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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 sam-

pled 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 agencies¹⁻³. 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-remissions²⁷, or recruited only a small number of respondents for qualitative research^{22,28}. Research recruiting subjects on local drug scenes^{29,30} or through harm reduction facilities^{31–34} 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 Bruce¹⁹: whether such “invisible” users are simply at an earlier stage in their drug using “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 date¹⁹. 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^{35–37}. Details on the sampling procedures are described in earlier publications^{38–40}. 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, intra-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.

- Actual social and professional situation (regular full-time or part time job, on welfare, illegal revenues, money problems because of drug use, homelessness) and the social context of drug use (used alone, with friends, in public places).
- Self-perceived state of health (very good, rather good, rather bad, very bad), year of last HIV-test, HIV test-result, HIV risk behaviour in the last six months (sharing injection equipment, condom use with occasional or regular sexual partners).

The interviews were completely anonymous.

The sample

Of the 917 valid interviews, 512 respondents* fit in the three selection criteria and form the study group of drug users not in treatment. In this study group, a large majority (453) indicate that they have never followed any treatment in their life.

238 respondents are cocaine and/or heroin users in treatment and can be considered as a control group of drug users who are in treatment. Treatments followed by the control group in the two years before interview are mainly methadone treatments, followed by detoxification treatments. The remaining 167 respondents could not be classified into either category and are not considered in this article (cf. Table 1).

An assessment of the practical and the methodological aspects of this sampling method, in particular the issues of reliability and validity (40), showed that the database consists of reliable data and is reasonably valid to allow well-founded inferences. Comparisons between study group and control group are allowed, but they are to be considered as independent samples. Moreover, significance testing needs to rely on non-parametric tests. Chi-square tests have been used for categorical variables and Mann-Whitney tests for continuous variables.

The analysis presented hereafter focuses on exploratory comparisons between study and control group, emphasising significant differences. Additionally, multivariate logistic regression (backward stepwise elimination procedure) was performed in order to single out which, among the descriptive variables, are the most important.

Unless otherwise stated, all the distinctive features mentioned in the text are significant at a level of $p < 0.05$. Data was processed with SPSS 7.5 for windows.

Results

Socio-demographics

The age ranges from 17 to 48 years in the non-treatment group and from 16 to 47 years in the treatment group. Respondents in the non-treatment group are significantly younger (median of age 28 years) than those in the treatment group (median of age 29 years). The non-treatment group has a significantly larger proportion of female respondents than the treatment group (30% as opposed to 22%). In both groups, women are significantly younger than men. Level of education is significantly higher in the non-treatment group, where 30% of respondents have a higher education (college of technology/university). This is only the case for 10% of the treatment group.

Profiles of drug use

Most of the individuals in the non-treatment group (49%) are users of cocaine only, smaller proportions are users of both cocaine and heroin (40%) or of heroin only

Total sample	917
study group (total)^a	512
never followed any treatment	88.5%
some treatment in the past (more than two years back)	11.5%
control group (total)^b	238
<i>treatments followed (multiple response possible):</i>	
methadone treatment	63%
detoxification treatment	33%
abstinence-oriented residential care	21%
abstinence-oriented ambulant care	13%
not attributable	167
^a Used heroin and/or cocaine at least 25 times in life, cocaine and/or heroin use at least once in the six months prior to interview, no treatment in two years prior to interview.	
^b Used heroin and/or cocaine at least 25 times in life, cocaine and/or heroin use at least once in the six months prior to interview, treatment in two years prior to interview.	

Table 1. The sample.

* The number of eligible subjects mentioned here (512) differs from earlier published results (508). This is due to a thorough "cleaning-up" of the database, during which it appeared that 4 individuals had been wrongly attributed.

(12%). Respondents in the treatment group are more likely to use both heroin and cocaine (73%), and less likely to use only heroin (18%) or only cocaine (9%). The main substance of use** is cocaine in the non-treatment group and heroin in the treatment group. Median age of first use of heroin or cocaine is significantly higher in the non-treatment group (19 years) than in the treatment group (18 years). In both groups, the median duration of use of heroin or cocaine is 9 years, ranging from 1 to 27 years in the non-treatment group, and from 1 to 28 years in the treatment group. This distribution is significantly different ($p < 0.02$): the duration of drug use in the non-treatment group is slightly shorter than the one in the treatment group.

Comparisons between the frequency of use of individual drugs are shown in Table 2. Except for cannabis, the non-treatment group uses drugs less frequently than the treatment group. In both groups, users of mainly cocaine use less frequently than users of mainly heroin. In both groups, there is no significant correlation between the frequency of use of the main drug (heroin or cocaine) and the number of years this drug has been used. In the non-treatment group, 18% have used drugs by injection in the six months prior to interview. This is a significantly ($p < 0.001$) smaller proportion than in the treatment group (70%). When controlled for the main substance used (heroin or cocaine), it appears that heroin users are significantly ($p < 0.001$) more likely to inject in both the non-treatment and the treatment group. But the differences between the two groups remain significant

** This category is based on the frequency of drug use in the six months prior to interview. Cocaine is considered main substance of use if it has been used more often than heroin. Heroin is considered main substance of use if it has been used at least as often as cocaine.

Drug	No use		Less than once a month		Several times a month		Almost daily		Several times daily		Level of sig. (Mann-Whitney)
	no-treatment	treatment	no-treatment	treatment	no-treatment	treatment	no-treatment	treatment	no-treatment	treatment	
cannabis	12.4	21.5	11.6	13.1	26.5	26.2	23.4	15.2	26.1	24.1	$p = 0.005$
Rohypnol®	84.7	58.8	8.6	16.4	4.5	14.7	1.6	5.9	0.6	4.2	$p = 0.000$
barbiturates	87.3	73.0	6.8	8.0	4.7	12.7	0.8	3.4	0.4	3.0	$p = 0.000$
amphetamines/											
ecstasy	56.6	75.4	34.8	14.0	9.8	10.2	0.6	0	0.2	0.4	$p = 0.000$
cocaine	11.7	27.7	46.5	25.8	32.2	23.7	4.3	9.3	5.3	14.0	$p = 0.816$
heroin	48.6	19.1	13.7	9.3	13.7	23.7	8.6	16.1	15.3	31.8	$p = 0.000$
cocaine main drug ^a	—	—	54.7	32.2	37.3	38.3	4.7	19.4	3.3	9.7	$p = 0.000$
heroin main drug ^b	—	—	19.9	10.1	28.8	27.9	18.2	20.1	33.1	41.9	$p = 0.000$

^a No-treatment group: $n = 276$; treatment group: $n = 31$.
^b No-treatment group: $n = 236$; treatment group: $n = 179$.
 Non-treatment group Pearson correlation coefficient for frequency of main drug use and duration of main drug use: $r = -0.060$ ($p = 0.18$; not significant).
 Treatment group Pearson correlation coefficient for frequency of main drug use and duration of main drug use: $r = -0.026$ ($p = 0.70$; not significant).

Table 2. Frequency of drug use in the study and the control group.

($p < 0.001$). Injection of heroin or cocaine in the six months prior to interview is not significantly associated to the duration of use of these drugs, neither in the non-treatment nor in the treatment group (Mann-Whitney Test $p = 0.273$ for non-treatment group and $p = 0.163$ for treatment group).

The non-treatment group shows a significantly different social context of use than the treatment group (for all following variables, p values < 0.001). The respondents in the non-treatment group are significantly less likely to have used drugs alone in the six months prior to interview (24%) than those of the treatment group (59%). The non-treatment group is also significantly more likely to have used drugs together with friends (63%), than the treatment group (28%). Use of drugs in the street or in public toilets is reported by significantly fewer respondents in the non-treatment group (11%) than by those in the treatment group (28%). In addition, when controlled for the main drug used (heroin or cocaine), it appears that cocaine users in both groups are significantly more likely to use with friends and less likely to use in public spaces than heroin users.

Social situation

The majority of the non-treatment group users (68%) can be considered as financially independent, in the sense that they have a regular full-time or part-time job. This is significantly less the case for the users in the treatment group (39%). Illegal sources of income (prostitution, drug dealing, pimping, begging, theft) are significantly less mentioned by the non-treatment group (7%) than by the treatment group (21%). Financial problems to finance the use of drugs in the six months prior to interview were mentioned by significantly fewer non-treatment group respondents (28%) than by treat-

ment group respondents (63%). Homelessness is significantly less frequent in the non-treatment group (5%) than in the treatment group (12%). When controlled for the main substance of use, it appears that cocaine users are significantly better off (i.e. less illegal income, less financial problems, less homelessness) than heroin users, but the differences between study and control group remain significant for heroin and cocaine users.

Contacts with the legal system

Users in the non-treatment group are significantly less likely to have been sentenced for the use of illegal drugs by a court (36%), than those in the treatment group (71%). They were also significantly less likely to have been in prison at any time of their life (27%) than those of the treatment group (55%). Police controls on suspicion of use or dealing of illegal drugs in the six months prior to interview are reported by 22% of the non-treatment group, which is significantly less than in the treatment group (58%). In both groups, those who have cocaine as the main substance of use are significantly less likely to have had a police control.

Perceived state of health, HIV prevalence and risk behaviour

The respondents of the non-treatment group report a significantly better state of health than those of the control group: only 9% of them say that they consider themselves to be in a rather bad or very bad general health, whereas this is the case for 23% of the control group. Self-reported HIV prevalence is significantly lower in the study group (4%) than in the control group (13%). However, in both groups, self-reported HIV seroconversion is heavily associated with the fact of having used

drugs by injection at any time of life. When accounted for this, it appears that HIV prevalence is not significantly different between the study and the control group.

Comparisons between injection-related HIV-risk behaviour is given in Table 3. Having shared injection equipment at any time of life is significantly less frequent in the non-treatment group than in the treatment group. However, there is no significant difference between the current injectors (injected in the six months prior to interview) of the non-treatment group and the current injectors of the treatment group as far as needle sharing and use of HIV prevention facilities is concerned in the six months prior to interview.

In both groups, female injectors do not share needles more often, and do not have more difficulties of getting clean injection material than male injectors. However, in both groups, female injectors are significantly less likely to get their clean syringes and needles from needle exchange schemes than male injectors.

Regarding sexual-related HIV risk, 68% of the non-treatment group and 59% of the treatment group report always using condoms with occasional sexual partners. This difference is however not statistically significant ($p > 0.05$).

Reasons given for not being in treatment

A majority (74%) of the non-treatment group considered that they were able to control their drug use in the six months prior to interview. This is significantly different from the treatment group, where only a minority (26%) did so. In both groups, cocaine users are significantly more frequent to consider themselves able to control their use than heroin users.

Respondents in the treatment group are significantly more frequent to report a very strong (40%)

		Study group ^a all injectors (n = 91)	Control group ^b all injectors (n = 151)	Level of significance between groups (Chi-square test)
needle sharing (lifetime)	yes	41.4%	54.2%	p = 0.022
	no	58.6%	45.8%	
needle sharing (last 6 months)	yes	11.4%	19.5%	p = 0.104 (not significant)
	no	88.6%	80.5%	
difficulty to get sterile needles (last 6 months)	yes	12.7%	8.6%	p = 0.245 (not significant)
	no	87.3%	91.4%	
syringes at needle exchange scheme (last 6 months)	yes	61.5%	69.5%	p = 0.202 (not significant)
	not mentioned	38.5%	30.5%	
syringes at chemist's shops (last 6 months)	yes	67%	67.5%	p = 0.934 (not significant)
	not mentioned	33%	32.5%	

^a Used heroin and/or cocaine at least 25 times in life, cocaine and/or heroin use at least once in the six months prior to interview, no treatment in two years prior to interview.

^b Used heroin and/or cocaine at least 25 times in life, cocaine and/or heroin use at least once in the six months prior to interview, treatment in two years prior to interview.

Table 3. Injection-related risk behaviour regarding HIV.

	Users of mainly heroin (n = 236)	Users of mainly cocaine (n = 276)	Level of significance (Chi-square test)
"I'm in good health"	43.1%	80.6%	p = 0.000
"I don't feel the need"	28.0%	16.7%	p = 0.003
"Does not correspond to what I expect"	18.2%	7.2%	p = 0.000
"Afraid of being registered"	6.7%	1.1%	p = 0.001
"I don't know where to go"	2.7%	1.5%	p = 0.373 (not significant)
"I don't dare to ask my doctor"	4.0%	0.4%	p = 0.005

Table 4. Reasons given for not following treatment (percent saying yes) in non-treatment group (n = 512).

or strong (22%) desire to stop use altogether, than the respondents in the non-treatment group (14% very strong desire, 11% strong desire). Heroin users in both groups are significantly more likely to report a very strong or strong desire to stop than cocaine users. Table 4 contains the reasons given by respondents of the non-treatment group for not following treatment. Heroin and cocaine users give different reasons for not fol-

lowing treatment. Good health is mentioned most frequently as a reason for not following treatment, but significantly more so for cocaine users than for heroin users. Not feeling the need of treatment comes second, but heroin users are more likely to say so than cocaine users. An important minority of respondents say that they are not following treatment because it would not correspond to what they expect.

Besides the main substance of use, a second significant line of distinction concerning the declared reasons for not following any treatment is the route of administration. Injectors referred significantly less to good health as a reason for not following treatment (27%) than non-injectors (71%). Injectors rather mentioned not feeling the need for treatment (33%) compared to non-injectors (20%). Injectors also significantly more

often mentioned reasons that can be interpreted as a sign for inadequacy of the treatment offer: of them, 27% think that a treatment would not correspond to what they expect, compared to 9% of the non-injectors. However, there were no significant differences between male and female respondents, concerning the reasons given for not following treatment.

Factors associated with being in treatment: logistic regression analysis

Table 5 shows the results of the logistic regression analysis (backward stepwise elimination procedure). Factors independently associated with being in treatment are: injecting drug use in the six months prior to interview, using drugs mainly without company, having been sentenced for use of illegal drugs at any time of life, having been controlled by police on suspicion of drug use six months prior to interview. A continuous predictor associated with being in treatment is the perceived state of health at the time of interview (the worse the

perceived state of health, the more chances of being in treatment). Other variables (gender, age, education, age of first heroin or cocaine use, duration of drug use, heroin or cocaine as main drug, frequency of use of main drug, impression of controlling drug use, using drugs in public spaces, sources of income, homelessness, prison sentence, very strong or strong desire to stop drug use altogether) were considered but their significance disappeared in the regression model.

Discussion

Our analysis shows that there are several distinctive features that set apart drug users who are not in contact with treatment agencies from those who are.

Concerning socio-demographic variables, the drug users who are not in contact with treatment agencies are older and include a larger proportion of women than those who are in contact. The non-treatment group also has a higher level of education than the treatment group.

In terms of drug use, the non-treatment group is less likely to inject, uses less frequently, is composed of mostly cocaine users and more often has the impression of controlling the drug use. The treatment group is more likely to use drugs by injection, to use frequently, to use several drugs in parallel and more often has the impression of not controlling the drug use. In the literature, such patterns have been described as signs for problem drug use: injection as opposed to snorting or inhaling^{15,41} as well as high level of use and polydrug use^{42,43}. This interpretation seems confirmed by the smaller proportion, in the non-treatment group, of respondents who perceived themselves in bad or very bad health or who are in a difficult social situation. The non-treatment group was also less likely to be known to the legal system. It comprises a smaller proportion of drug users who have been sentenced by a court for illegal drug use, or who have been controlled by the police for suspicion of drug use. In the Swiss context, the police tend to control drug users who attract attention in

Variable	Odds ratio ^a	95% Confidence interval	P =
injecting (last 6 months) vs not injecting	3.6	2.2–5.8	0.000
using drug without company (last 6 months) vs with company	2.3	1.4–3.7	0.001
sentenced for use of illegal drug (lifetime) vs not sentenced	2.1	1.3–3.4	0.002
police control (last 6 months) vs no police control	1.9	1.1–3.0	0.014
perceived state of health (at time of interview) (continuous variable) ^b	1.7	1.2–2.4	0.003

^a The number of respondents included in the logistic regression was 474. Results of not significant variables are not displayed.

^b Separate analysis showed that the answer categories of the variable "perceived state of health" ('very good, rather good, rather bad, very bad') can be considered as being continuous.

Table 5. Factors associated with being in treatment, logistic regression.

the public space mostly because of their “bad aspect”, i.e. because of poor health, bad social situation, as well as because of drug use or dealing in public spaces⁴⁴. Little contact with the legal system may thus point to a socially inconspicuous pattern of drug use.

Hence, the two groups under scrutiny in this research represent two distinct populations, in terms of socio-demographics, patterns of drug use, as well as in terms of health problems and social situation. Our results show the non-treatment group to have a less problematic pattern of use and to not being very much in search for help or treatment. These findings are similar to those of Robson and Bruce¹⁹ who compared a large sample of users of heroine, cocaine and amphetamine not in contact with services to a sample of users who are in contact. They also found the no-contact group to be less dependent, less troubled by their drug use and less desiring help than the contact group. In their conclusion, Robson and Bruce argue that given these important differences in the pattern of use but the similarities in duration of drug history and gender ratio across groups, the zero-contact group cannot simply be considered at an earlier stage of the drug career than the contact group. The data of the Swiss Hidden Population Study support these findings. Even if the average differences in duration of drug use are statistically significant between the non-treatment and the treatment group, the magnitude of this difference (1.22 years) is very small. In addition, the data show no statistically significant association between the duration of heroin or cocaine use and signs for problem use, such as injection or high levels of use.

But besides the contrasts between the non-treatment and the treatment group, our findings also point towards a second line of distinction, which is the main drug of use

(heroin or cocaine). In both the non-treatment and the treatment groups, cocaine users appeared to have a clearly less problematic profile than heroin users, in terms of frequency of use, route of administration, state of health and social situation.

The database which was collected in this study cannot be considered representative for the population of drug users in Switzerland. Thus, these results do not statistically support an assessment of the existing treatment offer. Nevertheless, some suggestions can be made. This study has *not* found significant proportions of problem drug users who are not in contact with treatment agencies, in spite of a methodology that was specially designed to recruit such individuals. For the majority of the “hidden” drug users who have been interviewed in this study, not needing any treatment seems to be the main reason for not being in contact with treatment agencies. Our analysis equally suggests that there are no uncovered specific treatment needs for female drug users. Concerning injection related HIV-risk behaviour and use of harm reduction facilities and needle exchange schemes, our study shows no differences between injectors who have no contact to treatment agencies and those who already are in contact. This result shows the importance of HIV-prevention strategies that are not limited to treatment settings. Nevertheless, consideration needs to be given to the fact that women injectors appear to be underrepresented at harm reduction facilities. In the absence of representative studies on the population of drug users who are not in contact with treatment agencies, the results of this study suggest that the actual treatment offer in Switzerland is able to integrate most of the drug users who need treatment. This is certainly a result of the enormous increase of places for detoxification and maintenance treatments

in Switzerland in the last decade (from roughly 4000 in 1987 to 17000 in 1997), an increase that went along with a certain diversification of the treatment offer and an enhancement of the treatment agencies’ capture potential. However, among the heroin users in the non-treatment group, we found an important minority (18%) who felt that the treatment offer did not correspond to what they expected. This may stem from eventual inadequacies of the treatment offer, but also from their failure to recognise what kind of assistance they are looking for. Equally, the large proportion of respondents who reported not feeling the need for treatment does not necessarily mean that they do not need treatment, but may simply fail to admit so. While search of ways to further improve the treatment offer should certainly be continued, it is also important to provide users of illegal drugs with knowledge on how to identify early signs of problem drug use and need for assistance, as well as on how to avoid transitions from non-problematic to problematic drug use⁴⁵. Given its mainly descriptive character, aimed at the exploration of differences between a treatment and a no-treatment population of drug users, this study is unable to provide reliable explanations on transitions from non-problematic to problematic patterns of use. Thus, further research is needed on the predictors of such a transition for different types of drugs and in different social contexts. Analysing the “trajectories” of various types of drug users with respect to problem drug use, contact with treatment agencies etc., is an important first step for such research.

Zusammenfassung

Das Profil von Heroin- und KokainkonsumentInnen ohne Kontakt mit Behandlungsstrukturen

Diese Studie vergleicht Heroin- und KokainkonsumentInnen ohne therapeutische Behandlung mit Heroin- und KokainkonsumentInnen in Behandlung. Mittels 31 "Privileged Access Interviewers" wurde ein Sample von 917 KonsumentInnen von Heroin und/oder Kokain rekrutiert. 512 Personen ohne therapeutische Behandlung bilden die Untersuchungsgruppe, 238 Personen mit Behandlung bilden eine Vergleichsgruppe. Individuen der Untersuchungsgruppe gebrauchen Drogen weniger oft, sind weniger häufig intravenös konsumierend, konsumieren öfter in Gesellschaft und haben eher den Eindruck, ihren Drogenkonsum zu kontrollieren. Sie haben auch weniger mit der Polizei oder den Strafverfolgungsbehörden zu tun, befinden sich in einer stabileren sozialen Situation und schätzen ihren Gesundheitszustand öfter als gut ein. In beiden Gruppen haben Personen, die hauptsächlich Heroin konsumieren, ein problematischeres Profil, als solche, die hauptsächlich Kokain konsumieren. Problematischer Konsum ist mit der Konsumdauer nicht signifikant assoziiert. Das HIV-Risikoverhalten beider Gruppen ist identisch. Aus dem Vergleich folgt, dass DrogenkonsumentInnen ohne Behandlung und solche mit Behandlung signifikant unterschiedliche Merkmalsprofile aufweisen.

Résumé

Caractéristiques des consommateurs d'héroïne et/ou de cocaïne inconnus des structures de traitement

Cet article compare les caractéristiques des consommateurs d'héroïne ou de cocaïne qui ne sont pas en traitement pour leur consommation de drogue. Un échantillon de 917 consommateurs d'héroïne et/ou de cocaïne a été recruté et interviewé par 31 «Interlocuteurs Privilegiés». Un groupe de 512 consommateurs d'héroïne et/ou de cocaïne hors traitement est comparé à un groupe contrôle de 238 consommateurs actuellement en traitement. Les répondants hors traitement consomment moins fréquemment des drogues, et sont plus rarement des personnes qui s'injectent des drogues. Ils ont un mode de consommation plus sociable et ont davantage l'impression de contrôler leur consommation. Ils sont aussi moins en contact avec la justice et la police, se trouvent en situation sociale plus favorable et s'estiment en meilleure santé. Dans les deux groupes, les répondants qui consomment principalement l'héroïne ont un mode de consommation plus problématique que ceux qui consomment principalement de la cocaïne. Les comportements actuels à risque pour le VIH des deux groupes sont identiques. On ne trouve pas d'association entre la durée de consommation et des indicateurs d'un mode de consommation problématique. Ces résultats confortent l'hypothèse que les consommateurs de drogues hors traitement («cachés») et ceux en traitement sont des populations distinctes, en termes de profil de consommation et de prévalence de problèmes sociaux ou sanitaires associés.

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