Tobacco use in Sussex asbestos workers
An overview from 20 years asbestos medical consultations and its effect on smoking habits, British Thoracic Society Winter Meeting 2008

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Introduction

Asbestos related lung disease is likely to increase.

Smoking, apart from being the major risk

factor for lung cancer, may be a co-factor in the

development of asbestos in lung disease.

The Health and Safety Executive report mentions

the high rate of smokers in asbestos related industry (1).

We have reviewed our local population of asbestos workers

to explore that further.

Materials & Methods

Between 1994 and 2007, 268 workers were seen for Health

and Safety Executive medical examinations,

which included clinical assessment,

spirometry and health safety advice

on working practice and smoking cessation.

A retrospective analysis of health records

including questionnaires, medical examination,

spirometry (FEV, FVC), smoking habits and

effect of smoking cessation advice, was undertaken.

Results

268 subjects were seen, 65 on multiple occasions.

214 (79 %) were involved with asbestos handling or

removal. 42(16%) worked in supervisory or managerial

capacities. 12 (5 %) were laboratory analysts.

Current smoking rates for handlers and removers

was 67% (144/ 214),

for supervisory and managerial group 36%, and analysts 33% (p=0.015).

Ex smoking rates were 11% for handlers and removers,

38 % for the supervisory and managerial group and 8% for analysts.

Non-smoking rates were 22% for handlers and removers,

46 % for supervisors and managers and 58 % for analysts.

The proportions of smokers, ex-smokers and non-smokers did not change with time.

The rate of decline in FEV1 for current smoking handlers

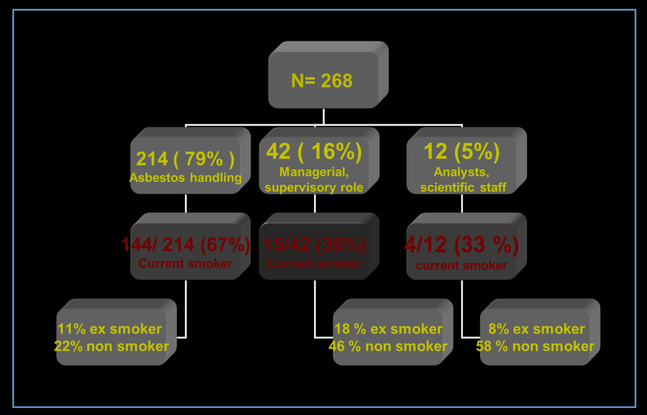
and asbestos removers was 52.8 ml per year,

and for supervisors, managers and analysts

22.3 ml per year (p=0.0023).

The mean for FEV1 decline in non-smokers and

ex-smokers was 37.5 ml.



Conclusions

Workers with highest asbestos exposure are significantly

more likely to be current smokers and to have greater decline

in FEV1, conferring greater disease risk (2). Smoking

behaviour has not changed since our first records in

1983. Consultant advice on cessation was ineffective for

the group most at risk.

References

(1) HSE asbestos related database 2007

(2) HSE Executive report, mesothelioma deaths the latest picture for Great Britain, 1981-2005