

Photovoice in Alcohol and Drug Education

Over the past few years photovoice has been gaining popularity in health education. There is a growing body of literature around this technique. Some other terms that are used to describe this technique are *photo novella*, *foto novella*, and *photonovel* (Wang & Burris, 1997; Weaks, 1976). It is a participatory method of data collection. The photovoice process entails use of photographic images taken by people who are usually disadvantaged and may have less money, less power, or lower status (Strack, Magill, & McDonagh, 2004). The purpose of photovoice is threefold: (a) conduct community needs assessments regarding community assets and deficiencies; (b) promote dialogue around issues of concern, and (c) foster change by educating policy makers (Wang & Burris, 1994, 1997).

Photovoice has been used in the context of alcohol and drug education. Goodhart and colleagues (2006) used photovoice to complement National College Health Assessment data at Rutgers University. The students conducted the photovoice project themselves and collected data using photography. They then discussed their photographs with policy makers and shared recommendations for change. The issue of alcohol and drugs came out of the photovoice along with safety issues, nutrition issues, sexual health issues, and campus parking.

Another study that used photovoice for alcohol and drug education was the project done by Wilson and colleagues (2008) called Youth Empowerment Strategies (YES!) which was funded by the Centers for Disease Control and Prevention. This project was done with underserved elementary and middle school youth and aimed at developing problem-solving skills, building ability to engage in social action, and showing civic participation. An after-school program was utilized and the primary purpose was to reduce rates of alcohol, tobacco, and other drug use. The core of the educational activities was the use of Photovoice that led to critical dialogue by the group and generation of social action projects. The students took pictures and reflected on those

using the SHOWED acronym: What do we see in this picture? What's really happening? How does this relate to our lives? Why does it exist? What can we do about it? A critical dialogue was facilitated around the photographs that led to development of social action projects.

In a study done in the South-eastern United States, nine immigrant Latino men from three urban housing communities used photovoice to identify sexual and alcohol risk behaviors (Rhodes et al, 2009). Data analysis identified 13 themes from which a conceptual model to explain risk among immigrant Latino men was created. This study is an example of the use of photovoice for community needs assessment.

Besides alcohol and drug education, photovoice has been used in other areas such as assessing physical activity and nutrition environments (Fitzgerald, Bunde-Birouste, & Webster, 2009), documenting play experiences of children (Berinstein & Magalhaes, 2009), discussing experiences of mental illness (Fleming, Mahoney, Carlson, & Engebretson, 2009), understanding racism (Ornelas, Amell, Tran, Royster, Armstrong-Brown, & Eng, 2009), gauging perceptions of health (Vaughn, Rojas-Guyler, Howell, 2008), and improving family planning services (Schwartz, Sable, Dannerbeck, & Campbell, 2007). Photovoice is becoming more and more common in health education.

Photovoice as a technique for use in alcohol and drug education offers several advantages and has some disadvantages. The first advantage of this technique is that it is an excellent means to initiate dialogue in a community setting. It is especially useful for those people who do not have a say in matters of importance since it gives them a way to express themselves. Second, this technique is relatively inexpensive. The price of cameras has come down and they can easily be afforded by a majority of individuals and community groups. Cameras can be rented or loaned for a nominal price. Digital cameras are also available which produce excellent images that can be reproduced and easily transmitted. Third, photovoice yields images which can be analyzed to generate themes and meaningful interpretation can be obtained. This interpretation can often lead to social action around the problems identified. Fourth, the method of photovoice fosters creativity and problem solving skills. These skills are quite helpful for community-based work. Finally, photovoice provides an opportunity to document permanently an image that may be evidence of a problem. This documentation can be used to compare images in the future and document that change has occurred.

In terms of the disadvantages of the photovoice method, it is only a qualitative method. Quantitative work cannot be done with the data obtained from photovoice. Second, a disadvantage that Wang and Buris (1997) note is that personal judgment plays a very important role. Who is the person taking the photograph, what frame has been selected by the person taking the photograph, which frame has not been selected, which photograph has been selected for discussion, and so on, are all subjective matters. Thirdly, data analysis from photographs is not an easy task. There can be multiple interpretations of the same photograph. Finally, a photograph is but a single snap shot of the reality. But the reality is dynamic and changing. So the construction of the reality from a photograph is not always complete.

To conclude, it can be said that photovoice is an emerging technique in the repertoire of alcohol and drug educators. It must be used and evaluated in a variety of contexts and settings within the field.

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