

Community Empowerment in Reducing Alcohol Related Harm in Sabah, Malaysia

Assoc. Prof. Dr. Helen B. Lasimbang

School of Medicine, University Malaysia Sabah

Intervention Group for Alcohol Misuse (IGAM)

MERCY Malaysia



East Malaysia: Sabah & Sarawak
Sabah: Poverty rate of 19.7%,
HIGHEST in Malaysia (UN Country
Team 2011)
More than 30 different Ethnic
group- program execution

Malaysia Alcohol Policy: beer/wine/spirit

YES:

- Excise tax
- National legal minimum for off-premise sales of alcoholic beverages: 18 years
- Legally binding regulations on alcohol advertising/product placement
- Legally binding regulations on alcohol sponsorship/sales promotion

YES & NO:

- Restriction for on-/off premise sales of alcoholic beverages: Time/location/specific events/intoxicated persons/petrol stations

Main Issue is ENFORCEMENT

Alcohol Facts, Malaysia

Malaysia (Muslim Country) : 12.8 % (2.3 Million) of adults 18 and above consume alcohol beverages

Sabah third highest consumption 18.4%

Kuala Lumpur 20.3%

Sarawak 19.7 %

(prevalence 2012 study done in Sabah=23.8%)

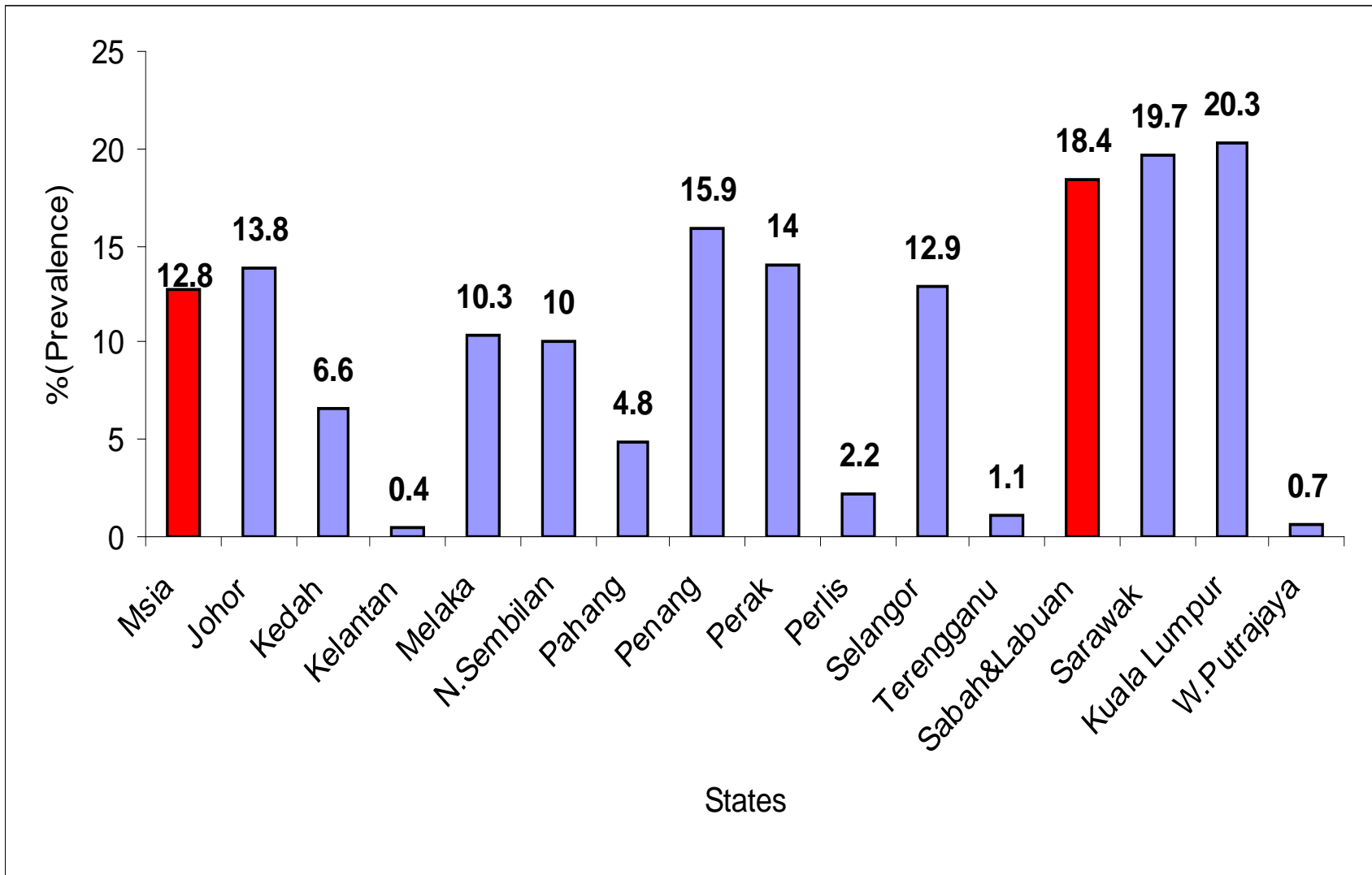
Generally not a major problem and so alcohol was not seen as a priority concern until recently (connection with drug & smoking)

2010, Ministry of Health of Malaysia added:

Reduce Alcohol Intake

Healthy Lifestyle campaign

Prevalence of Current Drinkers (>18yrs) NHMS 2011 (Malaysia)



Observation on Alcohol usage in Sabah

- Alcohol consumption is seen at social gatherings, celebrations and mourning
- Men & women alike drink alcohol
- Alcohol is served generously
- Common to see intoxicated people
- Success of event relative to number of intoxicated people



Alcohol is easily available in Sabah

Most household know how to brew alcoholic drinks, Various types of home brewed alcoholic beverages are available:

Rice: *Montoku, Sikat, Talak, Lihing, Tuak, Tapai*

Palm tree: *Bahar, Todi*

Pineapple: *Tapai Nanas*

Tapioca: *Tapai Mundok*

Alcohol content varies from 4% to 70%

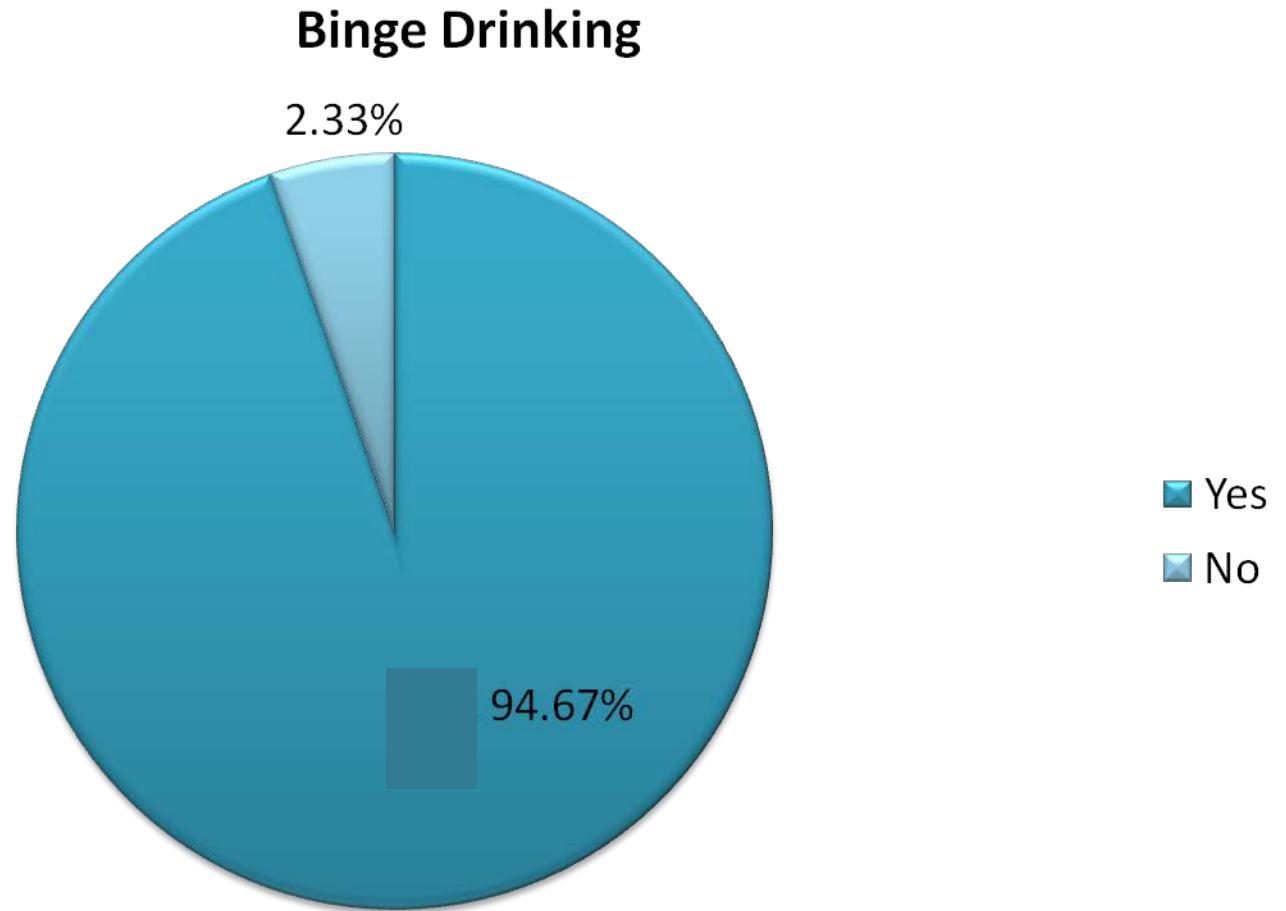
Smuggled non-taxed cheap alcohol; a can of beer cost USD 1 vs. USD 2

Minimal Monitoring & Enforcements

Limited Research done on Alcohol in Sabah, Malaysia

- Low or no awareness of health problems related to alcohol misuse
- Binge drinking is most common among youths
- None had any awareness about low risk drinking guidelines
- Drinking is part of culture – socializing not only with those alive but also with those who are dead
- No shame related to drinking and it is a social factor and a sign of maturity
- Some drink for cultural reasons, others for emotional reasons
- Most common: *Montoku* and Guinness Stout
- Increase in fighting, violent assault, domestic violence, rowdy behavior, rough language.

Prevalence of Binge Drinking Among Drinkers in Sabah



A group of concerned citizens: Health care workers,
Academics, Members of Clergy and people who were
previously alcohol dependent
strongly feel a need to address alcohol
problem

**INTERVENTION GROUP FOR ALCOHOL MISUSE
(I G A M)**

A committee formed under
MERCY Malaysia
7 May 2009



IGAM: OBJECTIVES

1. To be a **support group** in **creating awareness on alcohol related problems** and provide avenue and support for those with alcohol related problems and their families

IGAM: OBJECTIVES

2. To conduct **early intervention programs** to prevent damage due to alcohol misuse affecting social and emotional development of children
3. To conduct **research on alcohol** related issues in **Sabah**

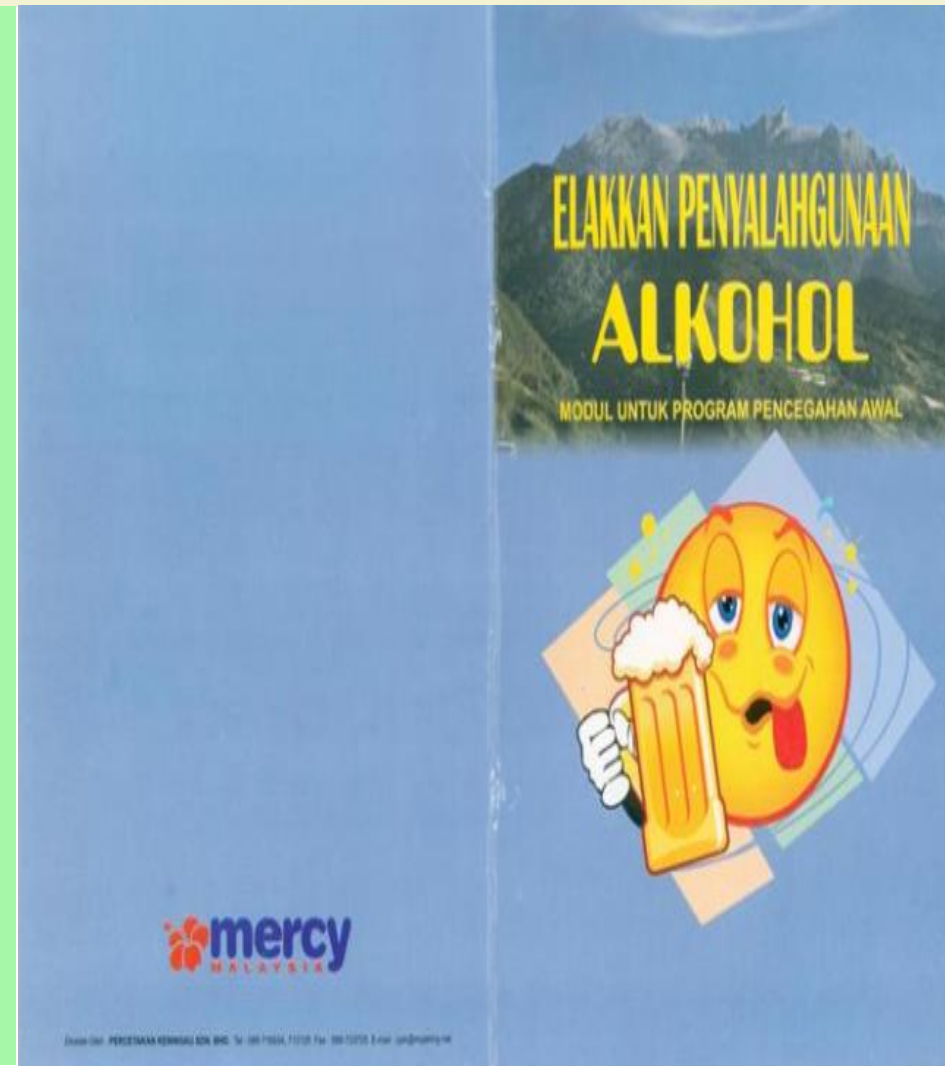
Group discussions: IGAM committees, Psychiatrist expert in Substance abuse, armed with various documents, papers and books on alcohol to formulate a plan of action of IGAM

Write & translate material from English to local language (Bahasa Malaysia)

WHO: The Alcohol Use Disorder Identification Test (AUDIT)

Translated according to WHO translation process & adaptation instruments

Ujian Mengenal Pasti Masalah Penggunaan Alkohol



Translated into Bahasa Malaysia :

World Health Organization

B R I E F

INTERVENTION

For Hazardous and
Harmful Drinking

A Manual for Use in Primary Care

Thomas F. Babor

John C. Higgins-Biddle

WHO/MSD/MSB/01.6b

Original: English

Distribution: General



40ml

330 ml



Pamphlets regarding alcohol contents of various local drinks
Alcohol unit in relations to local drinks



70 mls

140mls



IGAM: Activities

- Motivational Interview, Harm Reduction, Relapse Prevention & Brief intervention workshop
- Village visits
- Prepare educational material
- Educational and awareness talk
- Seminars and research
- Alcohol Anonymous
- Press releases

2 yrs. Later (2011)

Challenges in the activities:

- Time, man-power, money
- Not moving anywhere, no obvious results

Committee Frustration







What's Next? Brainstorming session

Team and Collaborators



+JOHOR MENTAL HEALTH

One Positive a flicker of light: result from village visits,

Received feedback that amount drunk is less, number of people drinking dropped

Toolkit to Reduce Alcohol related harm

A set of lectures (all in local languages)

- Alcohol Harm
- Early Intervention Program (EIP)
- **Culture & Alcohol**
- What's AA & the 12 STEP program
- The Alcohol Use Disorder Identification Test (AUDIT), how to use, interpret & action that need to be taken
- Motivational interview, Harm reduction and relapse prevention

Booklets

- AUDIT pamphlets
- Translated WHO brief interventions
- Posters

Training of Trainers Organized with Collaboration of various Team



One Community/Village represented by 3-4 people:

- At least there is a medical/health Personnel
- Leaders or those who have passion to reduce harm due to alcohol

Alcohol Intervention Committees

- Trained groups are given:
 - Seed money
 - Tool-kit
- Go back to their respective community and form the Alcohol Intervention Committees
- Use the Alcohol Intervention Tool-kit as a guide
- Modify the tool-kit according to what is acceptable in their community
- Use seed money to start a program

Every 6 Months a workshop is organized by IGAM: follow-up on the activities of the Alcohol Intervention Committees



Sharing by Alcohol Intervention Committees:

What works, Problems faced

Possible solutions

Program appear to be effective in reducing alcohol related harm: Occupy the villagers with sporting activity, community leaders sets rules related to alcohol that is acceptable etc.



New groups (4-5 group) are invited to listen and introduced to the tool-kit

Older group will introduced the tool-kit to help them be better trainers

The aim is to tackle problems and to cover as many villages as possible



Is it really working as observed? Embarked on a new project:
**Effectiveness Evaluation of the program to Empower
Communities in Reducing Alcohol Related Harm**
Result can be used to advocate adaptation of the tool-
kit by government to facilitate alcohol intervention
program



What's Next: Is there a finishing line in eradicating alcohol consumption in Sabah?



Yes? No?

For now

Our Group

to

**Persevere, be
involved in trying to**

**Eradicate The
Countless Harm
Caused By Alcohol**





Thank You

Acknowledgements

Dr. Wendy Shoemsmith, Dr. Jaswant Singh, Dr. Nirmal Kaur, Ms. Lidwina Amir, Dr. Mohd Nazri Bin Mohd Daud, Ms. Margaret Chin, Ms. Edna Salumbi, Dr. Wilfred John

References

1. Mathers C, Stevens G, Mascarenhas M. Global health risks: progress and challenges. *Bulletin of the World Health Organization*. 2009;87(9). Available at: www.who.int/bulletin/volumes/87/9/09-070565/en/.
2. World Health Organisation. Strategies to reduce the harmful use of alcohol. In: *Sixty-First World Health Assembly*.; 2008.
3. Ministry of Health Malaysia. *National Health and Morbidity Survey*.; 2011.
4. Naing Oo Tha, Wendy Shoemsmith, Khin Saw Naing, Roslee Bin Haji Abbas, Ahmad Faris Abdullah, Rina Norgainathai JJ. Alcohol Related Attitudes and Drinking Behaviors in Rural Sabah. In: *3rd ICORM, International Conference on Rural Medicine*.; 2011.
5. Bryman A. *Social Research Methods*. Oxford, UK: Oxford University Press; 2001.
6. Jones SR. An introduction to power and sample size estimation. *Emergency Medicine Journal*. 2003;20(5):453–458. Available at: <http://emj.bmj.com/cgi/doi/10.1136/emj.20.5.453>. Accessed October 29, 2010.
7. Babor TF, Saunders JCH-B, Saunders JB, Monteiro MG. *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care, Second Edition*. World Health Organisation; 2001. Available at: whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf.