

SMOKING PREVENTION/CESSATION AMONG YOUNG WORKERS

1. Case metadata

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3. Abstract

The issue

The number of young people who begin smoking is constantly increasing, and the age at which they first start smoking is decreasing.

The action taken

The health promotion programme was introduced aiming at 804 working young people who visited the SPISAL (Department for Prevention, Hygiene and Safety in the Workplace) of Belluno for the work aptitude medical check-up. The objective of the programme was to encourage the non-smokers to remain as such and to convince the smokers to quit smoking.

The young workers were followed up by phone two years later to ascertain whether the educational approach resulted in a change in their cigarette smoking habits.

The mean age of the group was 19 and the percentage of smokers was 34%. Two years later the percentage of smokers was 29.5%.

Overall, the number of smokers decreased, while the number of ex-smokers increased thanks to the smokers who quit during the observation period.

The results

The study confirmed the efficiency of the educational program on youth entering the workforce as demonstrated in earlier studies, and confirmed the quit rate obtained with the counselling method.

The study underscored the importance of adopting an educational approach for the preventive medical visit for young people entering the workforce and of making it an occasion to begin promoting healthy lifestyles.

4. Description of the case

4.1. Introduction

The World Health Organization has defined tobacco smoking as “the greatest health threat in the European Region”. In Italy, active smoking is the principal cause of preventable death and illness (Forestiere et al., 2002). In recent years, there has been an increase in smoking and its prevalence among women, and above all, a decrease in the age at which smoking begins. In Italy, the age at which tobacco smoking begins has decreased significantly over the years. Today, 60% of young people (14-24 years of age) say they smoked their first cigarette before the age of 17.

In a study carried out in Veneto in middle-school and first-year high school boys, it was shown that the first cigarette was smoked at a mean age of approximately 12 ½ years (Centro Regionale di Riferimento per la Promozione della Salute, 2002). 38.6% of those interviewed, who were between the age of 11 and 13, said they had tried smoking. At the age of 15, more than 60% of the boys had smoked at least one cigarette.

One of the responsibilities of the Department for Prevention, Hygiene and Safety in the Workplace (SPISAL) is to judge whether or not young trainees are apt to work.

Every year, approximately 700 to 800 working minors enter the health offices of the SPISAL in the province of Belluno. Regional operating directives had already given the Department precise instructions on combining this specific health examination with an educational and preventive programme about the principal occupational risks and lifestyle habits that are hazardous to their health. It was thus decided to use this visit to promote the development of an active and responsible attitude in young people towards their own health, with a focus on prevention of the major socially relevant risk that is cigarette smoking. The efficiency of the educational program on cigarette smoking among working young people has already been demonstrated by a study conducted by the Venice SPISAL (Marchi et al., 2002) in which it was shown that after 1 year, young people who were spoken to about the problem of smoking had a lower propensity to smoke compared to the group of boys who had not undergone the specific educational program.

4.2. Aims

The purpose of the educational programme for young workers conducted by the Belluno SPISAL was to encourage the non-smokers to remain as such and to convince the smokers to quit smoking.

4.3. What was done, and how?

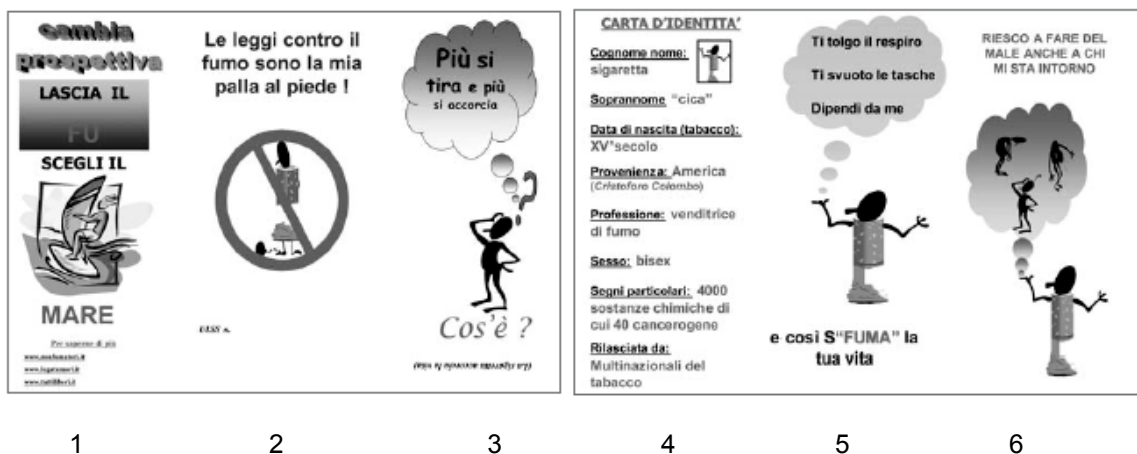
The group consisted of 804 young people who visited the Belluno SPISAL health offices in 2004 for the preventive medical check-up before entering the workforce.

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The healthcare professionals began the informational programme with various aspects of work safety in order to create a climate of reciprocal trust. Two brochures had been prepared for individual distribution during the interview as a specific educational activity on smoking.

The first one, created with engaging graphics and a style attractive to young people, was based on a wry question to provoke the boys' curiosity.

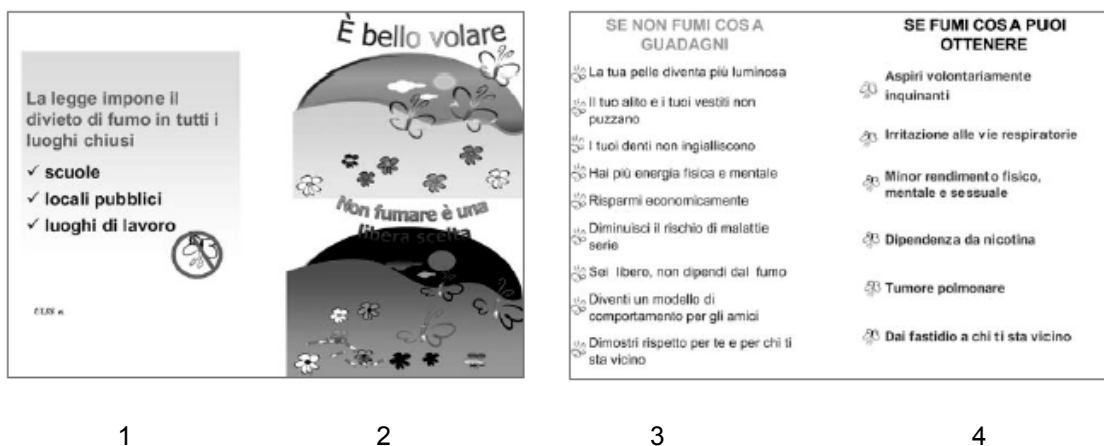
Figure 1: First brochure distributed to the boys.



- 1) Change perspective.
- 2) Laws against smoking are the millstone around my neck.
- 3) The more you inhale, the smaller it gets... What is it?
- 4) ID Card: Last name: cigarette; First name: "ciggy"; Birth date (tobacco): 15th century; Provenience: America (Christopher Columbus); Profession: smoke salesman; Sex: male and female; Particular signs: 4,000 chemical substances, 40 of which are carcinogenic; Issued by: Tobacco multinationals
- 5) I choke you; I empty your pockets, you depend on me... and your life goes up in smoke.
- 6) I even manage to harm those around me.

The second one contained technical information about smoking and highlighted the advantages of abstaining from or quitting smoking.

Figure 2: Second brochure distributed to the boys.



- 1) The law prohibits smoking in all enclosed places: schools, public places, workplaces.
- 2) Flying is beautiful. Not smoking is a free choice.
- 3) If you don't smoke, here's what you'll gain: Your skin becomes more luminous; Your breath and your clothes don't stink; Your teeth won't turn yellow; You have more physical and mental energy; You save money; You reduce your risk of serious illness; You are free and not dependent on smoking; You become a model of good behaviour for your
- 4) Aspire voluntarily to polluting; Irritation of the respiratory tract; Minor physical, mental and sexual performance; Dependence on nicotine; Lung cancer; Disrespect to yourself and those around you.

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- friends; You show respect for yourself and those around you.
- 4) If you smoke, here's what you can get: Voluntarily polluted air; Irritation of the respiratory tract; Lower physical, mental and sexual performance; Nicotine dependence; Lung cancer; You bother the people around you.

From a methodology point of view, the programme was based on a conversational approach that seeks to create a climate enabling to straight-forward and efficient communication. With the smokers, the interviewer tried to bring out the motivations that had driven them to smoke and then proposed alternative behaviours that could satisfy those same motivations. With non-smokers, the interviewer tried to reinforce the healthy choice of not smoking and to get them to promote that choice among their friends (Osservatorio Fumo, Alcole Droga dell'Istituto Superiore di Sanita, 2003).

A very simplified questionnaire was created in order to reduce the questions the boys were asked to a minimum, including questions about personal smoking habits and those of family and friends and about awareness of the health risks. The smokers were asked to rate their willingness to quit, while the ex-smokers were asked how and why they had quit. All the boys were asked about their willingness to be interviewed later by phone about their personal smoking habits.

Interviews and counselling were managed by health professionals responsible for welcoming the boys for the visit, which took 10 minutes on average for each person.

The follow-up phase took place in 2006, two years after the first interview and consisted of collecting information by phone about smoking habits.

The epidemiological analyses were carried out using the Epi Info statistical programme (with this programme, epidemiologists and other public health and medical professionals can rapidly develop a questionnaire or form, customize the data entry process, and enter and analyse data.)

4.4. What was achieved?

804 working young people were involved in the prevention programme, 625 of whom were men and 178 of whom were women. The mean age of the group was 19.

It mainly concerned students working during the summer and then returning to regular studies.

The awareness of smoking as a health risk is very pervasive, probably due to the many informative campaigns that have been run. Most young people (85% of those interviewed) knew that the harm of smoking is correlated with the number of cigarettes smoked, and indicated 6 to be a harmful dose of cigarettes.

The distribution of smoking habits prior to the educational programme was as follows: 274 smokers (34%), 502 non-smokers (62%) and 28 ex-smokers (3%).

The 274 smokers interviewed smoked an average of 8.6 cigarettes per day (varying from 1 to 30) and had smoked their first cigarette on average 3 years earlier at the mean age of 15.

117 boys (42.7% of the smokers) had tried to quit smoking one or more times... (average of two times), and tried to quit alone.

The motivations for quitting or trying to quit were mainly concerns about their own health (43%), and secondly, the influence of economic difficulty (17%), whereas the influence of parents or a partner was equivalent, accounting for 8% and 7% of the motivations given, respectively.

The characteristics of the group of young people who took the survey are summarized in table 1.

Table 1: Characteristics of the young people who visited the SPISAL.

	Young people who visited the SPISAL
Total no. of subjects	804
Males	626
Females	98
Mean age	19 (16.7 – 21.3)
% non-smokers	63
% ex-smokers	3
% smokers	34
Mean no. cigarettes per day	8.6 (2.1 – 15.1)
Mean no. years as a smoker	3 (1 – 5)

20% of the young people did not want to participate in the follow-up. The interview was therefore done with the remaining sample of the 643 people available. Nevertheless, only 64% (410) of those people answered the phone.

The sample that answered the follow-up questions was as follows: 410 young people, 312 of whom were men (76%) and 98 of whom were women (24%).

Response to follow-up was greater with the ex-smokers (64%) followed by the non-smokers (53%), and only 44% of the smokers answered the call.

In the group of non-smokers that answered (269 subjects), 20 had begun smoking (7%). For these young people who started smoking during the observation period, the factors that significantly influenced them to start smoking were the school environment and their friends. In no case was the work environment mentioned.

In the group of 123 smokers that answered the follow-up phone call, 22 young people (18%) had quit. The main motivations that influenced their decision to quit were economic factors and health problems. All of them succeeded in quitting on their own without the use of medicinal products or group therapy.

More than 2 years after the educational programme, 29.3% of the participants were smokers, whereas 61% were non-smokers and 9.7% were ex-smokers. Overall, the percentage of smokers decreased, whereas the number of ex-smokers increased thanks to the smokers who quit smoking during the observation period, as shown in table 2.

Table 2: Change in smoking habits after more than 2 years.

	Young people treated with counselling	Follow-up 2 years later
Total no. of subjects	804	410
% smokers	34	29.3
% non-smokers	63	61
% ex-smokers	3	9.7

In the group of young people who underwent the programme, the preventive programme encouraged smokers to quit smoking and reduced the tendency to start smoking.

The study confirmed the efficacy of the educational program on young people entering the workforce, which was already demonstrated by a pilot study (Centro Regionale di Riferimento per la Promozione della Salute, 2002), and confirmed the rates of smoking cessation obtained with the brief counselling method (Lancaster & Stead, 2000; WHO, 2004). The percentage of young people that quit smoking after the interview with the Prevention Services (SPISAL) staff (4%) is comparable to the rate of smoking cessation obtained with the short counselling method, which was approximately 3%.

The new normative structure for protecting working minors has an important prevention aspect that calls for a change in the role of the SPISAL prevention services, particularly concerning the profession of the Health Assistants.

They will have to be involved in the preparation and distribution of informational tools about the proper interpretation of health protection norms and safety in the workplace to all the subjects concerned (employers and minors). They will also have to be involved in the implementation of educational programmes on healthy lifestyles aimed at young people who present at public structures for the work aptitude examination. From the moment, the minor first makes contact with the health structure, he/she must find health personnel able to provide him/her with correct information about the objective and modalities of the examination that they will be undergoing. This examination time should also be used to present information about health in general and the principal unhealthy lifestyles (smoking, alcohol, eating habits) in particular.

4.5. Success factors

This initiative demonstrates how important it is to adopt an educational approach based on the preventive medical visit for young people entering the workforce.

The success of this initiative is mainly based on the involvement of the prevention service and the dissemination of the information to the young people. The straight-forward and efficient communication have allowed the message to be heard and understood by the young people.

4.6. Further information

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4.7. Transferability

This initiative can be transferred to any region or country.

The efficiency of programmes focusing on young people entering the workforce as been proved and this can be adapted to any subject of prevention and more specifically regarding unhealthy lifestyles (smoking, alcohol, eating habits).

4.8. Sources

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