

Amphetamine type stimulants epidemic in Thailand : a country profile

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ABSTRACT

Thailand suffered periodic extensive opium dependence in past centuries. The first heroin epidemic lasting a few year occurred in 1959. The second larger heroin epidemic occupied the 1970s and the 1980s. During the 1970s the abuse of ganja, opium, morphine and methamphetamine also increased in concurrent with heroin abuse. The extent of the heroin epidemic dominated the abuse of all other substances then. However, the extent of amphetamine type stimulants (ATS) abuse superceded the heroin abuse in late 1990s.

The population profile of the heroin user in treatment was fairly similar through the last 3 decades. The majority resided in Bangkok and the central region. More than 90% were male. Their age mostly ranged between 20-35 years. Less than 7% were student. About 1/3 were unemployed. More than 70% administered heroin intravenously. The new ATS dependent in the treatment population were of younger age than the heroin user and about half were student. Most probably a much larger occasional use population mainly the labour force and the student had not entered the treatment. The main reasons for ATS use were to enhance occupational performance and recreation. More than 90% administered ATS by inhaling fume from heating the ATS tablet in foil paper cup. The substantial supply of ATS came from abroad as well as local production. Increase number of ATS users with mental disturbance sought treatment in mental hospitals but of inconsequential proportion in comparison to the ATS user population in dependence treatment services.

The government declared strong commitment to combat ATS abuse in 1998 through the Office of the Prime Minister Decree 141/2541. The Decree defined new policy and strategy to prevent and control substance abuse problems. The Narcotics Law issued in 1979 and amended in 1997 strictly control manufacturing and trafficking under capital punishment. While the dependent in treatment was exempted from legal enforcement. The treatment is provided by two approaches, the voluntary and compulsory systems. The former was provided from the public health services base distributed over the

whole country. There were considerable services provided by the Buddhist temple and non-governmental bodies.

Key words: Amphetamine type, Stimulant, Epidemy, Thailand.

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