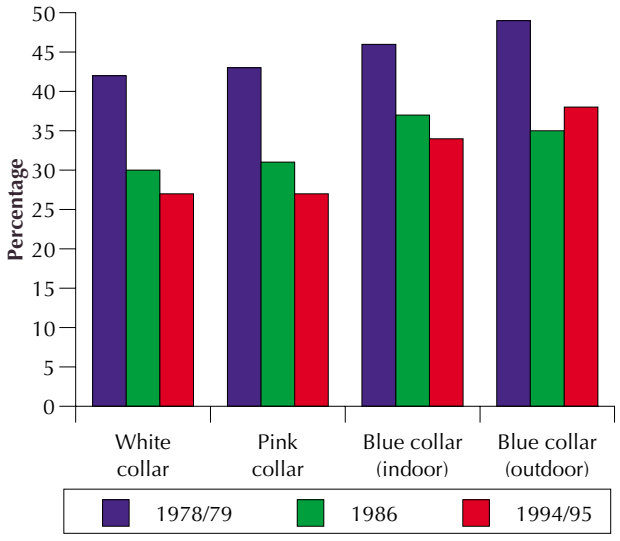
Pulse

Smoking: an occupational hazard

Data from the 1994/95 National Population Health Survey indicate that workers' smoking patterns vary significantly by occupation and times worked. The Statistics Canada study revealed that although 28% of full-time workers smoke daily, workers are more likely to smoke if they work irregular hours or shifts involving weekends (29%), compared with workers who have regular weekday schedules (24%). More significant is that almost half (48%) of those who described their main activity as "looking for work" smoked daily, a figure that jumped higher (52%) for those who were ill or receiving disability payments.



*Canada, excluding territories
Sources: 1978/79 Canada Health Survey; 1986 Labour Force Survey; 1994/95 National Population Health Survey, supplementary file

Among full-time workers, the prevalence of smoking every day was highest among male-dominated, outdoor, blue-collar occupations such as construction, transportation and mining, which had a combined rate of 43%. The rate was low for white-collar workers (18%) and even lower among those in scientific fields, in which only 16% of full-time workers smoked every day.

Almost 4 of 5 clerical workers (79%) encountered workplace smoking restrictions, compared with only 51% of those in sales and 40% of those in construction, transportation and mining. The quit rate (as measured by former smokers as a percentage of current smokers plus former smokers) was highest (60%) for workers in scientific, managerial or professional occupations, and lowest (40%) in construction, transportation, mining and similar occupations.

For the accompanying graph, white collar includes managerial/administration, sciences and other professional categories; pink collar comprises clerical, sales and service workers. Blue-collar indoor occupations include manufacturing and materials handling/crafts, and blue-collar outdoor includes forestry, farming, fishing, construction, transportation and mining. — *Lynda Buske*

Patients' pressure helps bring brachytherapy to BC

Brachytherapy recently became available for prostate cancer patients at the British Columbia Cancer Agency, thanks in part to pressure brought to bear by patients. The proximity of 3 centres of excellence in nearby Seattle and expert Dr. John Blasko at the University of Washington also played a key role.

"The fact that [the treatment] is available nearby has promoted a lot of interest in our patients," says Dr. W. James Morris, a radiation treatment specialist at the BC agency who is leading the new program. It is "strongly patient driven," he says. Morris hopes that about 100 of the 2500 BC men diagnosed with prostate cancer each year will receive the treatment, which he emphasizes is not suitable for many patients. Only patients from BC are being treated.

Brachytherapy, which is also available in Ontario, was developed in the 1960s but until a few years ago was considered experimental. The technique employs radioactive "seeds," which are implanted in the tumour area. It is considered an alternative to surgery or external radiation for some patients. The procedure is performed on an outpatient basis, with about 90 seeds being inserted with a needle; a CT scan is used to confirm their location.

Morris says the BC agency will "very likely" collaborate with the Seattle centres in intergroup trials. It is also seeking Medical Research Council funding for a multicentre Canadian phase III trial. — © *Heather Kent*