

MEETING REPORT

FROM NEW ZEALAND TO MALAYSIA: MAKING SMOKING FREE AGENDA FOR PSYCHIATRISTS IN MALAYSIA

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Abstract

Objective: This article highlights the issues pertaining to psychiatry and smoking as reported in a symposium on smoking cessation in Malaysia. **Methods:** A report on a meeting outcome of a symposium on “Making smoking free agenda for psychiatrists in Malaysia.” **Results:** Smoking is still the number one public health problem and those with mental illness were at a high risk. Despite that, they are often under served in service provision by those caring for them. These shortcoming are seen more and more in Malaysia, where smoking and psychiatry is under researched. **Conclusion:** More research are needed on the why and how psychiatrist can play a major role in ensuring that those with mental illness in Malaysia are provided equal opportunities to quit smoking. *ASEAN Journal of Psychiatry, Vol. 13 (2): July - December 2012: XX XX.*

Keywords: Smoking Cessation, Psychiatry, Psychiatrist, Mental Illness, Malaysia

Introduction

This article attempts to highlight key issues pertaining to psychiatry presented during a recently concluded symposium on smoking cessation in Malaysia. The symposium aims at providing a platform for discussion on smoking and psychiatry, and encouraging more local research in this field. The March 2012 Kuala Lumpur Nicotine Addiction Symposium aimed at disseminating current knowledge, service practices and research in smoking and nicotine addiction locally was organized by the University of Malaya Centre of Addiction Sciences (UMCAS), a research centre promoting research interests and providing treatment services in the field of addiction. This symposium also aimed to gather local smoking cessation practitioners and researchers in a single forum to promote networking and discussion in this field. A multidisciplinary

audience was expected and to the best of our knowledge, this symposium is the first in Malaysia specifically aimed at smoking cessation in a multidisciplinary setting.

A total of 185 participants (excluding speakers) from various agencies and health disciplines including medicine, dentistry and pharmacy attended. Both the private and public sectors were represented. Participants also included a number of international delegates from the ASEAN region and beyond. Out of the nine speakers, four were guest speakers from New Zealand. The guest speakers, currently active in research and service provision, were chosen due to their involvement in making New Zealand smoke free by 2025[1], a world first should they succeed.

A total of 4 plenaries and 4 symposiums covering current public health issues, current

best practice service provision and current and future research happening both globally and in Malaysia was arranged for the two days meeting. Two plenary and symposium sessions were primarily aimed at cessation issues, from practical skills in both pharmacology and psychological treatment to the future treatments being researched. The symposium highlighted that smoking is still the number one public health problem worldwide. An estimated of five millions lives are lost annually as a result of smoking and this number is expected to increase to eight million by the year of 2030. In Malaysia, ten thousand Malaysians died yearly from smoking and quite a number develop health complications [2]. Recently, the Malaysia Global Adult Tobacco Survey (GATS) involving 5112 households with a response rate of 85.3% found that the overall prevalence of current smokers was 23.1% [3]. This meant that there were 4.7 million smokers in Malaysia, increased by 1.7 million compared to the year 2006. Male smoker rated (43.9%) which had been traditionally higher than females (1%) that remained unchanged. This survey also found that those exposed to second hand smoking was higher, up to 70% depending on the location. Second hand smoking has been shown to be equally detrimental to the health.

Psychiatrists' roles in tobacco cessation are very important. Available evidence showed that about 1 in 10 people suffer from some form of mental illness in Malaysia [4]. Prevalence of smoking for those with mental illness has been shown to be two to three times of the general population. They often are highly addicted, smoke at higher rates (more than 25 cigarettes) and have higher relapse rates on quitting [5]. Some studies found that those with mental illness smoke close to 44% of all cigarettes consumed and on average die 25 years earlier than the general population [6]. Despite the dangers of smoking among people with mental illness, there are no prevalence data on smoking among the various mental illnesses in Malaysia apart from bipolar disorder (22.3%) at the best of my knowledge [7]. This lack of information reflects the attitude of researchers and treatment providers of mental health regarding smoking in their care for the mentally ill. This has also been noted in other

studies [5]. Among the reasons mentioned are the lack of training, the lack of confidence and time constraints. Unfortunately psychiatrists were reported to be least likely to advise patients to quit compared to other physicians and in fact more likely to smoke when compared to other physicians [8]. This finding was similar for those in supporting roles in the mental health system, like nurses, and these groups often used cigarettes as a method to engage or to reward patients [9]. The GATS findings reflected that this issue somehow where it was found, that only 52.2% participants mentioned ever being advised to quit within the last year by their general practitioners and this may well be lowest amongst psychiatrists.

Cigarette smoking was also highlighted as the main method of smoking and nicotine the main substance of addiction. Nicotine binds to the $\alpha 4 \beta 2$ nicotine receptors in the brain releasing dopamine, the main neurotransmitter involved with addiction [10]. A vicious cycle ensues similar to the other addictions. The highly addictive nicotine had also been reported to be more addictive than cocaine and methamphetamine. Some reasons reported were that the nicotine was easily absorbed, acts rapidly, easily available and a general been accepted as cigarettes in society. The Doll and Hill study leads to the 1964 Surgeon General report was instrumental in pushing the dangers of smoking to society [10]. Since then, various tobacco control initiatives have been put forward to address this issue. The discovery of nicotine as the main substance of an addiction and the involvement of pharmaceutical companies to research therapeutics drove treatment development. Prior to this situation, the main method of treatment was behavioral therapy. Nicotine replacement treatment (NRT) was the first pharmacological treatment for this addiction and was followed shortly by non-NRT medication like bupropion and more recently, varenicline. Despite of these treatments, the outcomes are still far from encouraging. Researcher however is supportive towards the use of pharmacological agents for treatment and these medications do assist in successful of quitting compared to the no treatment at a dismal of 1-2% yearly. The main reason

mentioned for this successes was a better control of withdrawal symptoms on quitting.

Psychiatrists in Malaysia take a minimum of four years for training. This training included a formal teaching and clinical training for about three years, and another one year for research. Amongst the major clinical rotations necessary to be conferred was a Clinical Master degree, an exit qualification to become a psychiatrist, is the addiction psychiatry rotation lasting for six weeks. Trainees were expected to be proficient in dual diagnosis disorders and disorders of addiction including nicotine addiction [11]. However, the Symposium highlighted, on the finding that there were only one institution in Malaysia that provided nicotine addiction as a module in the psychiatrist training program. To complicate the smoking cessation agenda in Malaysia, training to undergraduate medical students was equally lacking. A survey looking at a 10 medical schools in Malaysia in 2011[12], found out that only one school had designated teaching for nicotine addiction in their undergraduate training from the psychiatry department, although three of these had smoking cessation services. Although this survey finding might be bias as it only included third of medical schools in Malaysia and looked at training by one department using a convenient sample, it did however provided a glimpse of training for the future of medical doctors in the country in treating a smokers. Thus, these findings might explains the GATS results and the general reluctance of psychiatrists in advising their patients. Considering that the psychiatry is the champion of mental health in Malaysia, they therefore play an important role in cultivating, motivating and developing ownership in the treatment of nicotine addiction and not only to other general addictions.

It is to be noted that Malaysia has a signatory for the Framework Convention on Tobacco Control (FCTC) since 2003[13]. This World Health Organization(WHO) international public health treaty was aims to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and the exposure to the tobacco smoke. As one of the signatory of the

FCTC, Malaysia had initiated a number of comprehensive tobacco control policies such as taxation, legislation and regulation of tobacco products. Through an Article 14 of the FCTC, Malaysia developed the 2003 Clinical Practice Guideline on Treatment of Tobacco Dependence. This guidelines was intended to assist a health professionals in assisting their patients to quit. Among the treatments recommended by both pharmacological and psychological strategies were provided to all smokers including those with mental illness. Motivational Interviewing (MI) has been recommended to engage and develop motivation to quit whilst Cognitive Behavioral Therapy (CBT) is the psychological intervention with best evidence [2,10]. More than 300 quit clinics have been established, however considering the training issues identified earlier, the provision of services maybe inadequate. The guidelines are currently under review and will be published soon. There is a hope that a better dissemination and training on its use are to be done.

Considering the dangers that smoking possessed to the health, especially those with mental illness, there was a need for psychiatrists to play their part. Psychiatry and smoking is still under-researched and cessation strategies are still lacking internationally. This is more noticeable locally. The Nicotine Addiction Research & Collaborating Centre (NARCC), a Chapter of UMCAS was formed to address these issues in the hope to provide a better care to the mentally ill smokers [14]. The NARCC is one of two main centers in Malaysia that involved actively in research related to smoking.

In conclusion, this article demonstrates that psychiatrists have their duty bound to play a significant role in the tobacco control agenda in Malaysia. There should be bore research needed in the psychiatry in all aspects from the demographic, training and treatment. It is hoped that others will join NARCC in addressing these gaps in Malaysia.

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