

SMOKING IN HARROW

KEY MESSAGES

- Harrow has a lower smoking prevalence (10.4%) than London (12.9%) and England (13.9%).
- Smoking prevalence in adults working in routine and manual occupations in Harrow is higher than the general smoking prevalence, at 13.6%.
- Smoking prevalence in adults with a long-term mental health condition in Harrow is 20.6%, nearly double the general smoking prevalence.
- Harrow has a lower smoking attributable mortality (103.4 per 100,000 deaths) than London (171.3), and half of that nationally (202.2). Harrow also has less smoking attributable hospital admissions (1,017 per 100,000) compared to London (1,152) and England (1,398).
- Smoking prevalence in pregnant women at the time of delivery has been reducing in England, but it is not reducing in Harrow.
- Harrow has a lower successful quitting rate, 59 per 100,000 smokers, compared to 1,670 per 100,000 smokers in England, and 1,643 per 100,000 smokers in London. Harrow also has a lower number of smokers who set a quit date, 278 per 100,000 smokers, compared to 2,847 per 100,000 smokers in London and 2,833 per 100,000 smokers in England.

BACKGROUND

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 74,600 deaths a year in England. It kills more people each year than high body mass index, alcohol use, low physical activity and drug use combined. Smoking is the single most important risk factor for cancer, and it is responsible for almost a third of all cancers in Europe. Smoking damages most organs in the body and reduces life expectancy and quality of life. About half of all life-long smokers die prematurely, losing on average about 10 years of life. It is estimated that the global yearly death toll due to tobacco use is currently 7 million (including exposure to second hand smoke), and it is predicted that tobacco will have killed one billion people in the 21st century.

As smoking is so damaging to health, differences in its prevalence across the population cause different rates of morbidity and mortality, translating into health inequalities. There is a strong link between socio-economic group and cigarette smoking. Smoking is more than twice as common in routine and manual occupations compared to professional and managerial work. In Great Britain, 23% of those with an annual income of less than £10,000 are current smokers, compared with 11% of those with an annual income of £40,000 or more.

SMOKING PREVALENCE IN HARROW

In 2019 Harrow was the 6th London borough with the lowest smoking prevalence amongst adults (10.4%). This is a decrease from 10.8% the previous year, after an increase from 7.4% since 2016. The smoking prevalence in Harrow is lower than the prevalence in London (12.9%) and England (13.9%).





Smoking Prevalence in adults (18+) - current smokers (APS) for Harrow

As discussed earlier, smoking prevalence in adults working in routine and manual occupations in Harrow is higher than the general smoking prevalence, at 13.6%. This is also the case in London (20.7%) and England (23.2%).

Figure 2: Smoking prevalence in adults in routine and manual occupations. Source: PHE Fingertips Local Tobacco Control Profiles



Smoking Prevalence in adults in routine and manual occupations (18–64) – current smokers (APS) for Harrow

Smoking and health

Smoking prevalence in adults with a long-term mental health condition in Harrow is nearly double the general smoking prevalence of the borough, 20.6%. London has a higher prevalence of adults with mental health issues that smoke compared to the national average (26.6% and 25.8%).

Figure 3: Smoking prevalence in adults with a long-term mental health condition. Source: PHE Fingertips Local Tobacco Control Profiles



Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) for Harrow

Harrow, having had historically a lower smoking prevalence than England, also has a lower smoking attributable mortality. 103.4 per 100,000 deaths in Harrow are attributed to smoking, much lower than in London (171.3), and half of that nationally (202.2). Harrow also has less smoking attributable hospital admissions (1,017 per 100,000) compared to London (1,152) and England (1,398).





Smoking attributable mortality (new method). for Harrow

Figure 5: Smoking attributable hospital admissions. Source: PHE Fingertips Local Tobacco Control Profiles



Smoking attributable hospital admissions (new method). This indicator uses new set of attributable fractions, and so differ from that originally published. for Harrow

Smoking attributable deaths from heart disease, stroke and cancer are lower in Harrow compared to London and England. Mortality rates from lung cancer, oral cancer and obstructive pulmonary disease are also lower. It is worth noting that emergency hospital admissions for COPD in Harrow, even though lower than regionally and nationally, have been increasing over the last few years.



Figure 6: Emergency hospital admissions for COPD.



Emergency hospital admissions for COPD for Harrow

Smoking in pregnancy

Smoking prevalence in pregnant women at the time of delivery has been reducing in England, but for the last few years it has remained stable in Harrow. However, the number of pregnant women in Harrow who smoke at the time of delivery is still lower than nationally (4.5% in Harrow compared to 9.6% in England, in London 4.6%).

Figure 7: Smoking status at time of delivery. Source: PHE Fingertips Local Tobacco Control Profiles



Smoking status at time of delivery for Harrow

The stillbirth rate in Harrow is higher than in London and England (4.8, 4.5 and 4.0 per 100,000 respectively), and smoking is a known risk factor. Even though the neonatal mortality rate in the borough has decreased between 2017 and 2019 (2.59 per 100,000) and is below the national average (2.85), it is still higher than in London (2.43). The number of premature births in Harrow (77.9 per 100,000) is lower than in London (79.2) and England (81.2), but the number of low birth term babies is higher (3.62% in Harrow, 3.29% in London and 2.86% in England).

Figure 8: Stillbirth rate. Source: PHE Fingertips Local Tobacco Control Profiles



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Figure 9: Premature births. Source: PHE Fingertips Local Tobacco Control Profiles



Premature births (less than 37 weeks gestation) for Harrow





Low birth weight of term babies for Harrow

STOPPING SMOKING



Figure 11: How has the number of people using NHS Stop Smoking Services changed over time? Source: Nuffield Trust

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The number of people using NHS Stop Smoking Services who have set a quit date has been falling for 8 years. This may be partly due to the increase use of e-cigarettes, which are widely available outside Stop Smoking Services.

Even though Harrow has a lower smoking prevalence than the regional and national average, it has a lower successful quitting rate. Between April 2020 and March 2021, 1,670 per 100,000 smokers in England were successful quitting, 1,643 per 100,000 smokers in London, but only 59 per 100,000 smokers in Harrow. This reflects the lower number of smokers who set a quit date in Harrow, 278 per 100,000 smokers, compared to 2,847 per 100,000 smokers in London and 2,833 per 100,000 smokers in England. During that period, 7 pregnant women in Harrow set a quit date, 2 successfully quit, 5 did not.

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