

Multi-Placed Outreach Work With People Who Use Drugs: Promoting Social and Health Service Accessibility

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Abstract

People who use drugs (PWUD) may face problems accessing social and health service facilities, for instance, due to the fear of stigmatising encounters. This may prevent them from receiving the support they need. Outreach work has been developed to promote service accessibility by encountering PWUD in their everyday environments, such as on streets, in parks, in homes, and online. We define this as multi-placed outreach work to understand the need for workers’ mobility in various places, as well as the importance of place-related meanings in reaching PWUD. Drawing on a theoretical framework that notes places’ situational and personal meanings, we employed discursive methods to analyse outreach worker interviews conducted in Finland. We asked what kinds of meanings workers attach to various places in terms of service accessibility in their interview talk and how they reflect on the promotion of service accessibility through multi-placed outreach work with PWUD. We identified five place-related meanings, which varied in relation to the situationally set aim to reach either new, potential service users or previously known PWUD: (a) places of seeking and finding, (b) places of observation and becoming visible and familiar, (c) places as permanent “anchor points,” (d) pre-arranged and individually selected places, and (e) places requiring escorting. We conclude that places have a variety of meanings in outreach work practices in terms of both outreach work and general social and healthcare accessibility. Workers’ place-sensitive understanding is crucial to promoting service accessibility and, therefore, the realisation of PWUD’s social inclusion.

Keywords

accessibility; discursive analysis; drug use; harm reduction; human geography; multi-placed work; outreach work; place; social and health services

1. Introduction

Social and health services often categorise people who use drugs (PWUD) as “hard to reach.” However, a growing body of literature argues that rather than defining individuals as hard to reach, the critical focus should be on recognised problems in service accessibility, that is, practices that make services hard to reach for individuals (Duvnjak & Fraser, 2013). For PWUD, poor accessibility often relates to inflexible practices and criteria that exclude them from services or to drug-related stigma and associated degrading treatment (Notley et al., 2012; Vanjusov, 2022). PWUD are at risk of being labelled as “criminals” in societies where drug use is criminalised (Scher et al., 2023); this is the case in Finland, where our study is located (see Finnish Ministry of Social Affairs and Health, 2008). This also increases the risk of being stigmatised in service encounters (Vanjusov, 2022). At worst, these stigma-related “thresholds” or other “barriers”—as conceptualised in previous studies—prevent PWUD from seeking help, being honest about their drug use, and, thus, from receiving help in their acute needs (Edland-Gryt & Skatvedt, 2013; Notley et al., 2012; Nygaard-Christensen, 2024; Virokannas, 2019). Eventually, accessibility problems lead to the non-fulfilment of their social rights and increased social exclusion in society (Vanjusov, 2022).

The concept of accessibility has drawn increasing attention and has been defined in multiple ways in research on social and health services. The United Nations (2007) broadly defines it as the premise that services should be equally accessible to everyone needing them. In Finland, Vanjusov (2022) argues that substance use services may be available but are not actually accessible to all who need them. Our starting point in discussing accessibility is the observation that not all PWUD can access the physical buildings of services targeted at them due to, for instance, the shame they experience, fear of stigmatising encounters, or mental health conditions (Ranta et al., 2024). They may also wish to avoid official recording of their drug use or showing their faces in substance use services and thus being labelled “drug users” by other citizens (Ranta et al., 2024).

This article considers how service accessibility is promoted through outreach work, a professional approach developed to reach and encounter people to provide support in their living environments instead of office-bound work and to demand that service users enter organisations’ facilities (Rowe, 1999). Outreach work is a holistic, flexible approach that accommodates the situational needs of people in vulnerable and often marginalised positions (Andersson, 2013; Hall, 2017; Rowe, 1999; Strike et al., 2004). It aims to reach people who have not been reached by other services (Andersson, 2013; Grymonprez et al., 2017). Outreach workers play a significant and active role in promoting accessibility, creating contacts with previously unreached people, identifying and responding to their needs “in situ” and building bridges between service users and the entire social and healthcare system to support access to services (Andersson, 2013). Thus, outreach work is essential to comprehensively support PWUD in their “service journeys” (Nygaard-Christensen, 2024); it has proven accessible to many PWUD who cannot be reached through other services (e.g., Nygaard-Christensen, 2024; Strike et al., 2004).

Outreach work is traditionally conducted, for example, on streets and in parks, homes, and service facilities (Strike et al., 2004). In the previous decade, outreach work with PWUD has become more popular in various online environments where drug trafficking occurs, for example, in public dark web forums, social media, and anonymity-securing instant messaging applications (Ranta et al., 2024; Vale Pires et al., 2016). However, what makes outreach services particularly accessible to PWUD in these various places has not been examined in

detail. Although its kernel is encountering people in diverse places, outreach work as a concept does not sufficiently embrace the multiple meanings of *places*. To date, the intertwining of places and institutional encounters has been examined particularly in home visit work (e.g., Dyck et al., 2015; Ferguson, 2018; Juhila et al., 2016); we aim to bring this discussion into the context of outreach work. We use the term “multi-placed outreach work” to underline the need for workers’ mobility to various places to reach PWUD outside services and to address the need for workers’ “place sensitivity,” which considers the situational meanings of places. We contend that this place sensitivity is central to promoting accessibility for people who may have negative associations of places of previous service experiences (Fahnøe, 2018) and may perceive those services as emotionally unsafe and thus hard to reach.

We aim to show that in outreach work, places have more meanings than a service’s physical accessibility or geographical location. However, to comprehensively promote service accessibility for PWUD, physical accessibility and workers’ mobility must be taken as the starting points of outreach work. For a detailed understanding of the meanings of the places of multi-placed outreach work for PWUD, we analyse interviews with outreach workers conducted in Finland 2021–2022 from the perspective of how workers describe these meanings. Taking a discursive approach and drawing on the framework that notes places’ situational meanings, we answer the following questions: What kinds of meanings do outreach workers attach to different places in terms of service accessibility in their interview talk? How do they reflect the promotion of service accessibility through multi-placed outreach work with PWUD?

2. Place: The Core of Outreach Work

We base our analysis on human geographical space theory, which approaches spaces as processual and relationally constituted—not merely as empty and passive backdrops for human encounters and activities but as shaped by physical objects and interactions with other people (Cresswell, 2004; Fuller & Löw, 2017; Lefebvre, 1991; Massey, 2008). Our particular interest lies in how people make spaces—such as parks, streets, service users’ flats, shopping centres, and online platforms—into meaningful places by forming attachments to them in various ways (Cresswell, 2004, p. 7)—in other words, how individuals attach meanings to these places and their materiality through verbal and physical activities and interactions with others, thereby forming personal bonds with them. These meanings can be positive, negative, or somewhere in between, and they are not static but constantly evolving through human interaction, always creating unique meeting places (Massey, 2008). Therefore, the meanings that emerge in outreach work encounters are continually modified and renewed. For instance, public or private spaces that PWUD have previously experienced as unsafe due to threats of abuse may begin to feel safe through the safety-promoting practices of outreach workers.

In line with the above, the concept of “sense of place” underlines the interactional, dynamic, and changing bond between people and place (Cresswell, 2004; Holloway & Hubbard, 2013), “as people construct places, places construct people” (Holloway & Hubbard, 2013, p. 7). People identify with and belong to certain places, can use those places, and can act as themselves in them (Žlender & Gemin, 2020). We define outreach work as a “place-sensitive” approach that challenges cultural perceptions of “good” and “right” places to conduct social and healthcare work. By this, we mean that workers respect PWUD’s personal place-related meanings; they encounter PWUD in their everyday environments, for example, on the streets, in their homes, or online, which often reflect their belonging to certain communities.

People construct place-related meanings through intertwining personal memories, emotions, and sensory experiences (Cresswell, 2004; Holloway & Hubbard, 2013). These meanings affect whether PWUD consider services sufficiently safe to access. Fahnøe (2018) observed that people experiencing homelessness linked emotions of fear and disgust to the “spatial dynamics” of places providing social services, making them avoid those places. This shows that emotional aspects can complicate or prevent PWUD’s service access and extends the discussion of service accessibility beyond geographical or physical accessibility. We assume that outreach work aims to promote services’ emotional accessibility, that is, to mitigate negative experiences by associating places providing social and health services with experiences of trust and acceptance (see Juhila, 2022).

Places are inseparable components of human verbal and bodily interactions (Holloway & Hubbard, 2013), also in institutional encounters (Juhila, 2022). How individuals orient to one another and places in outreach work encounters affects emotional and interactional service accessibility. This determines whether PWUD perceive those encounters as accessible enough to talk about their personal lives and contact the service again. In text-based online encounters, verbal interactions are emphasised. In person, outreach work involves the bodily activity of moving outside the organisation’s facilities. In addition, facial expressions and touching become very meaningful, regulating the physical distance and closeness of participants; for some, it may be more natural to sit beside unfamiliar outreach workers rather than look them in the eye (Ranta, 2023).

Institutional interaction is constructed in relation to who sets the “rules” for verbal and bodily actions in certain places—workers often lead interactions in their offices and service users in their homes (Juhila et al., 2016). Outreach work often happens in public outdoor or online places, where everyone has access and the right to spend time. In this sense, those places shared by all citizens do not regulate the participants’ institutional positions as precisely as offices or private homes. Nevertheless, the places where PWUD spend time and meet their communities can be interpreted as personally meaningful to them, again highlighting the need for outreach workers’ place sensitivity; they aim to recognise PWUD’s “cultural meeting places” (see Van Hout & Bingham, 2013) and respect the “ownership” of those environments. However, the accessibility efforts of outreach workers are shaped by the power relations of their organisations; therefore, those environments inevitably become professionalised. Professional workers thus have the power to regulate the dynamics of those urban or online territories while conducting outreach work in those places (Smith & Hall, 2018). Hence, workers must carefully consider these power relations, for example, in assessing when and how to contact potential service users in certain places (see Andersson, 2013).

The above discussion indicates the usefulness of the multi-placed outreach work concept; it summarises our assumption that successfully promoting service accessibility requires workers’ place-sensitive expertise and understanding of (a) the situational and changing meanings of places and their relation to individuals’ memories, senses and emotions, (b) the intertwining of places and verbal and bodily interactions, (c) the use of public urban and online spaces, especially those constructed as PWUD’s cultural meeting places, and (d) the importance of mobility to various places while respecting PWUD’s privacy.

3. Data

The data comprise interviews with 15 outreach workers in either homelessness work or social and health counselling among PWUD. The first author conducted the interviews in three Finnish cities from 2021–2022 (Table 1).

Table 1. Data of this study.

Service	Number of interviewees	Number of interviews	Length of interviews	Type of interview
Social and health counselling	12	6	586 min	5 group, 1 individual
Homelessness work	3	2	124 min	1 group, 1 individual
Total	15	8	710 min (72–152 min per interview)	6 group, 2 individual

All services examined in this study are free and voluntary for their users and aim to reach PWUD who are not accessing other services for drug-related issues. Social and health counselling's comprehensive approach aims to reduce a variety of health and social risks related to drug use. Typical tasks relate to service access, sharing information on drug-related risks, screening for blood-borne viruses, and providing sterile injection equipment. Homelessness work aims to reach a narrower target group of unhoused PWUD who are outside services to support them in issues of housing, social and health services, social security, and other matters.

The interviewed workers conduct their outreach using a harm reduction approach based on non-judgemental pragmatic principles and practices, meaning that using drugs does not define individuals' human dignity or right to support from social and health services. Service users can contact workers using pseudonyms instead of revealing personal data. The multi-placed outreach work conducted in pairs is based on workers' active mobility and presence in various places to reach and encounter (potential) service users. Workers encounter service users in public outdoor places, in their homes, in other social and health services, and on social media and anonymity-securing online platforms. From the perspective of interaction, online platforms differ from face-to-face environments. However, we included them both in our analysis, as they are both topical everyday environments of PWUD in different life situations. Outreach work on the streets may better reach homeless PWUD (e.g., Hall, 2017; Rowe, 1999), while online environments can, for example, make it possible to reach students and employees (Ranta et al., 2024). To get a complete picture of multi-placed outreach work with PWUD in terms of service accessibility, this kind of comprehensive view of current outreach work environments is essential.

The face-to-face thematic interviews addressed the following themes: the content and nature of outreach work; mobile work, meeting places, and interaction with service users; Covid-19 in outreach work; and personal experiences of doing outreach work. The interviews were conducted in groups or pairs, except for two individual interviews. In one homelessness work interview, the pair had been previously interviewed, as the same worker used to work in social and health counselling (i.e., another context of this study). In one interview, another participant was unexpectedly prevented from attending, so we conducted an individual interview; otherwise, the interview might have been completely missed due to uncertain future service funding. Although we note this interview type differs from group interviews and both types have their special features, strengths, and limitations, we decided to combine these two types in our data. We see this as a justified solution, as the structure of the interview schedule was identical in both interview types and the interview corpus offered a coherent, yet complementary, understanding of multi-placed outreach work. Therefore, we argue that the corpus is valuable data for our analysis and offers much relevant information for this research.

The Regional Ethics Committee provided ethical approval (statement 89/2021) for the study. We adhered to the guidelines of the National Board on Research Integrity regarding responsible and ethical research. The services' parent organisation gave permission to conduct this research. All participants signed written research consent forms and were informed that the study was confidential and voluntary.

4. Method

In this study, we draw on the theoretical framework that notes places' situational and personal meaning-making. We employ a discursive method to analyse how outreach workers construct meanings for different places by connecting certain work activities and service user categories to each place (Potter & Wetherell, 1987). Our focus is on examining these meanings from the perspective of promoting social and health service accessibility.

We started the analysis by simply coding the data corpus to identify all the places where workers encountered and sought (potential) service users. We identified 40 different place types (353 mentions) in the workers' talk (Table 2). The large number of places confirmed that outreach work is justifiably described as multi-placed work and that reaching and helping PWUD requires visiting many places.

Table 2. Places where multi-placed outreach work service users are sought and encountered.

Place	Number of mentions in the data
Streets (also a general term for public outdoor spaces)	71
Anonymity-securing instant messengers (WickrMe)	24
Service users' homes	22
Other organisations' facilities (no specified service type)	21
Home or housing company yards; (nearby) parking lots	18
Instant messengers that do not secure anonymity (WhatsApp, Facebook Messenger)	17
Various districts (city centre and others)	15
Day centres/low-threshold meeting places	14
Parks	14
Outreach work organisations' facilities	13
Shopping centres and environs	12
Dark web public discussion forums	10
Cafés/restaurants	9
Cars	8
Environs of substance use services facilities	8
Housing and temporary accommodation units	8
Social media (public posts, e.g., Instagram, Facebook)	7
PWUD's everyday environments (not further specified)	6
Phone calls	6
Other places needed and/or chosen by service users	5
Needle-exchange services	5
Outpatient substance use treatment/opioid substitution treatment	4

Table 2. (Cont.) Places where multi-placed outreach work service users are sought and encountered.

Place	Number of mentions in the data
First aid/emergency unit	4
Public transport stations	4
Police stations	4
Groceries	4
Social services	3
Blood testing laboratories	2
Parking garages	2
Primary or specialised healthcare	2
Inpatient substance use detoxification or rehabilitation units	2
Underpasses	1
Birth control clinics	1
Public toilets	1
Psychiatric services	1
Prison and probation service	1
Breadlines	1
Sex shops	1
Prisons	1
Video calls (Teams)	1

In the second phase, we proceeded to an actual discourse analysis by examining the meanings workers attached to those places in terms of service accessibility. We identified five kinds of place-related meanings, which varied in relation to the type of sought or encountered service user category. In some places, workers tried to reach new service users, and in others, they attempted to reach familiar users or both. Some places enabled workers to contact service users, whereas others enabled users to contact workers on their own initiative. Place-related meanings were also discussed in relation to the service whose accessibility was promoted. This place-related talk mostly reflected the aim of promoting outreach work accessibility specifically, but some concerned overall social and healthcare accessibility. This phase confirmed places' key roles and a wide range of meanings in outreach work. Thus, we concluded that workers' place-sensitive understanding is crucial in promoting service accessibility for PWUD.

Next, we describe the third phase of the analysis and scrutinise in detail the workers' reflections on how service accessibility is promoted in practice when they seek and encounter (potential) service users in various places. We illustrate how they intertwine this "accessibility work" with place-related meanings and specific service user categories and the kinds of place-related knowledge this requires in outreach workers.

5. Results

The Results section comprises five subsections. First, we discuss the most generally discussed places in the data: those where new and missing people are specifically sought. The next two subsections concern the meanings associated with places where workers are intentionally visible to PWUD and accessible at the

service users' own initiative. The final two subsections illustrate meetings arranged in specific places. The first four subsections consider place-related meanings that promote outreach work accessibility. The last section describes the promotion of general social and healthcare accessibility. In the data extracts, W1 refers to Worker 1, I1 to Interview 1, etc.

5.1. Places of Seeking and Finding: Promoting Outreach Work Accessibility for New and Lost-to-Contact Service Users Reached by Chance

Most often, places' meanings in outreach workers' talk are related to their aim to seek and find both new service users, that is, PWUD outside services, and familiar lost-to-contact service users with whom they had lost touch after previous outreach work contact. The aim is to promote outreach work accessibility. Workers portray encounters in these public outdoor and indoor places as unpredictable both for workers, who cannot know whom they will meet, where, or when, and for PWUD, who cannot know workers' locations in advance.

In the data, workers often describe how they deliberately and regularly seek potential service users in public indoor spaces targeted at PWUD:

One place where I go once a week is a needle exchange unit. It's pretty good, because those people are all our target group. Everyone uses drugs intravenously, and then how they [in a unit] in the end talk about housing and other things. (W1, I1)

W1's argument regarding the effectiveness of visiting a service, particularly for PWUD, is relevant to accessibility; they aim to reach PWUD experiencing homelessness, who most probably can be found at needle exchange services. Outreach workers' presence in a needle exchange unit is also useful for homeless PWUD, as the unit's support is not focused on housing issues. This indicates that these outreach work places are carefully considered to seek potential service users among a certain group, differing from public outdoor spaces, where workers seek potential service users among all citizens. According to W1 (I1), outreach work on public streets is based on seeking and meeting new people by chance. Based on the workers' reflections, a key principle of outreach accessibility work is to offer support in PWUD's everyday environments:

If you want to reach [PWUD] who are outside services, it is almost the only way. There's a reason why people aren't there [in services]. They can't get there, the threshold is too high or it [the service] is too hard to reach. So, we must go there where those people are. (W12, I7)

W12 stresses that no other possibility exists of reaching PWUD outside services than going "where those people are." According to W12, outreach work practices differ from other services; instead of waiting for PWUD to visit service facilities, workers take services to their everyday environments to reach the target group. This can be interpreted as accessibility work, especially for previously unreachable PWUD who experience other services as "hard to reach" due to inaccessibility, which W12 illustrates with a metaphor of too-high threshold.

Workers' interview talk mirrors how promoting accessibility for PWUD who experience services as inaccessible requires considering situational factors when visiting the streets. If "people don't flock anywhere" in public, as in W11's (I6) city, reaching PWUD requires assessing when it is beneficial to take to

the streets to seek people, such as considering the season or time of day: “In the early morning hours [in winter] you reach people who are completely outside services, sleep under the open sky and are in need of rapid help.”

“Patching” other services’ inaccessibility emerges in W4’s (I3) statement: when workers visit the outdoor area near substance use services, they often meet people committed to substitution treatment and therefore not outreach work’s target group. However, their “need to talk is great” because of the substitution treatment’s experiential inaccessibility (see Räsänen, 2025): “Sharing their lives, situations and personal issues may not be possible in the treatment unit, or there may not be time to listen.” This creates a need to promote experiential accessibility (see Vanjusov, 2022) through outreach work. Workers also reflect on situations when they have contacted familiar PWUD on the streets if they see an opportunity for a referral to new people accompanying familiar PWUD. W6 (I3) describes how they offer small bags containing clean needles and contact information so that those people can contact the outreach work service later, which is a discreet way of promoting accessibility. Discretion is underlined as a key strategy, especially in encountering new people:

With the new and unknown people on the streets, we’re on their territories. In their spaces. We must think carefully about which group to approach and with what timing and with what agenda. Like, is it okay if we come and talk to you? They are spending their own time there. (W3, I2)

Conducting outreach work with “new and unknown” PWUD on the streets requires respecting their “territories” and “spaces.” W15’s description highlights how promoting accessibility is possible only when workers thoroughly consider not only where to conduct their work but also how to approach people, respect their self-determination, and behave as a “guest” (see Juhila et al., 2016) on the streets (W15, I8). The same worker argues that this requires PWUD to choose how to physically orient to places, for example, when discussing where to conduct bloodborne virus tests: “It can be in front of the main doors of the train station, or it can be anywhere, we will do the test wherever that person wants.” One service user’s feedback that W7 (I4) cites, “sometimes these things work out better when sitting on a kerb,” highlights the interactional accessibility (see Raitakari, 2023) of outreach work; the service user and worker sat quietly beside each other on the streets and “looked at clouds in the sky” without feeling oppressed to talk about heavy issues.

The moment of making contact requires careful consideration of how to begin talking with potential service users. Workers narrate how they avoid labelling them as “drug users.” Instead, they offer blood-borne virus tests that anyone might have (W15, I8) or woollen socks, mittens, or food to start a natural conversation with new people (W9, I6). This empathic gesture can be interpreted as the aim of promoting experiential accessibility (Vanjusov, 2022). According to W14 and W15, meeting PWUD on the streets promotes emotional and interactional accessibility; unlike in offices, encounters in public places are “natural,” “informal,” and “more safe and less stressful and exciting” for PWUD (I8).

Workers sometimes seek out previously known PWUD whom outreach work had lost touch with. They are often homeless and lack phones, making contacting them difficult:

We called around and went looking for this person from [three day centres] because their appointment [in another service] will be soon, like, where we can find them? And then on the streets, we were like,

“Oh, now you’re over there” and “You have the appointment, do you to want to go there? We’re here for you now, or don’t you want to?” Then we called the substance use service and said that we’ll come a little late. (W15, I8)

W15 indicates that finding this service user required concrete, persistent, and multi-placed seeking from day centres and streets. Consequently, they found the person to confirm by chance that they would be on time for an appointment. Based on W15’s description, success in promoting accessibility relied on serendipity (Nygaard-Christensen, 2024); had the workers not found the person on the streets, they could not have ensured the visit to another service. In W15’s narrative, promoting accessibility required many steps. First, the workers sought this person in various places. Second, they discreetly persuaded them to fulfil the appointment while respecting their right to self-determination. Third, they called the service during the street encounter to say they would arrive, albeit late. Had this accessibility work been absent, both the outreach work and the other service would likely have remained inaccessible to this person. Sometimes, workers also reflect on how they promote the accessibility of several outreach services simultaneously by visiting the streets in pairs with other services specialised in certain issues, such as sex work. As W12 (I7) puts it, PWUD often have multiple needs, so it is meaningful to offer as much support as possible in a single encounter.

5.2. Places of Observation and Becoming Visible and Familiar: Promoting Outreach Work Accessibility for People Seeking Help on Their Own Initiative and Reached by Chance

This subsection describes workers’ reflections on physical and online places where the aim is to become visible and familiar to potential service users to enhance their future accessibility to outreach work. We interpret that this promotes accessibility, especially for PWUD who want to contact workers on their own initiative. In face-to-face work, this “visibility work” is often done via concrete “seeking work” on the streets (described in the previous subsection); workers often picture how they stop moving from place to place and spent time in certain places to be maximally accessible to potential service users. These encounters are described as unpredictable for both workers and service users, who cannot know in advance where, when, and how long workers will be “on call.” Workers also state that they observe events in PWUD’s everyday environments, increasing their understanding of where best to contact potential service users.

W7 (I4) argue that being visible on the streets is one of the most important outreach practices. From the perspective of accessibility, it promotes PWUD’s understanding of the work’s purpose—“Hey, this is what we do”—and thus lowers the threshold to contact them. It also sends the inviting signal to PWUD in public that “you are all allowed to talk to us.” Based on many interviews, relevant to promoting accessibility is that visibility and familiarity make it easier for potential service users who have seen them in public places to trust and contact them in the future, even for sensitive matters: “It might start with giving syringes and needles, and in a year or two, it might be time to take care of a bit bigger issue together” (W12, I7).

W9 (I5) reflects that contacting new PWUD needing help require that they “sit down and be visible, present” instead of continually walking, so people would not have to chase them. This is deemed a condition for outreach work to be accessible to new people. According to this worker, outreach work was a new concept in their city, and people were surprised that workers could “sit on the bench in the middle of the streets” and talk about drug use. “Sitting” without strict time limits can be interpreted as promoting temporal

accessibility; this worker describes a service user who was amazed that, unlike services offering 45-minute appointments, these workers were in no hurry. In this sense, outreach work “patches” other services’ temporal inaccessibility. This worker continues with the following service user feedback:

It’s like one service user said that they think we are visible enough: “You are present, we know that even if we are sitting in the park, you are here where we can come and contact you and tell when there’s an emergency. But what we’re asking is that don’t hang around here too much, like the police do.” It’s somehow their place of protection, place of safety. They’re consuming drugs there, they need a peaceful moment for that too. So [quoting the service user], “if you are next to us or a little distance away, then yes, we will come [to take a contact], no problem.” (W9, I5)

In this excerpt, promoting accessibility relies on respecting PWUD’s “cultural meeting places” (see Van Hout & Bingham, 2013): public places where they consume drugs. W9 describes these as PWUD’s places of “protection” and “safety,” underlining the aim of respecting these places and those spending time there. In service users’ talk, being accessible means something other than acting as a control agency, such as police who disrespectfully “hang around” in PWUD’s places. The service user desired that outreach workers still be accessible; they can be “on call” “next to the park,” that is, near the place important to PWUD, yet giving them adequate physical and personal space and the autonomy to decide when to contact workers. In sum, to enable offering outreach services in the first place, promoting accessibility must be based on the principle of respecting PWUD’s self-determination and “territories” (W3, I2).

Promoting accessibility by being visible or making outreach workers’ faces and names familiar appears in many ways in our data. Workers describe that they publicise their activities by posting (W3, I2) and offering information to potential service users on social media (W4, I3). They also maintain long-term “ads” in public places, such as groceries’ notice boards (W11, I6), and online, such as in dark web online forums. Workers see the dark web as a successful place to promote accessibility and reach PWUD outside services who do not want to show their faces in physical services and be labelled as “drug users” (W4, I3). The key is workers’ visibility in drug market forums, that is, PWUD’s “cultural meeting places” (Van Hout & Bingham, 2013). Their “pinned ad” resemble a “silent jungle drum that reaches people very well” (W9, I5). The metaphor reflects the ad’s effectiveness; it reaches potential service users without workers putting in concrete effort to seek them and disturb their conversations in those forums.

Workers also reflect on how they used these places to observe events in PWUD’s everyday environments. We interpret that this promotes service accessibility by increasing workers’ understanding of where to initially contact potential service users and of phenomena related to illicit drug use, an aim of outreach work both on the streets (W2, I3) and online. Workers recognise the importance of belonging to local drug market groups on WickrMe, the anonymity-securing instant messaging application they also used for private chats:

We don’t send any messages there [in the groups]. But when we were added to those sale groups, we sent a message that we are not there to follow what everyone is selling or anything. And then, we founded our own Wickr[Me] group, to which people could then add each other. We announce there that, hey, we will go to the streets now or test or something. We just observe what drugs are being sold and at what price. (W11, I6)

W11 stresses that they do not use sale groups to send messages but to understand drug markets. They announced this in those groups, underlining that outreach work is not a control authority; this respects PWUD's territories and makes workers' presence there acceptable, thus making the service more accessible. Workers say that they founded their own WickrMe group to enhance outreach work accessibility. PWUD themselves determine whether to join it and are not forced to follow workers' posts. We interpret this voluntary approach as promoting the experiential accessibility of outreach work.

5.3. Places as Permanent "Anchor Points": Promoting Outreach Work Accessibility for Service Users Who Take Contact "in Situ" or Later on Their Own Initiative

This subsection presents descriptions of places as permanent "anchor points" to promote outreach work accessibility. New and familiar service users are informed that workers can always be reached in these exact physical and online places at service users' initiatives as needed.

A frequently mentioned physical "anchor point" is the day centre, whose facilities host some outreach work offices. According to W1 (I1), this place is important to confirm the continuity of relationships with service users. The phrase "we don't disappear, we can be found here" reflects the promotion of long-term accessibility; people know they could contact the workers later, if needed. W3 (I2) reflect on how they send text messages to remind people whom they had not seen lately, such as "we're here; you could visit us whenever you feel like it." This promotes accessibility for those who might otherwise "disappear" from services, lowering the threshold to contact the service later because people are welcomed to visit the day centre again. As evidence of such accessibility work, W2 (I1) describes service users who disappear for a long time but return to ring the centre's doorbell. They often look "very tired" and "cannot tell why they came; they just stand there," but the service remains accessible, even after a long break.

Many of the interviewees describe outreach work encounters that happened online as "anchor points" that PWUD could always reach. For instance, instant messengers, such as WhatsApp and Facebook Messenger, do not depend on where workers are and moved or where service users spend time. People lacking phones often visit day centres to use those applications on computers (W15, I8). The possibility of using these applications can be seen to promote accessibility for people who do not have money to call but have internet access. Furthermore, PWUD encourage one another to use the applications to contact outreach work (W6, I3), which promote service accessibility to a wide audience.

Whereas those applications reached familiar PWUD, WickrMe, an anonymity-securing instant messenger, especially reach PWUD outside physical services: "younger people," "hormone users," and "students" (W1, I4). Thus, we interpret that offering many online places comprehensively promotes accessibility to people in various circumstances. W12 (I7) explains how PWUD use WickrMe to contact workers to arrange face-to-face meetings and discuss other issues. For some, WickrMe is the only way to access services, that is, to contact outreach work without the risk of authorities discovering their drug use. It also has other benefits:

I see the use of Wickr[Me] as a street-credible way to communicate. When we say, "hey, we have Wickr, you can contact through that," people are like, "what, you have Wickr, why are you there? That's where drugs are sold." I'm like, "well, doesn't it specifically serve the target group?" Then, someone might think,

like, “okay, these people are in the right place,” and I think that’s why they contact us. I believe we reach a different target group there than somewhere else. (W5, I4)

The excerpt reflects how using “street-credible” applications promotes outreach work accessibility by inspiring confidence among PWUD who do not trust authorities or social and health services, assuring them that workers will not judge them and confirming that workers know about PWUD’s everyday environments. This highlights again that without going to places that promise anonymity, services would not be accessible to all who need them.

5.4. Pre-Arranged and Individually Selected Places: Promoting Outreach Work Accessibility for Previously Reached Service Users

This subsection describes individually selected places where outreach work is conducted with familiar service users. These meetings are pre-arranged at a specific time and place to address a specific matter. Workers cite the importance of service users’ opportunities to choose a place that promotes the emotional accessibility of outreach work.

All the interviews include discussions of service users’ opportunities to choose the meeting place. Workers describe a spectrum of places where they meet PWUD (see Table 2), “anywhere” they need (W7, I4). One, a café, enabled service users to make other choices:

W2: They can decide, like, where do you want to sit; the client always gets to choose what is the safest place for them in that café.

W1: It’s so easy to start the meeting with as ordinary a thing as ordering food. I think it’s a great way to orient to the meeting and talking as well.

W2: And maybe the possibility to eat something motivates and the fact that it’s easier to arrive [in the café]; they know like, “Yeah, there’s the park, it’s there, I know the place, there’s the door.” (I1)

Workers describe their ways of promoting emotional accessibility by letting service users choose how to orient physically in the café to make the encounter feel safe. As W1 later put it: “They [PWUD] don’t have to be stressed that is someone watching them” with a labelling gaze. The café allows workers to promote interactional accessibility by beginning the meeting with the “ordinary” topic of “ordering food”—a discussion between two equals—cultivating a safer atmosphere to discuss personal issues. W1 presents the café as an accessible place, as the opportunity to eat motivates PWUD to come. The café also makes it geographically accessible if the place is familiar to service users. Later, W1 and W2 describe the importance of service users being able to leave cafés quickly if they become anxious (I1).

Workers picture how giving people a clean needle bag in pre-arranged places might be as quick an event as buying drugs in public places: “We arrive, see each other in a grocery parking lot, give a bag, and they leave, like, ‘Thanks, bye’” (W9, I4). The worker tells that they understand this, as some PWUD “do not want to be caught at any level,” for example, if they are employed and their drug use is concealed from others. Thus, being able to conceal the use of a substance use service from public view is seen as essential to promoting accessibility.

W14 (I8) deemes quick “parking lot meetings” useful because they give PWUD a chance to begin trusting them and contact them later to “take care of other things...escort them to services and like that.” Eventually, these encounters could promote accessibility not only to outreach work but also to other services.

In the interview talk, homes were described as common places for pre-arranged meetings. W15 (I8) states that some PWUD have severe health issues and “cannot go anywhere from their flats”. Thus, we interpret that encounters in service users’ homes both promote physical accessibility and conceal their face from public labelling, promoting experiential accessibility: “They might still keep up their appearances; they can still be working or self-employed, and the drug use has gone beyond control, but there is a very high threshold to contact any services.” In addition, home constitutes a special place in terms of interaction:

W4: I believe that people open up about their lives when we meet in their homes....It can also totally change their behaviour. They must play a certain role on the streets and can’t show their sensitivity or bad feelings. But in a safe home, where there’s no one else there but us, it’s easier to show their sensitivity.

W5: I can ask without rushing...what is the kind of thing that should be taken care of now, and I can focus on that person’s situation. (I3)

W4 illustrates how place affects emotional accessibility and, thus, the content and process of interactions. On the streets, PWUD must play a “role” that promotes survival and cannot include sensitive features, whereas in private homes, they can abandon that role and show even “bad” feelings. When service users can act as they truly feel, they can receive the needed emotional support. W5 points out that home is a fruitful place to address issues that needed concentration, which is difficult on the streets, where many people have needs. We interpret that focusing on individual concerns without rushing promotes experiential accessibility.

5.5. Places Requiring Escorting: Promoting Overall Social and Health Service Accessibility for Previously Reached Service Users and Those Reached by Chance

This subsection includes workers’ descriptions of their efforts to promote overall social and health service accessibility, which requires moving with service users from one place to another and concretely escorting PWUD to specific services. The escorts are often pre-assigned, but they are also conducted “in situ” with PWUD encountered by chance.

Workers contend that it is important to escort people wherever they need: “If necessary, there is no place where we can’t go” (W9, I5). Promoting accessibility requires meeting PWUD’s individual needs and going to any places of social and health services. Workers underline that this is particularly important among those physically or mentally in “bad condition” (W14, I8) and whose “life situation is so knotted”; in those situations, “it’s very, very challenging to get to a certain place at a certain time” (W15, I8). Due to drug-related challenges in service users’ lives, workers expend great effort to make social and health services accessible and offered to go “together” with those services. Sometimes, several transitions between many places make services truly accessible; workers describe how they might first persuade service users to a café to address housing issues and, after coffee, drive them by car to a substitution treatment clinic to get medicine (W9, I5). Generally, cars were deemed an inevitable tool for escorting people from one service place to another.

Based on the interviews, not all accessibility problems are related to PWUD's personal lives. Many PWUD have been treated badly in services and want the outreach worker to join the appointment "to be there for them" to make emotionally accessible places formerly associated with negative emotions, such as "anxiety" and "tension" (W3, I2; see Fahnøe, 2018). The presence of "familiar" workers make these encounters safer for service users and thus promotes interactional accessibility; they interpret professional talk to service users and tell their stories to professionals when needed (W3, I2). Workers highlight that all this is based on service users' wishes; they choose whether to go to places alone or with workers and choose whether workers introduce themselves as substance use workers or "support persons" (W15, I8). Accordingly, promoting experiential accessibility requires service users to decide whether their drug use is revealed to professionals. Sometimes, difficult emotions are handled "in situ" in places of services:

I sat in the emergency room with one client for many, many hours....I remember that we got to see the doctor, and then the doctor said that they now have to find out about these and these things. When we went to wait again, this client asked me whether they could get to the ward or not. This young person was very pissed off: "What a fucking shitty doctor who doesn't know anything, they just gave an excuse, they're going to say soon that it won't work out." I was like: "You know, for me, it seemed that they really listened to you, and you listened well to this doctor. And you know, they must figure out these things first. But I feel that they're trying their best to get you into the ward, but they can't make that decision on their own." Right away, this person was like: "They were a nice doctor; there are rarely such nice doctors. Maybe they've just started, 'cause they don't have that [negative] attitude." (W15, I8)

W15 illustrates putting the promotion of emotional accessibility into practice by awaiting the decision of whether the service user could access the ward. Sitting "many, many hours" in an emergency room involved diverse place-related emotions, from the service user's frustration and anger to acceptance. In W15's narrative, they provided a relevant perspective to the service user, who was probably frustrated with health service practices generally, which felt personally unfair, rather than with the individual doctor. This accessibility work required the worker to negotiate the issue with the service user from the doctor's perspective and diplomatically give their own view of the doctor's behaviour. Making the visit feel something other than negative required that the outreach worker (a) concretely go there with the service user, (b) sit there for several hours, and (c) discuss with the service user the negative experiences related to that place.

6. Conclusion

This study analysed Finnish outreach worker interviews to understand the meanings attached to various places in terms of service accessibility and how they reflected on the promotion of service accessibility by conducting multi-placed outreach work with PWUD. Table 3 summarises the results.

Our results show that places have various meanings in outreach work and play a key role in promoting service accessibility for PWUD. Workers constructed places and activities there meaningful, especially when considering (a) to whom (e.g., new or previously reached service users) and how (e.g., by moving or staying still) service accessibility was promoted, (b) who was expected to make contact (outreach worker or service user), (c) what kind of encounter was sought (pre-arranged or unexpected), and (d) whose accessibility (outreach work or overall social and healthcare) was promoted.

Table 3. Places where multi-placed outreach work service users are sought and encountered.

	Meanings of places in terms of service accessibility	For whom accessibility is promoted	PWUD know in advance where to find workers	Promoting the accessibility of
1.	Places of seeking and finding	New and lost-to-contact service users (with whom outreach workers had lost touch after previous contact) reached by chance	No	Outreach work
2.	Places of observation and becoming visible and familiar	Service users reached by chance who make contact “in situ” on their own initiative	No	Outreach work
3.	Places as permanent “anchor points”	Service users who take contact “in situ” or later on their own initiative	Yes	Outreach work
4.	Pre-arranged and individually selected places	Previously reached individual service users	Yes	Outreach work
5.	Places requiring escorting	Previously reached individual service users or those reached by chance	Yes	Overall social and healthcare

The analysis indicates that a multi-placed approach promotes not only outreach work but also overall social and health service accessibility. The latter usually requires workers moving from place to place with service users to escort them to services. Our results also imply that many PWUD are at risk of dropping out of services or are users of some services whose support in practice remains experientially inaccessible to them (see Räsänen, 2025). Thus, for many PWUD, multi-placed outreach work may represent essential accessibility work that “patches” other services’ inaccessibility; it is a prerequisite for integrating them into needed services. This aligns with findings suggesting that outreach work is central to the “chain of trust” between social and healthcare and people outside services (see Pauly, 2014). The finding of outreach work’s task of “patching” other services’ inaccessibility also comes near what Fahnøe (2017) calls “social repair”: By encountering people in marginalised positions in their own living environments, outreach work aims to strengthen service users’ rights, belonging and position as citizens through restoring or establishing beneficial social relationships with welfare organisations and nearby communities.

Our study suggests expanding the picture of who benefits from multi-placed outreach work in terms of accessibility. Compared to traditional “footwork” on the streets that often focuses on encountering homeless people face-to-face in public places (e.g., Hall, 2017; Nygaard-Christensen, 2024; Rowe, 1999; Smith & Hall, 2018), multi-placed work that combines online, public and private environments seems to reach PWUD in various life situations, from students and employees to people experiencing homelessness (see also Ranta et al., 2024). Service users can choose the safest place among the diverse options, which is essential to accommodating personal place-related meanings and emotions (see Cresswell, 2004; Holloway & Hubbard, 2013). The study illustrates that, according to workers, PWUD may associate negatively interpreted emotions with places of social and healthcare (see Fahnøe, 2018). In those cases, outreach work is meaningful in promoting emotional accessibility by acting as a two-way interpreter between services and PWUD, changing those meanings in a way that better enables PWUD to contact those services in the future (see Juhila, 2022). This observation led us to share Fahnøe’s (2018) view that the intertwining of places, policies, and emotions must be broadly considered in social and healthcare policies and practices.

The analysis confirms the relevance of workers' expertise and place-related knowledge in outreach work. First, place sensitivity consists of understanding each service user's individual evolving meanings of places and their relation to memories and emotions. Second, it requires reflecting on how places and verbal and bodily interactions intertwine and giving service users the power to determine the flow of interactions in those places to make them safe. This shows how multi-placed work balances service user-worker power relations. Third, workers understand the importance of their mobility and to work concretely in various places while respecting PWUD's privacy. Fourth, outreach workers have relevant knowledge of how public places are at least partly segregated and how PWUD use and construct them as their "cultural meeting places" (see Van Hout & Bingham, 2013). In future research, it would be important to study how PWUD themselves reflect their views about the professionalisation of their urban or online "territories" when workers as professionals regulate the dynamics of those places by conducting outreach work there (see Smith & Hall, 2018).

We aimed to gain an understanding of workers' views regarding multi-placed work and its place-related meanings in terms of service accessibility. Therefore, we are not able to conclude how multi-placed work encounters appear in situ or how clients experience them. Future studies should analyse in detail how the meanings of individual places appear to PWUD and outreach workers and how these meanings are produced in real-life encounters between those participants. However, our analysis broadens the picture of outreach work and illustrates its diverse practices; it involves much more than the narrow understanding of seeking PWUD outside services in public places (i.e., the first subsection of the Results). It also means, for example, workers' visibility in PWUD's everyday environments, concretely seeking service users with whom outreach work had lost touch, and moving from place to place with PWUD. Our analysis highlights how multi-placed outreach work promotes service accessibility from multiple perspectives (about multiple aspects of accessibility, see, e.g., Raitakari, 2023; Vanjusov, 2022), such as physical, emotional, interactional, and experiential accessibility. While promoting accessibility requires workers to concretely move into PWUD's "territories," accessibility is not about physical accessibility alone. This study identifies, however, that with PWUD, physical accessibility is often a prerequisite for realising other aspects of accessibility.

To conclude, this study demonstrates the need for place-sensitive understanding in all social and health services for PWUD. For service accessibility, place really matters. Different places have situational purposes and serve work practices and individual encounters in diverse ways, depending on the situation and the work's aim. Moving to PWUD's everyday environments and individually selected places enables them to respond comprehensively to their situational needs, protecting their anonymity and avoiding the stigma of a "drug user" (Ranta et al., 2024). Multi-placed outreach work will not solve all service accessibility problems, but this study confirms that it is needed to promote a more equal society. Ultimately, PWUD's access to necessary services is also a question of their access to human rights and social inclusion.

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The authors declare no conflict of interests.

Data Availability

The data of this study are not publicly available due to ethical reasons.

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