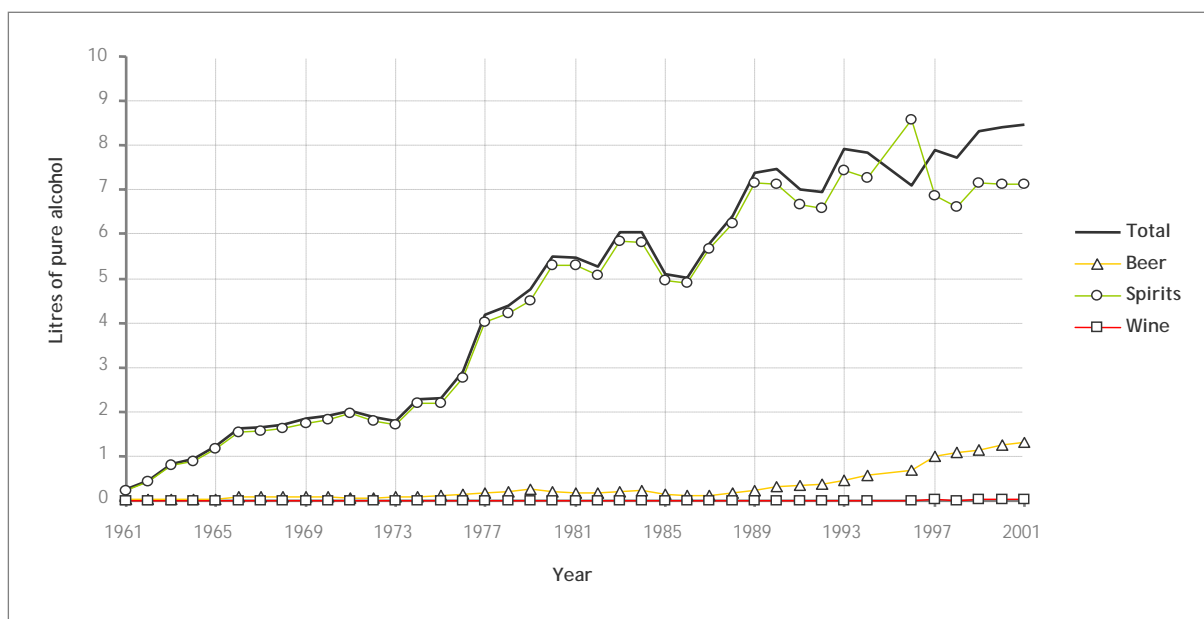


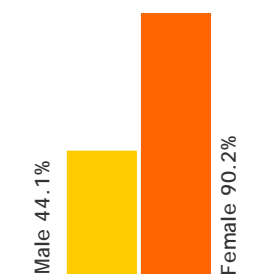
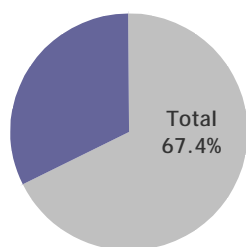
# THAILAND

## Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

## Abstainers (non-drinkers)

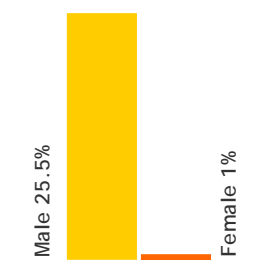
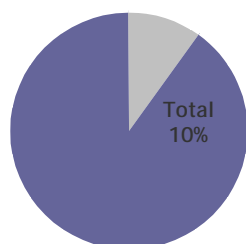


National survey conducted in 2001 (males  $n = 23\ 281$  and females  $n = 23\ 699$ ; aged 15 years and above).<sup>1</sup>

In a case-control study of the relationships between alcohol dehydrogenase-2 (ADH2), aldehyde dehydrogenase-2 (ALDH2) and male alcohol use disorders (AUD), the research sample included 153 paired cases (probable AUD) and controls (non-probable AUD), sampled from Khon Kaen villagers from north-east Thailand. 86.9% of the controls were current drinkers.<sup>2</sup>

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 31% (males) and 72% (females). Data is for after year 1995.<sup>3</sup>

### Harmful and hazardous drinkers in southern Thailand

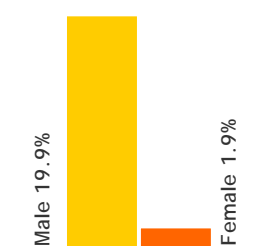
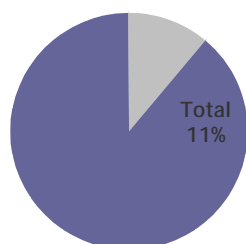


Survey in a southern Thai community. Total sample size  $n = 898$ ; males  $n = 325$  and females  $n = 573$ ; aged 35 years and older. Respondents who scored 8 or more on the AUDIT were classified as having hazardous or harmful alcohol consumption or possibly dependence.<sup>4</sup>

In a study of 91 alcohol-dependent subjects, 77 hazardous or harmful drinkers, and 144 abstainers or light drinkers (all subjects were Buddhist males aged 18 years or over), it was found that the median alcohol intake was 75 and 49 g/drinking day in the alcohol-dependent and harmful or hazardous groups respectively. The former group drank on average 25 days/month, whereas the harmful or hazardous drinkers drank 10 days/month. Drinking alone was more common in the alcohol-dependent group (67%) whereas harmful or hazardous drinkers typically drank with friends (58%) and infrequent drinkers drank only at social functions (61%). Only 28% of alcohol-dependent subjects perceived themselves as dependent on alcohol.<sup>5</sup>

In a 1997 study of 220 dentists working in 14 provinces in southern Thailand (age range 22 to 54 years), it was found that 19.1% consumed alcohol on a weekly basis.<sup>6</sup>

### Youth drinking (consumes alcohol)



National survey conducted in 2001 (males  $n = 2862$  and females  $n = 2778$ ; aged 15 to 19 years old).<sup>1</sup>

In a 1999 survey of 1725 students aged 15 to 21 years (893 males and 832 females) attending one of three vocational schools in Chiang Rai Province, alcohol consumption during the previous three months was reported by 826 males (92.5%) and 670 females (80.5%).<sup>7</sup>

### Alcoholism in Karen villages in northern Thailand

In a study conducted in 1999–2000 in 31 Karen tribal villages in northern Thailand (size of each village ranges from 52 to 435 persons), alcoholism was reported in most villages. 25% of the villages reported having between one and four alcoholic persons and 41% reported having more than four alcoholic persons.<sup>8</sup>

### Traditional alcoholic beverages

Thailand has several traditional alcoholic beverages: *Satoh*, *Ou* and *Krauche*. *Satoh* production is carried out by using three kinds of rice: white sticky rice, red sticky rice and non-polished rice, yielding 29% ethanol within nine days at room temperature.<sup>9</sup>

*Lao khao* is a potent alcoholic beverage made from rice that is widely distilled and sold in villages.<sup>10</sup>

*Lao-lao* (homemade rice whiskey) and *lao-hai* (alcoholic drink made of sticky rice) are also consumed.

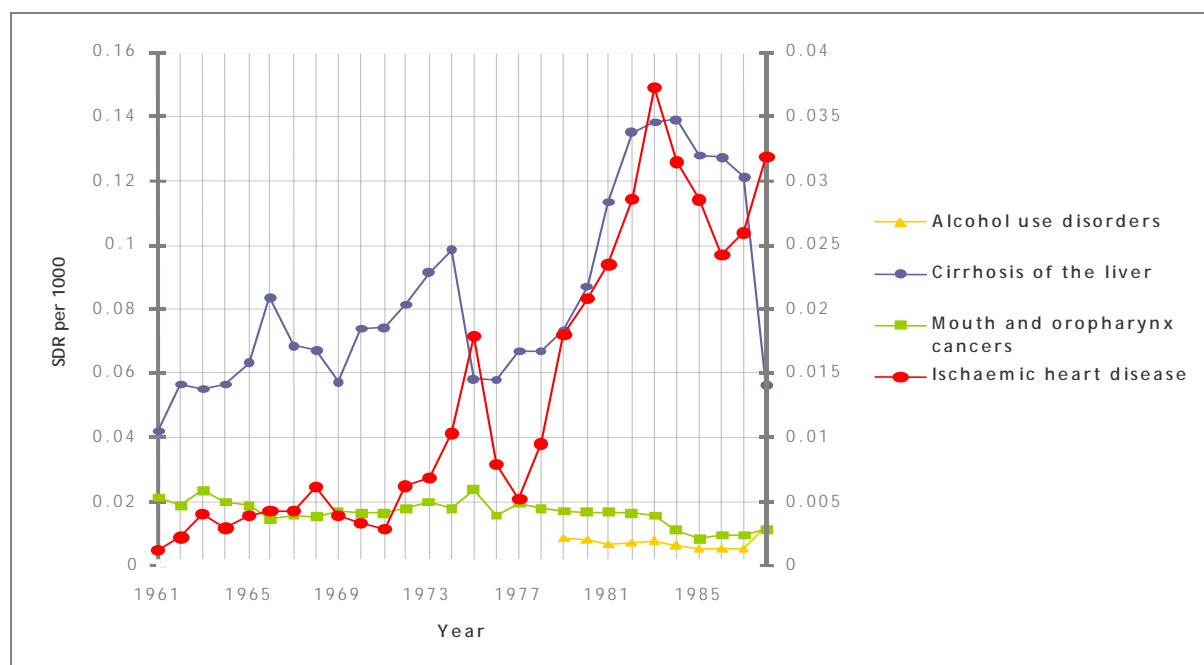
### Unrecorded alcohol consumption

The unrecorded alcohol consumption in Thailand is estimated to be 2.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).<sup>3</sup>

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

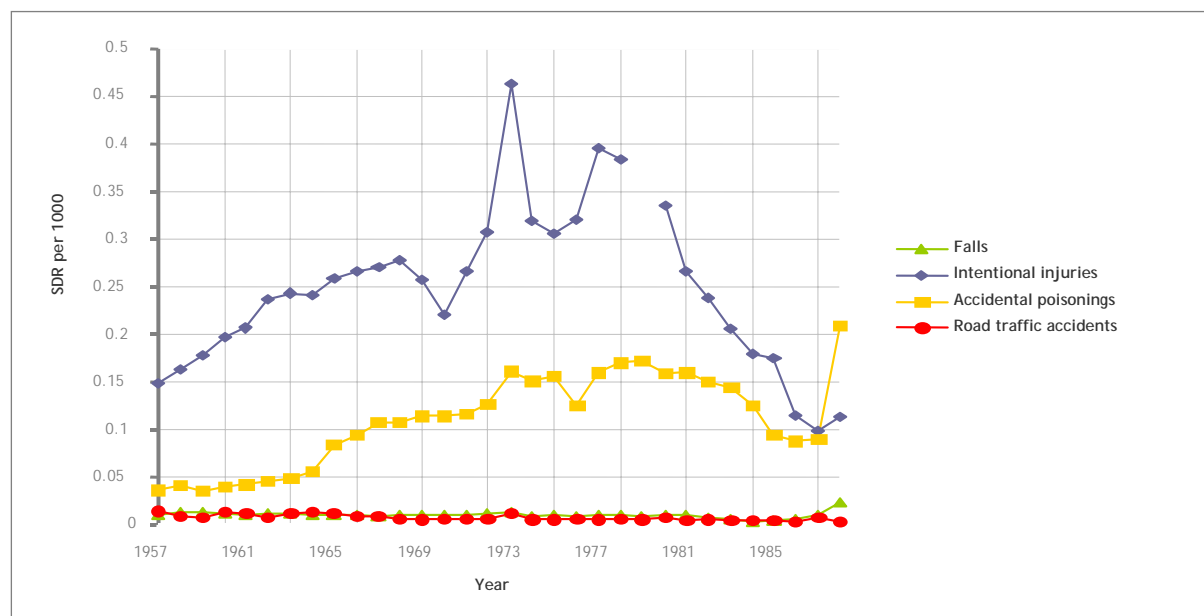
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Note: Caution should be exercised when interpreting the results as death registration level is incomplete.

### Morbidity, health and social problems from alcohol use

A survey found that 62% of traffic accident victims had a positive blood alcohol concentration.<sup>11</sup> An estimated 45% of deaths from traffic accidents in Thailand are due to alcohol consumption.<sup>12</sup>

A substantial proportion (44%) of traffic injury cases seeking emergency services in public hospitals had a blood alcohol concentration of 0.1% or more.<sup>13</sup> A recent study revealed that one third of road traffic accident patients were under the influence of alcohol, and consumption of alcohol one hour before driving was associated with a threefold increased risk of being involved in a traffic accident.<sup>14</sup>

In a study looking at consecutive emergency room admissions aged 14 years and older, admitted from 18:00 to 02:00 in three regional hospitals in Thailand (total sample size  $n = 992$ ), it was found that among the 404 males and 127 females admitted for trauma, 43% and 13% respectively had positive AUDIT scores, compared with 35% of male non-trauma and 6% of female non-trauma patients. The study also revealed that 39% of all males presenting to the emergency room for treatment between 18:00 and 02:00 misuse alcohol. The rate was significantly lower (8%) among females.<sup>15</sup>

A retrospective analysis was done of 3225 injured motorcyclists treated at Phra Chom Klao Hospital between 1999 and 2000. Approximately 21% of the riders involved in accidents had been drinking alcohol.<sup>16</sup>

A study conducted in 1995 in eight provinces in Thailand tested 4675 male drivers. The crude prevalence of high blood alcohol concentration (BAC) – over 50 mg/dl – was 12.6%. During 22:00 to 24:00 the prevalence rose to 19.2%, 16% and 11.9% among the motorcyclists, the 4-wheel vehicle drivers and the 6-or-more-wheel vehicle drivers, respectively.<sup>17</sup>

### Economic and social costs

The economic cost of hospitalized alcohol-related illness per person per admission was estimated to be over 20 000 Baht (US\$ 800) in 1992 which included medical treatment costs and indirect costs from lost earnings, decreased productivity of the patient and family, transportation costs, and other non-medical equipment and food.<sup>18</sup>

### Country background information

|   |            |   |        |      |
|---|------------|---|--------|------|
| <b>Total population 2003</b>            | 62 833 000 | <b>Life expectancy at birth (2002)</b>                  | Male   | 66.0 |
| Adult (15+)                             | 47 124 750 |   | Female | 72.7 |
| % under 15                              | 25         | <b>Probability of dying under age 5 per 1000 (2002)</b> | Male   | 32   |
| <b>Population distribution 2001 (%)</b> |            |   | Female | 26   |
| Urban                                   | 20         | <b>Gross National Income per capita 2002</b>            | US\$   | 1980 |
| Rural                                   | 80         |   |        |      |

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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