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Welcome to our first bulletin for the year. We find it amazing how time flies when one is having fun and we have indeed had fun in getting these newsletters out to you.

The fourth quarter of last year has been really hectic with a number of activities in tobacco control happening in Malaysia. We have had an official launch of the bulletin by the Deputy Minister of Health, Malaysia in conjunction with the national "Break Free from Smoke. A Healthier Mouth, A Healthier You." campaign organized by the Malaysian Association of Dental Public Health Specialists together with Listerine™. This will be covered in this bulletin.

In Sabah, we have had an inaugural tobacco control symposium organized by University Malaysia Sabah and UMCAS partnering with the Department of Psychiatry and Mental Health, Queen Elizabeth Hospital. Our guest author, Dr Fredie Robinson and the main organizer from UMS will share with us what happened.

Also, a country first was the announcement by Dr Abdul Kadir Abu Bakar, Director of Hospital Permai, that his hospital has since become smoke free. No simple achievement since Hospital Permai is a hospital with 1400 beds and caters exclusively to the mentally ill which studies have consistently shown to have smoking prevalence up to three times the national average.

We hope that 2014 will be a better year for all of us and on behalf of the team, we wish you all a Happy New Year.

Dr Amer Siddiq Amer Nordin
Bulletin Editor

The most significant item since our last bulletin has been the tax increase of 14% by the government. This increase effectively sets the price of cigarettes to around RM12 per packet which is merely a RM1.50 increase. However, this is also the first tax increase in over three years. [Link to NST News Article]

Malaysia has recently grabbed headlines worldwide with our involvement in carving out tobacco from the ongoing Trans Pacific Partnership Agreement (TPPA). It is feared that by including tobacco within the TPPA, tobacco control activities will be affected unnecessarily. [Link to The Star News Article]

The government is currently drafting a new anti-tobacco law that will introduce the point-of-sale display ban of cigarettes at cashier counters and the like. At present tobacco control is under the Food Act. [Link to The Star News Article]

The increase in tobacco tax is a real breakthrough although we were hoping for more. Hopefully we will have continuous tax increases over the years as ‘Raising’ tax is the R in MPOWER, a strategy by the FCTC which Malaysia is a member of. Tax increases also need to go hand-in-hand with greater enforcement to curb illegal smuggled and counterfeit cigarettes. The introduction of a separate and independent Tobacco Act is lauded and overdue. The current arrangement under the Food Act does not reflect well the position that tobacco has in the health situation at present. It truly is not nourishing and is in fact a danger to human health killing 10,000 Malaysians each year. We support this move and encourage others in tobacco control to continue with efforts to ensure that this becomes a reality. We are really encouraged and grateful to all of those in tobacco control who have worked hard in pushing for the tobacco carve out from the TPPA. It is indeed a David and Goliath feat for a nation like ours to be able to achieve what we have. Kudos to those involved.

Reference:
Tobacco Control

Knock Out Smoking and Gain A Healthier Mouth and Body

Dentists are a valuable asset in the war against smoking. A quick check-up at the dentist is all that is needed to ascertain the negative effects of smoking on a person’s life. This is among the reasons tackling tobacco smoking feature prominently in the 2011-2020 National Oral Health Plan of Malaysia.

In support of the Framework Convention for Tobacco Control (FCTC) MPOWER strategies, an outreach program “Break Free from Smoke. A Healthier Mouth, A Healthier You” campaign organized together by the Malaysian Association of Dental Public Health Specialists (MADPHS) and Johnson & Johnson Sdn. Bhd., ran for 5 days from 9-13 October 2013 at One Utama’s Shopping Centre in Klang Valley. The campaign objective was to deliver an effective message to young and old alike on the benefits of quitting smoking. The event was launched by YB Dato’ Seri Dr Hilmi Bin Haji Yahaya, Deputy Minister of Health.

The event saw these two organizations partnering with UMCAS, the Ministry of Health, Ministry of Defense, other learning institutions including University Kebangsaan Malaysia, University Institute Technology Mara and Lincoln University College; and non-governmental organizations MyWATCH (Malaysian Women’s Action For Tobacco Control & Health) to press home the idea and fact that tobacco smoking is dangerous to human health, both physical and psychological.

The campaign also launched officially the UMCAS Bulletin on Tobacco Control. Other activities included dental health practitioners being on hand to conduct basic oral checks for the public, and educating them the correct techniques of oral hygiene procedures, with the main focus being the heightened need of care necessary for those who smoke.

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Other activities included talks on quit smoking & oral health by experts in Smoking Cessation which includes, DPH and PH Specialists and Psychiatrists, an exhibition of drawings by local primary school students, tobacco counselling booth and health education booths.

Guest Article by Dr Fredie Robinson (UMS) (MBBS, M.Comm Health (Epid/Stats), PhD) Co-Organizer Sabah Tobacco Control Symposium 2013

UMS UMCAS and QEH Jointly Organised Sabah Tobacco Control Symposium

Universiti Malaysia Sabah (UMS), Universiti Malaya Centre on Addiction Sciences (UMCAS), and Queen Elizabeth Hospital Kota Kinabalu (QEH) had jointly organised The Sabah Tobacco Control Symposium at the School of Medicine (SPU), UMS on 7th October in Kota Kinabalu. The symposium, which featured more than 80 participants, consisted of mainly medical doctors, psychiatrists, psychologists, dentists, pharmacists and public health professionals. It was officiated by the Dean of SPU, Prof. Dr. D. Kamarudin D. Mudin. In his speech he said, the aim of this symposium was to introduce tobacco control activities to as many health care providers in Sabah and also to those interested in tobacco control.

The scientific content was aimed to provide an introduction to the medical and science of tobacco control, including the dangers and health effects as well as complications resulted from the use of tobacco products including smoking or chewing. The speakers hailed from New Zealand, University Malaya, and Sabah State Health Department. Recent local and international updates on epidemiological data related to the problems of smoking were highlighted.

This symposium had been equally divided in content between tobacco prevention which included policy development, and tobacco cessation. Tobacco cessation programme although has been in existence for more than a decade in Malaysia, is least often emphasized. Malaysia through the Ministry of Health has provided nearly 300 quit clinics throughout the whole country. This number of clinics is small compared to the prevalence of smokers in Malaysia. Among adults males in Malaysia almost 44% are smokers. GATS identified an overall 4.3 million Malaysians who smoked tobacco daily.

The recent Global Adult Tobacco Survey (GATS) 2011 found that only 52.6% of patients who visited a healthcare provider were advised to quit. This is unsatisfactory and needs attention. Therefore the healthcare workers should be aware of the existence of smoking cessation clinics in order for potential clients be counselled and referred to the nearest facility to help them to quit smoking. Current methods have advanced globally and Malaysia is also undergoing changes for improvement with the introduction of multi-disciplinary and inter-professionals approach to combat smoking habits for cessation. This was also emphasized heavily in the symposium.

At the end of the symposium, the resolution was that all healthcare professionals should try to work together in approach for better ways to provide smoking cessation clinics through smart partnership in combating a problem which has been long overdue in terms of unifying all tobacco control advocacy work for sake of the health of the people as well as for the nation.

Prof Rahimah Abdul Kadir (Campaign Chairperson)
The cost-effectiveness of smoking cessation support delivered by mobile phone text messaging: Txt2stop.


Summary of article:
Novel ways of reaching large numbers of smokers to help support them to quit are urgently needed if the epidemic of tobacco-related harm is to be turned. Some are being explored in ambitious research projects. One of these is the delivery of stop smoking support via text messages. Researchers in New Zealand (the STOMP trial) were the first to explore in ambitious research projects. One of these is the delivery of stop smoking support via text messaging conducted in the UK. Participants in the intervention arm received five text messages per day for the first 5 weeks and three per week for the next 26 weeks. Participants in the control group received texts every two weeks related to the importance of trial participation.

The study showed that mobile phone-based smoking cessation support doubled biochemically validated quitting at 6 months compared to a control group using any existing smoking cessation support of their choice (10.7 vs. 4.9 %, relative risk 2.20, 95 % CI 1.80–2.68 P=0.0001). The intervention was effective in all socio-economic groups, and in younger and older smokers. However, if they are to be implemented, interventions to encourage smoking cessation must not only be shown to be effective but also have ‘value for money’. The researchers thus considered how the b2stop trial intervention compared to existing smoking cessation interventions that have been shown to be cost effective (in the UK deemed to be a cost of £20,000 per QALY gained) - this includes group counselling, one-to-one counselling, telephone counselling, and medications, such as nicotine replacement therapy and varenicline.

The researchers estimated the lifetime incremental costs and benefits of adding text-based support to current practice from a UK NHS perspective using a Markov model. Cost-effectiveness was measured as cost per quitter, cost per life year gained and cost per QALY gained. As in previous studies, smokers were assumed to face a higher risk of experiencing the following five diseases: lung cancer, stroke, myocardial infarction, chronic obstructive pulmonary disease, and coronary heart disease. The treatment costs and health state values associated with these diseases were identified from the literature.

The cost of text-based support per 1,000 enrolled smokers was £16.12, which, given an estimated 58 additional quitters at 6 months, equates to £278 per quitter. However, when the future NHS costs saved as a result of reduced smoking were included, text-based support was found to be cost saving, 18 LYs would be gained per 1,000 smokers (0.3 LYs per quitter) receiving text-based support, and 29 QALYs are gained (0.5 QALYs per quitter).

Electronic cigarettes for smoking cessation: A Randomised Controlled Trial.


Summary of article:
Earlier in 2013, Bullen et al published a study protocol for a randomized controlled trial (RCT) of electronic cigarettes versus nicotine patch for smoking cessation. This study protocol is the first true RCT on effectiveness, acceptability, patterns of use and safety of e-cigarettes as a smoking cessation aid. Conducted three-arm, parallel group RCT (Nicotine e-cigs, placebo e-cigs, NRT patch alone) in smokers motivated to quit using intention to treat analysis, followed up for 12 weeks. This study was funded by Health Research Council New Zealand. E-cigs and NRTs provided by respective makers. None of the researchers are consultants of e-cig makers but have been for smoking cessation aid makers.

Subsequently on 7th September 2013, the result of this study was published on line in The Lancet. It was the first e-cig study as a cessation aid, with minimal follow-up for FDA approval. The aim was to find out whether e-cigarettes were more effective than nicotine patches at helping smokers to quit.

657 people were randomised (289 to nicotine e-cigarettes, 296 to patches, and 73 to placebo e-cigarettes) and were included in the intention-to-treat analysis. At 6 months, verified abstinence was 7.3% (21 of 289) with nicotine e-cigarettes, 5.8% (17 of 295) with patches, and 4.1% (three of 73) with placebo e-cigarettes (risk difference for nicotine e-cigarette vs patches 1.51 [95% CI –2.49 to 5.51]; for nicotine e-cigarettes vs placebo e-cigarettes 3.16 [95% CI –2.29 to 8.61]). Achievement of abstinence was substantially lower than anticipated. Statistical power was insufficient to conclude superiority of nicotine e-cigarettes to patches or to placebo e-cigarettes. Nevertheless, they identified no significant differences in adverse events, with 137 events in the nicotine e-cigarettes group, 119 events in the patches group, and 36 events in the placebo e-cigarettes group. In addition they found no evidence of an association between adverse events and study product.

This study has established benchmarks for performance of nicotine e-cigarettes relative to NRT and placebo e-cigarettes with which to design future, more adequately powered trials. Furthermore, because they have far greater reach and higher acceptability (as shown by the present study) among smokers than NRT, and seem to have no greater risk of adverse effects, e-cigarettes also have potential for improving population health.

Comments
by Associate Professor Dr. Chris Bullen

“E-cigarettes, with or without nicotine, were modestly effective at helping smokers to quit, with similar achievement of abstinence as with nicotine patches, and few adverse events. Uncertainty exists about the place of e-cigarettes in tobacco control, and more research is urgently needed to clearly establish their overall benefits and harms at both individual and population levels. This scientific evidence is important especially for the Ministry of Health’s Technical Committee Task Force responsible for evaluating the health effects of electronic cigarette and shisha. This Task Force was formed in July 2013, following a discussion whether to regulate or totally ban (e-cigs and shisha).”

Comments
by Associate Professor Dr. Farziah Mohd Hani

“This study shows that personalised smoking cessation advice and support by mobile phone message is both good for health and a cost saving to the UK health system. The wide reach of such interventions has potential to help the large number of smokers who use mobile phones in all countries, not just high income ones. Trials of similar ‘mHealth’ interventions, adapted to the context of other countries, especially non-western nations, are urgently needed to inform whether investment in such initiatives is worthwhile.”
Weight gain in smokers after quitting cigarettes: Meta-analysis.


Summary of article:
This meta-analysis was aimed to describe weight gain and its variation in smokers who achieve prolonged abstinence for up to 12 months and who quit without treatment or use drugs to assist cessation. An extensive search of the Central Register of Controlled Trials (CENTRAL) and the Cochrane database was conducted.

A total of 62 trials were included in this meta-analysis. The main findings were, in untreated quitters, the mean weight gain was 1.12 kg (95% confidence interval 0.76 to 1.47), 2.26 kg (1.98 to 2.54), 2.65 kg (2.42 to 3.28), 4.23 kg (3.69 to 4.77), and 4.67 kg (3.96 to 5.38) at one, two, three, six, and 12 months after quitting, respectively. Using the means and weight standard deviations, at one year on quitting smoking, 37% had gained less than 5kgs, 34% 5-10kgs and 13% > 10kgs respectively. Encouragingly, 16% lost weight at one year post quit. There was no real difference between those using different pharmacotherapies and for those who were especially concerned with weight compared to those were not.

Therefore, on average at one year a mean gain of 4-5kg was expected and 13% may gain more than 10kgs however 16% of people actually lose weight.

Comments
by Dr. Amer Siddiq Amer Nordin

Weight gain on smoking cessation is considered a withdrawal symptom but can be prolonged. Our initial belief of 2-3kg weight gain is now superseded by this present paper which identifies a gain of 4-5kg as early as a month on quitting. Although this paper claims no difference in use of treatment, NRTs have been found by others to restrict weight gain for the duration of use. Taking a careful history of previous weight gain on quitting and proper consultation may assist in ensuring those who have had previous weight to be more informed and are started on agents which may assist in reducing this weight gain. A multidisciplinary approach may be useful with referral to a dietitian being one possibility of shared care. Alternatively, patients should be supported with advice on good diet and to watch out for snacking during their quit attempt. For those with mental illness on medications which result in weight gain, this withdrawal symptom is crucial to be managed well and early.

The association between smoking and smell and taste impairment in the general population.


This cross-sectional population study attempted to evaluate the effect of smoking on taste and smell impairment in a randomly selected population of Dortmund, Germany. In all, 1312 study participants were sampled from the city’s central registration office. They then underwent a standardized interview after which taste and smell tests were conducted. Results showed 18% had olfactory dysfunction, about 20% recognized only three of the four tastes when presented at suprathreshold concentrations suggesting signs of taste impairment. The study also found increased risk of olfactory function among current smokers (odds ratio 1.71; 95% CI 1.19-2.47). Heavy smokers of 20 or more cigarettes/day were also found to have significant risks for both olfactory and taste senses. The investigators concluded that smoking increases significantly the risk of impairment of olfactory function but less of taste.

Comments
Professor Dr Rahimah Abdul Kadir

Olfactory or taste impairments as compared to lung cancer were seldom highlighted in our health education or promotion messages. Yet these two phenomenon are more realistic motivational messages to be used to encourage chronic smokers to reduce or totally quit their smoking. Perhaps it is time that the two indicators also be used in the identification of smoking severity and included in the health education/promotion messages.