

## Use of general health care by people with substance use disorders in Belgium (2008-2017)

Luk Van Baelen

*L Van Baelen<sup>1</sup>, B Devleeschauwer<sup>1,2</sup>, K De Ridder<sup>1</sup>, E Plettinckx<sup>1</sup>, L Gremeaux<sup>1</sup>*

<sup>1</sup>Department of Epidemiology and Public Health, Sciensano, Brussels, Belgium

<sup>2</sup>Department of Veterinary Public Health and Food Safety, Ghent University, Merelbeke, Belgium

Contact: luk.vanbaelen@sciensano.be

### **Background:**

Substance use disorders (SUD) are associated with an increased use of general health care services (e.g. use of emergency departments (ED), visits to GP or use of inpatient services). However, little is known about the extent to which people with SUD are using these services compared to people without SUD.

### **Methods:**

Data from the national register of people who were in specialized treatment for SUD between 2011 and 2014 (N=30,905) was linked to health insurance data. Four comparators were matched on sex, age and region to each subject in treatment for SUD (N = 123,620). For people with alcohol (AUD), opiate (OUD), cocaine (CoUD) and cannabis (CaUD) use disorders and their respective comparators we analyzed the contacts with GP, psychiatrist, ED and days in hospital between 2008 and 2017. Negative binomial regression was used to obtain incidence rate ratios (IRRs) in the four

different settings both for all drugs combined and for each drug separately.

**Preliminary results:**

People with SUD were significantly more likely to contact a GP (IRR 1.9 95%CI 1.9-2.0,  $p < 0.0001$ ), a psychiatrist (IRR 7.4 95%CI 7.0-7.7,  $p < 0.0001$ ), an ED (IRR 4.2 95%CI 4.2-4.3,  $p < 0.0001$ ) or to be hospitalized (IRR 6.4 95%CI 6.3-6.5,  $p < 0.0001$ ), compared to people who were not in specialized treatment for SUD. Differences were stable over time and always highest for people with AUD and lowest for people with CaUD, except for visits to the GP where the differences were

highest for people with OUD (IRR 2.6 95%CI 2.5-2.7,  $p < 0.0001$ ).

**Conclusions:**

People with SUD have between 2 and 7 times more contacts with general health services than people without SUD. SUD is not a specialty health issue but affects all health service settings.

**Key messages:**

- People with SUD have a 2-7 times higher use of general health care services than people without SUD.
- All health professionals should have the competencies to support people with SUD adequately.