

Editorial



Presenting Differences in Smoking Rates among Working Groups for Smoking Cessation Policies

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In this issue, Jung et al.¹ shows the smoking rates of workers by occupation and industry. In the meantime, we were sharing information on the rate of smoking in the general population such as Korean men and women. Smoking rates vary according to the characteristics of the group. Many studies have suggested that smoking rates are low in the high socio-economic position such as high education level and high income level.² However, as in this study, there is no paper that suggests smoking rates by sub-occupational groups and industries. The results of the study showed that the rates of smoking among male welders and female automobile drivers were the highest. By industry, male workers engaged in the manufacture of bodies for motor vehicle industry and female workers engaged in software development and supply industry had higher rates of smoking. Workers in these occupations and industries are at greater risk for their health in that they are exposed to welding fumes, fine dust and various chemicals in their workplaces. This study presented the number of workers who smoke as well as smoking rates at the same time. It means that authors provided a direction to approach from the point of view of management as well as the point of risk or causation.

No one would deny smoking affect health, and that smoking cessation is a wise choice for a healthy future. And the government should not only focus on selling cigarettes and imposing taxes, but should not neglect efforts to create public health policies for smoking cessation, even if contradictory behaviors and policies. In order to properly perform the smoking cessation policy, it is necessary to try to find out why a group smokes a lot and the reason for the difficulty in smoking cessation. A tailored policy approach to the group should be attempted. Why do workers smoke? Or why do not workers stop smoking?

According to the Korea National Health and Nutrition Examination Survey, the smoking rate of Korean men was 38.1% in 2017. Considering that it was 43.7% in 2012 and 45.1% in 2009, it seems to be on a gradual decline. This is a survey of the general population, so it is necessary to look at how workers' smoking rates have changed. In Korea, the smoking rate of non-manual workers (white collar workers) decreased from 64.5% in 1998 to 42.9% in 2009.³ However, the smoking rate of manual workers decreased from 71% in 1998 to 60% in 2009, which is relatively small. The difference of smoking prevalence between white-collar and blue-collar workers widened to 17.1% from 6.5%. In the smoking rate survey conducted by US

workers in 2012, the smoking rate of driving workers was nearly double (29.2%) higher than that of managers (15.8%).⁴ Why does this gap in the working class occur?

Two years ago, I conducted a study on the working conditions and health status of taxi drivers. Taxi drivers experienced high rates of workplace violence, chronic diseases, and accidents. At that time, 52.8% of the drivers smoked in a survey of 693 taxi drivers in 11 taxi companies in Seoul. The smoking rate was significantly higher than that of the general population. Of particular concern was the fact that the taxi drivers who drive for a long time (over 14 hours per day) and the workers who drive only at night shift showed a smoking rate of 60% and 65.9%, respectively.

According to a study conducted in Korea, female service workers were 2.37 times more likely to smoke than office workers. Shift workers were 1.38 times, and workers who work for more than 49 hours a week were 2.21 times more likely to be a smoker than comparators.⁵ Working condition such as work contents, shift work, and working hours are important factors in determining smoking status.

Smoking is an individual choice, but this choice may be a structurally enforced choice. What are the reasons for the high smoking rate of workers who are exposed to long working hours, shift work, and job stress despite the national policy for smoking cessation? Smoking is one of the most important causes of heart disease. However, there are causes of smoking. Unless efforts to find and eliminate the “cause of cause” are made, the health disparity among the workers will be more severe even if various public health policies is implemented.

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