Drug dependence in Thailand: a review

Charas Suwanwela Institute of Health Research, Chulalongkorn University, Bangkok, Thailand

ABSTRACT

Opium addiction was know to Thai people since King Ramathibodi I, the frist king of Ayudhaya. According to a large wave of Chinese immigration to Thailand in late eighteenth and early ninteenth centuries, opium problem became worse. Most of chinese immigration carried the habbit of opium smoking and this habbit spreaded rapidly to Thai people. Smoking and selling of opium was illegal and was completely band by King Rama III on 27 April 1839. In 1851, King Rama IV changed the tactics that opium addicts were required by law to register with the authority and opium smoking could be done only in authorized opium dens. This arrangement provided a large income to the country. The legalized opium dens and opium smoking continued for about one hudred years. According to the United Nations' recommendation, the Thai Government on 9 December 1958 passed a legistration to terminate legalized opium trade and nonmedical consumption. A treatment center was set up for detoxification of opium addicts. Heroin was first found in Thailand in September 1959 Owing to no special utencils are required for heroin smoking, heroin abuse spreaded rapidly among the old opium addicts as well as new ones. Drug abuse in various forms can be found all over the country. Opium smoking and addiction are still prevalent among those comming from rural areas. Opium addiciton is also wide spread among the hill tribes in the north of the country. In contrast, heroin and polydrug abuses are the pattern of addiction in urban communities of the country and appear to follow the same pattern as in other countries. The unique social, cultural and economic situation in the country is however responsible for certain deviation. Drug abuse in student population is also described in this review with inadequate and fragmentary information. Further study is essential especially the assessment of the nature, extent and trend of the problem and the effectiveness of various forms of education which are aimed at prevention of drug abuse are aimed at prevention of drug abuse. Opium addicition among the hill tubal population is quite different from the lowland. The reaso for taking opium was due to physical illness, the result of mental frustation on sorrow. Reliable evidence in this regard, however, is still in adequate. There is no reliable information regarding the abuse of other psychotropic substances in different population of the country. Most drugs including tranquilizers are available over the counter and their abuse does exist. Laws and law enforcement on addiciting drug inThailand have in existence for several centuries and they have undergone periodic revision. A number of drugs namely opium and its alkaloids and analogs,

codeine, coca leaves and palkaloids, secobarbital, amphetamine and cannabis are in the list of controlled addicting drugs announced by the Ministry of Public Healths. The scale of punishment for drug offences varies from drug to drug. Herion offences are the highest punishment scale and morphine offences are slightly less than heroin.

Key words: Drug dependece problems, Drug abusepattren, Hill tribes, Students, Communities

Techinical Report No.DD-4/76. 1976.

Techinical Report No.DD-4/76. 1976.