

Survey of Workplace-Based Interventions for the Prevention of Tobacco-Related Diseases

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Abstract

In the Philippines, tobacco-related deaths are estimated at 20,000 annually. A 1998 Metro Manila Survey revealed the smoking prevalence in the productive age group, i.e., 22-65 yrs, was 65%. Smoking accounts for about 30% of all cancer deaths. Those who smoke two or more packs of cigarettes a day have lung cancer mortality rates 15 to 25 times greater than non-smokers. Other adverse effects of smoking include increased risk of heart and lung diseases such as emphysema and tobacco smoking before and during pregnancy may cause birth and other developmental defects. Instituting smoke-free work environments can reduce costs for cleaning and maintaining facilities and equipment and improve employee morale.

Self-administered questionnaires were given to human resource personnel and medical staff of private and government offices. The questionnaires consisted of two parts: the first part dealt with the demographics of the organization and the second part focused on the smoking prevention and control programs in the company.

Four Hundred (400) questionnaires were distributed to individual respondents and 61 completed forms (15 %) were retrieved. Most of the respondents (75%) were from private companies with 43% of respondents representing small enterprise. 30% of the responding companies have smoking cessation programs. As with other health programs in workplaces, the data shows that smoking cessation is not a priority program of enterprises. Majority (90 %) had their program integrated into existing health care service and employee welfare programs such as Occupational Safety and Health Programs, Employee Assistance Programs (EAP), Family Welfare and Labor Relations Program. IEC materials such as posters, comics, and brochures were the predominant sources of information for employees. Services rendered include counseling; use of nicotine replacement therapy and intensive smoking cessation

interventions. There were 8 companies with employees who participated in their smoking cessation program and successfully stopped smoking.

The respondents to this item elucidated that the success of their employees was secondary to the implementation of a strong company policy prohibiting smoking, management support of the smoking cessation program and awareness of the benefits of their well-being from not smoking. The reasons of employees having difficulty in stopping smoking were work stress and difficult attitude of employees. Other responses were the absence of a budget for the program that smoking habit is difficult to overcome and the managers in the workplace are also smokers

Much needs to be done in terms of policies and programs to effectively curb and prevent smoking. The results of the survey and the recommendations for prevention, treatment/referral and establishing appropriate workplace policy and programs should be addressed.