

The Role of the Offshore Medic in Stop-Smoking Campaigns

Introduction

The aim of this paper is to share experiences of smoking cessation programmes in remote locations. Medics who are working on offshore vessels and platforms worldwide have provided the information for this study. The paper recognises both successes and failures of the smoking cessation programmes and outlines what can be realistically achieved.

Why consider introducing a smoking cessation programme?

There are an increasing number of cardiac deaths reported within the industry, some of which are likely to be attributable to an unhealthy lifestyle. An unbalanced diet, lack of exercise, and increased stress are all contributing factors that are compounded with the toxic ill effects of tobacco smoke.

Smoking remains the greatest preventable cause of disease and early death in the UK, and one of the greatest causes of the health divide between rich and poor. Cancer Research UK recognises that smoking is increasingly linked to social economic status, with manual workers being more than twice as likely to smoke compared with non-manual workers. Some approaches to smoking prevention, though popular with health educators, have proved ineffective, particularly with young women, who are seemingly immune to anti-smoking campaigns. New approaches need to be identified in how to get the message across to reduce the number of smoking related deaths.

Smoking related disease is of equal concern globally and numerous studies have taken place. The US Surgeon General undertook a review that recommended a community wide approach, combined with economic and regulatory measures, as the most likely means of achieving a long term impact on smoking prevalence. The review went on to say that a smoking strategy should:

- Promote quitting (not cutting down)
- Reduce exposure to environmental tobacco smoke
- Create a social environment that is supportive of non-smoking and smoking cessation activities

There has been a great deal of debate about what helps people to stop smoking. Much of the discussion has involved the role of health professionals and the value of specialist services, and evidence suggests that smokers should be offered a package of both pharmaceutical aids and behavioural support to meet their particular needs. Elements of the support package should include:

- Influences on a smoker's motivations to quit
- Nicotine Replacement Therapy (NRT) and Zyban therapy
- Behavioural support tailored to the individual's needs

What are the considerations?

The hidden cost of smoking to businesses of all kinds is now becoming evident as smoking in the workplace increases an employer's liability. Smoking related disease not only causes illness and absenteeism, it decreases productivity. In addition, non-smoking employees have been awarded compensation and disability payments because their employers have failed to provide a safe, smoke free environment.

Public attitudes to smoking have changed as people have become increasingly aware of serious health risks both by smoking themselves and through inhaling other people's tobacco smoke. Surveys have shown that most workers would prefer not to breathe in air that is polluted by tobacco smoke.

Section 2 of the Health and Safety Act 1974 states that UK employers have to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees. Therefore, if a risk to health can be demonstrated, the employer must take action to deal with this risk. A prime example would be a worker with a respiratory condition being forced to work in a smoky atmosphere, which may exacerbate their symptoms.

This has resulted in more and more employers introducing policies on smoking with the acceptance and agreement of their workforce. The introduction of a smoking policy should result in:

- A better, cleaner, corporate image
- A healthier workforce with less time lost through sickness
- A reduced conflict between smokers and non-smokers
- A reduction in early retirement from ill health
- Reduced cleaning costs and less need for redecoration

Implementing a smoking awareness programme

Health professionals are at the forefront of smoking cessation initiatives. They can advise and support the smokers who want to quit, assist those interested in doing so, offer follow up assistance and, if necessary, refer to specialists. They can also provide accurate information and advice on NRT and other smoking cessation therapies.

It is essential to review current information and research material on the subject of smoking cessation prior to adopting or developing a package for a particular initiative.

Frontier Medical identified a smoking cessation package most suited to remote locations with a medic in place. It contained various resources that the medic could utilise within the workplace, which comprise:

- Questionnaires to determine the dependency on nicotine
- A Personal Action Plan
- Consultation Records
- Posters
- Help Cards
- Leaflets
- Smoking Facts
- NRT Product Information

Packs were distributed to the medics with recommendations on how to promote the initiative and utilise the information before embarking on the programme. In addition a help line number was available in the package for further support.

The medics were asked to liaise with their Party Chiefs/Senior Site Managers to agree the best way forward to advertise the Stop Smoking Campaign and decide on how long the programme should run. The first 12 weeks of quitting are the most difficult for smokers whilst they overcome their physical addiction to nicotine and break the psychological habit of smoking. Most agreed that the programme therefore should initially run for this period as it would link to mobilisation dates.

The Campaign was advertised on notice boards and anyone interested was asked to contact the medic for more information. Medics were encouraged to identify the best way to implement the Campaign in their own areas adopting differing strategies for their peer groups.

PowerPoint presentations were developed to raise the awareness of the harmful effects of smoking on the body, and were shown to both shifts. These presentations were then followed up with an individual assessment.

The medics recognised that success depended upon tackling both the physical and psychological aspects of smoking as physically, there is an addiction to nicotine and, psychologically, there is a dependence on smoking.

At the initial one-to-one session, the medic outlined the programme and obtained a brief history, incorporating all aspects of the Smart Start Campaign to provide an opportunity to address other lifestyle issues. Base line observations of blood pressure, pulse rate, respiratory rate and weight were recorded. A peak flow reading was taken if a meter was available.

The smoking activity was recorded together with perceived benefits from quitting. It was important to determine how keen the individual was to stop and whether they felt this was achievable. Quitting techniques were discussed and each individual was encouraged to decide what help they felt would suit their own particular needs, eg NRT, peer support, cold turkey etc.

The medic reviewed smoking behaviour patterns in an attempt to break habits and discourage individuals from reaching for a cigarette. The need to

determine a commitment to stop smoking before the next meeting was required with a suggestion that a diary was kept to record times/locations when they craved a cigarette.

The second session provided an opportunity to review the diary and identify problem times. Distraction techniques and coping strategies were discussed and the positive health benefits of quitting were reinforced. NRT would be offered, where available, together with advice on how to use it.

During subsequent sessions the medic would monitor the progress and praise success. If the patient had lapses, then it was important to focus on the positive aspects of cutting down. Any difficulties were explored and diversion tactics discussed. It was important to explain that habits take time to change; people are more at risk from lapsing back into old habits if they are not prepared for the craving.

Weight gain is a genuine concern for some and avoidance measures needed to be discussed.

At each visit emphasis was placed on the successful aspects whilst giving the medic a chance to encourage different tactics in the event of continual lapses.

With some, the monetary rewards were sufficient to keep them going. Peer support is often a bonus and can encourage the individual to continue with his success.

In other cases a 'buddy' was identified to provide additional support on a one-to-one basis. Ideally this would be a reformed smoker who could empathise with the effects of nicotine withdrawal and change in behaviour.

Summary of Smoking Cessation Programmes

The crews were multi-national comprising European, Scandinavian, Canadian/American, Eastern European and South East Asian. There was a high level of smokers reported on some vessels particularly with the marine crew, and little or no interest in smoking cessation. This links to the lack of health awareness programmes in certain countries and poor understanding of the recognised dangers to health from the effects of inhaled tobacco smoke.

Cigarettes are ridiculously inexpensive in some countries and very cheap on most offshore vessels opposed to NRT, which in the main individuals would have to purchase at a very high personal cost. This factor impeded the introduction and success of smoking cessation on some vessels.

A few individuals stated that they would have been more successful if NRT had been available to them, but this is difficult to qualify. Others claimed that they started smoking again as they felt stressed or the desire to quit had waned. It was also reported that it was too tempting to smoke when there was easy access to smoking quarters on the vessel.

The smoking awareness campaign commenced in April 2002. The results to date are recorded in percentages and listed below:

Approximately 800 people were in the overall study group of which 30% were smokers.

Although 44% of the smokers showed initial interest, only 26% actually took part in the programme.

43% of those taking part in the programme have succeeded in quitting.

72% of those who succeeded used NRT

Of the total number taking part in the programme, 59% chose to use NRT. Unfortunately NRT was not available on all vessels/sites; this number could well have been higher, as indeed, could the number of successes.

Each trip, new crewmembers seek out the medic for advice and it is our intention to continue to offer this programme. We will continue to research smoking cessation and review the contents of the smoking awareness package to ensure that the information is current and accurate.

Website References

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