

Psychosocial Issues —Geographic

Recent Scientific Articles on this Topic:

Contrasting levels of adolescent drug use between adjacent urban and rural communities in Scotland. Forsyth AJ, Barnard M, *Addiction* 1999 Nov;94(11):1707-18

AIMS: To compare life-time prevalence of illicit drug use between adolescents resident in adjacent urban and rural localities.

DESIGN: Samples of school children attending urban and rural comprehensive schools (n = 2558) were obtained using an identical questionnaire survey method.

SETTING: Respondents were recruited from 10 schools in two contrasting adjacent local authorities. Five representative schools in each locality were chosen.

PARTICIPANTS: All children present in each school, in the two final compulsory school years, were eligible for this study.

MEASUREMENTS: Respondents were asked to provide detailed information about their place of residence and use of illegal drugs. The data obtained in schools were compared with local geographical statistics, such as levels of deprivation.

FINDINGS: As expected from the demographics of their respective localities, the urban schools displayed higher levels of deprived children and lower levels of school achievement. These socio-economic differences were not reflected in reported levels of life-time drug use. This was true both between and within the urban and rural samples.

CONCLUSION: These findings suggest that adolescent drug use in Scotland is not particularly concentrated in areas of urban deprivation.

Alcohol consumption in a national sample of the Russian population. Bobak M, McKee M, Rose R, Marmot M, *Addiction* 1999 Jun;94(6):857-66

AIMS: Alcohol has been suggested as an important determinant of mortality in Russia but survey data on individuals' alcohol consumption in Russia are sparse. We have analysed the levels and distribution of alcohol consumption in a national sample of the Russian population.

DESIGN: Cross-sectional survey.

PARTICIPANTS: A multi-stage random sample of men and women of the Russian Federation (N = 1599, response rate 66%).

MEASUREMENTS: Data on frequency of drinking alcohol and the average amount consumed at one occasion were collected in an interview. Information was also collected on smoking, self-rated health and a broad range of socio-economic factors and political attitudes.

FINDINGS: Nine per cent of men and 35% of women reported that they never drink alcohol; 10% of men and 2% women drink several times a week; 44% of men and 6% of women reported that they drink an equivalent of 25 cl of vodka or more at one occasion

and 31% of men and 3% of women would do so at least once a month (25 cl of vodka contains 78.5 g of absolute alcohol). There were differences in alcohol consumption between geographical areas. Material deprivation was not related to alcohol consumption. Among men, smokers, unmarried, unemployed and men reporting poor health consumed more alcohol; women with higher education, widows, non-smoking and with worse health consumed less alcohol. Variables related to reaction to economic and political changes, rating of family economic situation general satisfaction or political preferences were not related to alcohol consumption.

CONCLUSIONS: While the overall levels of alcohol consumption appeared low, possibly due to under-reporting, the proportion of men who can be considered as "binge drinkers" was relatively high. The absence of sizable socio-economic differences suggest that drinking may be spread relatively uniformly in Russia, especially among males. Alcohol consumption seems unrelated to individuals' perception of the recent societal changes.

Drinking habits and prevalence of heavy drinking among primary health care outpatients and general population. Aalto M, Seppa K, Kiianmaa K, Sillanaukee P, *Addiction* 1999 Sep;94(9):1371-9

AIMS: To identify the target group for brief alcohol intervention in primary health care and to compare the prevalence of heavy drinking in two different primary health care populations and the general population in the same geographical area.

DESIGN: Drinking data were collected from outpatients of primary health care by a questionnaire containing the CAGE test and quantity-frequency alcohol consumption questions and from a sample of the general population by a telephone survey, including the CAGE. The index of heavy drinking was for men three, and for women two, affirmative answers in CAGE which though not specifically a consumption questionnaire is a good marker of heavy drinking.

SETTING: Two different primary health care populations (primary health care clinic and occupational health care clinic) and the general population in a Finnish health care area.

PARTICIPANTS: Consecutive 1861 primary health care clinic and 2942 occupational health care clinic outpatients and 544 randomly selected adults in the general population, contacted by telephone.

FINDINGS: The primary health care clinic patients drank significantly more per occasion than the patients of the occupational health care clinic (75 vs. 66 g. in men; 33 vs. 27 g. in women) and fewer times per week (0.8 vs. 0.9 in men; 0.5 vs. 0.6 in women). The patients in the primary health care clinic also reported drinking more per week (76 vs. 67 g. in men; 23 vs. 19 g. in women); among women the difference was significant. Among men the prevalences of heavy drinking in the primary health care clinic, occupational health care clinic and general population were 20%, 17% and 16%, respectively ($p \geq 0.05$). Among women the corresponding figures were 9%, 6% and 13% ($p < 0.05$).

CONCLUSIONS: The high prevalence of heavy drinking found in the study confirms the importance of brief intervention by general practitioners. The study also indicates that prevalence and drinking habits depend on the type of clinic and heavy drinkers in general may not be over-represented in primary health care. This study raises the question, especially among women, of how to reach and to provide health advice to those heavy

drinkers who do not attend primary health care facilities.

Smoking habits, current symptoms, and premorbid characteristics of schizophrenic patients in Nithsdale, Scotland. Kelly C, McCreadie RG, *Am J Psychiatry* 1999 Nov;156(11):1751-7

OBJECTIVE: Previous studies of smoking habits of schizophrenic patients have found rates as high as 88%. The authors report the smoking habits of all known schizophrenic patients within a discrete geographical area and compare them with the smoking habits of a general population sample.

METHOD: All known schizophrenic patients in Nithsdale in South-West Scotland (N = 168) were invited to complete a questionnaire on smoking habits. Also assessed were mental state, drug-related side effects, and pre-morbid childhood personality and social adjustment.

RESULTS: One hundred thirty-five of the 168 patients returned the questionnaires. The rate of smoking among the patients was 58% (N = 78), compared with 28% in the general population. Sixty-eight percent of the patients who smoked (N = 53) had 25 or more cigarettes per day. The mean age at starting smoking was 17 years in both patients and normal subjects. Ninety percent of the patients who smoked (N = 70) started smoking before the onset of schizophrenia. Patients who smoked were younger than nonsmokers, and more of them were male. They had had more hospitalizations, and more were in contact with psychiatric services. More were receiving intramuscular antipsychotic medication. Smokers had poorer childhood social adjustment. Among the female patients, there was a positive correlation between age at starting smoking and age at onset of schizophrenia.

CONCLUSIONS: The rate of smoking and level of nicotine addiction are greater in schizophrenic patients than in the general population. Smoking may be a marker for the neuro-developmental form of the illness and may be another environmental risk factor for schizophrenia in vulnerable individuals.

Dual diagnosis in the suburbs: prevalence, need, and in-patient service use. Wright S, Gournay K, Glorney E, Thornicroft G, *Soc Psychiatry Psychiatr Epidemiol* 2000 Jul;35(7):297-304

BACKGROUND: Previous research has found comorbid severe mental illness and substance misuse (dual diagnosis) to be highly prevalent and to be associated with serious clinical and social problems, and increased service use in inner-city populations. The present study measures the prevalence of dual diagnosis, patterns of substance misuse, and associated in-patient use in a more demographically representative population in a suburban area of South London.

METHOD: We identified representative prevalent cases with psychotic illnesses who had been in contact with services in a geographically defined catchment area in Croydon over the previous 6 months. Cases of alcohol or substance misuse and dependence were identified through standardised interviews with patients and keyworkers, and sociodemographic and in-patient psychiatric service use data were also recorded.

RESULTS: Sixty-one of the 124 cases identified were randomly selected for interview, of whom 66% responded (N = 40). The prevalence rates of dual diagnosis (DD) observed were 33% (95% CI 18-47%) for any substance misuse, 20% (95% CI 8-32%) for alcohol misuse only, 5% (95% CI -16 to 26%) for drug misuse only, and 8% (95% CI -0.7 to

16%) for both drug and alcohol misuse. A lifetime history of any illicit drug use was observed in 35% of the sample (95% CI 20-50%). Patients who misuse alcohol and drugs were not found to be more likely to have been admitted to hospital in the previous 2 years, with little difference being observed between DD and psychosis-only patients in the mean number of in-patient admissions in this period (mean difference 0.25, 95% CI for difference -1.5 to 2.0). However, the DD patients were found to have spent on average over twice as long in hospital as other psychotic in-patients over the previous 2 years (mean difference 67.3 days, 95% CI for difference -205.9 to 71.2 days). DD patients were also found to have a greater number of unmet areas of need than the psychosis-only patients, which included accommodation, daytime activity, and social life, as well as substance misuse.

CONCLUSIONS: The prevalence of substance misuse in patients with severe mental disorders in a suburban area is about as high as that for similar patients in inner-city London. While DD patients are not admitted more often than patients with psychosis alone, they have double the length of in-patient stay, which may be attributable to higher levels of unmet need.