NTCC 2020
NATIONAL TOBACCO CONTROL CONFERENCE

One Nation, Two Burdens:

Tobacco Control Amidst The Covid-19 Pandemic

CONFERENCE PROCEEDINGS

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One Nation, Two Burdens: Tobacco Control Amidst The Covid-19 Pandemic

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THE NATIONAL TOBACCO CONTROL CONFERENCE (NTCC)

OVERVIEW

Tobacco use is one of the known risk factors linked to multiple diseases including serious ones such as cardiovascular disease, respiratory diseases and cancer. Tobacco is directly correlated with the deaths of more than 8 millon deaths each year as well as costing hundreds of millions, if not billions of dollars in medical costs. It is for this exact reason that one of the main pillars of prevention worldwide is that of tobacco control.

Globally, tobacco control efforts are shaped by the WHO Framework Convention on Tobacco Control (WHO FCTC). The WHO FCTC is an international treaty under the aegis of the World Health Organisation and lays out clearly the multiple avenues and roles to be played in the context of regulatory, policy, economic, health and community transformational changes required to control tobacco. The FCTC, among others, moves countries and the global community as a whole to reduce the demand for tobacco through a whole-of-society approach.

It is precisely this approach that has also been used in Malaysia by the country's tobacco control community to move tobacco control across multiple sectors; from educating the public and increasing awareness right up to fiscal control policies and combating the illicit tobacco trade.

The National Tobacco Control Conference (NTCC) is born out of the need to bring together in one national forum the entire set of stakeholders involved in the control of tobacco on a single stage. The conference provides not only a clinical lens for tobacco control by providing an avenue for clinical perspectives on tobacco control and related disease management; but also the avenue for non-governmental organisations, financial organisations, educational institutions, local government councils and all other interested stakeholders to share their success stories and insights on how they are tackling tobacco control.

While other tobacco control conferences have been organised in the country to date; the NTCC pledges to be the first conference to feature a whole-of-society approach from its point of inception; and continue to focus on presenting this agenda in the conference for years to come. Over the years it is hoped that this will prove to be the annual meeting point for all Malaysian tobacco control stakeholders to gather, take stock, strategise and move ahead in our goal for a Tobacco-Free Malaysia in the future.

KEYNOTE PLENARY

DIRECTOR GENERAL OF HEALTH MALAYSIA

TAN SRI DATUK SERI DR NOOR HISHAM ABDULLAH

First and foremost, I would like to express my gratitude and appreciation to all the people who are here attending this event and also not to forget to the commitee members in ensuring the success of this event. It is a great pleasure to welcome all the distinguished guests and I feel deeply honored by your presence here today. Due to the pandemic that we are facing right now, we have no choice but to conduct this event via online. However, the struggle that we are facing is not the reason for us to take a step back. Thus, it is an opportunity for us to generate more ideas on how we can overcome this pandemic together.

Today, I am standing here feeling most grateful to be getting this opportunity togather with everyone virtually. The Launch Ceremony Of The Report On Compliance Of Eateries To CTPR Ammendments 2018 And The Opening Of The National Tobacco Control Conference 2020 (NTCC 2020) organized by the:

a) Malaysian Council for Tobacco Control (MCTC)
b) Persatuan Kesihatan Awam, Persatuan Perubatan Malaysia (MMA PHS)
c) National Cancer Society of Malaysia (NCSM);
d) Malaysian Women's Action for Tobacco Control and Health (MyWATCH)
e) Malaysian Association of Adolescent Health (MAAH)
f) Non Communicable Disease Alliance Malaysia (NCD Malaysia)
g) Malaysian Green Lung Association (MGLA)

I would like to congratulate the cooperation of the Non-Gonvernmental Organisations or NGOs that have always supported the efforts of the Ministry of Health Malaysia to make sure the effective implementation of tobacco control. Your cooperation and commitment are greatly valued. And it is my hope that this cooperation will mark the beginning of a long-lasting relationship between all parties.

Ladies and Gentlemen,

It is highly expected for us to make efforts on encouraging the population to help the government to enforce tobacco control. As we know, Malaysia has been a signitory party to the WHO Framework Convention on Tobacco Control or FCTC since 2005 and the majority of the substantial Articles in the WHO FCTC have been translated into current legislation. As the secretariat for this global framework, the Ministry is working on to strengthen all obligations outlined including the obligations under Article 8 of the WHO FCTC, which is to protect non-smokers from the dangers of cigarette smoke or any other smoking products.

Subsequently, the Ministry of Health has gazetted all eateries whether they are air-conditioned or not as a non-smoking place under the CTPR Ammendments 2018 since 1 January 2019. Apart from proctecting the health of non-smokers, this is also intended to denormalised smoking habit among Malaysian.

Ladies and Gentlemen,

We are fully aware that the world is now facing the Pandemic of COVID-19, where Malaysia is currently facing the Third Wave, with the number of infections rising in recent times. With regrads to smoking and COVID-19, The World Health Organization (WHO) has released a warning that smokers who were infected with COVID-19 are at higher risk of getting serious complications. The harms of tobacco use are well-established. Tobacco causes 8 million deaths every year from cardiovascular diseases, lung diseases, cancers, diabetes, and hypertension. Smoking tobacco is also a known risk factor for severe disease and death from many respiratory infections. In the COVID-19 pandemic, the evidences suggest that smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients.

In Malaysia, the Director General of Health in his statement on the 31 May 2020 stated that there were 17 deaths (19.8%) among smokers out of 86 deaths due to COVID-19. The number also higher among COVID-19 deaths that had no history of chronic diseases but were smokers (17.6%) as compared to non smokers (12.1%).

Corresponding research was conducted among 5,889 people infected with COVID-19 (admitted until 30 April 2020). The study showed that the number of patients with the history of ever smoking came to the hospital with pneumonia was 14.2%, pneumonia which need mechanical ventilation was 4.4% and in critical ill stage was 1.6%. These percentage were higher than those who had never smoked before.

There were complaints related to smoking activities in eateries through the MOH hotline and the complaints received have risen since the Rehabilitation Movement Control Order (RMCO) was enforced on 10th June 2020. It should be noted that, in addition to complying with the SOP for COVID-19, the community must also comply with the smoking prohibition, particularly in eateries and open spaces to prevent from smoking complications and the infection of COVID-19.

Ladies and Gentlemen,

I was told a moment ago that the Compliance rate of Eateries To CTPR Ammendments 2018 carried out by the National Cancer Society of Malaysia in 2019 among the premises owner and the public was high. However, after the introduction of the Movement Control Order (MCO), smoking activities started and the compliance rate reduced markedly. I therefore call for this compliance to be further strengthened in order to ensure the welfare of ourselves and those who are around us.

I have also been told that the National Tobacco Control Conference (NTCC 2020) through online will start today untill 16 October 2020. The theme for this conference is “One Country, Two Burdens: Tobacco Control Amidst the Covid-19 Pandemic” is very relevant because the problem of infection is closely linked to the problem of smoking.

I understand that more than 300 participants from different Non-Governmental Organisations and Agencies have registered to take part in this online conference . Let us hope that the sharing of the topics in this conference will assist us in the current effort to combat the main enemy, namely the smoking epidemic and the closely related COVID-19.

Ladies and Gentlemen,

Finally, I would like to once again congratulate all the parties involved in making this event a success today. Hereby; I officiate the The Launch Ceremony Of The Report On Compliance Of Eateries To CTPR Ammendments 2018 And The Opening Of The National Tobacco Control Conference 2020 (NTCC 2020)

Thank you and have a great day.

EXECUTIVE PLENARY

CO-CHAIRPERSON ORGANISING COMMITTEE NTCC 2020

DR MURALLITHARAN M.

MCommHSc MSc PhD FRSPH(UK)

Tobacco Control and the Whole-of-Society Approach: Why is it everyone's job?

Health has often been pigeonholed as being the responsibility of health professionals. Viewing it through that specific framework has led us to being restricted to disease control efforts including detection and treatment. But Sir Michael Marmot and other leading professionals over the latter part of the last century through their work have successfully have made the global community understand that there are many other determinants of health; including socio-economic status, gender, race and education among them; which have a direct impact on health. So if we are seeking for a transformative solution which will impact health, it needs to actually consist of multiple small solutions implemented together across many different sectors – and finally having one large significant impact on health.

One of the greatest successes of the global community in integrating this multi-faceted approach has been via the WHO Framework Convention on Tobacco Control. The FCTC is a document of many firsts; it is the among the first international treaties on health; it is the first bringing together all stakeholders on a regulatory platform but most importantly it is one of the first ever health treaties which provides a comprehensive control strategy across all sectors. The FCTC works through the financial sector; the customs and tariffs enforcement sectors; the advertising sector; the education sector; the enforcement sector; the civil society sector; the local government sector and yes; the health sector.

The message inherent within the FCTC document and its subsequent implementation globally is crystal clear and consistent. It requires a whole-of-society approach to successfully get tobacco under control. Yet, somehow in Malaysia, it sometimes looks and feels as though it is only the health professionals who are invested in working towards it… and more worryingly the fact that it has become relegated to being only their duty and no-one else's.

Unfortunately, health professionals are most often the ones facing the most 'downstream' individuals; people already afflicted by diseases caused by tobacco. At that point, while health professionals may have a role to play in managing the effect of tobacco use – there is little that they can do to stop more people from getting started on tobacco; or keeping our environment safe from tobacco.

That is everyone's job, working together. Parents and teachers need to work at keeping our children safe from tobacco in schools; educationists need to work at health education and promotion efforts; shopkeepers need to be responsible at not selling illicit tobacco products as well as only selling them to those eligible to purchase them; local government officials need to work at putting in and enforcing policies promoting a safe tobacco-free environment; customs officials need to work at ensuring no contraband is being brought into our shores – the list of responsibilities and those responsible goes on and on.

The time to act is now. The pandemic has offered us a chance to reset and restart efforts to build a better, longer-lasting system which can protect us from the harms of tobacco. But it requires everyone working in concert, together to produce change. If we can stay safe from the Covid-19 pandemic through our joint societal efforts; can't we do the same for the tobacco epidemic?

CO-CHAIRPERSON SCIENTIFIC COMMITTEE NTCC 2020

PN ROSLIZAWATI MD ALI

Tobacco Control Advocacy During the Pandemic

Both the tobacco and vaping industry has worked hard to ensure that they are able to capitalise on the global pandemic. For countries grappling with social, economic and even political uncertainties; industry entities have come in as 'white knights', donating much needed medical supplies and equipment; and in multiple cases even food and other essential supplies.

Unfortunately there have been many a hidden agenda behind these 'goodwill donations'. Tobacco-control advocates warning that the industry (both tobacco and vape) are using this opportunity afforded them in providing resources to 'open doors' to government and frame themselves as being part of the solution. This enables industry to gain a seat at the table and subsequently use these opportunities to undermine, derail or interfere with country level health policies in place for tobacco control.

In various countries a clear picture has emerged of the successes of industry during this time. The continued operations of tobacco manufacturing facilities despite lockdowns; the allowance for tobacco retailers to operate as 'essential retailers' even when food establishments are closed; even the resurfacing of ideas to lower tobacco tax or allowing electronic tobacco devices to be recognised as a method for government revenue generation – these are merely some of the big picture emerging on how successful industry has been to gain a strong foothold during these turbulent times.

As tobacco control advocates, there is then, much to do as well during this time of crisis. Being able to hold the government and other public institutions accountable is one of the important roles that advocates need to play especially during the pandemic. As mentioned earlier, not remaining vigilant may result in the undermining of existing tobacco control policies as well as new delays and stumbling blocks which may now present itself under the guise of 'pandemic management'.

As advocates we also need to remain committed to our clients; the populations we serve. In Advocates need to be seen to be continuously carrying out tasks to promote tobacco cessation and ensuring that equitable access to such services is available during this time. With the shifting of resources to other communicable disease efforts; it may seem easy to deprioritise smoking cessation and treatment services; which may prove to be an important element to control the pandemic even.

Amidst the danger of the pandemic, it may sometimes be easy for tobacco control advocates to lull themselves into thinking that all efforts need to be put into the communicable disease and management of Covid-19. It is often important for us to remember that the tobacco epidemic has been here long before the Covid-19 pandemic and more than likely to outlast it as well. The long-term repercussions of 'slowing down' advocacy and tobacco control efforts during the pandemic may have disastrous long-term repercussions for decades to come.

CHAIRPERSON, SCIENTIFIC COMMITTEE NTCC 2020

DR NORARYANA BT HASSAN

MBBS (UM) MPH (UNIMAS)

The Need for Evidence Based Medicine in Tobacco Control Amidst the Pandemic

The pandemic has clearly caused a significant impact in terms of the implementation of preventive medicine strategies. At this time, it is also safe to say that almost all non-communicable disease has taken a step into the background; including that of tobacco control.

There have been many questions raised around the use of tobacco within the context of the pandemic. Some of these questions have been of a scientific nature; but there has also been a lot of questionable evidence or assumptions following a narrative that has been clearly laid out by the industry itself in order to leverage on the opportunities which have now presented themselves.

Questions raised around this area are largely centred around the relationship between tobacco consumption; related chronic conditions and the progression and severity of Covid-19 in patients infected wit the disease. Naturally, there are also questions around the relationship between tobacco consumption and the risk of Covid-19 infection as well as whether there has been any form of significant impact in tobacco consumption due to the pandemic.

At this time, there is a burden of duty on clinical practitioners and researchers involved in tobacco control to step up to narrow the evidence gap inherent within the tobacco control space. The generation of evidence is important especially to shape policy and the wider narrative for tobacco control built on a strong foundation of evidence-based medicine. This is the critical role that we as clinicians, healthcare professionals and tobacco-control stakeholders need to play in addition to ensuring that tobacco control strategies continue to be implemented across the landscape at all levels.

One area where ambiguous evidence has emerged is in terms of the relationship between tobacco and Covid-19. Contrary to established evidence prior to this where smokers have been found to be generally at increased risk of contracting Covid-19, some studies have emerged suggesting that tobacco may be protective against Covid-19. Similarly, there have been other studies published which offer electronic/non-electronic tobacco devices as a viable solution for risk-reduction. There are many methodological shortcomings within most of these studies which open up a Pandora's box into the validity of their claims or findings. Yet, without evidence from more rigidly conducted well designed studies, there is little that can be done in terms of 'challenging' the narratives being put out.

This is why it is important that even despite the pandemic, research needs to continue actively in the areas of tobacco control. With numerous new questions arising and gaps exposed into how tobacco plays a role in Covid-19, it is important for research to be focused on addressing these gaps and providing evidence that can guide better decision-making, be it at the clinical or policy level.

CHAIRMAN, MALAYSIAN COUNCIL FOR TOBACCO CONTROL (MCTC)

PROF. DATUK DR. LEKHRAJ RAMPAL

MBBS, MPH, DrPH, FAMM, FRSH, FAMS, FPHMM

Tobacco Control: Is it Relevant During the Pandemic?

One of the biggest concerns for us today is the Covid-19 pandemic. With millions having contracted the disease and almost 250, 000 deaths at this time of writing; it is one of the greatest public health threats of this century. Rightly so, the entire global community and countries are using a major part of their resources to fight this pandemic, prioritising this above almost everything else.

At this time, the question arising in many people's minds is on whether we should even bother about tobacco control. As a tobacco-control expert and advocate for many decades, I firmly state that especially during this pandemic, there is an extremely important role for tobacco control. The reality is that tobacco is a slow pandemic. It has been here for decades before the Covid-19 pandemic and will continue to claim lives long after the Covid-19 pandemic would have gone away.

Taken solely within the context of the pandemic itself, tobacco control is highly relevant. Evidence has shown clearly that smoking may supress the immune system and increase the risk of respiratory infections; mechanisms highly correlated to the Covid-19 infection as well. In addition, cigarette smoking has been shown to cause worse outcomes in people infected with other coronavirus infections including MERS-COV; leading us to believe that similar effects will occur in smokers infected with Covid-19. So at this time, continuing tobacco control efforts are crucial because of the additional risk and likelihood of severity afforded to smokers in terms of contracting Covid-19.

However there are many other benefits which can also be obtained by continuing tobacco control efforts during the pandemic. This is the best time that governments can capitalise on in terms of increasing tobacco taxes to generate much needed revenue for managing the costs of the COvid-19 pandemic. In addition, governments should seize on this opportunity to promote smoking cessation which will leads to immediate benefits for smokers who quit in terms of their Covid-19 risk as well as the long-term risks of NCDs including cancer. These measures will again enable the government to reap financial rewards from a lowered number of smokers which can then save health system treatment costs in the long run.

For tobacco-control advocates, the Covid-19 pandemic has to be taken not as a setback; but as an opportunity to further pursue the tobacco control agenda. With every single citizen of the world being especially concerned about their health at this time, there maybe no better time for these efforts.

TRACK 1

WHOLE-OF-SOCIETY-APPROACH IN TOBACCO CONTROL

Newton-Ungku Omar Fund Project Overview: MyFamily MySmoke: Protecting My Family from Second-hand Smoke

Presenter: Associate Professor Dr Emelia Zainal Abidin, UPM

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Introduction:
Second-hand tobacco smoke (SHS) is a major cause of global ill health with an estimated 900,000 attributable deaths per year. SHS causes harm to the health of children, and work to encourage parents to make the home smoke-free is an important public health measure.

Methodology:
This proposal involves four universities in the UK and Malaysia to develop further impact through three work packages (WPs).

Results:
WP1 will gather qualitative data to increase understanding of male smoking in Malaysia. WP2 will develop case studies to show the journey of people who protect their families from SHS and develop a campaign of media engagement with Malaysian based NGOs using these real-life examples to increase public awareness of the health benefits of providing a smoke-free home. This will utilise air pollution sensors to provide families with real-time information about the effect of smoking on the air quality within their own home. WP3 will establish a Malaysian Smoke-Free Homes network of academics, policymakers and NGOs to develop capacity in this area and will consider public understanding of the campaign delivered in WP2.
Discussion: The knowledge transfer around the use of air quality sensors and qualitative intervention method in public health field will build capacity in tobacco control sector in Malaysia. Encouraging smoke-free homes will have direct benefits for vulnerable non-smokers and children, and has been shown to be a stepping-stone towards smoking cessation with the consequent health advantages of reducing smoking prevalence at a community level.

Keywords:
Tobacco smoke-exposure, children, smoking restriction, air quality measurements, PM2.5

The Hand that Rocks the Cradle Should be the one to stub out the Cigarette: The leadership role of women in tobacco control

Presenter: Pn Roslizawati Md Ali, President
MyWATCH & Malaysian Women's Action on Tobacco Control and Health Malaysian

Author: Roslizawati Md Ali

Advocacy is not just through education, raising awareness, literacy, and training; or about equipping and allowing women to make life-determining decisions through the different problems in society.

Advocacy in Tobacco Control and Health is about connecting the dots : connecting communities in nation building, opening up the knowledge, creating awareness, the harms and threats, overcoming challenges and obstacles, to create a smoke-free environment.

Empowering Women is the key to the social transformation. Women are educators, peacekeepers, leaders, changemakers and world shakers of today. With their creativity, curiosity, empathy, integrity, and awareness, in addition to their expertise and integrity, women are able to relate, educate and uplift each other; competent, inspirational and motivational.

For these empowered women, their advocacy is not about the money, but the right thing to do. Despite the economic toll, their 'Care Economy' will not be sidelined. Women are less transactional, but more strategic.

In managing crises, women have the human intelligence for inclusion in decision making. Inspired and motivated, women become intellectually stimulated. In combination with their strategic intelligence, these women have the ability to transform people's attitudes and beliefs, unlock subordinates potentials and promote effective cooperation, overcome challenges and mobilise obstacles, access to healthcare in their quest for community livelihood and wellbeing, and the inclusion to quality life.

Women today have the psychological empowerment in the quest for the much needed socio-transformational leadership. These empowered women have the capacity and capability to leverage social capital in fostering innovation; spanning boundaries and inter-organisational collaboration, forge coalitions, consolidate enthusiastic visions with the capacity and capability of exploiting environmental opportunities, managing flow resources strategically.

All proposed advocacy strategies need then to be interrogated for their relevancy to achieving these objectives* Advocates therefore need to study ways of accessing and influencing those whom key decision makers worry about or who endorse their policies*

These are the guiding principles in the MyWATCH team advocacy. We develop close emotional ties, enhanced collaboration, acquire alliance resources and initiatives, mutual responsibility, encompass high levels of trust in decisions and implementations, shared responsibility and collective action, team potency, teamwork, altruistic team behaviour, expand breadth of perspectives, as we consolidate evocative visions and innovations.

Like any public health initiative, effective advocacy requires careful strategic planning*. In this socio-transformational leadership, MyWATCH embrace the individual consideration, intellectual stimulation, inspirational motivation, idealised influence, goodwill and solidarity during these times of uncertainty and vulnerability.

This is the key to the MyWATCH socio-transformational leadership : the esprit de corps with emotional quotient and intelligence quotient (EQ/IQ), the humility with a combination of Human Intelligence, Artificial Intelligence and the Strategic Intelligence; implementing multiple strategies in overcoming challenging obstacles.

Keywords:
Women advocacy, MYWATCH, tobacco control

Smoke-Free Cities: Our roles in enabling our cities to be Smoke-Free

Presenter: En Wan Azrin Izani bin Wan Mohd Zain, Senior Principal Assistant Director, Health Education MOH

Author: Wan Azrin Izani bin Wan Mohd Zain

Malaysia became a signatory to the WHO-FCTC on 23 September 2003 and ratified on 16 September 2005. National comprehensive smoke-free laws are ideal to protect the citizens from exposure to second-hand smoke but are still a work in progress by the Ministry of Health.

Nonetheless, regulatory measures have been introduced to protect people from exposure to tobacco smoke through sub-national jurisdictions that ban smoking in public places the Control of Tobacco Product Regulations 2004 under the Food Act 1983. Under this provision, no smoking ban has been expanded to 23 or more public spaces.

Hence, states, city and local authorities can adopt laws or other available legal instruments to prohibit tobacco smoke in public places under their respective by-laws. Formerly under this purview, MySihat together with partner organisations was facilitating the smoke-free city initiatives in Malaysia. The objective is to protect the public from second-hand smoke by implementing effective smoke-free policies, in line with the provision of Article 8, WHO-FCTC, 'Protection from Exposure to Tobacco Smoke'.

However, with the dissolution of MySihat on 1 April 2020, the task of bringing together various parties for this noble effort is now a challenge especially for NGOs and the civil societies alike. It is not only a matter of getting the project grant, but in wider scope piecing together the jigsaw of what the Ottawa Charter 1986 underlined as 'the pillars of Health Promotion'.

The struggle now is much apparent from persuading the stakeholders, facilitating the partners in mapping the plan of actions, building the network of collaborators and building the capacity of organizations including NGOs as well as empowering our people to voice their rights for cleaner air. Law and legal instruments will not be effective without a firm and assertive self-enforcement and education by the public.

Hence the objective of this presentation is to reflect again these 'pillars of Health Promotion' for discussion and perhaps later all parties can relook into current strategies to bridge the void left by MySihat until 'a glimmer of light shines on the horizon'. In a nutshell, even without MySihat, the strive towards a Smoke-Free Malaysia by 2045 should not be abandon for the sake of our younger generation and beyond.

Keywords:
Smoke-free laws, second-hand smoke, health promotion

Changing minds: Countering the impact of tobacco industry on adolescents

Presenter: Dr. Manimaran a/l Krishnan Kaundan, Director,
Institute for Health Behavioural Research (IHBR) MOH

Author: Dr. Manimaran a/l Krishnan Kaundan

Smoking-related diseases are one of the major causes for premature death globally. Each year 6 million smoking-related deaths were reported worldwide. If the trend of current smoking pattern persists in Malaysia, the mortality is expected to triple to 30,000 by 2030.

Most tobacco smokers begin smoking during adolescence and in Malaysia, mean smoking initiation age is between 16.2 years to 18.3 years. Early uptake is associated with subsequent heavier smoking and dependency, lower chance to quit and higher mortality rate. Scientific evidence shows that tobacco company advertising and promotion influences young people to start using tobacco. The industry utilizes some of the critical marketing tools to attract and promote tobacco initiation among new customers such as the youth population.

Hence, it's vital to address smoking initiation among adolescents by countering the impact of tobacco industry on adolescents. Malaysia has implemented various tobacco control actions based on MPOWER strategies; monitoring of tobacco use, implement tobacco prevention meas ures and regulations, such as ban on smoking in public places and tobacco advertising, offer quit smoking services and raise taxes on tobacco.

However there has to be shift from current traditional controlling measures to a more rigorous actions to address this issue. Smoking habit has to be denormalized among younger generations, introduce plain packaging to control brand loyalty, re-review again current tobacco taxation policy and earmark the tax for tobacco control programmes.

Tobacco control policies has to more stringent by implementing comprehensive ban on indirect cigarette promotions and point of sale. Effective tobacco control needs multi sectoral approach and experts from various field; economics, law, medicine, public health, social science, and communications to successfully plan and execute policies and programs. Changes and serious commitment from policy and law makers are crucial to prevent adolescents from being hooked up to smoking life-long.

Keywords:
Adolescents, tobacco control policy, smoking-related disease, premature death

TRACK 2

PROTECTION FROM EXPOSURE : IMPACT OF CONTROL OF TOBACCO PRODUCT REGULATIONS - CTPR (AMENDMENTS) 2018

Laying down the Law: Implementation Experience of the CTPR (Amendments) 2018

Presenter: Dr Norliana bt Ismail, Senior Principal Assistant Director, FCTC, MOH

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The government of Malaysia had implemented regulations that banned smoking in several public places since 2004 under Control of Tobacco Products Regulation (CTPR). To date, there are 23 public places had been gazetted as non-smoking area. When Ministry of Health (MOH) announced the proposal to expand the smoking ban at all public eateries including open-air restaurants and hawker stalls in September 2018, it's attracted a lot of public attention.

The proposal to ban smoking at open-air eateries had been long overdue. MOH had conducted several survey since 2015 to 2017 to know what was the public responses toward this proposal. Majority of the respondents agreed with the proposal to implement smoking ban at open-air eateries. However, there was always an objection from certain associations that represent the owner of the premises.

In December 2018, the amendment had been made to CTPR 2004, to include open-air eateries as non-smoking places. But the ban was quickly challenged by a group of smokers who claimed it violated their rights under the country's Constitution. The case was heard by the High Court of Malaysia, which dismissed the challenge in October 2019, ruling that restricting smoking in public eateries does not infringe smokers' rights. Finally, the ban on smoking in public eateries came into full effect on 1 January 2020. The ban is hope to help de-normalise smoking culture in Malaysia especially among the country's youth.

Keywords:
Smoking ban, public places, open-air eateries, CTPR 2004, challenges

The Silent Watchers: Detailed Findings from the Cross-sectional Survey on CTPR (Amendments) 2018 Implementation

Presenter: Ms Mandy Thoo, National Cancer Society of Malaysia (NCSM)

Authors: Mandy Thoo[1], Kenneth Low1, Calvin Fernandez[1], Krystal Ng[1], Murallitharan M[1].

Introduction:
In 2018, the Malaysian Government extended the smoke-free legislation (under the Control of Tobacco Product Regulations (CTPR)) to include open-air eateries. Since then, smoking is not allowed within the eatery up to a radius of three metres away from any table, chair, or the roof of the eatery.

The National Cancer Society of Malaysia led a study of eateries across Kuala Lumpur, Putrajaya, and Selangor to determine (i) the compliance of eateries with the amended CTPR, (ii) whether the Amendment reduced the number of people who smoke in eateries.

Methods:
This was a cross-sectional study that involved observational visits in 415 randomly selected eateries. Compliance was based on measures validated internationally: (i) a clear display of 'no smoking' signs, (ii) the absence of smoking aids, (iii) the absence of people actively smoking, (iv) the presence of cigarette butts within the eatery.

Results:
Out of the 415 eateries observed: 89% displayed the 'no smoking' sign clearly, 98.3% did not have any smoking aids, 56.4% were absent of people smoking, and 21.2 were clear of cigarette butts. The overall compliance to the Amended CTPR was 64.5%.

Discussion:
Structural compliance ('no smoking' signs and absence of ashtrays) was higher than social compliance (absence of smoking or cigarette butts). This indicated that owners complied with structural requirements of the legislation, but did not comply with stopping patrons from smoking in the eatery. Enforcement is needed to focus on this aspect, with possible methods including self-driven as well as peer-driven motivation for smokers to comply with the law.

Keywords:
Smoke-free, compliance, open-air eateries, cigarette butts

Have We Forgotten: CTPR (Amendments) 2018 Amidst the Covid-19 pandemic

Presenter: Dr Noraryana bt Hassan, Sector Head
FCTC, MOH

Authors: Norliana Ismail[1], Noraryana Hassan[1], Muhammad Hairul Nizam Abd Hamid[1], Ummi Nadiah Yusoff[1]

Affiliation:
1. Tobacco Control Sector and FCTC Secretariat, Disease Control Division, Ministry of Health

The Control of Tobacco Product Regulation CTPR 2004 was amended to extend the smoking ban to all public eateries, including open-air restaurants and hawker stalls, in December 2018. This amendment was made in line with Article 8 of the WHO Framework Convention on Tobacco Control (FCTC) specifically to protect the health of non-smokers from the danger of smoking in public areas. Since the gazettement, the Ministry of Health (MOH) has decided to conduct educational enforcement starting from January 2019 to December 2019.

Thus, complete compliance has only taken effect since 1 January 2020. However, since March 2020, Malaysia has been faced with the Pandemic of COVID-19 and all efforts have been focused on disease prevention. Owing to the situation, people's habits have completely changed throughout this pandemic. People have been adapting to the latest guidelines in order to prevent infection of COVID-19. Activities in eateries were restricted and the number of complaints from MOH antismoking Hotlines was significantly reduced.

As the infection managed to be controlled and activities were resumed in the community, the ban on smoking seemed to be overlooked by the citizens and the smokers continued to smoke in this new gazetted area. The new norms have also changed the daily activities of the people including the smokers both negatively and positively. The MOH has made the best efforts to regulate the use of tobacco and tobacco products in the current situation of the COVID-19 pandemic and these have been elaborated in the presentation.

Keywords:
Smoking ban, public places, open-air eateries, CTPR 2004, pandemic COVID -19.

Compliance of CTPR (Amendments) 2018 from an Urban Setting: The Kuala Lumpur Perspective

Presenter: Professor Dr Norashidah Md Nor, UPM

Authors: *Norashidah Mohamed Nor[1], Haslinda Hashim[1], Nor Halizam Ismail[2], Siti Salwa Sheikh Mokhtar[1], Wee Lei Hum[3]

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Introduction:
Being the capital of Malaysia, Kuala Lumpur is a smoke-free city known as “Smoke-free Kuala Lumpur” initiated on 18 May 2019. All public places in Kuala Lumpur are gazetted as smoke-free areas to protect non-smokers from second-hand smoke. The primary challenge for the local authority is a compliance level to the implementation of the legal provision of Smoke-Free Legislation (SFL). Therefore, this study measures the level of compliance to the SFL among public places in Kuala Lumpur and determine the priority scale for implementation and enforcement strategies.

Methods:
It was an observational study that utilized cross-sectional survey among 400 public places across six categories namely; government buildings, hotels, restaurants, religious places, shopping complex and walkways. The sample numbers based on the probability proportional to size sampling technique and data collection was carried out using the convenient sampling method. The study utilised five indicators of compliances; absence of active smoking, evidence of "No Smoking Signage", smoking aids, odour emanating from cigarettes and cigarette butts.

Results:
The average level of compliance among all the public places was 48.4% with the highest observed at restaurants (64%) and the least in walkways (32.5%). The highest priority for enforcement should be at shopping complexes followed by walkways since they have more than a 50% presence of active smokers.

Conclusion:
Findings from this study indicated the needs for the authority to impose stricter enforcement together with high penalty since none of these places has fully complied with the smoke-free legislation.

Keywords:
Smoke-Free Legislation, Compliance Level, Kuala Lumpur, Priority Scale, Enforcement

TRACK 3

CUTTING THROUGH THE NEW SMOKESCREEN: TACKLING ADVERTISING, PROMOTION, SPONSORSHIP AND REGULATION

Tackling E-cigarette and Vape Promotional Efforts – New Face, Old Strategies

Presenter: Mohamad Haniki Nik Mohamed, President,
Malaysian Association of Adolescent Health (MAAH)

Author: Mohamad Haniki Nik Mohamed

In Malaysia, electronic cigarettes (e-cig) are defined as devices that deliver aerosolised nicotine form heating of liquids (e-juice) with constituents including propylene glycol, glycerol, and other flavouring agents, while vapes are those without nicotine. E-cigs use is claimed as an alternative to combustible tobacco smoking. Hence part of the local marketing strategies includes e-cigs advertising and promotion at combustible cigarette point-of-sale. Furthermore, e-cigs are also promoted via physical and online shops, internet, social media, events, etc.

The Global Adult Tobacco Survey reported that the awareness of e-cigarettes among Malaysian adults in 2011 was 21%, while the International Tobacco Control study from 10 countries including Malaysia (2011- 2012) reported that awareness of ECs among Malaysians aged 18 years and above was 62%, of which 19% of them were ever users and 14% were current users.

The National E-Cigarette Survey (NECS) 2016 found that promotions and advertisements for e-cig that reached the respondents came from social media (18.4%), the internet (16.3%), and vape shops (13.4%). The Tobacco & E-Cigarette Survey among Malaysian Adolescents (TECMA) 2016 reported that 10.6% of school-going adolescents aged 10-19 years were offered a free trial session of e-cigarette/vape while 7.9% were offered a free e-cigarette/ vape liquid (e-liquid).

With proliferation of e-cig promotions via the social media, internet, and vape shops (some under the guise of selling electronic products, handphones, etc.,), using celebrities and even politicians, the number of dual users and vapers among non-smokers, especially adolescents in Malaysia can be even higher now.

Various NGOs have come forward against such promotions, utilizing various platforms, including press conference, social media and reports to the authorities. However, with loopholes in current regulations and sporadic enforcement activities, urgent actions are needed to thwart the vast promotional activities by e-cig industry in Malaysia.

Keywords:
E-ciggarette, vape, adolescents

Tobacco Advocate's New Weapon: The Power of Social Media

Presenter: Dr. Ahmad Firdaus bin Mohd Haris, President, Medical Mythbusters Malaysia
Medical officer at Non-communicable Diseases Unit, Perak State Health Department

Author: Ahmad Firdaus bin Mohd Haris

Introduction:
Social media. We've heard of it. Most of us have used it. Facebook, Instagram, Twitter. At least one of these platforms is in our smartphones. But how do we use it? How can Tobacco Advocates use these platforms to engage with the public?

Based on Malaysian Communication and Multimedia Commission (MCMC) Internet Users Survey 2018, there was 24.6 million social network users in 2018. 97.3% of those users were active on the Facebook platform. By using social media such as Facebook, Tobacco Advocates can reach out to social media users to convey the messages revolving around the dangers of tobacco smoke and how the tobacco industry target youngsters to become new users of tobacco products.

Method:
Medical Mythbusters Malaysia (M3) has been utilizing Facebook as a platform to convey health and medical information to general public for the past four years. It can be achieved with minimal cost with an added advantage of being able to analyze the reach of a particular content. Something that is difficult to achieve when using conventional mass media. Contents created for social media need to be appeal to the audience by using story telling methods, infographics and videos.

Result:
In 2018, Medical Mythbusters Malaysia with other social media partners such as Public Health Malaysia, Root of Sciences, Selangor Bebas Asap Rokok, Delegation of Nurses and MedTweet-My successfully organized a Bantah Kiddie Pack campaign. Its objective was to educate and empower the public to object the plans to reintroduce Kiddie Packs; small sized cigarette packages which can be sold for less than RM 10. After months of continuous publishing of online articles, infographics and video, the government formally announced that the sales of Kiddie Packs will not be allowed.

Discussion:
The Bantah Kiddie Pack campaign is one example of how social media can be used to enhance our advocacy efforts for the benefit of the public. Social media can be used to reach more of the population at minimal cost. However, it is important to take note that the tobacco industry uses social media to market their products to the younger population as well. Thus, it is important to be one step ahead of the industry to denormalize tobacco use.

Keywords:
Social media, tobacco products, tobacco advocates

Finding the Face:
Tackling Celebrity Efforts in Promotional Activities

Presenter: Ms. Worrawan Jirathanapiwat, Program Manager,
Southeast Asian Tobacco Control Alliance (SEATCA)

Author: Worrawan Jirathanapiwat

Adolescents are presented to mark publicizing via online media through different sources, for example, their own friends or web-based media superstars, who have manufactured a reputation for their insight and skill on a particular point and have enormous followings ("influencers"). Like cigarette promotion, ENDS and HTPs notice are loaded up with youth-engaging subjects.

In ASEAN, both smoking and vaping are a problem among teenagers. Most recent discoveries from the Global Youth Tobacco Surveys (GYTS) show expanding presentations and commonness of ENDS and HTP use in numerous nations, despite the rapidly growing evidence of harm.

The figure of smoking and vaping in the huge market of the tobacco industry like Indonesia, Malaysia, and the Philippines are comparatively high. Tobacco and nicotine businesses use superstars to challenge government endeavors to ensure public health.

For nations that have not banned ENDS and HTPs yet, the tobacco industry forcefully promote the products as an investment opportunity.

To overcome the challenges, firstly, using the ‘reporting’ option when you see any individuals who usually post content or upload photos promoting tobacco products including ENDS and HTPs.

Secondly, collaborate with government agencies, health experts, and tobacco control community to

1) prohibit the use of flavorings to reduce attractiveness & palatability;
2) comprehensive ban on all advertising, promotion, and sponsorship, including POS advertising and display, online / internet promotion; and
3) taxing at a rate that reduces affordability.

Keywords:
Celebrities, smoking, vaping, publicing, online media

Malaysia: Implementation Status WHO FCTC Article 5.3

Presenter: Dr Mary Assunta, Senior Policy Advisor,
Southeast Asian Tobacco Control Alliance (SEATCA)

Author: Mary Assunta

Tobacco Control efforts in Malaysia is facing increasing interference from the tobacco industry. Several policy measures have stalled the past few years while the tobacco industry is interacting with government officials to further its business. WHO Framework Convention on Tobacco Control (FCTC) Article 5.3 provides the tool to empower the government to protect its tobacco control policies. However, this Article has not been fully implemented by the government. The Tobacco Industry Interference Index (Index), a report that reviews implementation of Article 5.3, shows tobacco industry interference is increasing in Malaysia.

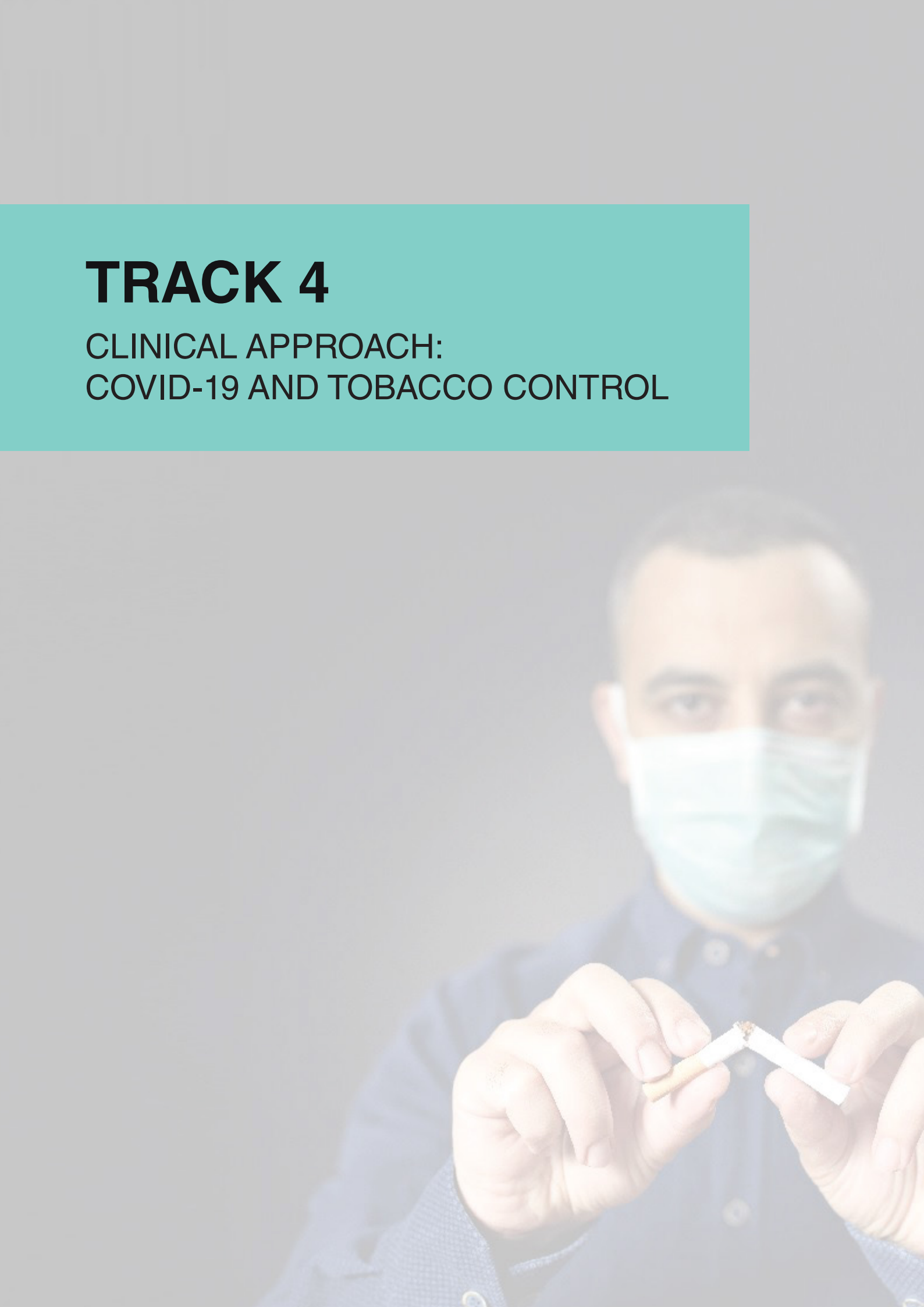
Main findings of the Index show tobacco industry's CSR activities have not been denormalised instead government officials have participated in these activities. The tobacco industry has benefited from no tax increase for the past six years. There is no procedure to indicate interactions with the tobacco industry should be limited to only when strictly necessary. There is no code of conduct nor a procedure put in place for such interactions.

Over the past seven years the Index has been monitoring the government's efforts to implement Article 5.3 and shows a steady deterioration. A delay in acknowledging this problem is undermining tobacco control efforts and detrimental to public health. A whole-of-government approach is essential to counter tobacco industry interference. Benefits given to the industry must end. The industry must be penalized for non-compliance with tobacco control regulations. Government interactions with the industry must be limited to only when strictly necessary for regulation.

Keywords:
Tobacco industry inteference index, malaysia, public health

TRACK 4

CLINICAL APPROACH:
COVID-19 AND TOBACCO CONTROL



Covid-19 and Tobacco Smoking: What do we know?

Presenter: Dr Noraryana bt Hassan, Sector Head
FCTC, MOH

Authors: Norliana Ismail[1], Noraryana Hassan[1], Muhammad Hairul Nizam Abd Hamid[1], Ummi Nadiah Yusoff[1]

Affiliation:
1. Tobacco Control Sector and FCTC Secretariat, Disease Control Division, Ministry of Health

COVID-19 Pandemic was first identified by travellers from China to Malaysia in January 2020 and has gradually spread to the population since March 2020. This pandemic has caused an intense acute of the respiratory symptoms and questions have been raised as to whether smokers are highly susceptible to this new infection. Smoking lowers the body's immunity and makes it highly susceptible toward the infection, including a new coronavirus infection, namely COVID-19. On top of that, people with existing health problems can be exacerbated by smoking and are at risk of serious infection with COVID-19.

A number of questions have been raised about the relationship between COVID-19 and Tobacco Smoking. Evidence of this relationship, including the clinical outcome of smokers infected with COVID-19 infection and the level of susceptibility compared to the non-smoker has begun to be investigated. Since this epidemic is a new disease, evidence of the relationship between COVID-19 infection and smoking has not been fully established and studies have been very limited.

Two examples of research papers were discussed in the presentation. The results of a Systematic Analysis by the Harvard School of Dental Medicine, Boston, USA and the Scientific Brief released by the WHO in March 2020 were presented. General information on COVID-19 and smoking produced by WHO has also been shared. Participants were warned about the Tobacco Industry Interference and related studies provided by the industry.

Keywords:
COVID-19, smoking, evidence based.

Smokeless… but is it Harmless?
E-cigarette use amidst the COVID-19 pandemic

Presenter: Associate Prof Dr. Farizah Mohd Hairi, UM

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Introduction:
In Malaysia, e-cigarette contains nicotine in its e-liquid whereas vape does not. Evolution of these smokeless tobacco products, into its fourth generation with “Pod-Mods” come in various shapes, sizes, colours, even mimicking a USB-stick. E-cigarette use has alarmingly increased to more than 1.5 million youths in the United States (2018). Increasing trend is also observed in Malaysia (TECMA and NECS, 2016).

Methods:
In 2019, the United States Centers for Disease Control and Prevention (CDC) declared an outbreak of e-cigarette, or vaping, product use-associated lung injury (EVALI) throughout the U.S, particularly among youths. Until February 2020, more than 50 EVALI cases have died.
Any tobacco product use (including smokeless) among youth is unsafe. It leads to addiction, harms the developing brain, impacting learning, memory, and attention, and harms the immune system.

Results:
Evidence suggest e-liquids containing tetrahydrocannabinol (THC) and devices from illicit sources cause most of the EVALI cases.

Discussion:
E-cigarette use can cause severe lung and respiratory problems, thus aggravating the symptoms of COVID-19. Young people who ever used e-cigarettes are five times more likely to be diagnosed with COVID-19.

Youth exposure to e-cigarettes needs to be addressed. E-cigarette use is a behaviour that can be modified. Therefore, e-cigarette users should be encouraged to stop altogether to limit their risk amidst the COVID-19 pandemic.
Practical strategies and a coordinated effort from policy makers, public health agencies, parents, educators, health practitioners, and researchers is essential to mitigate harms from e-cigarette use in this vulnerable population.

Future research should evaluate adolescent-targeted policies and interventions.

Keywords:
smokeless tobacco, lung disease, COVID-19 pandemic, adolescent, policy

Diagnostic and Education Tools for Smoking Cessation in the Covid-19 Setting

Presenter: Mr Teoh Cheng Hock, Managing Director, Translab

Author: Teoh Cheng Hock

Three practical simple to use diagnostic, educational and motivational medical devices can be used and assist the healthcare providers in managing smoking cessation activities.

(1) Carbon Monoxide (CO) Breath Analyser

A handheld non-invasive device in identifying smokers by measuring the amount of CO in smokers' lung via expired breath in PPM and the level of CO in smokers' blood in % COHb (percentage of carboxyhemoglobin.

CO breath analyser is based on an electrochemical (galvanic and amperometric) gas sensor which works on the reaction of CO with an electrolyte at the electrode. The chemical reaction generates an electrical current proportional to CO concentration from the expired breath. A microptocessor converts the signal into reading of CO in PPM and % COHb.

Over times, electrochemical gas sensor sensitivity will age and drift. Calibration adjustment and recalibration of CO breath analyser are necessary.

(2) Nicotine/Cotinine Biochemical Test

Nicotine in tobacco and vape liquid upon absorption into the smokers' blood system, it metabolises to form cotinine which is used as a biomarker to distinguish between tobacco and vape users and non-users.

Cotinine testing is more reliable than the subject's self reporting.

One step Cotinine lateral flow chromatographic immunoassay test strip is simple to use and non-invasive. It is a semi-quantitative rapid test using the smokers' urine or saliva samples. Result is reported within 5 and 10 minutes for urine (cut-off 200 mg/ml) and saliva (cut off 50 mg/ml) sample respectively.

Saliva sample is preferred due to its ease of use over the urine collection sample.

(3) Lung Functions Test (Spirometry)
Spirometry is used to diagnose a wide range of respiratory and pulmonary illnesses including asthma, chronic obstructive pulmonary diseases (COPD) and other conditions that affected breathing.

In managing smoking cessation activities, two Spirometry applications are emphasized.The latest introduction of POCT (point of care) handheld battery operated spirometer will greatly facilitate the ease and convenience of conducting spirometry testing anywhere anytime.

(a) Lung Age Assessment -
Lung age is done by analysing the smoker's forced expiratory volume at 1 second (FEV1) and then calculate from the selected prediction formular. By telling the smokers their Lung age, it significantly improve the likelihood of quiting and cessation of smoking.

(b) Early detection of COPD illness -
Smokers' airflow and/or alveolar abnormalities conditions can be graded and staged as normal, moderate, severe and very severe according to the GOLD classification guidelines (Global Initiative for Chronic Obstructive Lung Disease).

Keywords:
Diagnostic, Education tools, Devices, Smoking cessation

Is This Really Doing Less Harm? A Critical Analysis of the Harm Reduction Approach in the Pandemic Setting

Presenter: Professor Dr Amer Siddiq Amer Nordin, Director UMCares

Authors: Amer Siddiq Amer Nordin, Anne Yee Hway Ann, Farizah Mohd Hairi, Siti Idayu Hasan

Introduction:
Harm reduction is an evidence based method to manage addictive disorders in public health. It is typically overseen by health professionals, often community based, activism driven and linked with human right values. Tobacco harm reduction, however, is less studied due to its historical connection with the tobacco industry. The introduction of both electronic cigarettes and new risk reduction tobacco products, have introduced a movement for tobacco harm reduction as a solution to reduce smoking harms.

Objective:
This presentation attempts to critically analyse tobacco harm reduction in the pandemic setting.

Method:
A literature review was conducted.

Discussion and Conclusion:
Although there might be a role for electronic cigarettes in tobacco harm reduction, this needed to be analysed against the harm it poses. Questions on the safety of the device, liquid, vapour, method of vaping, population using are still not well understood. Moreover, tobacco industry appear to be heavily involved in the tobacco harm reduction agenda byway of producing or purchasing makers of these devices apart from introducing newer inventions to reduce risk without actually stopping the sale of cigarettes. There appears to be a nett harm when taking into consideration all these factors in tobacco harm reduction. Therefore in conclusion, more research is needed before tobacco harm reduction is adopted and present advice is to still stop smoking altogether.

Keywords:
Public health, electronic ciggarettes, pandemic, harm reduction

Cessation: Is it still relevant?

Presenter: Dr. Anza Elias, Health Medicine Specialist (Occupational Health)

Author: Anza Elias

Affiliation:
NCD Chapter

Introduction:
Tobacco use remains one of main preventable causes of morbidity and mortality. It is a risk factor for developing diseases such as non- communicable diseases and certain types of cancer. In Malaysia, the overall prevalence of current smokers aged 15 years old and above was 21.3 % in 2019 and 22.8% in 2015. The trend of prevalence of adolescents using e-cigarettes in 2016 was 9.1%.

Discussion:
Since the prevalence of tobacco use has not changed significantly in recent years and the burden of smoking-related diseases is significant, there is a need for effective and accessible smoking cessation services. One of the smoking cessation initiatives is a public-private collaboration called mQuit Services, which provide professional and evidence -based cessation services from either governmental or private facilities which include community pharmacies. MQuit services provides a comprehensive smoking cessation program with follow-up sessions by dedicated healthcare professionals. Smoking cessation is still relevant as healthcare professionals need to keep on educating smokers on benefits of smoking cessation, advising them to quit and connecting them to additional resources.

Keywords:
tobacco use, smoking cessation, MQuit services

Pharmacotherapy in Smoking Cessation : Management Updates

Presenter: Tan Cheau Huey, Senior Principal Assistant Director, Pahang State Health Department

Author: Tan Cheau Huey

The US FDA has approved Nicotine Replacement Therapy(NRT), Varenicline and Bupropion as first line treatment in smoking cessation. Pharmacotherapy aims to relieve the withdrawal symptoms associated with nicotine deprivation during cessation. Unless contraindicated, pharmacotherapy should be offered to all people with nicotine dependence, accompanied by behavioural support to increase the chances of quitting. Choice of pharmacotherapy should be based on efficacy, suitability, cost and safety.

All forms of NRT(eg. Gum, patch) are found to be effective.

Varenicline & combined forms of NRT are associated with higher quit rates than bupropion or single-form NRT.
Nicotine patch provides background craving relief, and nicotine gum can be added for breakthrough cravings. Alternatively, an additional patch can be applied before bedtime, to address the first cigarette craving in the morning.

Varenicline is an $\alpha 4\beta 2$ nicotinic receptor partial agonist which reduces craving and withdrawal symptoms, and on the other hand, reduces the rewarding and reinforcing effects of smoking.

Dosage adjustment is recommended for patients with Creatinine Clearance of less than 30ml/min and patients with intolerable side effects.

Varenicline in combination with NRT can be used for patients who are unable to quit with varenicline alone.

For pregnant or breastfeeding women who are unable to quit smoking with behavioural support alone, clinicians might recommend NRT, if benefit outweighs the risk.

Pharmacotherapy can be extended beyond 12 weeks, for patients who have quit successfully, preventing relapse.

There is inadequate evidence to conclude that e-cigarettes increase smoking cessation, therefore FDA has not approved E-cigarette as a smoking cessation tool.

Treatment should be individualized & tailored, based on suitability, efficacy, safety and cost. Optimizing treatment with approved medications & behavioural intervention yields the best long-term results.

Behavioural Approaches to Smoking Cessation during COVID-19: Perspectives from the Cochrane Review

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2. School of Business and Economics, Universiti Putra Malaysia
* Corresponding author

Introduction:
Smoking cessation among smokers and second-hand smokers can minimize the health risks associated with COVID-19.

Methods:
Cochrane Tobacco Addiction Group has collated special collection of the best available evidence to address smoking cessation needs during COVID-19. The review highlighted intervention supports for smokers intending to quit smoking successfully at time of limited access to clinics. The abstract attempts to provide perspectives in nicotine replacement therapy, behavioural support and gradual quitting.

Results:
Combinations of Nicotine Replacement Therapy (Gum and Patch) are as likely to help smokers quit as medications that a doctor can provide. A tailored and interactive internet intervention resulted in higher success rate compared to a non-active control (RR 1.15, 95% CI 1.01-1.30, 8-trials, n=6,786). Automated text messaging interventions were more effective than minimal smoking cessation support (RR 1.54, 95% CI 1.19-2.00, 13-studies, n=14,133). When comparing reduction-to-quit interventions with abrupt quitting, neither approach resulted in higher quit rates (RR 1. 01, 95% CI 0.87-1.17, 22-studies, n=9,219). Telephone counselling was more effective when provided as an adjunct to self-help written support or a brief intervention from a health professional (P<0.01, P=0.02, 104-trials, n=11,653).

Discussion:
Combination of pharmacotherapy and behavioural support increase the chances to quit smoking. Behavioural support such as internet programs, telephone text-messaging programs, printed materials and quit lines were found to have positive effect on quit rates. The suggested interventions provide opportunities to smokers in their attempt to quit without clinic help during the current COVID-19 pandemic.

Keyword:
Smoking cessation, Internet, Text messaging, App-based intervention, Telephone counselling

ORAL PRESENTATIONS

Nicotine level in Selected Malaysian-manufactured E-liquids

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Introduction:
In spite of nicotine labelling discrepancies' issues of e-liquid formulations reported in many countries, the popularity of electronic cigarette (EC) have continued to grow rapidly worldwide. The primary aim of this study was to determine nicotine level contained in the selected Malaysian-manufactured e-liquids.

Methodology:
In total, 17 locally manufactured e-liquids from various brands were purchased in vape shops within the Klang Valley, Malaysia. The selections were based on the most favoured local e-liquids that were reported among 86 adult users in Klang Valley, Malaysia. A gas chromatography-flame ionization detector (GC-FID) was used to determine the nicotine concentrations contained in the selected e-liquid samples. Labelling discrepancies of nicotine content were determined by comparing the measured level of nicotine with the level declared on the labels.

Results:
Overall, the mean (standard deviation) level of nicotine was 3.26(1.04) mg/mL. This study found that e-liquids declared as nicotine-free were proven to contain nicotine. Labelling discrepancies of nicotine concentrations were in the range of -73% to -27%.

Discussion:
Most of the e-liquids had lower actual nicotine concentrations than indicated level on the label. This may be due to nicotine degradation into other nicotine-related substances over time. Apart of that, the detection of nicotine in e-liquid samples declared as nicotine-free may induce nicotine addiction among novice EC users which go against the tobacco control policy and maintain nicotine addiction among dual-users.

Sharing the Success of Innovation Project of MY Q-CIG: A Comprehensive and Updated Quit Smoking Record Book Used in Quit Smoking Clinic in Perak, Malaysia

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3. Pharmacist, Buntong Health Clinic, Kinta District, Perak, Malaysia.
4. Community nurse, Buntong Health Clinic, Kinta District, Perak, Malaysia.

Introduction:
Tobacco epidemic is a major public health threat killing more than 7 million people each year. Strengthening tobacco cessation is implemented through smoking cessation clinics. MY Q-CIG which was produced in July 2019, has proven to be extremely beneficial in smoking cessation clinics.

Methodology:
MY Q-CIG project was established in January 2019 after obtaining permission from Perak State Director of Health. It is a comprehensive, updated patient's record book encompassing pharmacist and doctor's record, without duplication of record, time and storage space was saved with minimal cost. The previous record book (Edition 2010) was edited, updated and merged with pharmacist record sheet (Quit Smoking Pharmacotherapy Guidelines 2012). First prototype was produced in April 2019, final copy in June 2019, printed in July 2019 and distributed for use to all health clinics in Perak thereafter. Copyright was obtained from MyIPO Malaysia on 3.3.2020.

Results:
MY Q-CIG was found to be comprehensive for use by both doctors and pharmacists. 9 new patients' records over 3 months period, before and after innovation were analyzed. Mean time taken for initial consultation was reduced by 25 minutes and follow-up consultations by 14 minutes after innovation, which enabled more patients to be recruited. MY Q-CIG is compact, neat and saved storage space. The cost of production of one MY Q-CIG copy is also very minimal, RM 1.50 only.

Conclusion:
MY Q-CIG is found to be efficient for use. It has increased the overall productivity of the Quit Smoking Clinic in Perak.

Keywords:
MY Q-CIG, comprehensive, productivity, updated, Quit Smoking Clinic

Improving Enrolment and Retention among Quit Smoking Clinic Attendees at Klinik Kesihatan Setapak using Self-scan QR-code

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1. Klinik Kesihatan Setapak

Introduction:
The recent COVID-19 pandemic that hit Malaysia has generally reduce attendance of clients to our Quit Smoking Clinic (QSC). Many who came for their first appointment have defaulted the subsequent visit. Thus, a new strategy has been taken up to improve the number of enrolment and retention among our QSC clients.

Methodology:
We have created a QR-code that can be self-scanned by clients who have intention to quit smoking. Using their mobile phones to scan this crafted QR-code, the clients are then welcomed to a Google form based questionnaire. The clients will then input their personal data, smoking history, contact number, and preferred day of visit into the questionnaire. Subsequently, their QSC appointments will be arranged and informed via phone call by a medical officer in-charged. These revolutionary QR scans are placed strategically at the clients waiting area and several information boards in the clinic premises. Moreover, the QR scans are also placed in the dental clinic to promote quit smoking lifestyle to their clients too.

Results:
After only 30 days of implementing the self-scan QR-code method, there has been a large 45% increase in the number of appointment for new clients. The number of enrolment into QSC has also increased by 50% compared to the average enrolment of prior months.

Conclusion:
Although it is still too early to comment on retention rate, we are optimistic that self-scan QR-code method will attract more serious clients compared to conventional way. The self-scan QR-code has tremendous potential in improving enrolment and retention among QSC clients.

Keywords:
Enrolment,Retention,Quit Smoking Clinic,Klinik Kesihatan Setapak ,QR-code

Your Vocal Right for A Fresh Breath Amidst The Covid-19 Pandemic

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Introduction:
Based on the 2015 National Morbidity and Health Survey conducted by the Ministry of Health Malaysia, 22.8% of Malaysians are current smokers. The same study showed 43% of men and 1.4% of women were current smokers. Smoking is a leading cause of premature death and preventable death in Malaysia. Smoking accounts for 15% of total hospital admissions and 35% of total hospital deaths. Each year, smoking is estimated to cause about 20,000 deaths among Malaysians and is expected to increase to 30,000 if there is no change in the trend of smoking habits. Klinik Kesihatan Cendering (KKC) started operating in November 2019. The smoking cessation clinic at KKC was established in June 2020 and at the same time the COVID19 pandemic hit the world. This programme aims to provide awareness to patients and families who smoke to quit smoking in order to lead a healthy life.

Methodology:
Smoking Cessation Services involves 2 types of treatment, namely pharmacological and non-pharmacological. Pharmacological treatment involves the use of drugs for the treatment of nicotine addiction and is known as Non-Smoking Pharmacotherapy (FBM). While for non-pharmacological treatment, patients are given behavioural therapy and counselling without the use of drugs. This programme is conducted every working day to provide education on the dangers of smoking, treatment and counselling. Interviews, health education and promotion sessions were conducted at KKC registration counters, pharmacy counters, outpatient screening counters and KKC Maternal and Child screening counters. This programme can attract patients and families to participate in smoking cessation programmes conducted at KKC. The patient will fill out form 3A (Ask, Advice, Act) and an appointment will be given to the patient. If the patient agrees to participate in this programme, the patient will be referred to the Medical Officer, Pharmacy Officer and Nurse in charge of the KBM Smoking Cessation Clinic.

Results:
From the 'Dangers of Smoking' Health Education Programme and Smoking Cessation Promotion, a total of 40 patients were screened through form 3A and were given an appointment. A total of 14 patients have started smoking cessation treatment at Klinik Kesihatan Chendering, Kuala Terengganu. Of the 14 patients who started treatment, a total of 5 patients quit smoking but are still being monitored.

Discussion/Conclusion:
Ongoing health education programmes and smoking cessation promotions can provide information to patients and families as well as attract their interest in quitting smoking. The right to say no to cigarettes in society is very important to ensure that they are not exposed to health-threatening cigarette smoke. Patients who smoke also need constant attention and monitoring. Therefore, health education programmes and smoking cessation promotion help patients to quit smoking and reduces complications due to smoking habits.

Keywords:
Health promotion and education, Smoking cessation, Smoking cessation clinics, Your right for a fresh breath

Low Awareness of Chronic Obstructive Pulmonary Disease among Community-Dwelling Adult Smokers

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Introduction:
Chronic obstructive pulmonary disease (COPD) is largely underdiagnosed and has been predicted to rise as third leading cause of smoking associated death in year 2022. Early detection can control disease progression which depends on the awareness of this disease. Purpose of this study was to investigate the COPD awareness among community-dwelling adult smokers.

Methodology:
A cross-sectional study using cluster sampling was conducted and a total of 395 community-dwelling smoking adults (18-60 year old) from five cities in Selangor were recruited. A pre-validated questionnaire in English and Malay languages, which included general awareness, risk factors and signs and symptoms of COPD was used for data collection. Descriptive statistics and Chi-square test was applied to relate the study variables.

Results:
Majority of the respondents were males compared to females (324 vs 71). 291 (73.7%) respondents had never heard of the term COPD, out of 104 who claimed to have heard of the term COPD, only 36 (34.6%) truly knew the meaning of COPD. Less than 27% of 104 respondents had good awareness about risk factors and signs and symptoms of COPD. Chi square test demonstrated no significant correlation (p= 0.09) between educational qualification of respondents and COPD awareness.

Discussion/Conclusion:
This study highlights that the awareness of COPD is alarmingly low among community-dwelling adult smokers and educational qualification do not have influence on the CPDP awareness. Education via campaigns or advertisements on COPD by the national health department is encouraged to enhance the level of COPD awareness among general population especially smokers.

Keywords:
Awareness,COPD,Community-dwelling adult smokers

Cancer-inducing Agents in Electronic Cigarette Vapours from Locally Manufactured E-liquids

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Introduction:
Electronic cigarettes (e-cigarettes) are advertised to be safer than conventional cigarettes as chemical compounds released in the vapours are believed to be less toxic. However, studies have shown carbonyl compounds namely formaldehyde and acetaldehyde are also generated from e-cigarettes due to oxidation of the e-liquid when in contact with heated nichrome wire of the e-cigarette device. Both aldehydes fall into Group 1 and Group 2B, respectively for its ability to cause cancer in humans. This study aims to determine aldehydes' concentrations in e-cigarette vapours operated under different power settings using e-liquids samples favoured by Malaysian e-cigarette users identified from surveys among the local population.

Methodology:
The vapours were generated from 10 most favoured e-liquids using a low-cost vapour generator line. Aldehydes were analysed according to NIOSH Manual of Analytical Method 2018. The vapours were produced under high and low settings (25 and 75 watts) of the e-cigarette. 2,4-Dinitrophenylhydrazine-cartridge was used to trap the vapour and analysed using High Performance Liquid Chromatography-Ultraviolet (HPLC-UV). The levels of formaldehyde and acetaldehyde were compared to standards by Occupational Safety and Health Administration (OSHA) and American Conference of Governmental Industrial Hygienist (ACGIH); respectively.

Results:
All e-liquids produced aldehydes. The levels of formaldehyde ranged from 0.27-3.89 ppm while acetaldehyde was between 0.16-3.9 ppm. 60% of the e-liquids produced formaldehyde higher than permissible exposure limit (PEL) of 0.75 ppm whereas none of the samples shown to exceed acetaldehyde's PEL of 25 ppm. Higher concentrations of aldehydes were produced when operated under higher wattage of e-cigarette devices.

Discussion/Conclusion:
Prolonged exposure towards e-cigarette vapours may increase the possible risks of cancer especially among daily users. There are no safe levels for carcinogenic carbonyls as such. Data obtained provides recent scientific proves for the Malaysian government on the urgency to rule out regulation on e-cigarettes especially on its manufacturing, sale and usage in public places.

Keywords:
aerosol, formaldehyde, acetaldehyde, carcinogen, no-safe level

Cigarette Smoking and Willingness to Quit in Methadone Maintenance Patients in a Health Clinic in Kinta district, Perak

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Introduction:
Tobacco use is a main cause of premature and preventable death. The prevalence of cigarette smoking in Malaysia population is 21%. It is more highly prevalent in methadone maintenance patients, with a very low cessation rates. We aimed to study on cigarette smoking and willingness to quit in methodone maintenance patients.

Methodology:
A cross sectional study was conducted whereby interview sessions using a questionnaire were done on methadone maintenance patients in a health clinic in Kinta district from 21-25th September 2020. The questionnaire was analysed using descriptive analysis.

Results:
There were total of 28 samples recruited in this study, and all are male gender (100%). 16 respondents were Malay ethnicity (57.1%), 10 were Chinese (35.7%), 2 were Indian (7.1%). Mean age was 50.8 years, 64% being single. Three quarters of methadone maintenance patients (75%) are smokers, among which 45.5% showed willingness to quit smoking. Only 3.57% is currently enrolled in a quit smoking programme while 32% had tried to quit by themselves but failed.

Results:
There were total of 28 samples recruited in this study, and all are male gender (100%). 16 respondents were Malay ethnicity (57.1%), 10 were Chinese (35.7%), 2 were Indian (7.1%). Mean age was 50.8 years, 64% being single. Three quarters of methadone maintenance patients (75%) are smokers, among which 45.5% showed willingness to quit smoking. Only 3.57% is currently enrolled in a quit smoking programme while 32% had tried to quit by themselves but failed.

Discussion/Conclusion:
The study showed high prevalence of smokers among methadone maintenance patients. A promising half proportion of them showed willingness to quit smoking. Further provision of assistance is planned for this group to be enrolled to quit smoking clinics.

Keywords:
Cigarette smoking,Willingness to quit,Methadone maintenance patients

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Smoking Cessation: The role of Varenicline (Champix)

Champix (varenicline) is an oral, non-nicotine treatment to help patients quit smoking.[1]

It works in two ways to help patients quit smoking. Varenicline binds with high affinity and selectivity at the α4β2 neuronal nicotinic acetylcholine receptors, where it acts as a partial agonist - a compound that has both agonist activity, with lower intrinsic efficacy than nicotine, and antagonist activities in the presence of nicotine.[1]

The efficacy of varenicline in smoking cessation is a result of varenicline's partial agonist activity at theα4β2 nicotinic receptor where its binding produces an effect sufficient to alleviate symptoms of craving and withdrawal (agonist activity), while simultaneously resulting in a reduction of the rewarding and reinforcing effects of smoking by preventing nicotine binding to α4β2 receptors (antagonist activity).[1]

The efficacy of Champix was demonstrated in 2 head-to-head pivotal trials, where it was observed Champix quit rates were superior to bupropion and placebo at weeks 9 through 12. In these studies, which had enrolled a study population of 2,045 in total, had shown patients had 2 times greater odds ratio of quitting with Champix versus bupropion after 12 weeks and 4 times greater odds ratio of quitting with Champix versus placebo after 12 weeks.[2-3]

In an open-label study comparing 12 weeks of Champix with 10 weeks of nicotine transdermal patches, Champix demonstrated superior efficacy, and had significantly reduced smoking satisfaction, cravings, and withdrawal symptoms, versus NRT patch during weeks 1-7.[4]

Champix has also demonstrated efficacy across patients with different co-morbidities. In a trial of smokers with stable cardiovascular diseases and a trial of smokers with mild-to-moderate chronic obstructive pulmonary disease, Champix was significantly more effective for smoking cessation versus placebo.[5-6]

Champix has a tolerable safety profile, with a low discontinuation rate due to nausea, which is the most common adverse event that was seen in a pooled safety data.[1]

Champix is recommended to be given in a full 12 weeks of therapy, with an additional course of 12 weeks treatment may be considered for the maintenance of abstinence. One of the advantages with Champix is the flexible quit dates, where patients can pick a date, then start Champix, or patients start Champix, then pick a date.[1]

Patients who stayed on Champix for 9-12 weeks were up to 11 times more likely to quit smoking than those who completed less than 2 weeks of treatment.[7]

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Smoking Cessation: Nicorette

Nicotine Dependence

Most smokers become addicted to nicotine, a chemical that is found naturally in tobacco. Research suggests that nicotine may be as addictive as heroin, cocaine, or alcohol.
Quitting smoking is hard and may require several attempts. People who stop smoking often start again because of withdrawal symptoms, stress, and weight gain.

Options in Quitting Smoking
There are many methods available to assist you in quitting smoking. Below are some of the options for you to consider to help you in your quit journey:

1. Counselling provided by healthcare professionals
2. Quit smoking aids include the following types:
   - Nicotine Replacement Therapy (NRTs)
   - Non-nicotine medications
3. Cold Turkey – quitting without any assistance
4. Quitline

About Nicorette®

We understand that it is difficult for you to survive the journey of quitting smoking with willpower alone. In order to cope with a craving in a social situation, you can try the Nicorette® products below.

Are you a heavy smoker? Have you been unsuccessful at quitting previously using a single NRT? Nicorette®'s Dual Support helps you control intense cravings to smoke whenever they strike. It has been proven that smokers are nearly three times[1] more likely to quit using the Nicorette® patch, along with another oral product such as Nicorette® gum. Talk to your healthcare professional to find out if Dual Support is right for you.

Nicorette® Gum[1]

- Works fast to relieve your cravings and withdrawal symptoms.
- Nicotine absorbs quickly through the lining of your mouth.

- Comes in 2mg or 4mg. Choose the right strength based on how much you smoke.
- Available as Icy Mint flavor in pack size of 105's .

Step 1

Chew
Chew the Nicorette® gum slowly until peppery/minty taste becomes strong after about 10 chews

Step 2

Rest
Rest the Nicorette® gum between your gum and cheek

Step 3

Chew
Start chewing again when taste has faded

Smoking Cessation: Assesment Tools

Translab (M) Sdn Bhd, founded in 1984 imports and distributes a handpicked selection of medical diagnostics, hospital disposables, clinical laboratory, scientific, and occupational safety & health products to various organizations in the private and governmental healthcare community throughout the whole of Malaysia. We represent manufactures from USA, Europe, Japan and Korea exclusively with many of the agency lines being more than 20+ years old.

The Senko BMC-2000 Carbon Monoxide Analyzer

The Senko BMC-2000 is a carbon monoxide detector that can be used in mQuit Smoking Cessation programs that are driven by the Ministry of Health, Malaysia.

The features and benefits of the BMC-2000 are:

1) The Senko BMC-2000 is a simple to use instrument to measure carbon monoxide (CO) poisoning in a person.
2) It is non-invasive and the subject only needs to blow into the mouthpiece attached to the Senko BMC-2000
3) With the Senko BMC-2000, it is easy to detect a person who smokes compared to a non-smoker.
4) The parameters that are measured and displayed simultaneously are the concentration of carbon monoxide (CO) in breath and the percentage of carboxyhaemoglobin COHb in blood.
5) The Senko BMC-2000 provides the ability to recognise the degree of CO poisoning which corresponds to the severity of the smoking habit.
6) The results are displayed after only 15 seconds.
7) The Senko BMC-2000 provides "shock therapy" to the subject as the anti-smoking councillor/healthcare provider can indicate to the subject the level of carbon monoxide currently in his/her body due to the smoking habit.

NVM Cotinine Saliva and Urine Screen

Cotinine (Nicotine Metabolite) Detection

Cotinine is the predominant metabolite of nicotine and used as a biomarker for exposure to tobacco smoke. In the human body, cotinine has a half-life of 20 hours and can be detected up to a week after the use of tobacco.

The level of cotinine in the saliva, urine and blood is proportionate to the amount of exposure to tobacco smoke, including secondary (passive) smoke making cotinine a valuable indicator of tobacco smoke exposure.

In urine, values between 11ng/mL and 30ng/mL is associated with light smoking or passive smoking exposure. Levels in active smokers typically reach 500ng/mL or more.

In saliva, values between 1ng/mL and 30ng/mL is associated with light smoking or passive smoking exposure. Levels in active smokers typically reach 100ng/mL or more.

The NVM COT 50 Saliva test cassette is a high quality test device for the qualitative measurement of cotinine in human saliva

1) The cut-off for the NVM COT 50 Cotinine in saliva test is 50ng/mL
2) The results are to be read after 10 minutes
3) The accordance is 99% with GC/MC reference method
4) The detection limits follow the international standards of SAMHSA/NIDA
5) Easy handling and simple to read

The NVM Cotinine test strip is a high quality urine dip test for the qualitative detection of cotinine in human urine.

1) The cut-off for the NVM COT test strip in urine testing is 200ng/mL
2) The results are to be read after 5 minutes
3) The accordance is 99% with GC/MC reference method
4) The detection limits follow the international standards of SAMSA/NIDA
5) Easy handling and simple to read

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