Empowering Dentist Into The Tobacco Control Agenda

Thank you to the editorial committee for inviting me to pen words in this well established newsletter by the Malaysian Dental Association. It truly is a privilege.

I'm going to start this journey with you with a recap on the study we did in 2009 titled "Empowering Dentist in Tobacco Cessation". On reflection however, it should rightly be tobacco control (TC). The latter terminology envelopes the full scope of the agenda in eradicating tobacco use, both prevention and cessation.

The idea for this project was started by one of your own professional, Prof Dr Rahimah Abdul Kadir then at UKM. She has since gathered a following across the country. This study was started in response to the ‘lack’ of response by stakeholders to include dentist into this noble efforts. At the time, similar to most of you, I was not aware that dentists were not included in the TC agenda of the Ministry of Health.

It has been four years since that journey and we have, together, achieved some modest outcomes. Tobacco cessation has now be included as an agenda in the National Oral Health plan 2011-2020, allowing dentist in Malaysia to develop further in this field.

At least 200 dentists in Malaysia have received some training on the introduction of tobacco control through our study. Two successive symposiums, both in the peninsula and the east of Malaysia, included dentists in their scientific committees and topics related to their field. My team at the Nicotine Addiction Research & Collaborating Centre which included dentists had helped to enhance work in the UKM dental tobacco cessation clinic in 2009, going beyond simple behavioural counselling approach. There are successful stories now on other similar clinics in various parts of the country such as in Sarawak. A few of our academic institutions have integrated tobacco control in their dental undergraduate curriculum and those who have started earlier have continued to improve their syllabus further.

In spite of this, we still have much work to do. Dentists to the best of my knowledge are not yet established members of our local tobacco control policy group. Thus, I strongly hope this will change in the immediate future. More recently, the Malaysian Association for Dental Public Health Specialists had organized a successful five day anti-smoking campaign at One Utama Mall in Petaling Jaya, "Break Free from Smoke: A Healthier Mouth, A Healthier You", a giant step in pushing the work of this fraternity further.

In that same event, we also launched a newsletter not too different from the one you are reading now, called Tobacco Control News Bulletin. The aims of this newsletter since its inception were 1) to assist healthcare practitioners in being informed with the latest events happening locally in tobacco control and 2) to provide simple articles on topics of interest within the research community on tobacco control. Each summary is provided with a commentary by our experts in the field both here in Malaysia and abroad. This allows everyone to stay informed and not miss ‘a beat’ in our cause. In each of our newsletters, we have also dedicated an article addressing the dental practitioners. For the most current article we looked at the problem of shisha or water-pipe smoking which is receiving great attention in our country and is a threat to many of our rakyat. The full write up and commentary are attached below and I strongly urge each of you to read in-detailed.

Finally, I hope this will be a start to a great working relationship between both the medical and dental teams of which all of us belong to. More importantly, I hope to see you within our ranks in both the local and international scene for tobacco control.

Article taken from the Tobacco Control Newsletter [Bulletin 2/2013]

The effects of waterpipe tobacco smoking on health outcomes: a systematic review


Summary of article:
Waterpipe tobacco smoking or better known as shisha, hookahs or argiileh are traditional methods of tobacco consumption in the Mediterranean region. Lately they have gained popularity worldwide and disturbingly smoked by young people and adolescents. It is now considered a public health threat and has been coined an ‘emerging deadly trend’. This article is one of very few systematic reviews conducted to investigate the evidence for the effects of waterpipe tobacco smoking on health outcomes. The review was conducted using the Cochrane Collaboration methodology for conducting systematic reviews. A comprehensive literature search was conducted and two reviewers independently screened the title and abstract and another two screened the retrieved full text. Where there was disagreement, a third reviewer was called. A total of 24 studies met criteria and were reviewed. Based on the available evidence, waterpipe tobacco smoking was associated with lung cancer (OR = 2.12; 95% CI 1.32-3.42), respiratory illness (OR = 2.3; 95% CI 1.1 - 5.1), low birth weight (OR = 2.12; 95% CI 1.08 - 4.18) and periodontal disease (OR = 3 - 5). It was not found to be significantly associated with bladder cancer, nasopharyngeal cancer, oesophageal cancer, oral dysplasia, infertility or hepatitis C. The quality of the evidence for the different outcomes were considered very low to low. This limited the confidence for the results. However, this review found that waterpipe tobacco smoking was associated with a number of health complications and warrants public health intervention. There is a need for high quality studies in the future to identify and quantify with confidence all the health effects of this form of smoking.

Comments by Prof Rahimah Abdul Kadir
This review is in keeping with the latest call by the MOH to consider banning shisha smoking as a public health intervention. The fact that young adults and adolescents are using this tobacco smoking device with little regulation is a pressing concern as there is evidence that a significant proportion of shisha smokers also smoke cigarettes. Therefore, if not controlled, shisha smoking may increase initiation for cigarette smoking in the near future.

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