Welcome to the first bulletin on issues related to Tobacco Control in Malaysia and abroad. We hope to provide you with a selection of recent articles pertaining to various aspects of Tobacco Control from various disciplines. Our team have selected a number of articles that we have found interesting and include our thoughts on them. We hope that they will be of interest to you and that you may find some use of our commentary in your day to day practice.

This is a not for profit initiative by the nicotine research group within the university Malaya Centre of Addiction Sciences. For this initiative we have teamed up with Johnson and Johnson who have supported our idea through an unconditional seed grant. We are also grateful for the support from The University of Auckland, New Zealand, through a recently signed MoU with University of Malaya. We hope this collaboration may bring new perspectives in Tobacco Control initiatives as we move towards a smoke free Malaysia.

We welcome constructive feedback and hope to have a regular circulation of four issues per year.

Dr Amer Siddiq Amer Nordin
Bulletin Editor

What’s Happening in Malaysia?

The government recently announced the review of existing pictorial health warnings on cigarette packs and steps to reduce tar content in cigarettes. There have also been calls to further restrict electronic cigarette use in Malaysia. More recently, the Dewan Bandaraya Kuala Lumpur has started to get stricter in enforcing smoking bans at designated areas. In Melaka and Penang, smoking bans at designated tourist sites have received positive feedback from the public.


Although promising, we are hopeful the government will follow through with its intention to increase pictorial warnings from the current 40% to match the 50% recommended by the World Health Organisation. The recent declaration of stricter enforcement is also promising and a sign that the public is starting to push for their rights for a cleaner Malaysia by saying ‘no’ to second hand smoking. More Malaysians should report non-compliant restaurants, agencies and areas where smoking is still happening despite smoke free bans or signage, to the Ministry of Health, so that regular enforcement action can be taken.

What’s New in Tobacco Control?

Updates for Healthcare Professionals
Health warning messages on tobacco products: a review


Summary of article

This article reviews the evidence on the impact of health warning messages on tobacco packages. Articles were identified using electronic databases and a total of 94 original articles met the inclusion criteria, including 72 quantitative studies, 16 qualitative studies and 5 that had both a quantitative and qualitative component, and a review paper.

The author found that the impact of health warnings depended on the size and design; that prominent health warnings on the face of the packages serve as prominent sources of health information for both smokers and non-smokers and can increase the health knowledge and perceptions of risk and promote quitting.

The evidence suggests that comprehensive warnings are effective among youth and may prevent smoking initiation. Pictorial health warnings that elicit a strong emotional reaction appear to be more effective. In summary, they are useful and larger pictorial health warnings are more effective compared to text only warnings.

Comments

by Associate Professor Dr Farizah Mohd Hairi

Pictorial health warnings have their role as a public health measure as they are effective and cheap to implement. Bigger is better and we hope that the government will play their part in mandating an increase of size from 40% to 50% if not more on all cigarette boxes. Pictures should be updated to ensure that impact is sustained to discourage new smokers and motivate current smokers to quit.

Improving the effectiveness of tobacco use cessation (TUC)


Summary of article

This paper discusses findings of a Cochrane systematic review on tobacco use cessation (TUC) in the dental setting, narrative reviews of possible TUC approaches and suggestion on how useful the procedure be in a dental clinic. Articles searched were from the Cochrane Tobacco Addiction group trials and the Oral Health Group Trials registers as well as standard electronic retrieval system and databases up till June 2008. In total 8 studies (smoking or smokeless tobacco) were identified but only seven were retained for analysis. All control groups received either ‘usual care’ or no interventions. All ‘test’ groups received behavioural interventions consistent with the 5 As.

In summary, this review found that interventions for tobacco users in the dental clinic or in school community increase the odds of quitting tobacco. Unfortunately, evidence also indicates that neither referral nor the provision of in-office counselling is widely offered by dental professionals.

Comments

by Professor Dr Rahimah Abdul Kadir

The 2011-2020 National Oral Health Plan included TUC as part of the oral health services provided to the Malaysian public. Intervention however is limited to reaching those in the “contemplation stage” (where smokers may be thinking of quitting) after which patient will be referred to the Quit clinic. Dentists however are at an advantage as the many visits required for most treatment procedures allows for constant reinforcement to be done thus enabling dentists to have a higher chance of success in helping patient to quit at the chair side. Dentists already in practice and future dentists however need to be trained to conduct proper TUC therapy for them to be more interested and confident in conducting smoking cessation at their place of practice.
Effectiveness of intervention to implement tobacco cessation counseling in community chain pharmacies


Summary of article
This article presents the finding of a randomized controlled study on community pharmacists from Wisconsin in the United States implementing ask-advice-refer (AAR) tobacco cessation counseling in lower socioeconomic areas and implementing a multimodal intervention on short term implementation of AAR. A total of 16 pharmacies took part. For the intervention group, training to implement AAR, work flow integration recommendations, tobacco cessation posters and support visits were provided. Main outcome measures were number of patrons that were asked about their smoking, number of patron advised to quit, number of patron provided with active referral i.e. fax to quitline and also number of patron provided passive referrals. Results were positive with the intervention group asking their patrons about their smoking, advising to quit and providing both active and passive referrals compared to the control group. The authors conclude that AAR is easy and effective to implement in the community pharmacist setting.

The delivery of smoking cessation interventions to primary care patients with mental health problems.


Summary of article
This paper attempts to quantify the extent to which smokers with indicators of poor mental health receive smoking cessation support in primary care consultations compared with those without. They did this in cross-sectional analysis of a database of electronic primary care medical records contributed by nearly 500 general practitioners in the United Kingdom who were involved with The Health Improvement Network (THIN) database. Main findings from this study were that 50% of smokers with a diagnosed mental health problem and 49.6% who were recorded taking psychoactive medications were advised to quit compared to 33.4% of those without these indicators. Similarly, prescription of smoking cessation aids was higher at 11.2%, 11% respectively compared with 6.73% in those without a diagnosis or medications. Conversely, recording of both advice and aid provision was higher in those without a mental illness. Mean consultation visits were 10.0, 9.80 and 3.73 respectively, meaning the amount of advice and aid given could be the result of increased visits - proportionally those with mental health diagnoses or taking psychoactive medications were receiving fewer cessation interventions per visit.

Both clinical and non-clinical health providers are able to assist smokers to quit through education and provision of adequate support including places to refer. AAR appears to be a useful model and we can implement a similar idea in Malaysia by being familiar with local services and referring patients to them. Treating includes referring as advocated by our 5 A’s in the Malaysian Clinical Practice Guideline. These findings are similar to other studies that have highlighted the lack of cessation support for smokers with a mental illness. Studies investigating psychiatrists and smoking cessation provision have found they are less likely to assist their own psychiatric patients to quit compared to general practitioners or general physicians. Those in mental health services including psychiatrists are in the best position to assist smokers with mental illness to quit. More effort is needed in this area of clinical service.
Variation in smoking cessation after vascular operations


Summary of article:
Smoking is the most important modifiable risk factor for patients with vascular disease. The purpose of this study was to examine smoking cessation rates after vascular procedures and identify factors predictive of postoperative smoking cessation. The Vascular Study Group of New England registry was used to analyze smoking status preoperatively and at 1 year after carotid endarterectomy, carotid artery stenting, lower extremity bypass, and open and endovascular abdominal aortic aneurysm repair between 2003 and 2009. Of 10,734 surviving patients after one of these procedures, 7807 patients (73%) were available for analysis. At the time of their procedure, 33% were self-reported smokers. Of these, 45% quit within the first year after surgery, with significant variation by procedure type (open abdominal aortic aneurysm repair, 50%; endovascular repair, 49%; lower extremity bypass, 46%; carotid endarterectomy, 43%; carotid artery stenting, 27%). Patient factors independently associated with smoking cessation were older age >70 years (odds ratio [OR], 1.90; 95% confidence interval [CI], 1.30-2.76; P < .001) and dialysis dependence (OR, 2.38; 95% CI, 1.04-5.43; P = .04). Treatment center was the greatest contributor to smoking cessation, and there was marked variation in smoking cessation rates (28% to 62%) between treatment centers. Vascular surgeons were surveyed regarding their smoking cessation activity (85% response rate): 78% offered cessation medications or referral to a smoking cessation specialist or both. The smoking cessation rate for patients of these surgeons was 48% compared with only 33% in those who did not offer medications or referral (P < .001).

Disclaimer:
The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

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Many patients quit smoking after vascular surgery, and while multiple factors contribute to this, the findings from this study suggest that where you are treated is important. Hospitals with systems and processes that proactively support cessation in all patients who smoke are vital. A significant opportunity exists for vascular surgeons to assist with smoking cessation at the time of surgery. Other medical specialists dealing with people with serious smoking-related conditions are likely to have a similar ability to positively influence cessation outcomes and should be trained and supported to do so.

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Miscellaneous