SABAH TOBACCO CONTROL SYMPOSIUM 2013

“Introduction & Updates”

7 OCTOBER 2013
SCHOOL OF MEDICINE, UNIVERSITI MALAYSIA SABAH

ORGANIZERS

UNIVERSITY MALAYA CENTRE FOR ADDICTION SCIENCES (UMCAS)

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UNIVERSITY OF MALAYA

NICOTINE ADDICTION RESEARCH & COLLABORATING CENTRE

DEPARTMENT OF PSYCHIATRY & MENTAL HEALTH,
QUEEN ELIZABETH HOSPITAL KOTA KINABALU, SABAH

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PERSATUAN PERBUDATAN DESA SABAH (PERDESA)
Welcome Address
From Universiti Malaysia Sabah

The School of Medicine and UMS would like to welcome everyone to the Symposium of its first kind in UMS or Sabah directing the issues of Tobacco Control specifically covering the topics of magnitude of smoking and related morbidity and deaths resulted from use of tobacco products, smoking cessation through techniques of pharmacology and psychologically. The pertinent issues relating to tobacco control which will be discussed in this symposium would hope to create better public awareness, understanding and encourage more effort if not advocacy works towards combating the dire needs of the nation to stay healthy without tobacco, which if not handled, would result an imminent destruction to society.

The School of Medicine cannot thank enough the invitation by UMCAS and UM, an opportunity for us to collaborate as co-organizer to hold this important symposium as well as hosting the event in our new building. We sincerely thank all distinguish speakers locally and internationally for sparing their precious time to be here to deliver their talks and for all participants who have jointly made an effort to be here to ensure the success of this event. Have a blessed symposium!

DR FREDIE ROBINSON
Deputy Dean Research & Postgraduate
School of Medicine Universiti Malaysia Sabah
Welcome Address
From Queen Elizabeth Hospital

We are grateful that the Psychiatry Department of QEH in collaboration with UMS and UMCAS is able to hold this symposium in Sabah. Addiction is a topic that is often eluded due to its sensitive nature. As a consequence many are still unaware of addiction issues including health care professionals.

We welcome the team from UMCAS to beautiful Sabah and thank them for sharing their knowledge and skills with us. We also thank our local speakers for their support and willingness to share their expertise with us. We hope that everyone will benefit from this symposium and help promote smoking cessation and tobacco control in Sabah. Finally, this symposium would not have been possible without support from Dr Fredie and his team and our heartfelt gratitude to them. Feel free to actively participate and enjoy the symposium.

DR NAZARIAH AIZA HARUN
Head, Department of Psychiatry & Mental Health
Queen Elizabeth Hospital, Kota Kinabalu, Sabah
Welcome Address
From University Malay Centre for Addiction Sciences

Welcome to our first symposium in Sabah. The NARCC team are very happy to be in Borneo to assist members of the health care providers in East Malaysia to develop knowledge, skills and confidence in the area of tobacco control, particularly in tobacco cessation. We have with us a great pool of experience and expertise from a range of health disciplines. We hope that you will benefit from this endeavour.

We are grateful to our friends and collaborators in Sabah and their team who have tirelessly assisted us in making this symposium a success. Without their passion, interest and commitment to improve the health of Malaysians and Sabahans in particular, we would not be able to organize such an important meeting.

Finally, please enjoy the day and seek to ask as many questions to our team. We hope you will find this symposium to your benefit.

DR AMER SIDIQ AMER NORDIN
Coordinator, Nicotine Addiction Research & Collaborating Centre
University Malay Centre for Addiction Sciences
Tobacco is the leading risk factor for non-communicable diseases in the worldwide. In Malaysia, it has been estimated that health consequences due to smoking alone consumes a significant proportion of the national health expenditure. In light of this, Malaysia had signed on early to be a member of the Framework Convention for Tobacco Control (FCTC) and implemented various policies to curb this menace.

In the spirit of articles 20-21 of the FCTC, the nicotine addiction research team of UMCAS is collaborating with partners in Sabah, namely UMS and QEH to organize a scientific meeting to share current knowledge on tobacco control from both the local and international context.

This event is the first full day event with an extensive overview and includes leading researchers and clinicians from both within and outside of Malaysia.

As a commitment to health, we are fortunate that our noble efforts as both the organizer and you as participants are endorsed from the various health agencies within Malaysia.

Let us all make this event a success through learning, implementing and sharing of our experience and expertise in the field to improve the healthcare of all Malaysians.
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<td>9.00 - 9.30 AM</td>
<td>Global outlook on tobacco control</td>
<td>AP Dr. Chris Bullen</td>
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<td>National outlook on tobacco control</td>
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<td>Local (Sabah) outlook on tobacco control</td>
<td>Dr. Nirmal Kaur</td>
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<td>The National Education Agenda for Tobacco Control</td>
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<td>11.15 – 11.45 AM</td>
<td>Tobacco Use Disorder—The Science Revisited and the New DSM 5</td>
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<td>11.45 - 12.15 PM</td>
<td>Pharmacological Treatments—Current and Emerging</td>
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<td>Psychological Treatments—Current and New Recommendations</td>
<td>AP Dr. Farizah Mohd Hairi</td>
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<td>The Quit Smoking Clinic—The Ins and Outs</td>
<td>Dr. Fauzia Abdul Majid</td>
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<td>2.45 - 3.15 PM</td>
<td>Treating on the Dental Chair—Quit Clinics for Dentists</td>
<td>Prof. Dr. Rahimah Abdul Kadir</td>
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<td>3.15 - 3.45 PM</td>
<td>Treating Smokers Among the mentally III</td>
<td>Dr. Amer Siddiq Amer Nordin</td>
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Speakers

Dr Amer Siddiq Amer Nordin

Dr Amer Siddiq is a senior lecturer attached to the Department of Psychological Medicine, University Malaya. He is also the coordinator for the Nicotine Addiction Research and Collaboration Centre (NARCC), the nicotine addiction research group of the University Malaya Centre of Addiction Sciences (UMCAS). His clinical background is in psychiatry where he is a consultant psychiatrist at University Malaya Medical Centre. His sub-speciality is in smoking cessation, having obtained his certification from New Zealand and is part of the Australian Association for Smoking Cessation Practitioners. He is technical advisor for both smokefree Canterbury and to the Ministry of Health, Malaysia. The former is an NGO with aims to ensure the Canterbury region in New Zealand is smoke free and the latter his involvement includes policy development for tobacco control in the country.

Associate Professor Dr Christopher Bullen

Dr Bullen is the Director of the National Institute of Health Innovations (NIHI) and the Co-director of the Turanga Tobacco Research Group in the University of Auckland, New Zealand. He is a public health consultant and a leader in the field of tobacco control. His most recent achievement has been a publication in Lancet on electronic cigarettes as a treatment aid which has received great interest from the world over. He numbers 100+ publications in the field in peer reviewed journals and is the recipient of NZ$5 million in research funding for tobacco control research through the Turanga.

Associate Professor Dr Farizah Mohd Hairi

Dr Farizah is an associate professor with the Dept of Social and Preventive Medicine, University Malaya and is a public health consultant. She is attached with the Centre of Population Health and is an associate member of the nicotine group in UMCAS. She is a member of the Malaysian CPG on Tobacco Treatment and the Pictorial Warning review team. She has been involved with policy development in Malaysia for tobacco control for a number of years.
Professor Dr Rahimah Abdul Kadir

Dr Rahimah is a consultant with UMCAS and the Founding Dean of the Lincoln University College Dental School. She is a consultant public health specialist and was the main proponents in launching the first dental smoking cessation clinic whilst in University Kebangsaan Malaysia. More recently her interest is in curriculum development on tobacco control where she was the lead facilitator in a special workshop on this effort in 2012. She numbers a 100+ publications through her career and is respected senior faculty member of her profession.

Dr Nirmal Kaur

Dr Nirmal is the Deputy Director for Noncommunicable Disease for Department of Health, Sabah under the Ministry of Health Malaysia. She has received a number of awards for her clinical service and has presented in various national level conferences on many aspects of public health.

Dr Fauzia Abd Majid

Dr Fauzia is a family medicine specialist with the Penampang Health Clinic in Sabah. Apart from her role in the health clinic, Dr Fauzia also teaches in UMS and is appointed as an honorary lecturer with the School of Medicine. Her research interest includes smoking cessation among high school children.
Abstracts

A global outlook on tobacco control.

A/Professor Chris Bullen, National Institute for Health Innovation, The University of Auckland, New Zealand.

Despite half a century of knowledge of its harms, tobacco remains among the leading risks to global health. Tackling tobacco use requires a co-ordinated national, regional and global approach, of which the WHO Framework Convention on Tobacco Control (WHO FCTC) provisions for reducing both tobacco demand and supply, are central. However, implementation of the FCTC is uneven and slow. To protect future generations from the harms of tobacco, firm, unwavering commitment is needed by governments. This will only occur when sustained civil society action is taken, underpinned by advocacy from healthcare professionals and informed by research. In this paper I describe the global burden of tobacco-related disease, and discuss the prospects and responsibility for its effective control, based on a review of the literature, including recent scientific papers and technical reports.

National Outlook on Tobacco Control

Associate Professor Dr Farizah Mohd Hairi, Dept of Social Preventive Medicine, University Malaya

Malaysia became a Party to the WHO Framework Convention on Tobacco Control (FCTC) on September 16, 2005. Since then many efforts have been conducted in our country on tobacco control using the elements of MPOWER. All these activities are regulated under the Food Act of 1983. The Control of Tobacco Product Regulations 2004 was issued under the Food Act of 1983 and regulate, among other things, smoke free environments; tobacco advertising, promotion and sponsorship; and tobacco packaging and labelling.

The implementation of Tobacco Control in our country should be more integrated; programs conducted beyond the boundaries of any one particular ministry, or NGO (or advocates) would be more effective to reduce tobacco use. A critical and urgent agenda for the country is to have a comprehensive and effective stand-alone legislation on the control of tobacco product.
Local (Sabah) outlook on tobacco control

Dr Nirmal Kaur, Noncommunicable Diseases Unit, Ministry of Health, Malaysia

Tobacco kills up to half of those who use it and globally more than 6 million deaths each year are caused by using this lethal product. Experts predict that if current smoking patterns continue, smoking will kill about 8 million people every year by 2030 and 7 million of these deaths will occur in developing countries. Statistics from the Sabah Department of Health in 2010 revealed that diseases related to smoking remained the top causes of deaths in all government hospitals in Sabah, accounting for more than 17% of hospitalizations and 46% of in-hospital deaths. The Global Adult Tobacco Survey (GATS) 2011 revealed that tobacco consumption is still a major public health problem in Malaysia. The third NHMS in 2006, reported prevalence of current smokers in Sabah at 25.6%, which is higher than the national prevalence of 22.8% reported during the same period. Sabah has the fourth highest prevalence after Perlis, Pahang and Kelantan. Among the major challenge faced by Sabah in relation to tobacco control is smuggling cigarettes, often easily available and at a very cheap price. Multi-sectoral enforcement teamwork is very much needed here to curb the issue of smuggled cigarettes.

The National Education Agenda for Tobacco Control

Prof Rahimah Abdul Kadir, Consultant UMCAS & Dean, Faculty of Dentistry, Lincoln
University College

Malaysia is a signatory to the Framework Convention on Tobacco Control (FCTC) since 2005 and is obligated as a member country to reduce the prevalence of smoking. Article 12 of the FCTC stipulates training on tobacco control to achieve the objective. While some 300 Quit Clinics are in place in the Malaysian health service, however, it is not known how many Malaysian universities include training future medical practitioners in Tobacco Control in their curriculum. Findings from an only study on cessation treatment practice revealed lack of tobacco control training in medical schools indicating Malaysia’s medical practitioners potential inability to provide adequate care to service the quit clinics and smokers appropriately. This is substantiated by unpublished findings from a more recent survey involving 122 house officers in a local teaching university whereby only 38.7% were confident in treating smokers while only 40.8% were familiar with the local guidelines to treat smokers. In light of the above findings, there is therefore a need for Tobacco Control teaching to be included in the medical or dental teaching curriculum if service is to be given effectively in quit clinics. This presentation attempts to highlight the findings of a recent
workshop on Tobacco Control Teaching attended by several medical and dental academics from Malaysian related universities.

Tobacco Use Disorder: The Science Revised and the DSM 5

Dr Amer Siddiq Amer Nordin, Coordinator, NARCC

Tobacco is still a major public health problem despite the various initiatives to control this epidemic. Nicotine, a substance within tobacco is thought to be the main reason driving this addiction. This substance acts on the α4β2 nicotine receptor in the brain, namely, the mesolimbic system and releases the neurotransmitter involved with reward. This feeling of reward provides a positive reinforcement towards the use of tobacco. On cessation, receptors now full of α4β2 nicotine receptor become hypersensitive leading to physical withdrawals, which makes quitting tobacco use harder. This generally is the basis of nicotine addiction. The understanding of the mechanism of addiction is fairly recent and tobacco as a substance for addiction was only included in the diagnostic manual of mental illness in 1992. Recently the DSM has undergone a revision and we look at how this has affected our understanding on the diagnosis for tobacco use.

Pharmacological treatments, current and emerging.

A/Professor Chris Bullen, National Institute for Health Innovation, The University of Auckland, New Zealand.

People who use tobacco often require support to stop and remain abstinent, largely because of dependence on nicotine. Both behavioural and pharmacological support are helpful in increasing the chances of achieving sustained tobacco abstinence but these interventions are, at best, modest in effectiveness. The mainstay of current pharmacological treatment is nicotine replacement therapy, but other treatments, such as bupropion and varenicline, have become available over recent years. In addition to combinations and other variations on the way these current treatments are used, novel pharmacological treatments, including nicotine vaccines and new nicotine delivery systems, are now being trialled. In this paper, I will outline the state of the art evidence on current treatments, and on a range of emerging treatments that show promise for enhancing cessation effectiveness.
Psychological Treatments – Current and New Recommendations

Associate Professor Dr Farizah Mohd Hairi, Dept of Social Preventive Medicine, University Malaya

The first step in treating tobacco use and dependence is to identify tobacco users. The identification of smokers itself increases rates of clinician intervention. Effective identification of tobacco use status not only opens the door for successful interventions (e.g., clinician advice and treatment), but also guides clinicians to identify appropriate interventions based on patients’ tobacco use status and willingness to quit. SPECIFICALLY, ask every patient who presents to a health care facility if he/she uses tobacco (Ask), advise all tobacco users to quit (Advise), and assess the willingness of all tobacco users to make a quit attempt at this time (Assess) (the first 3 of the 5 A’s) (Fiore et al., 2008).

Current evidence shows that intensive tobacco dependence treatment is more effective than brief treatment. This could be achieved by increasing the length of individual treatment sessions, the number of treatment sessions and specialized behavioural therapies. There are many modalities of behavioural therapy in place to assist smokers to quit, such as cognitive behavioural therapy (CBT), Motivational Interviewing (MI). New recommendation to increase abstinence rates is that smoking cessation interventions should be delivered in multiple formats, and this should be encouraged.

Quit Smoking Clinic: The Ins & Outs

Dr Fauzia AM: Penampang Health Clinic Sabah

Smoking tobacco is both a physical addiction and a psychological habit. Eliminating that regular fix of nicotine will cause your body to experience physical withdrawal symptoms and cravings. Smokers’ motivation can change quickly and strongly influenced by smoking cues in the environment. Thus, smokers’ motivation to stop smoking may not accurately reflect what they truly feel and think. Quitting can be very tough, therefore to successfully quit smoking, both the addiction and the habits need to be addressed. Thus, one needs Personal Stop Smoking Plan. With no program at all, 95% of quitters fail, and only 5% succeed. So it’s wise to get help. Get into a programme. How? Enroll in Quit Smoking Program which is available widely in Ministry Of Health Facility. Quit Smoking Programme in Ministry of Health facility started since 1998. A Quit smoking Guideline was introduced.
then. This talk will brief on how to set-up quit smoking clinic, how to follow-up and the challenges.

Treating on the Dental Chair: Quit Clinics for Dentists

Prof Rahimah Abdul Kadir, Consultant UMCAS & Dean, Faculty of Dentistry, Lincoln University College

Despite the fact that dentists can easily detect smoking habit of patients who sat on their dental chairs, Malaysian dentists have not been included in the Ministry of Health’s campaign against tobacco smoking until recently. The first known formal teaching of tobacco control was initiated by Universiti Kebangsaan Malaysia’s Faculty of Dentistry in 2006. The program which started as part of Oral health Education has since moved on into the clinical setting. UKM students are now taught how to conduct chairside tobacco cessation treatment using behavioural therapy model alone or in combination with basic pharmacotherapy while their specialists have now undertaken to be trained to also use other pharmacotherapeutic agents as well. To date tobacco control procedure has been included as one of the prevention-treatment agenda in the 2011-2020 National Oral health Plan. However, there is a need to educate and expand the capability of dentists to go beyond the “contemplation stage” when undertaking it in the government dental clinic. This presentation will illustrate when, what and how chairside tobacco control can be done.

Treating Smokers among the Mentally Ill

Dr Amer Siddiq Amer Nordin, Coordinator, NARCC

Psychiatry and smoking have only recently been emphasised by the tobacco control group despite the strong association on smoking among the mentally ill. Schizophrenia and depression are the two most studied populations and it is estimated that smoking rates within them can be as high as 80% and 60% respectively. As a whole people with mental illness smoke two to three times more than the general population and often smoke more cigarettes and have higher addiction scores. Treatment trials often exclude them, therefore current available treatments are often inferred from the general population. This presentation will attempt to elaborate on the current situation for this group and also available treatments to assist them in quitting
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