CHAPTER V
CONCLUSION, DISCUSSIONS AND RECCOMMENDATIONS

This chapter presents the discussion on key research findings which answering the questions on how to develop and implement an alcohol problems surveillance system at local level? The first part of this chapter focuses on the conclusion of the findings whereas the second part presents the discussions and recommendations.

1. Conclusions

This research and development study had staffs of a community hospital, primary care units and police stations in the areas as information sources for developing an alcohol consumption problems surveillance system. The target population of the system was the people aged 12-65 years old who lived in the study areas. Tools used in the study consisted of 1) tools for surveillance system development which was an in-depth interview guideline for those who involved in establishing the system 2) surveillance tools consisted of the AUDIT test, a record form of the patients who get treatment with related to alcohol, a record form for cases/ legal cases of drink driving, record form for juveniles who violated the Alcohol Sell Act 2449, a survey form for alcohol sources both retail and whole sell in the communities. 3) a surveillance system evaluation tool to evaluated the effectiveness of the system consisted of interview form, questionnaire and observation checklists. The data was collected analyses systematically according to the plan.

The results indicated that:

Part 1: the developed alcohol consumption problems surveillance system was highly relevance and feasible for used in term of academic, target population and samples, tools, data collection process and analysis. The limitations were that it increased their workloads. The key informants recommended it to be integrated with the addictive substances work and emphasized the roles of local authorities such as sub-district headmen and village headmen and local administration organizations (sub-district administration organization and municipality. Budget also not available for the surveillance system, therefore integration with the addictive substances work should

be the best way and requested for the budgets from local administration organizations which have mandates on addictive substances and put more emphasis on developing policy to solve alcohol consumption problems in the areas.

Part2: Results from the developed alcohol consumption problems surveillance system

The results from the developed alcohol consumption problem surveillance system indicated that the most of study samples' first drinking alcohol when they were 15-19 years olds in both male and female population. The females started first drink a little bit later than the males.

Beer was the most popular types of alcohol for both males and females drinkers during the part 30 days, followed by white whiskey, red whiskey, traditional medicana and wine. Juice mixed with alcohol and ready to drink (RTD) were only popular among young adults, especially females.

Types of popular alcohols were varied among different age groups and sex. The 12-24 year olds age groups preferred Juice mixed with alcohol and RCD with contained low volume of alcohol. Red whiskey, brandy, and wine were popular among the 25-44 years of age group. The 45-65 years of age were more likely to drink whiskey, traditional medicana, home made whiskey and Chinese whiskey.

The patterns of drinking were different among age groups and sex. The average daily alcohol intake of male was 30-40 gram/day. However, the average alcohol consumption was as high as 70-100 gram/ drinking day. It meant that the male was quite heavy drinker. Female drank 2-3 times lower than male with the average of 10-15 gram/day.

The frequency of drink during the past years indicated the risk behavior of drinker. The surveillance results indicated that male had higher risk since most of males in all age groups (12-24, 25-44 and 25-65 years old) drank 1-2 times /week. It could say that one out of four males drank alcohol e very week. However, the 44-65 age groups were the highest proportion of those who drank every day. There were different drinking behavior among different age group of females, the 12-24 aged group drank 2-3 per year, the 25-44 aged drank 2-3 days per month and the 45-65 aged group drank 1-2 days per week. It indicated a key message that female drank more often when they get older.

The pattern of drinking indicated that about 40 % like to drink at home and 25% drank at their friends and relatives' houses. It made them had plenty of times to drink. Almost all of them (about 90%) usually drank with friends. It was a socialized after work in the afternoon to evening. Many of them drank during festival such as New Year and Songkran (Thai New Year). However, significant proportion drank without any special occasions. There were various sources of alcohol in the village of which the grocery stores were the most convenient and feasibility. The second most popular sources were free distribution during the cerebration such as funeral, ordain, wedding and parties.

The Alcohol Use Disorders Identification Test (AUDIT) test indicated that most of the population was Hazardous Drinkers.

Males had adverse impacts from alcohol than females. The most common problems were felt guilty and sorry after drinking alcohol, economic problems, and health.

Part3: Evaluation of the developed surveillance system

The developed system was tested for acceptability, simplicity, flexibility, sustainability, and usefulness the results indicated that:

1) Acceptability: Administrators realized the significant of this developed system since it has effect on policy related to alcohol consumption surveillance and its impact in the areas. The information from the surveillance system was used to inform relevant agencies to corporately monitor and control drink driving in order to be able to prompt response to control traffic accidents related to drink driving. They were able to request the local administration organization for budgets to set an ad hoc unit with cooperate with the traditional medicine to massage and prepare herbal drink to relief alcohol intoxication during the festivals. In addition, the staff who involved in the surveillance system perceived the usefulness of systems in term of being informed about the alcohol consumption problems. They also appreciated the value of the system for relevant information that were used and will be used effectively for drink driving control measures during festivals.

2) Simplicity: It did not take much time to record information into the surveillance system. In addition it also had clear direction on data collection.

3) Flexibility: The staff perceived rather inflexibility in data collection channel since it was collected to paper record form from each agency. It should

various channels such as electronic files through electronic mails that made it possible for daily report.

4) Sustainability: The system should be sustainable since it has to be reported to the monthly meeting of head of all governmental organizations and local administration in the district. It is part of health risk, which needed a epidemiological surveillance. However, it need appropriate and regular preparation for new staff involved in the system.

5) Usefulness: In addition to the fact that the surveillance information has been using in the monthly meeting of head of all governmental organization in the district, the school administrators were triggered by the information that there have been an increasing trend of alcohol consumption in adolescents. Adolescents were mostly in school, therefore, the administrators have set policies and measure to monitors the high risk group.

2. Discussion

The study indicated the alarming signs of alcohol consumption problems getting from the surveillance system were that: there has been an increasing trend of alcohol consumption in all age groups.

2.1 Demand situations

The results indicated an increasing trend of alcohol among the 12-24 years old group. It was similar with the study on alcohol consumption behavior and health risks surveillance among secondary school students in Thailand by Sawitree Asanangkornchai et. all (2008) and the report of the Drug Addiction Academic Organization Network (2007). It also found that beer was the most common drink among this drinker group. Whereas juice mixed with alcohol, wine and RTD were popular among female adolescents. It reflected that the young drinkers preferred low concentration alcohol drink, sweet, convenience, and modern style more than the older groups. One of an important findings was that during the past one year most of the 12-24 years of age group had dangerous drinking behaviors with the average of >100 gram of alcohol/drinking day for males (> 3 bottles of beer) or > 60 gram of alcohol/drinking day for females (>2 bottles of beer). For the fact that these young drinkers were mostly drink during festival, therefore, "no alcohol" during festival should be the best measures for these groups and others /or strictly control these

group during festival should help minimized the impact of binge drinking of these youngest drinker groups.

2.2 Supply Situation

The surveillance reports indicated that it was convenience to purchase alcohol in the areas since the most feasible alcohol sources were convenience stores in the villages. It usually took them fewer than 5 minutes to buy alcohol from these stores. It was similar with the study of Kanitha Thaikah (2007) on the relationships between alcohol sources and alcohol drinking behavior which found that it was convenience for drinkers to purchase and drink alcohol. The stores also changed their sell strategies and types of alcohol such as sell more varieties of alcohols instate of only white whiskey. They also developed special recipes of alcohol with different tastes and qualities including dope. Interesting and attractive name of shops and menu were created to gain attraction from children and adolescents to drink alcohol such as summer kiss, rose in love, pink panther. Cozy environment with simmer light and music and young waitress for males could stimulate them to consume alcohol

2.3 Impact of Alcohol Consumption

The results also indicated more drinking during festivals and socialized of friends and family members. These drinking patterns were more likely to binge drinking and drunk, which resulted in adverse impact for both physical and economic. Drink driving caused accidents both injuries and fatality. Drinking alcohol also increasing assaults and robbery cases, which were similar with the study of Room, R., et al., (2002), found that Tennant's Creek, a small community north of Australia with high populated of aborigines. The surveillance system found that on Thursday, the payday, and Friday had the highest rate of alcohol consumption. It had both acute problems of assaults, violence quarreling, robbery and chronic problems such as alcohol related diseases. The community board committee established a project with the "Feed the Children First" motto. Selling alcohol was prohibited on Thursday and reducing the selling duration on Friday. These measured could reduce hospital admission with related to alcohol by 34 %, females being assaulted by 46 % and 19.4 % reduction of alcohol consumption. Report cases to polices on Thursday was reduced to half and significant reduction of legal cases. At the beginning the store representatives worried that the measures might have impact on tourism. However,

there were more tourists visiting the community from felling safe from alcohol related problem. Most of the population perceived benefits of the measures for the community on both reduction of alcohol consumption and impact. People there were more secure, had more discipline, more peaceful and cleaner.

3. Recommendations

3.1 Recommendations for Applications

3.1.1 Since there was an increasing trend of the 12-24 years of age drinkers, more conveniences in getting alcohol from various sources and free alcohol in females. Appreciated measures should be strictly control alcohol consumption in this group. The urgent measures should be cooperation of all relevant sectors to set an appropriated environment to prevent them to drink alcohol. The measures should be set minimum age for drinking alcohol, family roles in monitoring alcohol consumption for their children and teaching them not to drink alcohol in any occasion especially during cerebrations and festivals in order to prevent them from new drinker and binge drinker. License for selling alcohol is also necessary to control the supply side. Zoning for not selling alcohol near school might also help since they also always drank with friends in the afternoon.

3.1.2 Relevant sectors perceived benefit of the system. However, for sustainability and reliability, it needed qualified and willing staff to help promptly providing relevant information into the surveillance system. Therefore, the regular supervision, monitoring, and evaluation are important for the system. Furthermore, training for new staff is essential as well.

3.2 Recommendations for Future Research

3.2.1 Research on development of indictors to access risk behaviors of adolescent on alcohol consumption should be conducted.

3.2.2 Evaluation research on results of alcohol control measures in the areas will help strengthening the effectiveness of alcohol control measures and improving public policy related to alcohol at local level.