interviewer and interviewees necessarily influence research, I would not go so far. If conducted with sensitivity to the effects of interaction between parties involved, interviews enable us to grasp some of the ongoing process of self-formation in which we are all engaged. However artificial and contrived interviews may be, they offer a kind of self-narration that cannot be accessed through observation.

A central focus of my research on inhalant use was the role of feeling and emotion both in the pleasures of inhalant use and in generating particular institutional and policy responses. Interviews produced feelings for me, my research participants, and others. Many young people appeared ashamed of their drug use. Users of inhalants are widely understood to be particularly vulnerable to harm, and thus, I was anxious through interviews not to exacerbate distress or danger for anyone.

It is essential that we remain concerned at the potential for marginalized young people to be harmed through involvement in research interviews (a concern the DHS expressed in refusing my request to access young people in their care). At the same time, research also offers some benefits for individuals who receive little social acknowledgment that their experiences are important and worthy of being heard. Moreover, the study generated new and nuanced ways of understanding both the pleasures and perils of inhalant use to inform policy and intervention.

Exercises and Discussion Questions

1. To what extent can researchers actually give voice to people who have different social experiences than they do?
2. How should government departments make decisions about whether researchers should be allowed to interview young people in the care of the state? Is it fair to refer to the young people whom the researcher wanted to interview as "concealed"?

3. Are research interviews about sensitive subjects inherently uncomfortable for young people? If so, what can be done to reduce this?
4. How might feelings generated for researchers and interviewees in research interviews be used as data?

Further Reading

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Web Resources

Re-solv in the UK http://www.re-solv.org/

National Inhalant Prevention Coalition in the US http://www.inhalants.org/

The Australian Drug Foundation http://adf.org.au/drug-facts/inhalants/

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