

# Live Well

## Smoking and Respiratory Health - COPD & Asthma

### Introduction

Smoking is the primary cause of preventable illness and premature death and is one of the main determinants of health inequalities. In England it is estimated that in 2019-20, among adults aged 35 and over, around 506,100 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group<sup>1,2</sup>.

Chronic obstructive pulmonary disease (COPD) is a common condition that mainly affects middle-aged or older adults who smoke. The breathing problems tend to get gradually worse over time and can limit people's normal activities, although treatment can help keep the condition under control<sup>3</sup>.

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. There's currently no cure, but there are simple treatments that can help keep the symptoms under control, so that it does not have a big impact on people's lives<sup>4</sup>.

Smoking causes lung cancer, respiratory disease, and heart disease as well as numerous cancers in other organs including the lip, mouth, throat, bladder, kidney, stomach, liver, and cervix. Risk factors for COPD involve tobacco smoking, occupational exposure, air pollution, genetics, lung development in-utero and asthma<sup>5</sup>.

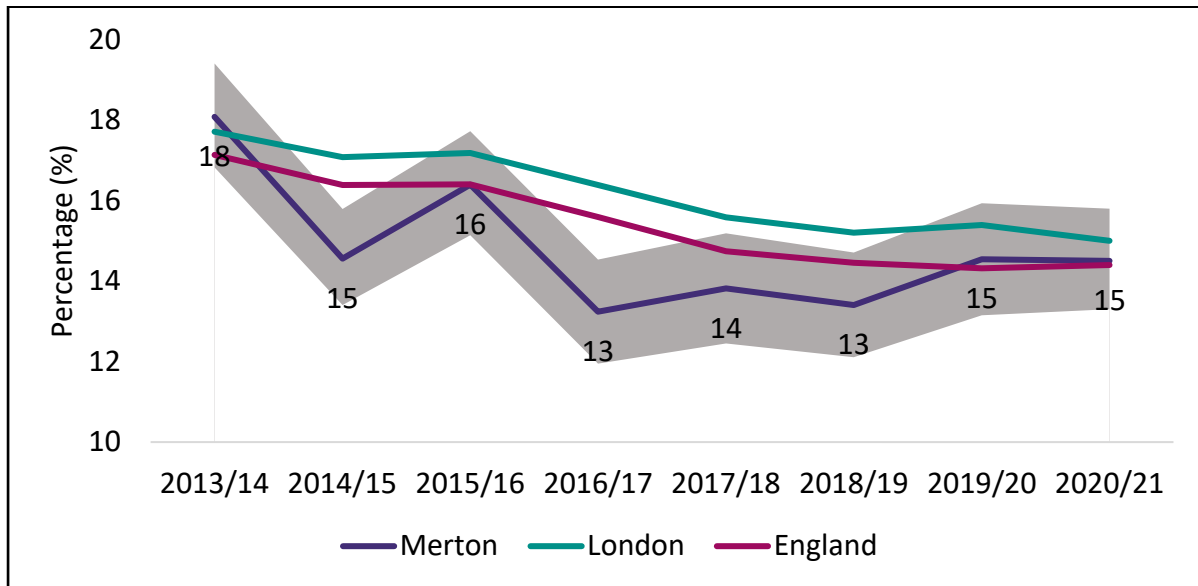
Smoking, COPD and Asthma are covered within this chapter.

### Smoking

We have presented three main sources of smoking prevalence data in this section, the GP Patient Survey (GPPS), the GP Quality & Outcomes Framework (QOF) and the Annual Population Survey (APS). There are data quality issues with some of the data sources. The APS shifted to telephone only due to the pandemic. As a result, smoking prevalence estimates were affected by this methodological change, with a "sudden drop" in the proportion of adults across the country who reported smoking<sup>6</sup>. Merton's recorded QOF prevalence was affected by the impact of the pandemic on general practice (GP) activity<sup>7</sup>.

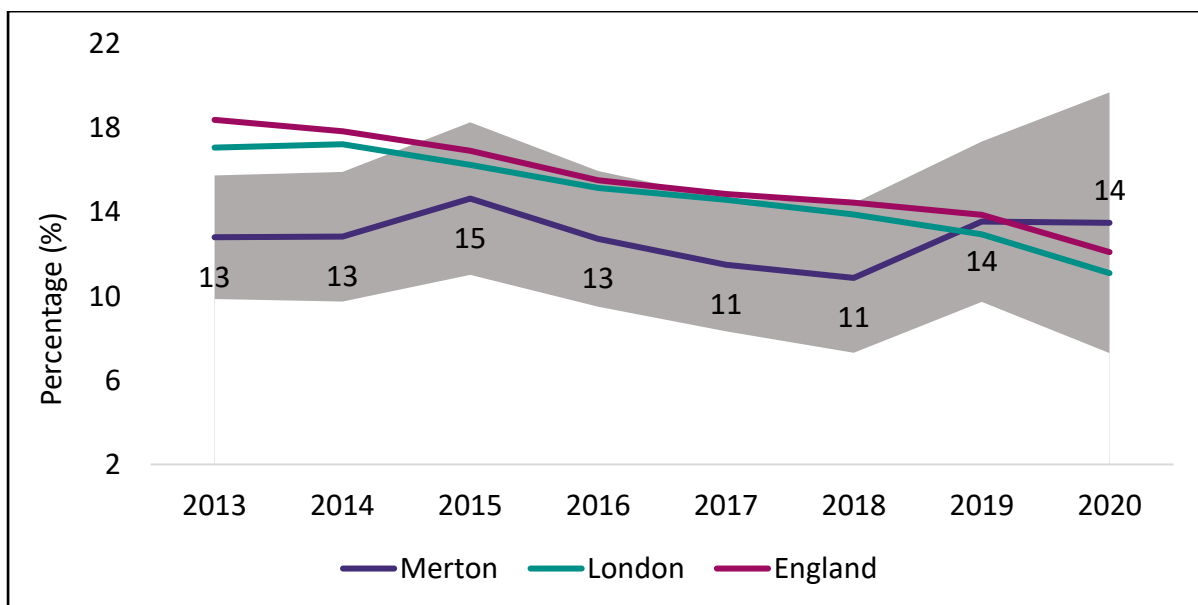
According to the GP Patient Survey, smoking prevalence among Merton residents aged 18 and over was 14.5% in 2020/21<sup>8</sup> (Figure 1). Merton's smoking prevalence is similar to London' (15.0%) and England' (14.4%). Merton's GP recorded prevalence estimate among adults aged 15 and over in 2020/21 was 14.3% according to QOF data, this is a significant decrease from 2019/20 at 14.7%. Merton's recorded prevalence is significantly higher than Southwest London's (13.7%) and significantly lower than England's recorded prevalence (15.9%)<sup>9</sup>. This amounts to around 1 in 7 or 21,300 Merton residents who smoke.

Figure 1: Percentage (%) of adult who classify themselves as either occasional or regular smokers according to the GP Patient Survey in Merton, London, and England between 2013/14 to 2020/21. Source: Local Tobacco Control Profiles, OHID<sup>8</sup>.



The APS smoking prevalence shows that smoking prevalence for adults aged 18 and over in Merton was 13.5% in 2020, which is similar compared to the previous year (Figure 2)<sup>10</sup>.

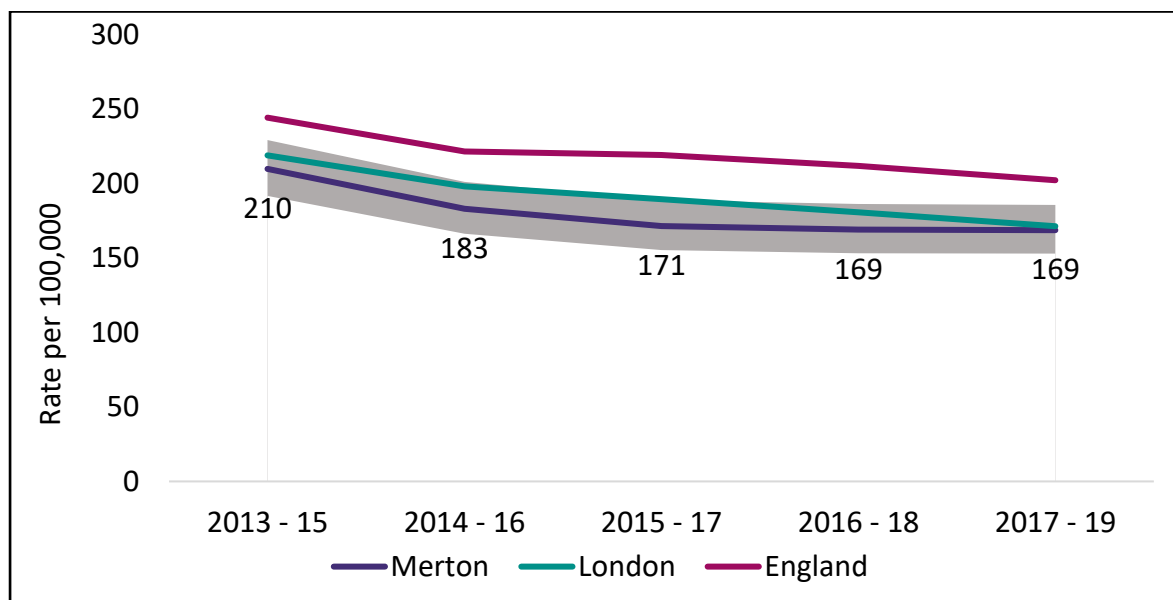
Figure 2: Prevalence (%) of smoking among persons aged 18 and over according to the Annual Population Survey in Merton, London, and England between 2013 to 2020. Source: Local Tobacco Control Profiles, OHID<sup>10</sup>.



## Smoking related deaths

Most smoking-related deaths arise from one of three types of disease: lung cancer, COPD which incorporates emphysema and chronic bronchitis, and coronary heart disease (CHD). In adults aged 35 years and older, 15% (74,600) of all deaths were attributable to smoking in England 2019<sup>11</sup>. In 2017 - 19, Merton's rate of smoking attributable mortality rate in persons aged 35 and over was 168.6 per 100,000 deaths (Figure 3). This was lower than England's (202.2 per 100,000), but similar to London's (171.3 per 100,000). Mortality related to smoking in 2017-19 has decreased across Merton, London, and England in comparison to 2013-15<sup>12</sup>.

*Figure 3: Deaths attributable to smoking, directly age standardised rate (per 100,000) for persons aged 35 and over for Merton, London, and England, 2013 - 15 to 2017 - 19. Source: Local Tobacco Control Profile, OHID<sup>12</sup>.*



## Characteristics of Smokers in Merton

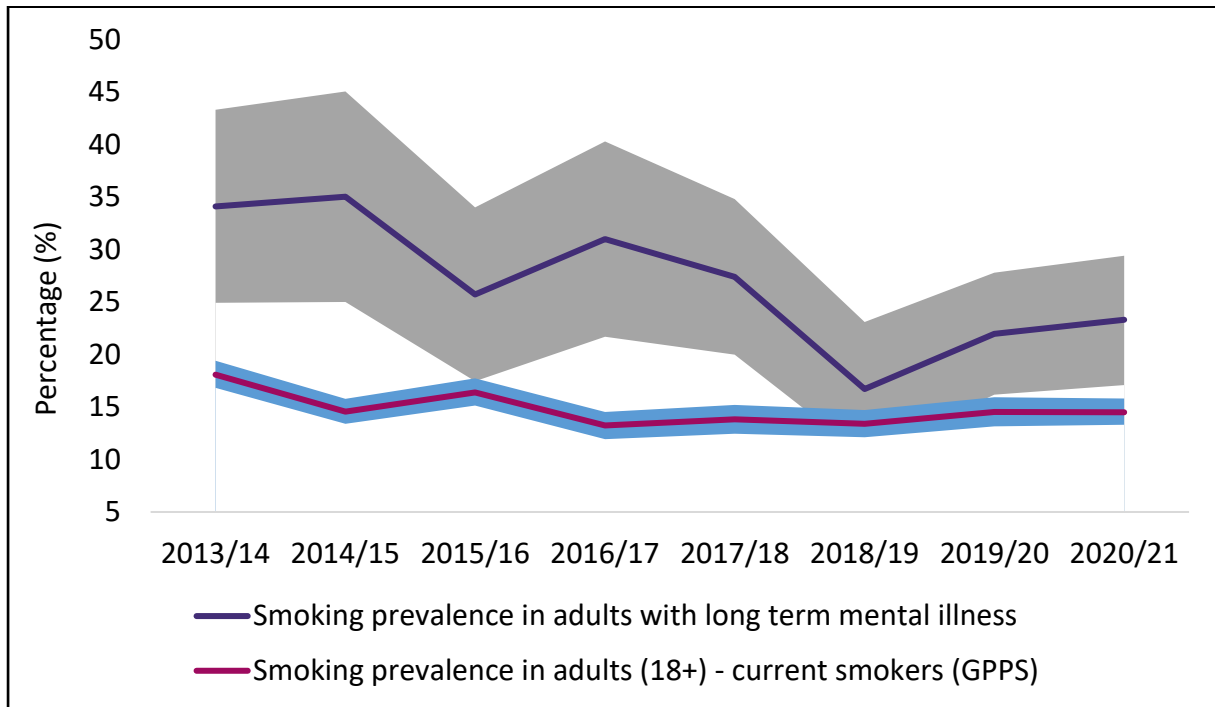
### Occupation

In 2020, Merton's estimated smoking prevalence in adults in routine and manual occupations was 37.6%. Merton's estimated smoking prevalence is similar to London's and England's<sup>13</sup>.

### Mental health

Smokers aged 18 and over are almost twice as likely to be diagnosed with a long-term mental health condition<sup>14</sup>. In 2020/21, Merton's smoking prevalence in adults with a long-term mental health condition was 23.3% (Figure 4). This is similar to London (26.0%) and England (26.3%).

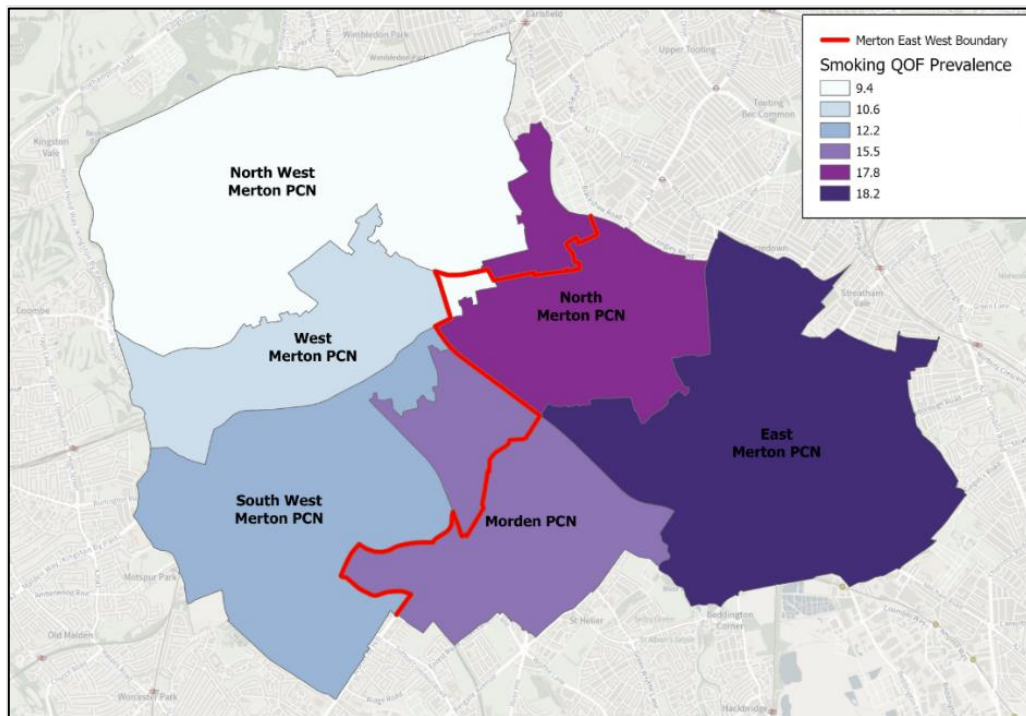
Figure 4: Smoking prevalence (%) in adults aged 18 and over in comparison with smoking prevalence among adults with mental health illness in Merton, 2013/14 to 2019/20. Source: Local Tobacco Control Profiles, Public Health Profiles, OHID<sup>14</sup>.



#### Geographical differences in Smoking Prevalence

Smoking accounts for almost half of the difference in life expectancy between the richest and the poorest in society. In England, areas of higher deprivation have a higher recorded prevalence compared to areas of lower deprivation<sup>15</sup>. East Merton (17.2%) has a significantly higher smoking prevalence compared with West Merton (10.8%), with East Merton PCN and North Merton PCN having the highest prevalence (Figure 5). This is significantly higher than Merton (14.3%), Southwest London (13.7%), and England (15.9%)<sup>16</sup>.

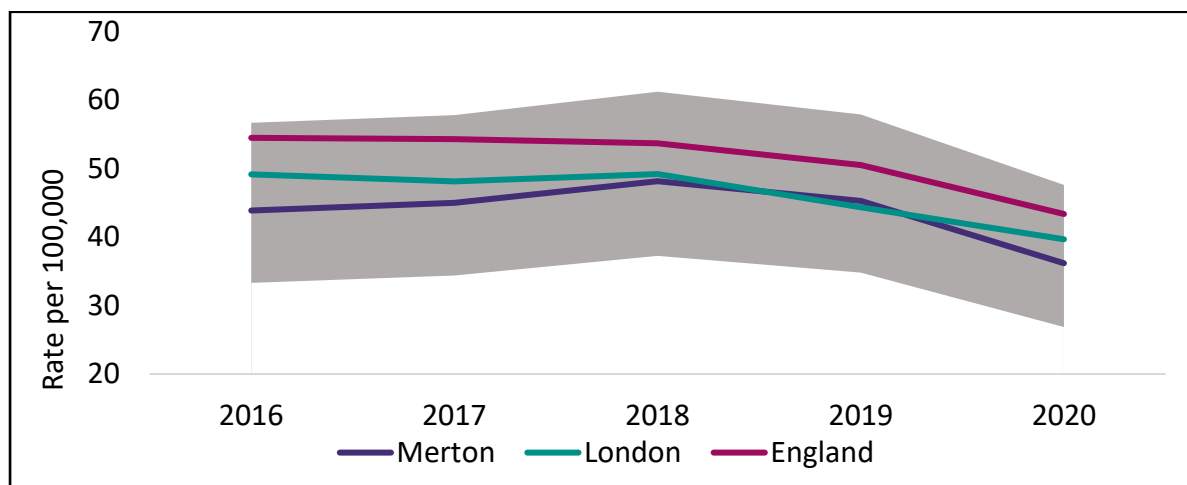
Figure 5: Percentage (%) of patients (15+) who are recorded as current smokers in 2020/21 by Merton primary care network (PCN). Source: OHID, National General Practice Profiles<sup>16</sup>.



### Chronic Obstructive Pulmonary Disorder

In 2020/21, the GP recorded prevalence of COPD amongst Merton’s residents was 1.0%, which is similar to the previous year’s (1.1%)<sup>17</sup>. This is significantly lower than England (1.9%), but similar to London and Southwest London<sup>18</sup>. In 2020, Merton's rate of COPD attributable mortality rate was 36.2 per 100,000 deaths (Figure 6). This is similar to Southwest London (35.8 per 100,000), London (39.7 per 100,000) and England (43.4 per 100,000) rates. There were 51 COPD deaths in 2020 and 193 between 2017 and 2019<sup>19</sup>.

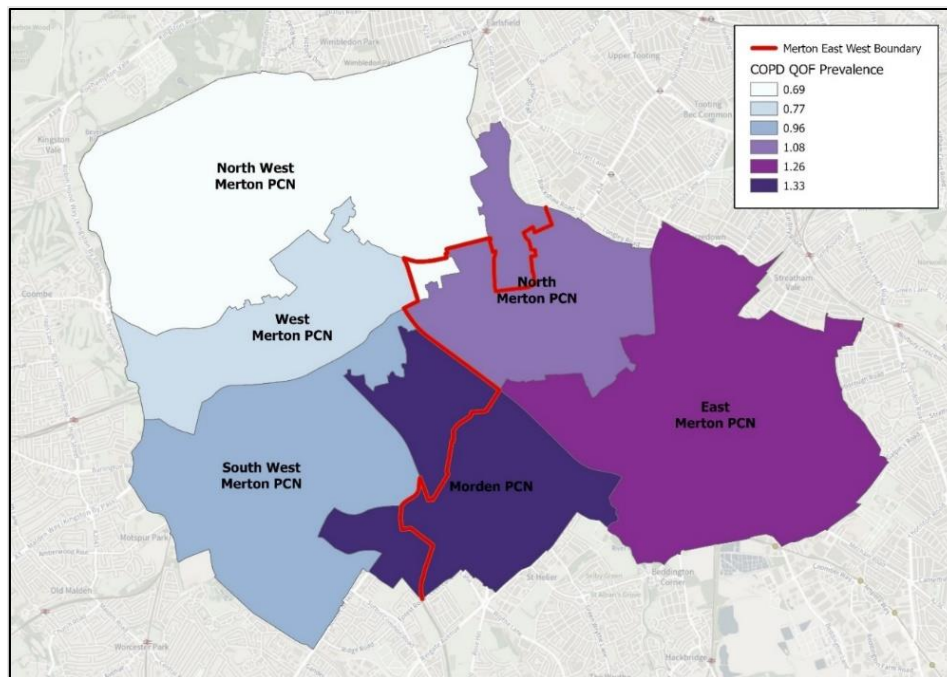
Figure 6: Directly-standardised rate (per 100,000) of mortality for COPD between 2016 and 2020 in Merton, London, and England. Source: Public Health Outcomes Framework, OHID<sup>19</sup>.



## Geographical difference in COPD prevalence

Recorded COPD prevalence is significantly higher in East Merton (1.2%) compared to West Merton (0.8%), which is likely related to higher rates of smoking in East Merton (Figure 7)<sup>20</sup>.

*Figure 7: Number of people with COPD recorded on GP practice registers as a proportion of the people (all ages) registered at each GP practice in 2020/21 in Merton's PCNs. Source: National General Practice Profiles, OHID; Quality Outcomes Framework (QOF), NHS Digital<sup>20</sup>.*



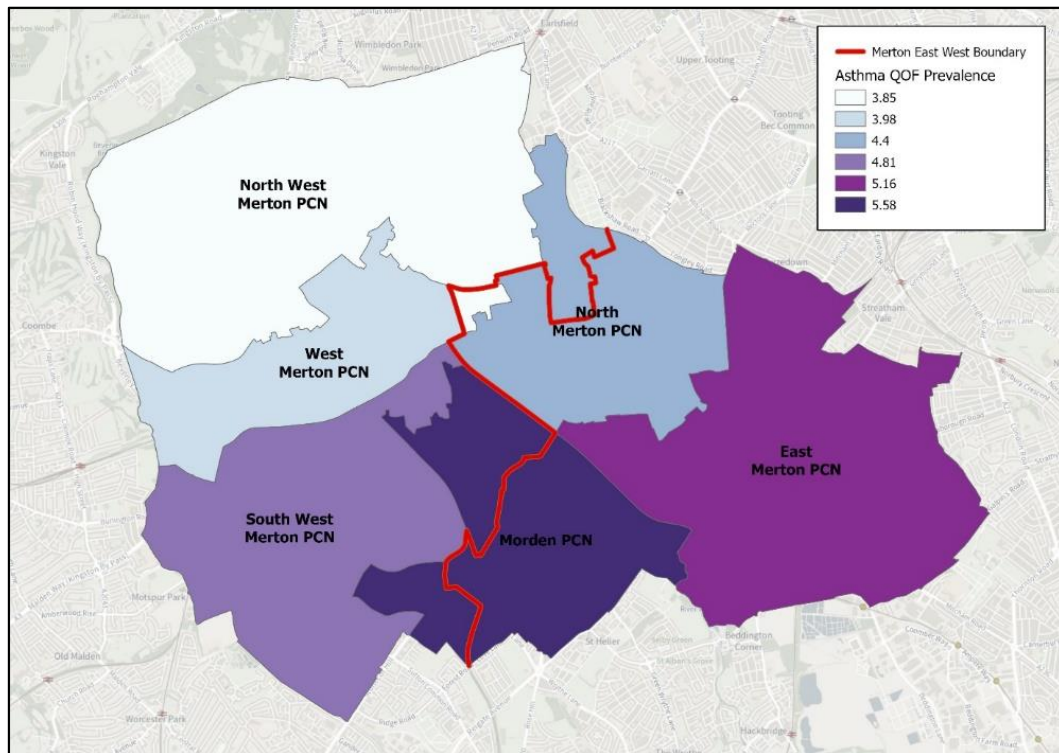
## Asthma

In 2020/21, an estimated 4.7% of Merton residents aged 6 and over are recorded to have asthma. This is significantly lower than England (6.4%), but similar to London<sup>21</sup>.

## Geographical difference in asthma prevalence

Recorded asthma prevalence is significantly higher in East Merton (5.1%) compared to West Merton (4.2%) (Figure 8)<sup>22</sup>.

Figure 8: The number of people aged 6+ with asthma recorded on GP practice registers as a proportion of all GP registered people aged 6+ years by Merton PCNs, 2020/21. Source: National General Practice Profiles, OHID; Quality Outcomes Framework (QOF), NHS Digital<sup>22</sup>.



## E-cigarettes

The proportion of the adult population using e-cigarettes has increased this year to 8.3%, the highest rate ever, amounting to 4.3 million people in Great Britain. Most current vapers are ex-smokers (57%), although 8.1% account for adults with a history of never smoking. In 2022, 94% of smokers and 92% of the general population had heard of e-cigarettes or vapes. This contrasts with 2012, when 49% of adults responding to the same question were aware of them. The number of e-cigarette users grew from around 700,000 in 2012 to 4.3 million in 2022. The proportion of current e-cigarette users who are never smokers has increased, from 2021 (4.9%) to 2022 (8.1%)<sup>23</sup>.

In 2022, 15.8% of 11-17 year olds had tried vaping, compared to 11.2% in 2021 and 13.9% in 2020<sup>24</sup>. In adults the peak age group for current e-cigarette use in 2022 is 18-24 year olds (11%) followed by 25-34 year olds (11%), 35-44 year olds (11%) and 45-54 year olds (10%). People aged 55 and over had the lowest rate at 4.9%<sup>23</sup>.

## Smokeless Tobacco

Global evidence on smokeless tobacco (ST) use suggests strong associations with oral and pharyngeal cancers, ischaemic heart disease, stroke and adverse perinatal outcomes. In England, there is a lack of direct evidence identifying the negative health impacts of ST use. Data extracted from cancer registries, however, does suggest a significantly higher risk of oral and pharyngeal cancers among South Asian ethnic minority groups, as compared to the general population<sup>25</sup>.

We will seek to understand the risks of different forms of smoking e.g., smoking, vaping and ST products such as shisha, and the impact these have on the health of young people and adults. We aim to understand the trend and the pathway from one product to another whether it can lead to progressing on to harder drugs.



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