Outline

• Background – terminology and COPD explanation

• Brief overview of NICE guidance examining COPD management

• Death data – respiratory mortality of England’s northwest examined

• Survey of professionals working in the drugs field – results

• Key themes emerging from discussion with individuals working with drug using clients with respiratory problems

• Focus on recent research relating to nicotine replacement therapy as a harm reduction tool

• Questions and Answers
Terminology

• Drug users – individuals primarily using crack and/or opiates via inhalation or injection routes

• Anabolic steroid (AS) users and individuals using other performance and image enhancing drugs are not included in this preliminary research

• The risks associated with AS use differ from those associated with opiates and crack (Evans-Brown & McVeigh, 2009) and therefore chronic long term drug effects are likely to differ
Respiratory Disease

• Blanket term for variety of lung problems including;
  – Cancer
  – COPD (Chronic obstructive pulmonary disease)
  – Pneumonia
  – Tuberculosis

• Research examining respiratory disease epidemiology amongst drug users is very limited

• COPD is likely to be the predominant respiratory condition based on, high incidence of tobacco smoking (Best et al., 1998), mortality data (Hurst et al., 2009) and ageing of UK drug using population (Beynon et al., 2008)
COPD

- Chronic obstructive pulmonary disease
- A number of conditions but primarily;

- Chronic Bronchitis – airway narrowing as a result of mucus secretion and bronchial wall inflammation
- Emphysema - dilation and destruction of lung tissue in the alveoli –leading to loss of elasticity.
- COPD is the 5th biggest killer in the UK (National Statistics 2006)
- Average age of diagnosis in UK is 67 (NHS, 2010)
Potential Problems

- Poor quality of life for undiagnosed individuals
- Faster disease progression leading to development of severe COPD at younger ages and premature death
- Increased exacerbations attributable to acute lung infections including influenza and pneumonia
Possible Solutions

- Raising awareness amongst drug users and drug workers about the importance of respiratory health and COPD in particular.
- Early diagnosis slows progression and improves quality of life particularly when coupled with smoking cessation (NICE, 2004).
- Utilisation of existing UK COPD primary care infrastructure.
- Monitor COPD prevalence.
- Greater access to COPD diagnostic tools such as spirometry.
- Smoking cessation services.
- Use of NRT as a harm reduction tool.
NICE Guidance

“Encouraging patients with COPD to stop smoking is one of the most important components of their management. All COPD patients still smoking, regardless of age, should be encouraged to stop, and offered help to do so, at every opportunity”. (NICE Guidance, February 2004)

- Spirometry for all current/ex-smokers over 35s with a chronic cough
- Referral for specialist advice at all stages of the disease
Deaths Data

• Lack of epidemiological data on respiratory morbidity is a problem
• Mortality data could be used as an indicator to infer respiratory morbidity patterns
• Drug related death definitions include only those individuals who died as a result of acute toxic effects of drug use
• Drug associated deaths include the chronic ill effects of long term drug use
• Respiratory mortality patterns of drug users in contact with treatment services in the Northwest of England were examined between 2003/04-2007/08
Deaths Data Overview

- Total of 504 confirmed deaths of individuals in contact with treatment services in England’s Northwest.
- 328 individuals classified as non-DRD
- 65 individuals primary cause of death was respiratory related (20% of non-DRD for the time period)
- Primary causes of death attributable to respiratory illness were 2nd only to liver disease/viral hepatitis (78 individuals).

- Hurst et al. (2009) Centre for Public Health
Primary Cause of Death (Respiratory)

- Influenza and Pneumonia: 18, 30%
- Chronic Lower Respiratory Diseases: 24, 39%
- Malignant Neoplasm (Bronchus/Lung): 12, 20%
- Other Acute Lower Respiratory Infections: 5, 8%
- Suppurative and Necrotic Conditions of LRT: 2, 3%
Demographic Information

- Mean age of death for all respiratory primary causes was 44 years.
- Mean age of death for chronic lower respiratory diseases was 48 years.
- 90% of all UK COPD deaths occur in individuals aged 65 and over (NHS, 2006).
- Indication of possible significant respiratory related morbidity amongst drug users with COPD being a prominent cause occurring at an earlier age than average.
- Small number of respiratory illness’s.
- Death data doesn’t indicate clinical significance of morbidity.
Drug Worker Survey

- 82 drugs field professionals were surveyed on respiratory health and services available

- Comprised individuals from across the UK

- Short survey looking at importance of services available related to smoking cessation and respiratory health

- Perceived importance of the issue was also examined from a commissioning and service user perspective
Survey Results Overview

- 85.4% of respondents reported talking to service users about their tobacco smoking habits

- Estimated tobacco smoking rates were high-consistent with previous smoking prevalence findings amongst drug users
Respondents Perception of Need for Drug User Specific Smoking Cessation Services

- 27.2% of respondents reported that they could refer service users to smoking cessation tailored for drug users.
Available Interventions

• 56% of respondents reported that no other interventions were available aside from smoking cessation

• However some novel interventions existed including;
Other Relevant Data

- 47.6% of respondents reported that no literature relating to respiratory health was available within their service.

- When asked what respiratory related health interventions does your service provide aside from smoking cessation 56% of respondents reported ‘none’.

- 56% of respondents felt that their client group were not well informed about respiratory health.

- 70% of respondents were not sure if their local service commissioner would fund respiratory related health promotion.
Survey Summary

- Indication that diagnostic tools not readily available (5% of respondents reported the use of lung function testing)
- High levels of tobacco smoking
- Lack of relevant literature on respiratory health
- Smoking cessation forms majority of interventions available
- Majority of respondents talk to their clients about tobacco smoking
- Smoking cessation available via in-house or referral was reported by 63% of respondents
What needs to be done to improve drug users respiratory health?

- Conducted interviews of professionals working in the drugs service
- Examined opinion and interventions being used
COPD Incidence

- COPD exists as an issue amongst drug users yet it is being unmanaged with tobacco smoking being a major contributory factor.

“They [drug using clients] often complain of chest infections and COPD is almost ubiquitous really, they all tend to be on inhalers and they all smoke. One or two have stopped over the years but by in large the issue remains unaddressed and is regarded as impossible to address”.

“The main respiratory problems are Asthma/COPD – often they say it’s Asthma but I think it’s more COPD and by in large its smoking induced”. (Dr Euan Lawson, GP)
COPD Diagnosis Issues

- Drug users present with COPD symptoms but are often unaware they have a serious condition;

“We get a lot of problems like undiagnosed COPD, by that I mean we get a lot of people with what they think are recurrent chest infections but are actually part of an insidious lung disease process”.

Diagnosis of COPD is problematic and compounded by lack of access to the appropriate diagnostic tools

“They are not offered it [spirometry]– it's not a question of getting them [drug users] to it its a question of not being offered it”. (Linda Johnstone, Wirral Harm Reduction Unit)
Diagnosis Barriers

- There are additional barriers that drug users face when accessing primary care services.

“You might be a normal everyday person and you might have diabetes and you might have COPD but as a drug user there is a big resistance to exploring that despite the fact you can still be a drug user and have all of the above”. (Linda Johnstone, Wirral Harm Reduction Unit)

- Unmanaged COPD puts drug users at risk and strains other NHS services;

“They [service users] wait until they are in pretty much dire straights before they access care. So I would think that it is extremely likely that A and E and out of hours care get a far greater weight of those sort of presentations”. (Dr Euan Lawson, GP)
Novel Interventions

• Some services are offering comprehensive clinical examination

“If somebody came in with a chest infection we would have nursing staff listen to their lungs, send sputum off for analysis, conduct peak flow and if they are on inhalers we will check their inhaler technique apart from that we don’t have spirometry clinics”. (Linda Johnstone Wirral Harm Reduction Unit)

“We talk about it [smoking cessation] to everyone during their health assessment we ask if they smoke and if the answer is yes they are asked if they would like to stop and if so we have a nurse here who will help you”. (Mary Curtis, Wirral Harm Reduction Unit)
Other Interventions

• One service is utilising the local trusts health improvement team and deploying them within the drugs service

“This is a vulnerable group of people who don’t engage with services and they may not walk into a hospital or GP surgery and say, “I’m not breathing very well”. They walk into our services with some other issues and we can capture them there. Not only can we do that we would like to try and capture their family members as well if we can and that’s part of a longer term approach in terms of turning the whole of our drugs service into something that’s a community resource rather than just somewhere where a drug user goes.” (DA(A)T Manager)
Nicotine Replacement Therapy

• In 1991 the Lancet stated;

“There is no good reason why a switch from tobacco products to less harmful nicotine delivery systems should not be encouraged”

• Royal college of physicians strongly recommended using NRT as a harm reduction tool in smokers resistant to complete cessation. (RCP, 2007)

• Positive benefits of smoking reduction using NRT were found amongst a group of individuals with respiratory illness in a US methadone maintenance programme. An association between subjective short term health changes and reduction in smoking was demonstrated. (Stein et al., 2005)
Summary

• Research is required to establish epidemiology of COPD amongst drug users
• Clinical diagnostic tools should be readily available in order to diagnose and manage COPD
• Services need to utilise current primary care infrastructure already in place for the management of COPD
• Recommendations of NRT as harm reduction tool need translating to actions
• Prescribing NRT to help people reduce smoking can have some benefit amongst COPD patients
• Better management will increase service user quality of life and reduce the burden on other NHS services
References


• Lancet; 337: 1191-92 Adding Harm Reduction to Tobacco Control (1991)


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Lloyd Baron
IAD Research Assistant, Centre for Public Health, Liverpool John Moores University
L.R.Baron@ljmu.ac.uk