## Recognising the Importance of Smoking Cessation Support in Substance Misuse Patients

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Abstract : Patients with a history of substance have a high prevalence of comorbidities, including asthma and chronic obstructive pulmonary disease (COPD). Mortality rates are higher than that of the general population and the link to respiratory disease is reported. Randomised controlled trials (RCTs) support opioid substitution therapy as an effective means for harm reduction. However, whilst a high proportion of patients receiving opioid substitution therapy are smokers, to the author's best knowledge there have been no studies of respiratory disease and smoking intensity in these patients. A cross sectional prevalence study was conducted using an anonymised patient-level database in primary care, Lambeth DataNet (LDN). We included patients aged 18 years and over who had records of ever having been prescribed methadone in primary care. Patients under 18 years old or prescribed buprenorphine (because of uncertainty about the prescribing indication) were excluded. Demographic, smoking, alcohol and asthma and COPD coding data were extracted. Differences between methadone and non-methadone users were explored with multivariable analysis. LDN contained data on 321, 395 patients ≥ 18 years; 676 (0.16%) had a record of methadone prescription. Patients prescribed methadone were more likely to be male (70.7% vs. 50.4%), older (48.9yrs vs. 41.5yrs) and less likely to be from an ethnic minority group (South Asian 2.1% vs. 7.8%; Black African 8.9% vs. 21.4%). Almost all those prescribed methadone were smokers or ex-smokers (97.3% vs. 40.9%); more were non-alcohol drinkers (41.3% vs. 24.3%). We found a high prevalence of COPD (12.4% vs 1.4%) and asthma (14.2% vs 4.4%). Smoking intensity data shows a high prevalence of  $\geq 20$  cigarettes per day (21.5% vs. 13.1%). Risk of COPD, adjusted for age, gender, ethnicity and deprivation, was raised in smokers: odds ratio 14.81 (95%CI 11.26, 19.47), and in the methadone group: OR 7.51 (95%CI: 5.78, 9.77). Furthermore, after adjustment for smoking intensity (number of cigarettes/day), the risk was raised in methadone group: OR 4.77 (95%CI: 3.13, 7.28). High burden of respiratory disease compounded by the high rates of smoking is a public health concern. This supports an integrated approach to health in patients treated for opiate dependence, with access to smoking cessation support. Further work may evaluate the current structure and commissioning of substance misuse services, including smoking cessation. Regression modelling highlights that methadone as a 'risk factor' was independently associated with COPD prevalence, even after adjustment for smoking intensity. This merits further exploration, as the association may be related to unexplored aspects of smoking (such as the number of years smoked) or may be related to other related exposures, such as smoking heroin or crack cocaine.

Keywords : methadone, respiratory disease, smoking cessation, substance misuse

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