

# The typical cocaine user

*How our blinkered vision of the cocaine user has created the myth of cocaine's irresistibility.*

IT IS RELATIVELY easy to research drug users who pop in for treatment, hard to contact those who don't. No surprise, then, that our picture of the typical drug – in this case, cocaine – user is of someone with drug-related problems for which they seek help.

Again not surprisingly, at the start of their drug using careers such people are often found to have used less regularly and with less problems than in the period before they seek help – after all, escalating problems were probably why they decided to call in the professionals. With only these users in view, it's natural to see the early, less problematic, periods of drug use as merely “stages on the road to addiction”: “experimental” use inevitably converting to “regular” and then to “addictive” use.<sup>1</sup>

## **Picture based on problem users**

Deriving our image of cocaine use and users from contact with problem users can lead professional analysts to claim “addiction to cocaine is rapid and overwhelming, rendering the user powerless over the choice to abstain or moderate ... [It] is identified by the intense preoccupation with acquiring cocaine, compulsive use in spite of adverse consequences, and repeated relapse”.<sup>2</sup>

Widening our vision beyond problem drug use samples is not necessarily all that difficult – we found a cheap and effective way was to piggyback on the tabloid papers (see overleaf). This kind of work is important because its results suggest that interpretations of the addictiveness of cocaine derived from treatment samples are quite simply wrong. Movement to the ‘addictive’ stage is not inevitable – not even typical. It's

Just 5-10 per cent of cocaine users are ‘addicted’

been estimated that 25 million Americans have used cocaine but only 1.2 million (5 per cent) are ‘addicts’.<sup>3</sup> There is no persuasive evidence from treatment admissions that the other 23.8 million are ‘addicto-converting’.

We can only assume that the 95 per cent of cocaine users who do not enter treatment differ from those who do. One study comparing these groups found that cocaine users in treatment used more

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Samples of cocaine users are usually recruited through treatment agencies. This gives a biased view of use patterns as typically escalating and problematic. Studies of cocaine users in the community as a whole show this is true only for a small minority. A study in Scotland found that the vast majority did not have problems thought typical of drug users. Users could be accurately divided into different types. One cheap and quick way of reaching ‘hidden’ drug users is using newspapers to distribute questionnaires.

heavily; they were also more likely to suffer negative consequences from their use, to be unemployed, have fewer friends, to have been arrested, and to have a criminal record.<sup>4</sup>

All this would matter less if we knew that the 95 per cent who don't come for treatment also don't have any problems, so can safely be left out of the frame. However, what if they not only have problems, but, more awkward still, problems different from (not just less than) those of users who seek treatment?

A study of cocaine users in Scotland shed some light on whether hidden users also have hidden problems. Between 1989 and 1991, 133 users were interviewed by members of the Scottish Cocaine Research Group (a loose consortium of drug researchers with an interest in service delivery and drug workers with an interest in research).<sup>5</sup> The vast majority did not have the sort of problems – poverty, homelessness, unemployment, poor education, criminal records – typical of drug users studied in Britain since the early 1980s. This is chiefly because they were not contacted via treatment agencies.

Some 48 per cent had been to college or university and 75 per cent were employed or in full-time study. On average they were in higher status occupations than the Scottish population as a whole, twenty per cent of whom are classed as ‘professional’ compared to 39 per cent of our cocaine users. Conversely, 59 per cent of the population are ‘working’ class compared to 25 per cent of our cocaine users.

Professional or not, were they all on the slide down the cocaine slope into addiction? The answer is, only rarely.

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# Scottish cocaine study turns tables on the tabloids

A UNIQUE CHANCE TO FIGHT DRUG MENACE

# YOU

What the results reported on pages 11 and 14 confirm for cocaine is that the usual treatment samples gives us a far more gloomy picture of the effects of drugs – particularly of how ‘addictive’ they are – than most users experience. The best way round this bias is to survey the general population, but this is expensive and time-consuming. Often such surveys are based on households so miss the homeless, students, and so on – the very groups likely to use drugs. Often, too, they report long after surveying, too late to be used to fine tune services.

One increasingly popular alternative is chain-referral sampling – or, “snowballing” – the way we contacted the first 92 Scottish cocaine users, and the method used in most of the community studies cited above. People who use a drug are interviewed and then asked to pass the interviewer on to other users. This helps penetrate networks of users ‘invisible’ to treatment or enforcement sources. The down side is that there is no way of knowing how representative such samples are of all the users of that drug in the area. This is also very expensive and time-consuming.

So how can we get at the problems and experiences of non-treatment users in a

reasonably reliable and cost-effective way? We found one way was to turn the tables on those same tabloid papers often accused of unhelpful scaremongering – by using them to help us build up a picture of cocaine use far less scary than the one which usually graces their pages. Using them to contact part of our sample of cocaine users was not just satisfying to

Using a tabloid to contact users was cheap, quick and effective

our sense of the ironic – it was also cheap, quick and effective.

Advertising in the press for drug users, even cocaine users, has been done before,<sup>2</sup> but this time the newspaper (Glasgow’s *Evening Times*) actually reprinted our whole questionnaire on the 19 June 1991, and, more to the point, delivered it to over 200,000 Glaswegians at no cost to the researchers. A photo-reduced copy is shown opposite. This technique is near impossible to beat for sheer speed and cheapness. But is it valid?

On inspecting the returns we found no obvious reason to doubt the method’s validity compared to other methods. We compared the 43 completed questionnaires we got in one day with the 92 completed questionnaires which the Scottish Cocaine Research Group had laboured for over a year to harvest by snowballing.

In each study the questionnaires were almost identical. The newspaper version asked a few extra questions – numbers 9, 14 and 17 – to enable us to see whether or not those who filled it in actually knew

anything about cocaine. Inspection of the 43 revealed that two of those posted in seemed slightly suspect, and were rejected. One claimed to be from an “astronaut” who had first used cocaine “on the moon”. The other was from a 26-year-old detective chief inspector who seemed to know a lot about cocaine, but who was unlikely to have achieved that rank at so tender an age.

The data from the remaining questionnaires were then compared with that from the 92 snowballed respondents. On all the questions seeking data on the effects of cocaine, the answers were remarkably similar (and the same as the effects of cocaine noted by users in studies reported elsewhere in the world). This seems to confirm validity of the technique.

However, the newspaper recruited sample tended to be younger, less well qualified and more likely to be living with their parents. More recent work on cocaine use in Glasgow has indicated that cocaine has indeed ‘trickled down’ from the better qualified, older, more middle class users our earlier snowball picked up, to the type of user represented in the newspaper sample.<sup>3</sup> This indicates a positive use for such sampling methods over the snowballing method.

We feel confident that the future will bring a greater role for such sampling: to call it cheap and quick understates the reality that it is free and instant, and seems to get to the really hard-to-reach user who may well have problems which differ from those presented by users who turn up at services.

On 19 June 1991 Glasgow’s evening tabloid delivered a cocaine questionnaire to 200,000 Glaswegians – instantly and free of charge. Information was gained which otherwise would have taken months to gather

1. Davies J.B. and Ditton J. “The 1990s: decade of the stimulants?” *British Journal of Addiction*: 1990, 85, p.811-813.

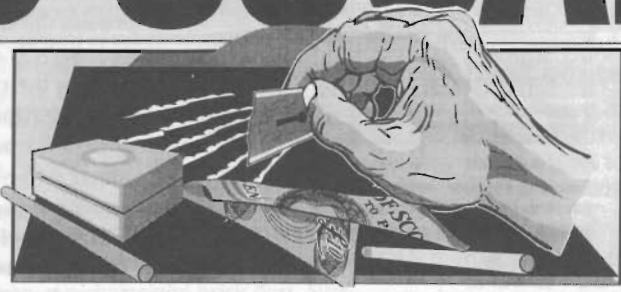
2. For example, in Canada: Erickson P.G et al. *The steel drug: cocaine in perspective*. Lexington, 1987.

More recently, in London: Dean A. et al. “Cocaine and crack use in Britain in 1990.” In: Mott J. ed. *Crack and cocaine in England and Wales*. Home Office Research and Planning Unit, 1992.

3. M. Frischer et al. “Challenging the stereotype of affluent cocaine users: a study of cocaine use and HIV risk behaviour among injecting drug users in Glasgow.” *Addiction Research*: (in press).

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# AND COCAINE



## QUESTIONNAIRE

- completely confidential -  
no NAME or ADDRESS wanted  
ANONYMITY GUARANTEED

- 1** How many times have you used cocaine in the last three years?  
[tick (✓) one box only]
- 1-5 times  6-10 times  11-30 times  31-99 times  over 100 times
- 2** Put a (✓) in the box if you would use cocaine now if offered it free by somebody you trusted.

### THE FIRST TIME YOU USED COCAINE

- 3** How old were you when you first used cocaine? ..... old  
(years)
- 4** How long ago was that? ..... ago  
years and months
- 5** Where were you when you first used cocaine?  
[tick (✓) one box only]
- in Glasgow  in Edinburgh  elsewhere in Scotland
- outwith Scotland but in the UK  somewhere abroad
- 6** What setting were you in when you first used cocaine?  
[tick (✓) one box only]
- Pub  Disco or Concert  Cafe  at Home
- at a friends house (not a party)  at a party  elsewhere
- 7** How did you first use cocaine?  
[tick (✓) one box only]
- Snort  Smoke  Swallow  Inject
- Other method (write in)

- 8** When you first used cocaine, how did you get it?  
[tick (✓) one box only]
- offered (free and unasked)  asked for (got it free)  bought it yourself
- 9** Write in what you remember most about that first time when you used cocaine:

### WHAT ABOUT YOUR COCAINE USE SINCE THEN?

- 10** How frequently did you use cocaine during these three time periods?  
[tick (✓) one box in each row]
- |                              | Daily                    | not Daily but more than once a week | once a week              | less than once a week, at least once a month | less than once a month   |
|------------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------------|
| First year of use?           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |
| The last three months?       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |
| Your heaviest period of use? | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |

- 11** How did you actually use cocaine in those same three time periods?  
[tick (✓) one box in each row]
- |                              | snort                    | smoke                    | swallow                  | inject                   | other                    |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| First year of use?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The last three months?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your heaviest period of use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 12** How much cocaine did you usually use, on a day when you used cocaine, in those same three time periods?  
[write in as "lines" or grams]
- first year of use ..... "lines", or ..... grams  
the last three months ..... "lines", or ..... grams  
your heaviest period of use ..... "lines", or ..... grams

- 13** If you had a "heaviest period" of cocaine use, how long did it last? ..... (months)  
and how old were you when your "heaviest" period started ..... (years old)

- 14** Write in what you normally do to prepare the cocaine you get before you use it:

- 15** Which of these statements best describes your pattern of cocaine use up to today?  
[tick (✓) one box]
- I started using large amounts, but since decreased  I have gradually increased my use
- I use the same amount now as when I started  my use increased to a peak, then decreased
- I have started and stopped many times  my use has been very varied

### WHAT EFFECTS DOES COCAINE HAVE?

- 16** Put a tick (✓) in the box to the right of each statement if you agree that cocaine use ...
- |   |                          |                                      |                          |
|---|--------------------------|--------------------------------------|--------------------------|
| makes you feel more energetic             | <input type="checkbox"/> | is too expensive                     | <input type="checkbox"/> |
| makes you communicate better              | <input type="checkbox"/> | has unpleasant physical effects      | <input type="checkbox"/> |
| increases your self-confidence            | <input type="checkbox"/> | creates psychological dependence     | <input type="checkbox"/> |
| makes you feel high, relaxed              | <input type="checkbox"/> | makes you feel aggressive, irritated | <input type="checkbox"/> |
| makes you more creative                   | <input type="checkbox"/> | makes you feel depressed             | <input type="checkbox"/> |
| prolongs sex, and makes it more enjoyable | <input type="checkbox"/> | reduces sexual performance           | <input type="checkbox"/> |
| increases feeling of excitement           | <input type="checkbox"/> | leads to insomnia, sleeplessness     | <input type="checkbox"/> |

- 17** Write in any other effects cocaine has on you:

- 18** Has your cocaine use ever ...  
[tick (✓) one box in each row]
- |                     | harmed                   | improved                 | not affected             |
|---------------------|--------------------------|--------------------------|--------------------------|
| your work?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| your relationships? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| your finances?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 19** Put a tick (✓) in the box to the right of each statement if you have ever done it to get cocaine
- sold cocaine  got an extra job  borrowed money
- spent time with people that you didn't like  had sex with somebody
- taken things from family or from your friends  sold personal possessions

### NOW YOUR USE OF OTHER DRUGS

- 20** For each drug, put a tick (✓) in the first box if you have ever used it, the next box if you have used it in the last three months, and in the far right if you would use it if offered free by someone trusted

	ever used?	used last 3 months?	would use if offered free?
Amphetamines? (speed, sulph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cannabis? (hash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
opiates? (heroin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens? (LSD, mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tranquilizers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### A FEW QUESTIONS ABOUT YOU

- 21** How old are you? ..... old (years)
- 22** Are you male?  or female?

- 23** Have you a current relationship with a partner?  
[tick (✓) one box only]
- no  yes, less than one year  yes, more than one year

- 24** How do you live? [tick (✓) one box only]
- alone  with parents  with partner
- with partner and children  without partner but with children
- with others, none a partner  other

- 25** Write in your usual main job or profession:

- 26** What educational level did you graduate from? [tick (✓) one box only]
- Left school at 15/16 with no qualifications  left school with O grades
- left school with higher or 'A' levels  left college with vocational qualification
- left university with a degree  left college/university with professional qualifications
- Left college/university with a higher degree

- 27** Estimate your current annual gross income from all sources.  
[tick (✓) one box only]
- less than £2000  £2000-£4000  £4000-£6000  £6000-£10000
- £10,000-£15,000  £15,000-£25,000  more than £25,000

- 28** Put a (✓) in the box if you have had medical or other treatment in the last 3 years because of:
- your cocaine use?  your use of other drugs?

- 29** Put a (✓) in the box if you have been convicted of any offence in the last 3 years because of:
- your cocaine use?  your use of other drugs?

- 30** Put a (✓) in the box if you have been interviewed in Scotland about your use of cocaine

### THANK YOU FOR HELPING

We don't want your name or address but we do need the completed questionnaire. No stamp need - just post it to:

**Cocaine Survey**  
Evening Times  
FREEPOST  
Glasgow G1 1BR

### DO YOU HAVE MORE TO TELL?

or, if you would rather speak to somebody about your cocaine use than fill in this questionnaire - call

**041 330 5413**  
to arrange a personal confidential interview with a professional researcher  
★ ANONYMITY GUARANTEED ★  
Tel. line open every night, 6pm-9pm

NOW POST YOUR QUESTIONNAIRE to COCAINE SURVEY, EVENING TIMES, FREEPOST, GLASGOW G1 1BR

City	% of samples		
Los Angeles <sup>9</sup>	50	41	9
San Francisco <sup>10</sup>	64	32	5
Amsterdam <sup>11</sup>	44	52	3
Australia <sup>12</sup>	38	55	8
Scotland	36	59	5
Turin <sup>13</sup>	17	70	12
Barcelona <sup>14</sup>	29	36	12
Rotterdam <sup>15</sup>	15	29	34
<b>Average</b>	<b>37</b>	<b>52</b>	<b>11</b>

**Figure 1: Community studies across three continents show that only a minority of users are caught up in escalating cocaine use**

Positive (decreasing) use career  
 Stable use career  
 Negative (increasing) use career

Category	numbers of persons	
Leisure	2	24
Instrumental	5	14
Cocainist	17	11
Polydrug	20	24
<b>Total</b>	<b>44</b>	<b>73</b>

**Figure 2: The few 'addicts' (negative use patterns) among 122 Scottish cocaine users were found among all the types of users**

► continued from page 11

Just 5 per cent displayed a negative history of increasing use ('addicts'); 59 per cent were stable, neither increasing nor decreasing their use; 36 per cent had a positive use career in that they were currently using less than they had.

So far, so good. But one reviewer of cocaine use studies has commented that the Scottish research "does not reflect the new reality of the growth in compulsive cocaine use [now] occurring in increasing numbers of British cities".<sup>6</sup>

What is the "new reality"? Compulsive use, or controlled use? Results from community studies similar to the Scottish study (see figure 1), but conducted elsewhere in the world, suggests the Scottish results are typical. Only in the Rotterdam study do markedly more than the average 11 per cent of users report a negative, or escalating, use career – and, unusually, that study recruited nearly a quarter of its sample from drug agencies or prisons. Globally it seems that just 5-10 per cent of cocaine users not in

treatment or prison use in a way that could be called 'addictive'.

Global merging of analysis suggests there are types of *user* as well as types of *use*. Data from the three most recent European cocaine studies (Barcelona, Rotterdam and Turin) has been synthesised, generating an intriguing typology of users.<sup>7</sup> Even more intriguingly, a very similar typology was developed out of a study funded by the UK Department of Health.<sup>8</sup>

**Leisure** users – snorters, for whom cocaine is peripheral to their lifestyle, and who typically only use with friends;

**Instrumental** users snort, and perhaps also freebase, but use alone, often at work; often they use cocaine to enhance their performance in jobs where energy and sparkle are at a premium;

**Cocainists** are people whose lives are centred around cocaine;

**Polydrug** users, people whose lives are centred around drugs in general; curiously, the one method they won't use is snorting.

Broadly, there seem to be to be four types of user – *leisure*, *instrumental*, *cocainists*, and *polydrug* users (see panel).

This typology might not be elegant but it does fit the data remarkably well. Using a few key characteristics, we found it easy to allocate 129 of our 133 users into the four types. As a sort of 'blind' test, we then used different variables to try to predict the typology. This procedure successfully allocated 99 per cent of the users to their respective types.

Such extraordinary precision is unnerving, but the way the typology works across different countries suggests cocaine is used similarly in different Western societies.

Finally, are the few cocaine 'addicts' – those whose use is ever increasing – concentrated in one of the four types of users? In the Scottish study we divided the 122 cocaine users who had never had treatment into the four types of user (leisure, instrumental, etc) and then subdivided each of these types into the three types of use career – reducing ('positive'), stable, or increasing ('negative'). The results are shown in figure 2. One other important variable is whether these people were using continuously or from time to time (episodically).

Our leisure users were mostly stable in their levels of use and using episodically; the two with 'positive' careers (reducing use level) had both once taken a lot of cocaine, but had cut down without help.

Our instrumental users were again mostly stable in their level of use. As many were using continuously as episodically. Those who had reduced their use had mostly done so from a relatively modest peak; only two of the five had once consumed large amounts.

Our cocainists, for whom cocaine was central to their lives, were actually mostly ex-cocainists. Seventeen, nearly 60 per cent, had reduced their usage; 11 of these had once used heavily but had recently managed their own reduction. Eight of the 11 who were stable in their level of use took cocaine episodically.

Twenty of our 24 stable polydrug users used episodically. Thirteen of the 20 with positive use careers had once been very heavily involved with cocaine but had reduced considerably by the time we interviewed them.

What of those people who appear to be escalating their use towards the addictive? We found they were very few and almost evenly distributed across the types. More work is needed here if these problem cocaine users who are not presenting for treatment are to be identified. ○

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