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Characteristics of heroin and cocaine users unknown to treatment agencies. Results from the Swiss Hidden Population Study

Summary

The aim of this study was to compare the characteristics of heroin or cocaine users who are not in contact with drug treatment agencies in Switzerland to the characteristics of a group who are in treatment. A sample of 917 users of heroin and/or cocaine was recruited outside treatment settings by 31 Privileged Access Interviewers. Respondents were divided into a study group of 512 heroin and/or cocaine users not following any treatment, and a control group of 238 users who were following treatment. Respondents in the no-treatment group use drugs less frequently, are less likely to inject drugs, have a more social pattern of use and more often have the impression of controlling their drug use. They have less contact with the legal system and the police, are in a better social situation and more often perceive themselves to be in good health. In both groups, respondents whose main drug of use is heroin generally have a more problematic pattern of use than those who use mainly cocaine. There are no significant differences between the two groups regarding present HIV-risk behaviour and prevention. The data show no significant association between the duration of use of heroin or cocaine and signs for problem use. These findings support the hypothesis that drug users not in treatment and drug users in treatment are two distinct populations, in terms of profile of drug use and prevalence of social or health problems that are associated to it.

Studies on the use of illegal drugs most often have to rely on samples recruited through treatment agencies, counselling services, harm reduction facilities or police. The methodological difficulties of data collection on drug users who are found outside these settings makes them a largely "hidden population" on whose characteristics little is known. In order to assess treatment needs and to design public health interventions in the drug field, important research into such "hidden populations" has taken place in recent years. Generally, the aim of these studies consisted in identifying salient features of "hidden populations" and, by comparing them to populations sampled through treatment agencies and services, to complete the scientific knowledge on the use of illegal drugs. Some of these studies have shown the importance of spontaneous remissions from drug use, i.e. the recovery without any contact to treatment agencies²⁻³. Others have allowed to identify inadequacies of the existing offer of medical and social services regarding particular groups of drug users, such as women⁴⁻⁶ and recent-onset users⁷, or to assess the necessity and the effectiveness of HIV prevention measures for injecting drug users⁸⁻¹⁰. Studies involving various populations of drug users unknown to medical or social services also played an important role in establishing the nature and extent of illegal drug use in particular cities, regions or countries, thus providing important information for the design of adequate interventions¹¹⁻²⁰. In Switzerland, recent estimates account for 25000 to 41000 regular users of hard drugs such as heroin or cocaine, depending on the estimation method²¹⁻²⁵. Of them, 17000 are known to be in treatment (2000 in detoxification units, 14000 in methadone treatments and 1000 in heroin treatments)²⁶. There is thus an important proportion of drug users in
Switzerland who are not in contact with treatment agencies. So far, studies on this population have concerned the very specific theme of auto-remissions, or recruited only a small number of respondents for qualitative research. Research recruiting subjects on local drug scenes or through harm reduction facilities has also involved drug users not in treatment. All these studies provide valuable, but mostly only punctual, information on this population. In particular, there is a lack of information on a major issue, pointed out by Robson and Bruce: whether such “invisible” users are simply at an earlier stage in their drug use “career”, or whether they have profiles of drug use or other characteristics which differentiate them from users who are visible because of the medical, social or legal problems they have encountered. In the Swiss Hidden Population Study, a comprehensive database on users of heroin and cocaine who have no contact with treatment agencies was collected for the first time in Switzerland. It covers one of the largest groups of “hidden” drug users reported to date. Drawing on this database, the aim of this article is to explore the characteristics of regular users of heroin and cocaine with no contact to treatment agencies, compared with those of a control group who are in treatment.

Method

Sampling procedure

The objective of the sampling design was to conduct standardised face-to-face interviews with a maximum variety of users of heroin and/or cocaine who have no contact to treatment services in Switzerland. Eligible subjects were defined by three operational criteria: having used heroin and/or cocaine at least 25 times during life; having used one or both substances at least once in the six months prior to interview; not having followed any treatment aimed at modifying the use of heroin and/or cocaine (i.e. detoxification, methadone maintenance, heroin maintenance) two years prior to interview. Subjects were recruited and interviewed by a network of 31 Privileged Access Interviewers (PAIs), according to the recommendations given in the literature. Details on the sampling procedures are described in earlier publications. PAIs were recruited in the whole country, mainly through social workers or through the research team’s personal circle of friends. They belonged to three major milieus: artists (painters, actors, dancers/singers), journalists and public relation workers (radio, television, advertising), as well as different networks of long-time hard drug users. Twenty-seven of them had a personal experience of hard drug use. They were given interview training individually, as well as regular feed-back by the research staff. Each PAI was paid 50 Swiss francs (equivalent to two standard working hours) for every filled-in questionnaire. To ensure accuracy and reliability, intraw questionnaire safeguards allowed to control for consistency of responses. In addition, check for different hand-writings on the interview form (parts of it had to be completed by the interviewer, other parts by the interviewee) allowed to see whether the interview had been effectively conducted. From June 1994 to June 1995, 943 interviews were conducted by the PAIs, covering all major regions of Switzerland. Seven interviews had to be excluded from the sample because of heavily inconsistent responses, 19 interviews had to be excluded after the “graphological check” and we had to cease collaboration with two interviewers.

Information was obtained using a structured questionnaire, designed to be completed within 45 minutes, and made out in three language versions (German, French and Italian) for interviewing in the native language of each region of Switzerland. In order to allow comparisons with prior research, the questionnaire is based on questions and variables that have been used in other research on drug use in Switzerland. Topics covered by the questionnaire and included in the subsequent analysis are as follows:

- Socio-demographics (age, gender, education).
- Substances used in the last six months (cannabis, Rohypnol, barbiturates, amphetamines/ecstasy, hallucinogenes, cocaine, heroin), route of administration (oral, nasal, smoking/inhaling, injection), age of first use, frequency of use (none, less than once per month, several times per month, almost daily, several times daily), self-perceived control of personal use (yes, no, don’t know), desire to stop drug use altogether (very strong, strong, mediocre, weak, non-existent, don’t know).
- Treatments followed in time of life, as well as in the two years prior to interview (detoxification, residential care, ambulant care, methadone treatment), reasons for actually not following treatment (don’t feel the need, good health, don’t know where to go, afraid of being registered, treatment offer does not correspond to expectations, afraid to see GP).
- Contacts with HIV-prevention facilities (needle exchange, chemist’s shops), and with the police (stopped by the police and controlled on suspicion of drug use or drug-related crime) in the six months prior to interview, as well as with courts (sentenced for use of illegal drugs, been in prison) in the time of life.