BRIEF COMMUNICATION

Moving the Malaysia Tobacco Control Agenda Forward in Psychiatry

Amer Siddiq AN¹,², Farizah MH³

¹University Malaya Centre of Addiction Sciences, University Malaya, Kuala Lumpur, Malaysia
²National Addiction Centre, University of Otago, Christchurch, New Zealand
³Centre for Population Health, Department of Social and Preventive Medicine, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia

Abstract

Introduction: Tobacco smoking kills and estimated six million lives annually worldwide of which include 10,000 Malaysian lives. Twenty three per cent of Malaysian adults smoke however, similar prevalence is not known among the mentally ill. Those with mental illness often have higher prevalence rates and greater disability due to smoking. This commentary aims to update the mental health community in Malaysia on the on-going efforts made locally to assist the national tobacco control agenda. Methods: A brief report of recent updates is provided for this article. Results and Conclusion: Three major significant activities are reported, all of which will move the tobacco control agenda within psychiatry forward. These activities will allow psychiatry be in a better position to align tobacco control activities for the mentally ill together with the general population.

Keywords: Tobacco, Smoking

Introduction

Both the World Health Organization (WHO) and the United Nations (UN) concerned with the tobacco epidemic, implemented the Framework Convention for Tobacco Control (FCTC) in 2003. A resolution on the dangers of non-communicable diseases was put forward in 2011, of which tobacco smoking is a significant risk factor.¹ ² Despite the various actions taken to curb tobacco use, it is still the number one public health problem the world over and kills an estimated six million people each year and is predicted to increase to ten million as early as 2030,³ less than two decades from now.

Malaysia is not shielded from the dangers of tobacco smoking either. An estimated ten thousand lives are lost each year directly due to tobacco smoking, many more lives are harmed as a result of second and even third hand smoking.⁴ Tobacco smoking is a significant risk factor for cardiovascular diseases, respiratory ailments and various cancers.³ The former has been reported to be the nation’s number one killer in the 2011 National Morbidity Health Survey⁵ thus
making the agenda to be eradicated or at the least, reducing tobacco use, even more urgent.

Although the 2011 Global Adult Tobacco Survey (GATS) reported current smoking prevalence in the general adult population to be 23% in Malaysia, there has been little information on the prevalence of smoking within those with mental illness.\(^6\) The prevalence of mental illness in Malaysia is reported to be 11%, with the majority suffering from depression and anxiety.\(^5\) Studies elsewhere had reported smoking prevalence in those with mental illness to be two to three times the general average.\(^7\) For the 1% with schizophrenia, the prevalence of smoking within this small population had been reported to be as high as 90%.\(^7\) Also of concern is that those with mental illness who smoke, often smoke more cigarettes, inhale deeper, are more addicted and have poorer success at quitting.\(^7\) Lasser, Boyd, Woolhandler, Himmelstein, McCormick & Bor\(^8\) reported 44% of all cigarettes sold in the US and a third in New Zealand\(^9\) were consumed by those with mental illness alone. In short, a large proportion of cigarettes were taken by a small minority of any population. Steinberg, Williams & Ziedonis\(^10\) in their analysis went further to report that for these often marginalised, lower socioeconomic members of society, a third of their limited income was used to fund this addiction.

Unfortunately, despite the information available, psychiatry is often slow to react. In fact, psychiatry has in the past been guilty of supporting tobacco use. Prochaska, Hall & Bero\(^11\) found that the tobacco industry had in the past both supplied tobacco and blocked efforts to enforce a smoke free policy within psychiatry units. Instead those with schizophrenia were encouraged to continue smoking. Psychiatry has also been slow to implement smoke-free policies within psychiatric establishments. The same situation is observed in Malaysia. It is still acceptable for certain mental health units to allow smoking within their grounds or units in spite of the obvious dangers that smoking poses to both the individual and those around them. The issue is, why the double standard? As the general population at large is being offered better protection against the dangers of cigarette smoke, patients with mental illness are not being provided with the same level of care.

Of late, there is an increased interest in assisting special populations to quit smoking, including the mentally ill.\(^12\) Developed nations with a long history of tobacco control activity have noted consistent decline in their smoking prevalence but have reached a plateau in their decline. Some researchers postulate this phenomenon as being the result of certain populations within society not being addressed with current tobacco control actions.\(^12\) These ‘underserved’ populations include lower socioeconomic groups, those with medical co-morbidities and the mentally ill. In Malaysia these same observations have not gone unnoticed although we are yet to be faced with a similar situation (i.e. plateauing decline). Recently the Nicotine Addiction Research & Collaborating Centre (NARCC) had urged colleagues in psychiatry within the region to further assist those seeking mental health services.\(^13\) Similar attempts have been made to introduce tobacco cessation activities.\(^14\) This commentary attempts to describe three recent efforts made in tobacco cessation to further build momentum to eradicate tobacco use within psychiatry in Malaysia.

The first, involved the inclusion of an introduction of tobacco control activities and research in Malaysia in the recent Collegium
Internationale Neuro-Psychopharmacologicum (CINP) Regional Congress on Addiction Medicine. This congress was widely attended by more than three hundred psychiatrists. The introduction of a session on tobacco control signalled a change in the local psychiatry’s direction in dealing with tobacco and a show of strong leadership on the matter by the local organizers, the Malaysian Psychiatric Association. During this same event, the director of Hospital Permai who is also the current president of the association informed delegates of their success in the implementation and enforcement of a smoke-free policy from admission to discharge of patients receiving service at their institution. Hospital Permai is a 1400 bedded mental institution, one of the largest in the country. The message was simple, if it could be done here, it should be able to be done elsewhere in the country.

The second was the inaugural symposium on tobacco control conducted by University Malaya Centre of Addiction Sciences co-hosted by the Department of Psychiatry & Mental Health, Queen Elizabeth Hospital (QEH) and, University Malaysia Sabah (UMS) in Sabah. This was a follow up from a conference on smoking cessation in 2012. Both introduced a number of sessions highlighting smoking and mental health. This was deemed important as previous unpublished review on psychiatry and tobacco use found that psychiatrists often reported the lack of confidence and knowledge as being amongst reasons for not wanting to treat smokers with psychiatric condition. Similarly, in the same review, better training was found to be helpful in increasing treatment to this same group. It is hoped that by introducing consistent and continuous scientific forums of tobacco use disorder among psychiatrists and other mental health providers, a shift to increase and encourage treatment for those with mental illness will be realised. This symposium with a record attendance of 84 participants included psychiatrists and mental health providers from a number of hospitals in Sabah including Kudat, Tawau and Kota Kinabalu, and also the mental institution (Hospital Mesra) within the capital of Sabah.

A third important effort made was in the publication of Tobacco Control News Bulletin by NARCC which was officially launched by the Deputy Minister of Health Malaysia at a national Smoke Free, a Healthier Mouth, Healthier You campaign in Kuala Lumpur. This quarterly four page bulletin, aimed at providing basic level tobacco control updates, targeted for all health care providers in Malaysia, was to assist them in keeping abreast with current events and knowledge within the local and international tobacco control community. The bulletin contained material relevant to medical, dental, pharmacy and nursing healthcare providers with one article in each publication specifically targeted on mental health. These bulletins will be distributed to all relevant stakeholders including all mental health services and mental institutions.

It is hoped that the above activities in Malaysia will brew well for the local scene in tobacco control particularly among the psychiatry discipline. With more tobacco control activities for psychiatry in the future, there is a huge opportunity for all working in the field to assist those with mental illness not only in their mental health but, also their physical health. By being active now, we will be in a better position to align tobacco control activities for the mentally ill together with the general population. This task is indeed a challenge but it holds much promise for the future.
References


Corresponding Author
Dr Amer Siddiq Amer Nordin
National Addiction Centre
PO Box 4345, Christchurch 8140
New Zealand

Email: amersiddiq@um.edu.my