The Qualitative Arm of the ATTUNE Research in the Czech Republic: The Methods, Study Design, Sample, and Life Chart Analysis

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BACKGROUND: Methamphetamine use is a long-term problem in the Czech Republic. The evidence describing the individual careers of different methamphetamine users is limited. **AIMS:** The aim of this study is to describe the methodological approach of the qualitative arm of the ATTUNE study in the Czech Republic and the first results of the analysis. **METHODS:** The data collection in this arm of the study was based on different instruments: offline and online screening instruments, a guide for semi-structured interviews, and life charts. Quasi-quantitative analysis of the data from the supporting data collection instruments (life charts and screening instruments) was conducted to produce a rich description of the stratified sample. **SAMPLE:** Six different groups of informants were predefined: dependent, remitted, frequent users, frequent ex-users, non-frequent users, and non-users. For each of the six groups five interviews were conducted, except dependent users (six interviews) and non-frequent users (four interviews). **RESULTS:** The results of the quasi-quantitative analysis showed the differences between the user groups. The results suggest that the remitted and dependent users are similar in most of the aspects that are described when compared to the other groups. The groups of non-frequent users and non-users seem to be different to all the other groups. Furthermore, the results were used to discuss the strengths and limits of different instruments that take empirical data into account. **CONCLUSIONS:** The article introduced the ATTUNE study to the Czech context and showed that the supporting data collection instruments (life charts and screening instruments) are helpful in providing a description of the stratified sample that is useful for further analysis and that these instruments are also practical for the data collection and allocation to groups of informants.

Keywords | Methamphetamine – Amphetamines – Life Charts – Screening Instrument – Qualitative Interviews – Ústí nad Labem Region

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● 1 INTRODUCTION

According to the European Drug Report (EMCDDA, 2017), methamphetamine use is a long-term problem in the Czech Republic. The estimates show that high-risk methamphetamine users accounted for 0.49% of adults (aged 15–64) in 2015 (ibid). This situation stresses the need for public health interventions, as well as for an evidence-based approach based on field research. The statistics alone are not able to provide a full picture of methamphetamine users' experience and thus the statistics should be complemented by qualitative research that provides an understanding of methamphetamine users' experience. To complement the statistics with qualitative data about Czech methamphetamine and amphetamine users, we joined the ATTUNE project as its Czech partners. The ATTUNE research (for details see Rosenkranz et al., 2019) was realized in the years 2017–2018 in selected regions of five European countries: the Netherlands, Poland, the Czech Republic, the UK, and Germany as the leading country.

The aim of the ATTUNE research was to examine the individual, social, and environmental factors and to understand how they shape different pathways and trajectories of amphetamine consumption. The project used a sequential mixed-methods study design to investigate the multiple factors (for example family, social and occupational situation, critical life events, general risk behaviour, mental and physical health, satisfaction with life) that shape individual amphetamine use pathways (Rosenkranz et al., 2019, p. 1). The ATTUNE project consisted of two modules, one based on qualitative semi-structured interviews with amphetamine users and non-users (internationally n = 270) and the second based on structured questionnaires (internationally n = 2000). Both modules met at two points – the results of the analysis of the interviews influenced the final questionnaire and the results of both modules are interpreted together (Rosenkranz et al., 2019). One or two regions were selected for data collection in each country.

In the Czech Republic, the Ústí nad Labem region was selected as an example of a structurally disadvantaged area (Koutský et al., 2012) with a high prevalence of methamphetamine use (Mravčík et al., 2018). Furthermore, the region has experienced problematic historical development as a result of its position on the German border, which has contributed significantly to the recent unfavourable socio-demographic and economic characteristics of the region (Anděl, Balej, & Bobr, 2019). In comparison with other regions of the Czech Republic, it ranks first in the share of net incomplete families (ČSÚb, 2017) and has the highest rate of people with only basic education and one of the highest unemployment rates (Koutský et al., 2012; Petruželka et al., 2020). Furthermore, in comparison with other regions, it is characterized by a higher number of socially excluded localities that have higher concentrations of socially excluded inhabitants (Čada et al., 2015). In addition to the above-mentioned characteristics, the Ústí nad Labem region has, together with Prague, the highest rates of smoking and experience with illegal drugs (Mravčík et al., 2020).

Recent systematic reviews and research studies are available in the field of methamphetamine use. Cumming et al. (2020) provided a review of methamphetamine use and its health and criminal justice system outcomes. The non-pharmacological interventions for methamphetamine use were systematically reviewed by AshaRani (2020). Social determinants of lifetime methamphetamine use among a national sample of adults were recently studied by King, Vidourek, and Yockey (2019).

A qualitative research strategy is common in the study of addictions. Recently, the study of Guise et al. (2017) provided a qualitative systematic review and thematic synthesis of the experience of initiating injecting drug use and its social context. More specifically, there is a considerable volume of qualitative research related to methamphetamine use. In 2020 the study of Palmer et al. (2020) used this approach to study the motivations for crystal methamphetamine-opioid-co-injection/co-use among community-recruited people who inject drugs. In 2019 the perceived factors influencing the initiation of methamphetamine use were studied by Chomchoei et al. (2019).

A qualitative approach towards deeper understanding of the addiction, the motives for drug use or for the rejection of amphetamines, abstinence, or relapse allows the perspective of the informants and their own understanding to be included (Lofland, Snow, Anderson, & Lofland, 2006; Nichter, Quintero, Nichter, Mock, & Shakib, 2004; Boeri et al., 2009). The sensitivity and specificity of the data acquired and the hard-to-reach target group led to the accomplishment of both of the most important conditions that are recommended for the use of qualitative research for the investigation of drug abuse (e.g. Silverman, 2017; Bourgois, 1995). In addition to that, a qualitative approach is appropriate for the description of the differences in understanding and the living social context of various groups of drug users – e.g. depending on gender, ethnicity, living locality, or occupational or marital status (Boeri et al. 2009; Halkitis, Parsons, & Wilton, 2003; Kushel, Hahn, Evans, Bangsberg, & Moss, 2005; Worth & Rawstone, 2005) and also to the economic cycle (Nagelhout et al., 2017). In the ATTUNE project, the key approach to the data was biographical research that draws on the "biopsychosocial model", which is a suitable tool for investigating life events and pathways. The biopsychosocial model suggests that drug use pathways and their changes are influenced by the interaction of three core domains: individual characteristics, social dynamics, and the environmental/cultural setting (Rosenkranz et al., 2019). The investigation of the life trajectories or of the life course in the qualitative paradigm allows an understanding of the individual life course as a result of the interaction between the individual and social structures (Marshall & Mueller, 2003). The social context consists of the individual social network and the social institutional framework.

The aim of this study is to describe the methodological approach of the qualitative arm of the ATTUNE study in the Czech Republic and the first results of the analysis. This article introduces the Czech qualitative arm of the ATTUNE

international research project, which used fine-tuned and interesting methods and techniques. We describe our experience with the methods and techniques because we believe they are of use for other researchers. Furthermore, we describe the first results – quasi-quantitative analysis of the data from the supporting data collection instruments (life charts and screening instruments) to produce a rich description of the stratified sample. Because of the limitations on the extent of the articles, this article introduces the methodology and first results. This article will be followed by other articles that will focus in depth on the results of the qualitative arm of the study.

● 2 METHODS

2.1 Research design and ethics

This section of the article will focus on the research design and its execution in the Czech qualitative arm of the ATTUNE project. The data collection in this arm of the study was based on three different instruments that, in combination, provided a solid base of data for interpretation: screening instruments, a guide for the semi-structured interview, and a life charts instrument. The core technique was the semi-structured interview.

Six different groups of informants were predefined to ensure that a sufficient variety of amphetamine use patterns and trajectories were included: dependent, remitted, frequent users, frequent ex-users, non-frequent users, and non-users (for details see below). For each of the six groups five interviewees were planned to be included in the Czech Republic. This approach provides a stratified sample, in which each group representing an amphetamine use pattern serves as a stratum (Rosenkranz et al., 2019). Furthermore, this approach allows the researcher to focus on different groups and compare them.

The Czech arm of the research project and its design were approved by the Ethics Committee of the Czech National Monitoring Centre for Drugs and Addiction, EK_170326. All informants signed an informed consent to participation in the interview, including information about the topic of the research, the organizers, and data collection and handling. Furthermore, they were informed about the possibility of interrupting or ending the interview for any reason.

2.2 Data collection

The data was collected between 25 May and 30 June 2017. Access to the study population was realized by advertising participation in the interviews in public places, through drug treatment services, and through the private social networks of the researchers. The first data collection tool was an online screening instrument that was made accessible online via the online survey tool LimeSurvey. The online screening instrument was used to assess the eligibility of the informants for participation in the study and their allo-

cation to one of the six groups. If individuals were screened as eligible for an interview, they were given a screening number, phone number, and email address to get into contact with the research team. The screening number was important because it was used as an ID for the informant and to link all the information. The offline screening instrument that was administered at the beginning of each interview was used to validate and confirm the results of the online instrument.

The interviews had an average duration of 60 minutes but varied widely from a minimum of 41 minutes to a maximum of 98 minutes. The interviewers used an offline screening instrument, life charts, and the semi-structured interview guide to collect the data. All interviews were conducted in the Ústí nad Labem region. For participation in the interview each respondent received compensation of CZK 500. This amount was chosen because it was enough to encourage participation, but not so much as to exert undue influence on participation. The interviews were audio-recorded and afterwards transcribed word by word. The life chart and offline screening instruments were transformed into tables in Microsoft Excel.

2.3 Data collection tools

Screening instruments

Both screening questionnaires (online and offline) consisted of 16 questions which dealt with sociodemographic data (age, gender, residence), inclusion criteria (self-report of opioid dependence diagnosis, age at commencement of/exposure to the use of amphetamines) and amphetamine consumption pattern (Severity of Dependence Scale[1] (SDS), age at the initiation into amphetamine use, and frequency of amphetamine use.

The individuals were eligible for participation in the interview if they were aged 18 years or older, the onset of amphetamine consumption (or exposure to amphetamines) was at least five years before the interview, they were residents of the Ústí nad Labem region, and had not previously been diagnosed with opioid dependence.

Furthermore, the screening instrument categorized the participants into six groups based on the five criteria. The first group consisted of currently dependent users ATS dependent based on the SDS[2] with past-month amphetamine use prevalence, ≥ ten amphetamine consumption days within the past 12 months. The informants were classified as remitted users under the condition that they were assessed by the SDS as being formerly dependent on am-

1 | Each question is scored on a four-point scale (from 0 to 3), and the total score is obtained through the addition of the ratings for each of the five items. For the purposes of this study the SDS refers either to the use of amphetamines in the past 12 months or to the most intensive phase of the consumption of amphetamines. A stimulant dependency is indicated if the total SDS score was ≥ 4 points.

2 | A stimulant dependency is indicated if the total SDS score was ≥ 4 points.

phetamines and having ≥ ten amphetamine consumption days within the past 12 months. Frequent, non-dependent stimulant users who use amphetamines frequently had to fulfil the following criteria: ≥ ten amphetamine consumption days within the past 12 months and past-12-months prevalence. Formerly frequent, non-dependent ex-users had to have ≥ ten consumption days within one year (at any time except the past 12 months). Non-frequent stimulant users who did or do use stimulants on a non-frequent level had to report experience with methamphetamine use but not ≥ ten consumption days within one year (at any time except the past 12 months). The informants were classified as non-amphetamine users if they reported no experience with amphetamines even though they were exposed[3] to amphetamine use.

Life course chart

For the face-to-face interview, the third instrument – life charts – was developed to document lifetime substance use and life events in the biography of the interview participant. This instrument was used to improve data quality, to help respondents to relate to specific events, and to gather more data (Martens, 2020). The advantage of following the life course chart was that it allowed an overview of the substances used in the respondent's life and the frequency of the substances used to be gained. It also provides a lifetime overview of life events – positive as well as negative – that happened in different areas of life.

The life chart (for the instrument see Martens (2020)) used different periods (until the age of 13, age 14–16, age 17–19, age 20–25, age 26–30, age 31–39, age 40–49, age 50+) and two sections. One section was focused on substance use (amphetamines, cannabis, cocaine, opiates, alcohol) with five options (no use, use less than monthly, monthly use, weekly use, daily use). The other was focused on the life events and included 11 different topics (family history, education, friends, health and illness, involvement with the criminal justice system, substance use treatment, and leisure) (Martens, 2020).

Semi-structured interview guide

The two semi-structured guidelines were used for face-to-face interviews; one for amphetamine users (Groups 1–5) and one for non-amphetamine users (Group 6). Both guidelines started with the topic of the respondent's current life and their individual situation (job, housing, income, education, health situation, emotional well-being) and social life (partnership, family and friends). Furthermore, both guidelines continued with a section on experiences with alcohol and other drugs. The interview guideline ended for amphetamine users and non-amphetamine users with a question on what is important for their current life and what they hope for their life in the next five to ten years. The interview guideline for amphetamine

users included three sections on their experiences with stimulant use: a) their experiences with different types of stimulants, the effects, and their living circumstances at the time of their initiation into amphetamines and when continuing using amphetamines, b) the availability and funding of their stimulant consumption, and c) the different phases of the use of amphetamines and the related lifestyle and the impact of their use on relationships, treatment utilization, health, and offending. In contrast, the guideline for non-amphetamine users included a section on protective factors and their perception of amphetamine use and their living circumstances at the time when they were exposed to amphetamines. Furthermore, the non-amphetamine users were asked about their access to stimulants.

2.4 Data analysis

The data analysis is described for all the sources of the data, transcripts of the interviews, the life charts, and screening data, although the results in this article are presented only for the quasi-quantitative analysis of the data from the supporting data collection instruments (life charts and screening instruments). We conducted only descriptive and exploratory data analysis of the data analysis because the sample, consisting of 30 interviews divided into six groups, limits the possibility of statistical analysis.

Life charts and screening data analysis

The paper-and-pencil life charts were transformed from a Microsoft Excel table into an SPSS data file and merged with the data from the online screening and offline screening. SPSS Statistics 22 was used to produce descriptive tables. The data from the life charts and offline screening were used for detailed sample description. They have a quasi-quantitative character and help us to understand many aspects of the life trajectories in each of the groups that were investigated.

The mean maximum SDS score was computed for each participant. The score of each participant was based on the highest SDS score. The frequency of substance use in the life course was documented for a huge variety of different illicit and legal substances. If there had been at least one age period in their life with daily use of any of these substances, the use of amphetamines was defined as daily ATS. Furthermore, the most frequently used amphetamines were calculated for each informant on the basis of their highest frequency. For example, if someone used MDMA weekly in one period and speed weekly in another period, both substances were defined as those most frequently used. The calculation of the daily use of other substances was the same as for the daily use of amphetamines. The analysis of daily drug use was computed for all the substances. Only the users with daily drug use were included into the analysis. The substances included were amphetamines, alcohol, cannabis, cocaine, opiates, hallucinogens, and other drugs (such as ketamine or GBL).

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3 | Exposure to amphetamines means that the individual was present when someone from their social network used amphetamines.

Interview transcript analysis

The transcribed interviews were coded in the NVIVO software for qualitative data analysis. The coding approach was content analysis and the coding framework was based on the biopsychosocial model (e.g. Marlatt, 1992; Griffiths, 2005) and on the amphetamine consumption periods. The period of initiation/exposure, continuation, increase, and decrease was divided into individual, social, and environmental factors and each factor was specified with a number of subcodes.

● 3 RESULTS

Offline and online screening instrument

The results of the offline and online screening instruments (*Table 1*) show that 24 of the interview participants (80%) were screened into the same groups by the offline as well as online screening.

Basic sample description

The interviews were conducted in the six sub-samples representing different amphetamine use patterns. In the first category, of dependent users, we conducted six interviews and in the category of non-frequent ex-users four interviews. In all other categories, five interviews took place. Even though an equal gender distribution among the interviewees was intended, just 30% of them were female (*Table 2*). According

	Dependent users	Remitted users	Frequent users	Frequent ex-users	Non-frequent users	Non-users
Online screening	6	5	5	3	7	4
Offline screening	6	5	5	5	4	5

Table 1 | Number of the informants allocated to the different groups in online and offline screening

	Dependent users	Remitted users	Frequent users	Frequent ex-users	Non-frequent users	Non-users	Total
Descriptives							
Number of informants in the group	6	5	5	5	4	5	30
Gender							
Male	4	3	5	4	2	3	21
Female	2	2	0	1	2	2	9
Current age (mean)	27	38	35	28	30	25	30
Amphetamines use (based on the on-line screening instrument)							
Age at amphetamines onset	18	27	23	18	20	0	21
Daily use	5	5	1	1	0	0	12
Ever in drug treatment	4	5	2	2	0	0	13
SDS score > 4 indicating dependence	6	5	1	1	0	NA	11
Mean maximum SDS score	7.7	9.4	0.6	0.6	0	0	NA
Other substance use							
Ever used alcohol	6	5	5	5	4	5	30
Ever used cannabis	6	5	4	5	4	4	28
Ever used cocaine	4	1	1	3	1	0	10
Ever used opioids	2	3	1	2	1	0	9
Ever used hallucinogens	3	3	3	4	3	2	18
Daily alcohol use	3	4	2	2	3	0	14
Daily cannabis use	2	3	3	4	1	0	13
Daily cocaine use	0	0	0	0	0	0	0

Table 2 | Descriptive characteristics of the sample

to the screening data, the respondents were 30 years old on average when participating in the interviews.

Characteristics of amphetamine use

Among all groups the most frequent substance was methamphetamine (60%), followed by the use of MDMA (25%). Other substances had lower prevalence (less than 5%). If we look at the different groups, the data reveals that the most frequent substances vary considerably among the groups (*Figure 1*). The dependent and remitted users most frequently used only methamphetamine. The consumption patterns of the frequent and non-frequent users are different; the use of MDMA and amphetamine is also prevalent among the most frequently used amphetamines.
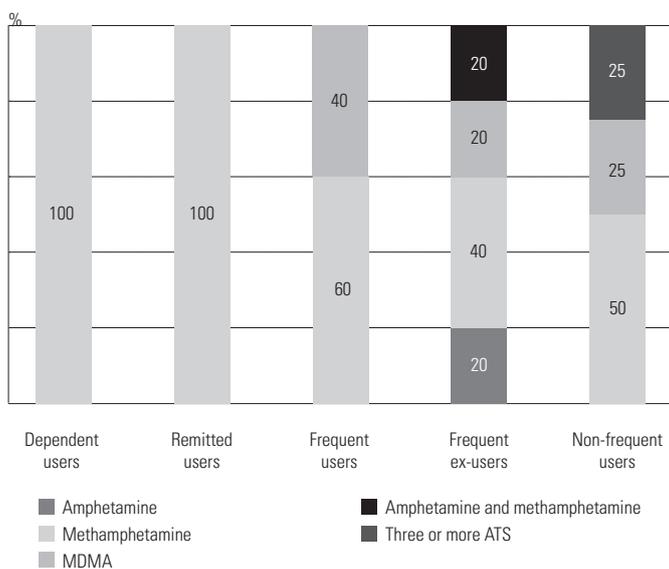

Figure 1 | Types of amphetamines most frequently used in the life course according to ATS user groups

On the evidence of the screening data, the respondents were, on average, 21 years old at the onset of their experience with amphetamines (*Table 2*). However, there is huge variation among the groups in terms of the age at which this took place. Considering drug users' careers, the mean age at the onset of amphetamine use was lower in the dependent users than those in remission. All the members of the group of remitted users and the majority of those in the group of dependent users reported having undergone some form of drug treatment. Furthermore, two participants in the groups of frequent users and frequent ex-users reported having undergone treatment. All the remitted and dependent users had SDS scores higher than 4. Even though all the participants from the dependent group had an SDS score higher than 4, in the case of one participant it was not related to the daily use of amphetamines.

Use of other substances

Experience with the use of cannabis and alcohol was prevalent among the different groups. Every single informant had

used alcohol at some point and all but two informants had used cannabis at some point in their life (*Table 2*). Almost one-third of the respondents had used cocaine or opioids and two-thirds hallucinogens. Regarding the daily use of cannabis and alcohol, they were used daily by almost half of the respondents. Differences between groups are apparent in their use of cannabis, which is highest among the informants in the groups of remitted and frequent users. Dependent users are characterized by a lower prevalence of daily cannabis and alcohol use.

Daily drug use

The findings for all the interviewees reveal that more than one-third (40%) exclusively used other substances than amphetamines on a daily basis (*Figure 2*). One-third of the respondents used amphetamines and other substances daily. When the groups are compared, the drug use patterns differ significantly. In the groups of dependent and remitted users, most of the informants used amphetamines and other substances daily. In the other groups, most of the informants used only some other substance daily.
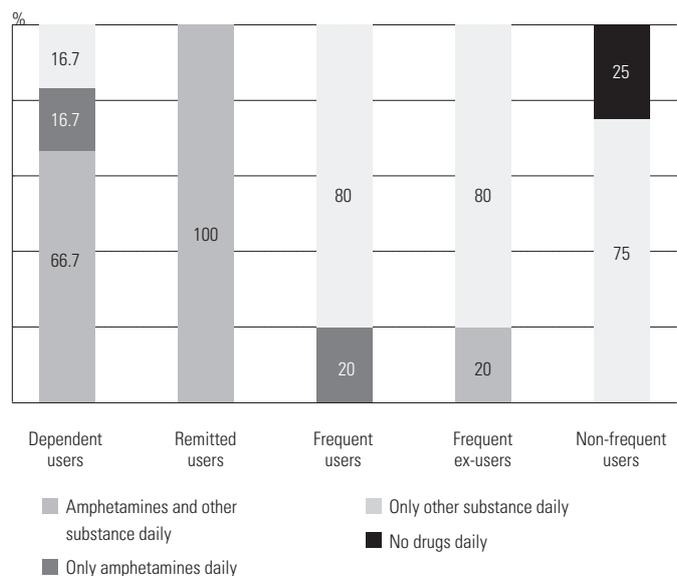

Figure 2 | Daily drug use in the life course according to the user groups

The description of the sub-samples

The data is also used to describe the subsamples consisting of the groups described above. The first group consisted of the dependent users and was characterized by high-risk use of amphetamines. With an average age of about 18 at their first experience of amphetamines, the individuals were rather young. Their average age of 27 years meant that they had, on average, ten years of experience with amphetamines. In this period of time, most of them had experienced some form of addiction treatment. The mean maximum SDS score was 7.7. The majority of the informants were methamphetamine users. The daily use of alcohol and can-

nabis was less prevalent than in some other groups. Experience with other illegal drugs was also prevalent.

The second group, of users in remission, was characterized by current low-risk use of amphetamines and of other substances. All of the informants had undergone some form of treatment. The individuals were, on average, 26.8 years old when they first used amphetamines, and now had a mean age of 38. The majority had developed risk use of amphetamines; their mean maximum SDS score was 9.4. Most of the interviewees were predominately methamphetamine users (all of them used amphetamines daily) and the daily use of alcohol and cannabis was prevalent.

The third group consisted of frequent and non-dependent users. This group is characterized by a low-risk use of amphetamines and MDMA. On average, the individuals had their first experience with amphetamines at the age of 23 (their mean age now was 35). The majority of the participants were methamphetamine (60%) or MDMA (40%) users. Only one of the five respondents used amphetamines daily. Even if the mean maximum SDS score was 0.6, two informants had experience with some form of drug treatment. The combination of hallucinogens, cannabis (also daily), and alcohol was prevalent in this group.

The fourth group, consisting of frequent and non-dependent ex-users, was characterized by low-risk use of different amphetamines. When they first used amphetamines, the individuals were, on average, 18 years old. Ten years later (with a mean age of 28) their mean maximum SDS score was 0.6, and some of them had experience with some form of drug treatment. The respondents used different amphetamines and the greater share of this group had, at some point in their lives, used cocaine, hallucinogens, and cannabis on a daily basis.

The fifth group comprised non-frequent users. When they first used amphetamines, the individuals were, on average, 20 years old, and they were now in their thirties. The use of amphetamines also varied in this group but they never used them daily and had never experienced drug treatment. The mean maximum SDS score was 0. None of the respondents in this group described daily alcohol or cannabis use and experience with other types of drugs was rare. This group is characterized by low-risk use of different amphetamines and by low prevalence of daily alcohol use.

The sixth group, of non-users, was characterized by no prevalence of daily alcohol, cannabis, and cocaine use. Furthermore, their lifetime experiences with cocaine, opioids, and hallucinogens seem rather low compared to the other groups.

● 4 DISCUSSION

This article described the methods and techniques of the qualitative arm of the ATTUNE study in the Czech Republic and the first results – a quasi-quantitative analysis of the data from the supporting data collection instruments (life

charts and screening instruments) to produce a rich description of the stratified sample. The sampling approach that was described and the techniques used in the study are unique in the Czech context.

To achieve such sampling, the study used online and offline screening tools. The online tool provided results that were useful in a practical sense. The online screening of the informants was important for the study because it allowed participants to be put into different groups and thus the scarce resources to be used to conduct the interviews with carefully selected participants. This was especially useful because the research team had to fill all the groups with similar numbers of informants. Furthermore, at the end of the online screening informants were given an ID which was used to link all the other information. It was important because it allowed such a rich description of the sample to be produced using different instruments which were not used only separately and the participants to be put into different groups. Furthermore, it allowed the results of the online screening to be verified by the offline screening and the information from both screening instruments to be compared. The categorization of the informants was verified by the offline screening tool, which showed the limits of the online screening tool, which misclassified informants into the groups of frequent ex-users, non-frequent users and non-users. This points to the fact that some informants might have problems with understanding and using such a tool. However, considering these limits, the online tool proved to be practical in classifying the informants using stratified sampling with six groups in the Czech context.

Most of the interviews were conducted after approximately ten years of informant experience with amphetamines, in all groups. During this time, a relatively high proportion of the informants, especially in risk groups, reported receiving addiction treatment. The analysis showed that the majority of dependent and remitted users, in contrast with the other groups, were in contact with treatment. However, the informants from the groups of frequent users and frequent ex-users also reported having undergone treatment. The questions in the screening were focused on the general contact with drug treatment services, which was not specified. Thus, the data does not reveal if the treatment was related to amphetamine use or if there was some other reason for the contact. Thus, this question might have limited validity in the Czech context and we suggest that it be made more specific for future use.

The unique feature of the research design was that it allowed the screening tools and life charts to be linked to provide a description of the stratified sample. The information that was acquired is significant beyond the description of the sample because it is going to be used in the further analysis of the interview transcripts and will provide information about the different groups of users. The results suggest that the first two groups, of remitted and dependent users, are similar in most of the aspects that are described, except the daily use of alcohol and cannabis, which, in the group of remitted users, might be attributed to "substitution addic-

tion" (Sussman et al., 2008) and the mean age at which they first used amphetamines, which was lower in the dependent users than those in remission, which suggests that drug users with an earlier onset might be at higher risk. The first two groups also differ in terms of the substances used, compared to the other groups. The dependent and remitted users most frequently used only methamphetamine. The consumption patterns of the frequent and non-frequent users are different; MDMA and amphetamine are also prevalent among the most frequently used amphetamines. Thus, it seems plausible that the groups of remitted and dependent users share other factors that influence their biographies and the transcripts should be analysed with this being borne in mind. The groups of frequent and non-dependent users and ex-users are also similar, especially in their experience and use of different substances. Furthermore, the fifth and sixth groups seem to be different from all the other groups. Non-frequent users are characterized by a low risk use of different amphetamines and by low prevalence of daily alcohol use, and experience with other types of drugs was rare. The sixth group, of non-users, was characterized by no prevalence of daily alcohol, cannabis, and cocaine use and their lifetime experiences with cocaine, opioids, and hallucinogens seem rather low compared to the other groups.

The study has some implications both for policy and treatment practices. In the field of drug policy, the approach presented in the paper implies the need to focus more on different groups of users that may have different issues, needs, and expectations. Policy measures that are more sensitive to individuals may be needed to address this issue. The regional aspect of the policy measures must also be highlighted, as different regions have different characteristics in this respect and tailored regional measures may be beneficial. For treatment practices the approach used in the paper stress the need for a diverse and individual approach. The question of the service capacity needs to be taken into consideration, as do the chances treatment services have to contact all groups of users and ex-users. A multidisciplinary approach must be used to deal with the complex problem of use and social support needs to be in place, not just for active users but also for ex-users. Another challenge is posed by the prevention of use among non-users, which needs to target the specific risk factors.

The strength of the whole qualitative arm of ATTUNE is that the life trajectories and life course approach focused on different groups of informants is unique in the Czech context. A comparison of the key milestones in their drug-using careers might help to focus primary and secondary preven-

tion and support professionals working in drug treatment services to recognize the risks better. The strength of the supporting data collection instruments was the ability to link different instruments via a unique ID which allowed the information from all of the instruments to be linked. This, in turn, made it possible to verify the results and provide a rich description of the sample. Furthermore, the strength of the screening instruments lay in the fact that they allowed the participants to be put into different groups and the scarce resources to be used to conduct the interviews with carefully selected participants. The major limitation of this study is its generalizability, which is unclear beyond the research sample. However, as an exploratory qualitative study, it does not require a probability sampling. The exploratory character of the research also allows us to work with a comparison of the small sample size within the groups of informants. The limitations of the supporting data collection instruments were also identified in the Czech context. The online screening is not precise enough and thus it has to be verified by an offline instrument. Furthermore, the question about drug treatment was possibly not specific enough.

● 5 CONCLUSIONS

This article described the methodological approach of the qualitative arm of the ATTUNE study in the Czech Republic and the first results of the analysis. It is significant because it shows what approach might be applied in the Czech context and what the first results are. The results of the quasi-quantitative analysis showed the differences between the user groups. The results suggest that the first two groups, of remitted and dependent users, are similar in most of the aspects that are described when compared to other user groups. The groups of non-frequent users and non-users also seem to be different from all the other groups. Furthermore, the results were used to discuss the strengths and limits of different instruments that take empirical data into account. This showed that the supporting data collection instruments (life charts and screening instruments) are helpful in providing a description of the stratified sample that is useful for further analysis and that these instruments are also practical for the data collection and allocation to groups of the informants.

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