

RECHERCHE

Alcohol and tobacco consumption among Hospitalized Individuals in healthcare facilities in Normandy with an emergency department in 2020

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Résumé : Contexte: L'état des lieux des consommations en population hospitalière permet d'estimer le fardeau pour les établissements de santé et d'évaluer les besoins sanitaires afin d'adapter les interventions. L'objectif de l'étude est de déterminer la prévalence des consommations de tabac et d'alcool chez les patients en consultation ou hospitalisés au sein des établissements de santé en Normandie et d'identifier les facteurs associés à ces consommations.

Méthodes : Une étude transversale a été réalisée auprès des établissements de santé en Normandie. Pour le tabac, les répondants ont été classés en non-fumeurs ou fumeurs et pour la consommation d'alcool, deux indicateurs ont été utilisés : usage quotidien et alcoolisation ponctuelle importante (API). Une régression logistique a été réalisée afin d'identifier les facteurs associés aux consommations. Résultats: 22,4 % étaient des fumeurs quotidiens et 55,0 % souhaitaient arrêter. La consommation quotidienne d'alcool concernait 9,4 % des répondants et les API mensuelles 18,1 %. La psychiatrie était le service où les prévalences de consommation étaient plus élevées et les facteurs associés aux consommations étaient le sexe, l'âge et la situation professionnelle. Conclusion : L'identification de profils de patients est importante et peut contribuer à améliorer le repérage et la prise en charge des personnes concernées. Pour une intervention adaptée auprès de ces personnes, il serait important de mettre en place au sein des établissements des dispositifs de prise en charge, d'améliorer ceux déjà en place et de renforcer la formation des personnels soignants à l'addictologie.

Mots-clés : Alcool, tabac, patients, établissements de santé

Abstract: Context: By obtaining an overview of tobacco and alcohol consumption among hospital inpatients and outpatients we can estimate the burden on healthcare facilities and evaluate health needs in order to adapt interventions. The objective of this study is to determine the prevalence of such consumption in Normandy and identify the factors associated with it. Methods: A cross-sectional study was conducted in hospitals in Normandy with an Emergency Department and therefore an addiction liaison and care team (ELSA) or an addiction liaison nurse. For tobacco consumption, respondents were classified as non-smokers or smokers. For alcohol consumption, two indicators were used: daily use and binge-drinking. Logistic regression was used to identify the factors associated with consumption. Results: 22.4 % of the respondents were daily smokers and 55.0 % wanted to quit. Daily alcohol consumption concerned 9.4 % of the respondents and monthly binge-drinking 18.1 %. Psychiatry was the department with the highest prevalences of consumption, and the factors associated with this phenomenon were sex, age and employment status. Conclusion: Establishing profiles of patients is important and can help to improve their detection and care. In order for this care to be appropriate, it would be important to set up new initiatives within hospitals, improve existing initiatives and reinforce the training of healthcare staff in the treatment of addiction.

Key words: Alcohol, tobacco, patients, healthcare facility

1. INTRODUCTION

In France, tobacco and alcohol represent major public health challenges at national and regional level. In Normandy, their consumption remains responsible for 20 % of deaths (15 % for tobacco and 5 % for alcohol) [1]. The mortality observed there is but a late and limited reflection of the forms and extent of this regional health problem, given the health and social consequences of such use (illness, disability, suicide, violence, economic precariousness and isolation) [2]. What is more, levels of excess mortality are higher than the national average, at +8 % for tobacco and +25 % for alcohol [1].

These observations mean that good care for people addicted to such products is fundamental. Furthermore, if we are to prevent complications, it is important to take a proactive approach which involves identifying the consumers. However, professional practices need to be improved, with several problems standing in the way: lack of initial and ongoing training, compartmentalization between primary care staff and specialist services, addiction care tools that are little known and not fully integrated into practice, lack of time on the part of healthcare staff, and the feeling of a lack of legitimacy [3,4].

Hospitals play a major role in the identification, management and possible referral to the appropriate professionals of disorders related to tobacco and alcohol use [4]. Knowing the frequency of such use among patients in this setting would help to determine needs in terms of healthcare and its adaptation, as well as the adaptation of hospital practices – particularly in the field of addiction.

To date, while data on the frequency of tobacco and alcohol use are mainly available for the general population, very few are available for the hospital population, and are limited either to a single hospital or regional department of France [5,6]. Ours was a much broader study of Normandy as a whole and its aim was to determine the prevalence of addiction practices among inpatients and outpatients using the region's public and private hospitals and to identify the factors associated with this use [7]. In this article, we will focus specifically on tobacco and alcohol.

2. METHODS

2.1. Study design

This descriptive cross-sectional study took place on one given day in each hospital department over the course of one week (from 27/01/2020 to 02/02/2020).

2.2. Participants

Each patient included had to be present on the day of the survey as an inpatient or outpatient of one of the participant hospitals of the Normandy region, and in one of the following hospital departments: Medicine, Surgery, Obstetrics-Gynaecology, Adult Emergency, Psychiatry or Follow-up and Rehabilitation. They also had to be aged 16 years or over and be able to complete the questionnaire – depending on their state of health and ability to read and write French. The number of patients was not defined in advance, and the aim was to have as many respondents as possible.

2.2. Data collection

A questionnaire, designed with the help of professionals specializing in addiction, was used to gather information on the department in which the patient was receiving care, their sociodemographic characteristics (age, sex, employment status, regional department of residence and level of education) and their tobacco and alcohol use.

The healthcare teams, healthcare executives and the addiction liaison team in the participating hospitals were tasked with distributing the self-administered questionnaires to the patients, and with completing a dashboard showing the number of questionnaires distributed, the number of patients present in the hospital departments on the day of the survey, and any specific events or difficulties encountered (e.g. accommodating a patient from another department). Participants were informed that they could contact the person who provided the questionnaire for any questions they might have.

2.4. Measurements

Regarding tobacco use, the statistical analysis essentially concerned patients who stated that they smoked daily (Smoker: daily smoker; non-smoker: non-smoker or occasional smoker) to compare these data with those from the Health Barometer [8]. For alcohol use, two indicators were used: daily consumption over the past 12 months and binge-drinking – defined as drinking 6 or more glasses on a single occasion – over the past 12 months. To this end, the questionnaire incorporated the first three questions of the Alcohol Use Disorder Identification Test, corresponding to the AUDIT-C [9-10].

2.5. Statistical analyses

A descriptive analysis of the respondents' characteristics was performed and the quantitative variables described were presented by their mean and standard deviation. The qualitative variables were presented in terms of numbers and percentages. A description of the prevalence of smoking, daily alcohol use and monthly binge-drinking was also produced. The distribution of the questionnaires by hospital department was compared with the distribution of patients recorded in the French national hospital database (PMSI), to see whether any departments were under or over-represented in the survey. Finally, in order to identify factors

independently associated with tobacco and alcohol use, a multivariate analysis was performed using logistic regression to obtain odds ratios (OR) and their 95 % confidence intervals (CI).

The data were analyzed using R software version 4.0.4 and the results considered statistically significant if the p-value was less than or equal to 0.05.

2.6. Ethical aspects

The protocol was compliant with the General Data Protection Regulation (GDPR): An anonymous questionnaire with no items allowing direct or indirect identification of respondents; data were stored on a secure server. For subjects who were 16 or 17 years of age, and following legal advice of our agency, an information document was given to their parents or guardians to inform them of the survey objectives and their rights. After being given detailed information by someone from ELSA and/or by the healthcare teams, and after being given the information document, they made their own decision to complete the questionnaire and participate in the study.

3. RESULTS

	Number (%)	
Hospital department		
Medicine	2559	(42.3)
Obstetrics-Gynaecology	297	(4.9)
Psychiatry	1073	(17.8)
Surgery	1033	(17.1)
Follow-up and Rehabilitation	620	(10.3)
Emergency	462	(7.6)
Sex		
Male	2777	(47.4)
Female	3083	(52.6)
Missing	521	(8.2)
Age (years)		
16 to 24	361	(5.7)
25 to 34	607	(9.7)
35 to 44	590	(9.4)
45 to 54	764	(12.1)
55 to 64	948	(15.1)
65 and over	3019	(48.0)
Missing	92	(1.4)
Department of residence		
Calvados	1160	(19.1)
Eure	1255	(20.7)
Manche	1043	(17.2)
Orne	940	(15.5)
Seine-Maritime	1672	(27.5)
Missing	311	(4.9)
Employment status		
In employment	1282	(20.6)
Unemployed	399	(6.4)
Student	150	(2.4)
Retired and Other inactive	4383	(70.5)
Missing	167	(2.6)
Level of education		
No qualification or below the baccalaureate	4154	(70.3)
Baccalaureate	757	(12.8)
Above the baccalaureate	596	(16.9)
Missing	469	(7.3)

Table 1. Sociodemographic characteristics of the inpatient and outpatient respondents in public/private hospitals in Normandy (n = 6381)

Forty out of 50 hospitals took part in the study, representing a participation rate of 80 %.

In total, 6381 questionnaires were completed partially or in full. Of the 40 participating hospitals, 34 returned a comprehensive dashboard with information on the number of questionnaires distributed, the hospital department concerned and the number of responders. We received 341 dashboards showing that 7155 questionnaires had been distributed – of which 4341 had been completed, thus resulting in a 61 % patient response rate for the 34 hospitals having sent in their dashboards (Table 1).

The study population was 52.6 % women and 47.4 % men (male-female sex ratio of 0.90). Patients aged 65 and over were the most numerous (48 %). Almost 30 % of the patients were resident in Seine-Maritime. Over 50 % of the patients were retired or otherwise inactive, while students were less represented (less than 3 %). Lastly, 70.3 % of patients had no qualifications or were qualified below baccalaureate level (Table 1).

3.1. Characteristics of the tobacco consumers

	Number (%)	Mean (σ)
Smoking status		
Non-smoker (smokes occasionally or never)	4835 (77.6)	
Smoker	1394 (22.4)	
Missing	152 (2.4)	
Duration of consumption (years)^a		24.9 (14.7)
Missing	168 (10.6)	
Number of cigarettes smoked per day^a		14.6 (9.5)
Missing	184 (11.7)	
Desire to quit smoking^a		
No	616 (45.7)	
Yes	733 (54.3)	
Missing	45 (3.2)	
Frequency of alcohol consumption		
Never	2154 (34.9)	
Once a month or less often	1281 (20.8)	
2 or 3 times a month	653 (10.6)	
Once a week	772 (12.5)	
2 or 3 times a week	545 (8.8)	
4 to 6 times a week	185 (3.0)	
Every day	577 (9.4)	
Missing	214 (3.4)	
Number of glasses of alcohol consumed per day (typical)^a		
1 or 2	2345 (66.4)	
3 or 4	702 (19.9)	
5 or 6	237 (6.7)	
7 or 8	102 (2.9)	
10 or more	144 (4.1)	
Missing	697 (16.5)	
Binge-drinking (6 or more glasses on the same occasion)^a		
Never	2450 (65.2)	
Less than once a month	628 (16.7)	
Once a month	265 (7.0)	
Once a week	180 (4.8)	
Every day or almost	236 (6.3)	
Missing	468 (11.1)	

Table 2. Tobacco and alcohol consumption by the inpatient and outpatient respondents in public/private hospitals in Normandy (n = 6381). *Note: a means calculated only for daily smokers*

Among the respondents, 22.4 % were daily smokers. They had been smoking for an average of 24.9 years (\pm 14.7); they smoked an average of 14.2 cigarettes a day (\pm 9.5) and 55.0 % of them expressed the desire to quit (Table 2).

	N	%	OR ^a	CI95 % ^a
Hospital department				
Medicine [Reference]	399	(16.0)	1	-
Surgery	175	(17.3)	0.99	[0.78-1.25]
Obstetrics-Gynaecology	49	(16.6)	0.60	[0.40-0.88]
Psychiatry	503	(48.2)	2.04	[1.65-2.52]
Follow-up and Rehabilitation	57	(9.3)	0.61	[0.42-0.88]
Emergency	131	(28.9)	1.25	[0.94-1.66]
Sex				
Female [Reference]	525	(17.3)	1	-
Male	758	(27.9)	1.75	[1.50-2.06]
Age (years)				
65 and over [Reference]	194	(6.5)	1	-
16 to 24	129	(36.2)	9.02	[6.30-13.44]
25 to 34	222	(36.9)	10.06	[7.30-13.86]
35 to 44	248	(43.1)	10.28	[7.57-13.96]
45 to 54	329	(44.0)	10.61	[8.05-13.99]
55 to 64	260	(28.2)	5.07	[3.94-6.51]
Department of residence				
Seine-Maritime [Reference]	359	(21.9)	1	-
Calvados	302	(26.4)	1.08	[0.86-1.36]
Eure	313	(25.5)	0.96	[0.77-1.20]
Manche	172	(16.9)	0.87	[0.68-1.11]
Orne	197	(21.4)	0.97	[0.75-1.24]
Employment status				
In employment [Reference]	375	(29.7)	1	-
Unemployed	214	(54.7)	2.01	[1.52-2.65]
Student	38	(26.0)	0.6	[0.35-1.04]
Retired and Other inactive	733	(17.0)	1.27	[1.02-1.58]
Level of education				
Above the baccalaureate [Reference]	193	(19.6)	1	-
No qualification or below the baccalaureate	916	(22.5)	1.85	[1.48-2.31]
Baccalaureate	218	(29.1)	1.62	[1.24-2.13]

Table 3. Factors independently associated with daily smoking among the inpatient and outpatient respondents in public/private hospitals in Normandy. *Note: aOR: odds ratio; CI95 %: 95 % confidence interval. Results from multivariate logistic regression.*

In multivariate analysis, with the exception of the respondents' department of residence, the other factors were all statistically significantly associated with daily smoking [Table 3].

This association was much stronger for Psychiatry (OR: 2.04; CI: 1.65-2.52), in men (OR: 1.75; CI: 1.50-2.06), in unemployed subjects (OR: 2.01; CI: 1.52-2.65) and in those with no qualifications or qualified below baccalaureate level (OR: 1.85; CI: 1.48-2.31) (Table 3).

In addition, the ORs increased with age up to the 45-54-year age group, for which the OR was highest, and then decreased for the older age groups.

3.2. Characteristics of the alcohol consumers

- **Daily consumption**

	N	%	OR ^a	CI95 % ^a
Hospital department				
Medicine [Reference]	279	(11.3)	1	-
Surgery	87	(8.9)	0.84	[0.63-1.11]
Obstetrics-Gynaecology	2	(0.7)	0.22	[0.05-0.93]
Psychiatry	86	(8.2)	0.72	[0.52-0.99]
Follow-up and Rehabilitation	63	(10.3)	0.97	[0.69-1.35]
Emergency	35	(7.8)	0.89	[0.58-1.35]
Sex				
Female [Reference]	122	(4.1)	1	-
Male	419	(15.5)	3.72	[2.96-4.67]
Age (years)				
65 and over [Reference]	302	(10.4)	1	-
16 to 24	3	(0.8)	0.14	[0.04-0.49]
25 to 34	28	(4.7)	0.57	[0.33-0.97]
35 to 44	45	(7.8)	0.75	[0.47-1.19]
45 to 54	93	(12.5)	1.24	[0.86-1.78]
55 to 64	98	(10.7)	1.12	[0.83-1.50]
Department of residence				
Seine-Maritime [Reference]	145	(9.0)	1	-
Calvados	114	(10.1)	1.08	[0.80-1.45]
Eure	97	(8.0)	0.92	[0.68-1.25]
Manche	107	(10.4)	1.24	[0.92-1.66]
Orne	88	(9.7)	1.14	[0.83-1.57]
Employment status				
In employment [Reference]	83	(6.6)	1	-
Unemployed	56	(14.5)	2.36	[1.54-3.64]
Student	1	(0.7)	0.49	[0.06-4.01]
Retired and Other inactive	426	(10.1)	1.37	[0.96-1.97]
Level of education				
Above the baccalaureate [Reference]	94	(9.6)	1	-
No qualification or below the baccalaureate	384	(9.5)	0.71	[0.54-0.94]
Baccalaureate	72	(9.7)	1.06	[0.74-1.53]

Table 4. Factors independently associated with daily alcohol consumption over the past 12 months.

Note: aOR: odds ratio; CI95 %: 95 % confidence interval. Results from multivariate logistic regression.

Regarding alcohol consumption, 9.4 % of the respondents said they drank every day (Table 2). In multivariate analysis, sex, age, employment status and education level showed a statistically significant association with alcohol consumption (Table 4). The association was higher in unemployed subjects (OR: 2.36; CI: 1.54-3.64). A gradient was observed for the age variable, with the ORs associated with daily consumption increasing with age, up to 54 years of age.

- **Binge-drinking**

	N	%	OR ^a	CI95 % ^a
Hospital department				
Medicine [Reference]	252	(16.3)	1	-
Surgery	100	(14.6)	0.88	[0.65-1.18]
Obstetrics-Gynaecology	7	(5.8)	0.38	[0.17-0.88]
Psychiatry	153	(29.3)	1.27	[0.93-1.74]
Follow-up and Rehabilitation	41	(12.0)	0.78	[0.50-1.21]
Emergency	73	(22.1)	0.85	[0.59-1.23]
Sex				
Female [Reference]	149	(76.0)	1	-
Male	471	(24.0)	3.36	[2.66-4.26]
Age (years)				
65 and over [Reference]	153	(8.9)	1	-
16 to 24	61	(31.8)	5.10	[2.97-8.75]
25 to 34	81	(23.9)	3.10	[1.96-4.89]
35 to 44	103	(26.4)	2.83	[1.84-4.35]
45 to 54	161	(32.7)	4.37	[3.60-38.00]
55 to 64	114	(19.6)	2.19	[1.57-3.06]
Department of residence				
Seine-Maritime [Reference]	187	(18.8)	1	-
Calvados	152	(21.9)	1.15	[0.85-1.55]
Eure	105	(15.1)	0.65	[0.47-0.90]
Manche	114	(17.2)	1.11	[0.81-1.52]
Orne	88	(16.2)	0.91	[0.65-1.28]
Employment status				
In employment [Reference]	210	(22.9)	1	-
Unemployed	114	(46.5)	2.13	[1.48-3.06]
Student	23	(28.0)	1.08	[0.53-2.22]
Retired and Other inactive	315	(12.9)	0.75	[0.55-1.02]
Level of education				
Above the baccalaureate [Reference]	118	(16.4)	1	-
No qualification or below the baccalaureate	427	(18.3)	1.34	[1.01-1.78]
Baccalaureate	109	(21.2)	1.22	[0.86-1.74]

Table 5. Factors independently associated with monthly binge-drinking over the past 12 months. *Note: aOR: odds ratio; CI95 %: 95 % confidence interval. Results from multivariate logistic regression.*

Among the respondents, 34.8 % reported at least one binge-drinking episode over the past 12 months, of which 18.1 % at least once a month and 11.1 % at least once a week (Table 2).

All factors other than level of education (hospital department, sex, age, regional department of residence and employment status) were statistically significantly associated with monthly binge-drinking (Table 5). In terms of age, the association was highest among the group of 16-24-year-olds (OR: 5.10; CI: 2.97-8.75).

- **AUDIT-C**

According to the AUDIT-C score, 73.3 % of participants were abstinent or reported low-risk alcohol use, 22.6 % exhibited alcohol misuse—defined as alcohol consumption posing a risk to health—and 4.1 % showed alcohol use with dependence.

4. DISCUSSION

Based on a self-administered questionnaire, this cross-sectional study conducted in public and private hospitals in Normandy confirms the extent of tobacco and alcohol use among inpatients and outpatients. The study highlighted a number of important elements for improving addiction care.

One quarter of the inpatients or outpatients in healthcare facilities in Normandy were occasional or daily tobacco smokers, with 55 % of them wishing to quit. Regarding alcohol consumption, the prevalence of daily use was higher among older people, while monthly binge-drinking was more prevalent among younger people. The main factors associated with daily smoking, daily alcohol consumption and monthly binge-drinking were sex, age and employment status: men, people between 45 and 54 years of age and people in a situation of unemployment presented the highest frequencies of use. Furthermore, Psychiatry was the department with the highest prevalence of reported tobacco and alcohol consumption.

The prevalence of daily smoking among the patients surveyed was lower but close (22.4 %) to that calculated based on data from the Santé publique France Health Barometer in Normandy (25.2 %) [8]. In the latter, daily smoking was concentrated among younger people between 18 and 30 years of age. The older patient population in this study, compared with regional data from the National Institute of Statistics and Economic Studies (IN-SEE), could explain the lower proportion of daily smokers than in the general population. However, we also found that people with a level of education equivalent to the baccalaureate were the most concerned [8]. The proportions of people wishing to quit smoking were of the same order of magnitude (55 % in the study versus 48 % in the general population) [8]: this percentage was quite high and indicative of a patient need; it highlights the necessity to implement systems to identify these patients so that they can be supported and/or guided in this care process [11-14].

Regarding alcohol consumption, the prevalence of daily alcohol use in the study (9.4 %) was higher than that measured based on data from the Santé publique France Health Barometer in Normandy, but still of the same order of magnitude (8.1 %) [10]. The population concerned was mainly older adults (61-75 years of age) and there was no association with level of education. For binge-drinking, the survey results (prevalence of binge-drinking over the past 12 months of 34.8 % and monthly binge-drinking of 18.1 %) were also close to those known in Normandy (35.4 % and 16.0 %, respectively [10]). The subjects most affected by binge-drinking in the general population were younger than in this study (18-30 years of age [10]). As with tobacco, the differences observed for alcohol could be explained partly by the fact that the population studied in hospitals was older than the general population, and partly by the fact that pathologies favoured by alcohol or tobacco appear with advancing age and are treated in a hospital setting, which contributes to an over-representation of older consumers in hospital [15 ;16].

Psychiatry was the department with the highest prevalences of daily smoking and monthly binge-drinking. This finding is probably related to the link between the onset of psychiatric problems and addiction. Indeed, as described in the guide 'Addictions et troubles psychiatriques', the two types of disorder interact insofar as they may share the same aetiology; one may be the consequence of the other; and one may negatively affect the outcome of the other [17]. Furthermore, the treatment of smoking in the psychiatric setting may be less effective given the other problems faced by these patients [18].

Despite the lower use prevalences observed in Gynaecology compared with the other departments, for one day of the survey it was observed that 49 of the 296 female responders smoked daily, 2 consumed alcohol daily and 7 binge-drank monthly. Assuming that some of these women were attending for pregnancy, these observations clearly show that a noteworthy proportion of pregnant women are far off the target of 'zero tobacco and zero alcohol during pregnancy' and indicate that these departments must be taken into account in the process of improving the detection and management of addiction behaviours. Furthermore, women of childbearing age could be among the risk profiles to target, particularly regarding the risk of cardiovascular disease in women who smoke and take the combined contraceptive pill [19].

Whether tobacco or alcohol (regardless of the indicator used), men had the highest prevalence compared with women. This finding is in line with other studies which suggest that male sex is a factor in vulnerability to addiction [20-21].

The study population consisted of subjects who were present, on a given day at the time of the survey, in the hospitals that met the inclusion criteria. Notwithstanding the high level of participation by the facilities (80

%), the representativeness of the hospital population as a whole may be questioned insofar as the facilities were asked to participate based on an inclusion criterion (the presence of an Emergency Department) and that not all eligible departments participated equitably in each facility. However, with the exception of the Follow-up and Rehabilitation Departments which were under-represented in our survey, a comparison of our data with the number of visits via the PMSI, over the same week, shows comparable distribution trends by department (re-sults not shown [7]). In the dashboards available, several factors could explain this under-representation, and particularly the clinical condition of the patients, which prevented them from completing the questionnaires. Furthermore, subjects unable to read and write French were excluded, meaning that this population is not re-presented. This could have potentially introduced a selection bias liable to influence the estimation of the pre-valence of addiction behaviours [22].

As is often the case with surveys of addictive-substance use, ours is declarative and uses a self-administered questionnaire. Self-reported responses are potentially subject to various biases, including that of social desirability. This bias is considered when sensitive issues are broached, which is the case for a questionnaire dealing with addiction behaviours in their globality, with the potential consequence of underestimating the prevalence of such consumption. However, the levels of consumption reported do not deviate from those found in other use studies and merely confirm the high levels of prevalence in the region.

5. CONCLUSION

Tobacco and alcohol consumption represent a major public health challenge because of the sometimes dramatic health and social consequences they entail. Acknowledgement of these consequences by healthcare professionals would seem essential if we are to evaluate and adequately respond to health needs in this area. Likewise, the presence of individuals with addictive behaviors in hospital settings represents a favorable opportunity to initiate care and support.

Using this survey to study patient profiles in terms of consumption is important in that it can help to improve their identification and care. The highest prevalences were observed among men, individuals aged 45–54 years, unemployed persons, and patients in psychiatric departments. Additionally, women of childbearing age emerge as a specific at-risk group, particularly due to: strict recommendations for tobacco and alcohol abstinence du-ring pregnancy, the increased risk of cardiovascular disease in women who smoke and use combined oral contraceptives.

Regarding interventions aimed at hospital inpatients and outpatients, it would be important to set up initiatives within hospitals, improve existing initiatives and reinforce the training of healthcare staff in treating addiction. In the local context, these findings will help build a substantiated case for the need to raise awareness among hospital professionals about addiction issues and to recruit qualified healthcare providers specializing in this field.

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Declaration of interests: Conflicts of interest: None declared

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