



Medical care requested by at-risk alcohol consumers and smokers: Results of a representative population survey

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Background

- Due to difficult availability of subjects with substance-related disorders (especially alcohol and nicotine) via the existing specialized treatment services, the impact of proactive early interventions in hospitals and general practices is increasingly acknowledged
- Only little is known about characteristics of people with substance-related disorders that are not attainable through this pathway and where these people could be reached.
- In the present study, we analyzed the prevalence of substance-related disorders and the motivation to change in subjects with and without use of medical services during the preceding year drawn from a representative population survey.

Method

- The present analysis is based on data from the TACOS („Transitions in Alcohol Consumption and Smoking“) Study (N=4075; Response Rate 70,2%) conducted in the city of Luebeck and its catchment area in northern Germany.
- Utilization of medical services was differentiated in no utilization (NU), hospital admission during the previous year (HA), at least one visit of a general practitioner (GP), specialist only (SO) and dentist only (DO).
- Alcohol-related diagnosis and amount and frequency of drinking were assessed in a personal interview using the Munich Composite International Diagnostic Interview (M-CIDI).

Results

- Of the population, 75% had been to a hospital or their general practitioner in the previous year, a further 18,3% visited a specialist or a dentist only and 4,8% did not contact medical services.
- Women significantly more often utilized services of the primary health care setting.

Tabelle 1: Comparison of sociodemographic and substance-related variables between groups: HA: hospital admission, GP: general practice, SO: specialist only, DO: dentist only, NU: non-utilizers of medical services

Variable	HA n = 489	GP n = 2648	SO n = 406	DO n = 338	NU n = 188	Sig
Women (%)	55	51,2	63,5	24,3	33	.000
Age (SD)	42,3 (13,1)	41,9 (13,1)	40,1 (12,2)	39,4 (11,4)	43,3 (12,9)	.000*
Alcohol abuse (%)	1,2	0,9	1,5	1,5	1,1	n.s.
Alcohol dependence (%)	2,9	1,2	1,2	0,2	2,1	.009
Tobacco dependence (%)	13,5	11,6	6,4	9,5	16,0	.001
Current smoker (%)	40,0	37,3	28,6	37,6	49,5	.000
At-risk consumption (%)	7,6	5,9	3,9	5,6	9,6	.048
Unemployed (%)	4,9	5,8	4,2	3,8	9,0	.078
Married (%)	65,4	59,4	60,3	55,9	54,8	.029

*Significant Differences: DO<NU, HA and GP<NU

- Analysis revealed a higher prevalence of smoking and at-risk alcohol consumption combined with a higher unemployment rate in NU, followed by HA, GP, SP and DO.
- No significant differences between groups could be identified concerning motivation to change in smokers or at-risk-consumers.

Conclusions

- The majority of smokers and subjects with risky alcohol consumption can be attained via medical services.
- Additionally, early interventions in dentist practices and employment offices might reach further substantial groups of at-risk drinkers and smokers.