

Executive summary

Data from the 2012 Swiss Health Survey (Schweizerische Gesundheitsbefragung - SGB) were used to examine associations between sociodemographic variables and substance use in the Swiss general population aged 15 years and older. Multivariate methods were used for data analysis.

The participant sample of the SGB 2012 was selected by the Swiss Federal Statistical Office (Bundesamt für Statistik – BFS) based on the cantonal and communal registers of inhabitants. In total, 21'597 people were interviewed by trained interviewers and most of the interviews were computer assisted and conducted via telephone. Of this sample, 719 participants were excluded because they did not complete the interview themselves (proxy-interviews) which left an analytical sample of 20'878 individuals. For the present report, several substance use indicators regarding tobacco, alcohol, cannabis, and prescription medications (sedating and tranquilizing medications) were examined. Sociodemographic indicators used included age, gender, migration status, marital status, education, income, employment status, language region, and size of the municipality. Data were analyzed with simple and multiple regression analyses and survey weights were used to assure representativity of results for the Swiss general population aged 15 years and older.

Tobacco

With regard to tobacco use and sociodemographic variables, especially younger age, male gender, lower education, and current employment were factors associated with current smoking status and with a higher amount of overall tobacco smoked. In addition, people from the French- and Italian-speaking parts of Switzerland were more likely to be current smokers and indicated a higher amount of tobacco smoked.

Alcohol

Different kinds of risky alcohol use such as episodic heavy drinking and chronic consumption of hazardous amounts of alcohol were analyzed.

Sociodemographic risk factors associated with episodic heavy drinking were younger age and male gender. Contrary to the results for episodic heavy drinking, the probability of chronic risky consumption increased with higher age. Recency of immigration was associated with decreased average alcohol consumption and was related to a lower risk for episodic heavy drinking and episodic heavy drinking and simultaneous chronic consumption in men. Single persons and persons currently employed had a higher risk for episodic heavy drinking and consumed higher amounts of alcohol on average. Lastly, the average amount of alcohol consumed was higher for persons from the French- and Italian-speaking parts of Switzerland compared to the German-speaking part.

For combined risky drinking (episodic heavy drinking and chronic consumption), predominantly the same relationships between consumption and sociodemographic factors were observed as for episodic heavy drinking alone: Younger age, male gender, marital status single, and the French-speaking region were associated with an increased risk for combined risky drinking.

Cannabis

Both lifetime and current cannabis use were examined. Younger age, male gender, and marital status single were positively associated with both lifetime and current cannabis use. Furthermore, the probabil-

ity of cannabis use was lower the more recent the person had immigrated into the country. Higher education was related to an increased probability of lifetime, but not current use and the same was the case for current employment. Lastly, a higher likelihood of cannabis use was observed for the French-speaking region of Switzerland and the likelihood of consumption increased with increasing size of the municipality, indicating a higher risk for cannabis use in urban areas.

Prescription medications (sedating and tranquilizing medications)

The risk for current consumption of prescription medications increased with increasing age and was higher for women compared to men. Compared to married persons, divorced, separated, or widowed persons had an increased probability for medication use, whereas the risk decreased for single persons. Low education was related to a higher risk of medication use, as was nonworking employment status. Compared to persons from the German-speaking region, persons from French-speaking Switzerland had a higher likelihood for medication use; for the Italian-speaking region this was only the case among men, but not among women.

Finally, based on these results, opportunities for prevention, early intervention, and treatment with regard to tobacco, alcohol, cannabis, and medication use for Switzerland are discussed.