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Lay abstract

**Dr Caroline Mitchell
University of Sheffield**

Are current and/ or past opiate misusers at a higher risk of unstable and/ or poorly controlled asthma compared to the general population?

To reduce the harmful effects of injecting opiate drugs like heroin, users have been advised to smoke the drugs instead. This had seen a reduction in blood-borne diseases and fatal overdoses but may have had unintended consequences for lung health. Opiate smoke is very damaging to the lungs and many opiate users also smoke tobacco and other illegal drugs increasing the health risks.

Asthma can be fatal when it is poorly controlled. The regular use of preventer inhalers (a medication that helps prevent asthma attacks occurring) combined with reliever inhalers (medication to deal with an asthma attack when they do occur) used when necessary is the key to good control of asthma. However a report from 2014 called 'Why Asthma Still Kills' found problems included poor medication use, not seeing your GP regularly and using lots of relievers without the preventer inhaler. A small study in a GP practice in South Yorkshire found opiate users with heavy use of reliever inhalers, and not going to the GP regularly. The combination of damaging tobacco smoke and poorly controlled asthma can lead to the development of chronic obstructive pulmonary disease (COPD), which is both costly for the NHS and severely reduces the patient's quality of life, causing breathing difficulties and eventually death.

We will investigate anonymous GP records (ResearchOne database) to look for patients with asthma with and without opiate use. People with asthma and opiate use will be compared to people with similar characteristics who have asthma but do not use opiates. We will assess whether the group of opiate users have worse control of their asthma than non-users by looking at the numbers and types of inhalers used, asthma care reviews performed and flu injections administered. We will not contact patients directly; we will rely on the data collected by GPs.