

ATLAS of Substance Use Disorders

Resources for the Prevention and Treatment of Substance Use Disorders (SUD)

Country Profile: THAILAND

DEMOGRAPHY		
Total population ¹ ('000s)	Year 2006	63'444
Annual population growth rate ¹ (%)	Year 1996-2006	0.9
Population living in urban areas ¹ (%)	Year 2006	33
Life expectancy at birth ¹ (years)		
<i>Female</i>	Year 2006	75
<i>Male</i>	Year 2006	69
Adult literacy rate ² (% aged 15 and above)	Year 1995-2005	92.6
Human Development Index ^{2a} (HDI)	Year 2005	0.781
GDP per capita ² (PPP US\$)	Year 2005	8'677
Gini Index ^{2b}	Year 2007	42

SUBSTANCE USE EPIDEMIOLOGY		
National epidemiological data collection system		
<i>Alcohol</i>		Yes
<i>Drugs</i>		Yes
Prevalence estimates for alcohol use disorders ³ (12-month prevalence, %)		
<i>Female(15+ years)</i>	Year 2004	0.99
<i>Male (15+ years)</i>	Year 2004	10.18
Prevalence estimates for drug use disorders ³ (12-month prevalence, %)		
<i>Female(15+ years)</i>	Year 2004	0.18
<i>Male (15+ years)</i>	Year 2004	0.70
Injecting drug users ⁴ (per 100'000 inhabitants)*	-	-

Injecting drug use

*In the year 2011, it was estimated that 40,300 persons (out of 58,938,919 population aged 12-65) injected drugs in the past 2 years in Thailand (NAMC, 2012)

INJECTING DRUG USERS: HEALTH PROBLEMS	
HIV/Aids ⁵ (%); estimated % of IDU who are HIV Ab +ve	36
Hepatitis B (%); estimated % of IDU who are hepatitis B SAq +ve	~5
Hepatitis C (%); estimated % of IDU who are hepatitis C Ab +ve	86
Tuberculosis (%); estimated % of IDU who have had active TB in the last 12 months	~20

HIV among Injecting Drug Users (IDUs)

HIV prevalence among IDUs in Bangkok and Chiang Mai were reported in 2010 ranging from 11% to 24%. It was estimated that HIV prevalence among IDUs in southern Thailand could be twice higher than the above rates (Yongvanitkij et al, 2010).

SUBSTANCE ABUSE POLICY AND LAW	
Substance abuse policy	Yes, separate policy for alcohol and a separate policy for drugs
Availability of special legislative provision:	
<i>Treatment and rehabilitation for people with SUD</i>	Yes
<i>Compulsory treatment for people with SUD</i>	Yes, for drug use disorders
Presence of drug courts in the country	No
Availability of programmes which divert clients away from criminal justice system towards treatment	Yes, for drug use disorders

TREATMENT SERVICES	
A. ADMINISTRATION AND FINANCING	
Government unit responsible for treatment services for SUD	<u>Yes</u> , for alcohol and drug use disorders together
Budget line in annual budget of government for SUD treatment services	<u>Yes</u> , for mental health, alcohol and drug use disorders together
Most important financing method for treatment services:	
<i>Alcohol</i>	Tax-based funding
<i>Drugs</i>	Tax-based funding
B. SECTORS AND SETTINGS	
Of those receiving treatment for alcohol use disorders, the percentage (%) treated in ⁶ :	
<i>Public sector</i>	~95
<i>Private sector</i>	~2
<i>Joint public-private sector venture</i>	~2
<i>NGOs</i>	~1
Of those receiving treatment for drug use disorders, the percentage (%) treated in ⁶ :	
<i>Public sector</i>	~70
<i>Private sector</i>	~15
<i>Joint public-private sector venture</i>	~10
<i>NGOs</i>	~5
Most commonly used treatment setting for:	
<i>People with alcohol use disorders</i>	General health service
<i>People with drug use disorders</i>	General health service
C. AVAILABILITY, COVERAGE AND CAPACITY	
Availability of treatment services (Yes/No) and estimated coverage* (%) of population:	
Alcohol use disorders	
<i>Inpatient medical detoxification</i>	Yes 10-50
<i>Outpatient medical detoxification</i>	Yes 10-50
<i>Long-term residential rehabilitation</i>	Yes <10
Drug use disorders	
<i>Inpatient medical detoxification</i>	Yes 10-50
<i>Outpatient medical detoxification</i>	Yes 10-50
<i>Outpatient abstinence oriented treatment</i>	Yes 10-50
<i>Substitution maintenance therapy of opioid dependence</i>	Yes 10-50
Specialized treatment services for patients with drug use disorders (including IDU) with HIV/AIDS	No
Number of outpatient treatment slots for alcohol and drug use disorders (per week)	80
Total number of beds for alcohol and drug use disorders (most recent year available)	-
Waiting period to receive outpatient opioid substitution treatment*	~0 days
Implementation of screening/brief intervention in primary care	
<i>Alcohol</i>	<u>Yes</u> , but rarely
<i>Drugs</i>	<u>Yes</u> , but rarely
Presence of essential list of therapeutic drugs	Yes
D. TREATMENT SYSTEM ORGANIZATION	
Specialized treatment system for alcohol and drug use disorders	Treatment for both alcohol and drug use disorders

PHARMACOTHERAPY OF SUBSTANCE USE DISORDERS	
Pharmacotherapy used for treatment of opioid dependence for detoxification	- Methadone
Pharmacotherapy used for treatment of opioid dependence for maintenance	- Methadone (solution/syrup)
Pharmacotherapy used for treatment of alcohol withdrawal	- Benzodiazepines

OPIOID AGONIST TREATMENT: THERAPEUTIC DRUGS & SETTINGS	
Availability of agonist pharmacotherapy (Yes/No) and purpose of treatment (maintenance or detoxification)	
<i>Methadone</i>	Yes
<i>Buprenorphine</i>	No
Formulation of Methadone used	Oral solution
Average daily dose (mg) for maintenance	
<i>Methadone</i>	-
<i>Buprenorphine</i>	-
Settings involved in provision of Methadone	-
<i>Public general hospitals</i>	Yes
<i>Public mental health hospitals</i>	No
<i>Public drug treatment centres</i>	Yes
<i>Private treatment centres</i>	Yes
<i>Private practice</i>	Yes
<i>Primary health care</i>	No
<i>Community pharmacies</i>	No
<i>Prisons</i>	Yes
Settings involved in provision of Buprenorphine	-
Number of supervised doses per week	
<i>Methadone</i>	1-7
<i>Buprenorphine</i>	-
Cost per milligram of Methadone in pharmacies	-
Cost per 2 mg tablet of Buprenorphine in pharmacies	-
Number of treatment slots for opioid agonist maintenance treatment (per day)	
<i>Methadone</i>	-
<i>Buprenorphine</i>	-

Availability of opioid agonist treatment

Opioid agonist treatment is provided in Thailand. Methadone maintenance programs were recently implemented in private practice (Reid, 2008).

HUMAN RESOURCES	
Three most important health professionals for treatment of persons with:	
<i>Alcohol use disorders</i>	- Psychiatric Nurses - Social Workers - General Practitioners
<i>Drug use disorders</i>	- Psychiatric Nurses - Social Workers - General Practitioners
NGOs in the country focusing on:	
<i>Alcohol</i>	Yes
<i>Drugs</i>	Yes

PREVENTION AND HARM REDUCTION	
Government unit responsible for the prevention of SUD	<u>Yes</u> , for alcohol and drug use disorders together
Budget line in annual budget of government for prevention of SUD	<u>Yes</u> , for mental health, alcohol and drug use disorders together
Most important financing method for prevention services of SUD	State Government
Availability of prevention services (Yes/No) and estimated coverage* (%) of population	
<i>Mass media (audiovisual)</i>	Yes 25-49
<i>Mass media (print)</i>	Yes 25-49
<i>School-based programmes</i>	Yes 50-74
<i>Community-based programmes</i>	Yes 25-49
Availability of harm reduction programmes	
<i>Needle exchange programmes (community-based)</i>	Yes
<i>Needle exchange programmes (in prisons)</i>	No
<i>Supervised injection facilities</i>	No
<i>Outreach services for injecting drug users</i>	Yes
<i>Naloxone distribution</i>	No
<i>Bleach distribution (community-based)</i>	No
<i>Bleach distribution (in prisons)</i>	No

Note:

This country profile compiles information from the WHO ATLAS survey on resources for the treatment and prevention of substance use disorders, and from other sources of data. If not otherwise indicated, data refer to the year 2008.

Footnotes:

1 Data from World Health Statistics, 2008.

2 Data from UNDP Human Development Report, 2007/2008.

2a Human Development Index (HDI): Index combining measures of life expectancy, literacy, educational attainment, and GDP per capita. A HDI below 0.5 represents "low development", a HDI of 0.8 or more represents "high development".

2b Gini index: Inequality measure of wealth distribution. A value of 0 corresponds to perfect equality, a value of 100 to perfect inequality.

3 Global Burden of Disease (GBD) estimate, 2004.

4 Use of a drug by injection may be intravenous, intramuscular or subcutaneous.

5 Data for HIV/AIDS and Hepatitis C are based on an in-treatment sample and result from the Thailand Health Profile (2007). Data on Hepatitis B and Tuberculosis are based on expert assessment.

6 Data based on expert assessment.

* Response involves expert assessment.

References:

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Yongvanitjit K; Manomaipiboon P; Aramrattana A; et al. Continued risk behaviors and high HIV prevalence among injecting drug users (IDUs) in a respondent driven sampling (RDS) survey in Bangkok and Chiang Mai, Thailand. Presented at the XVIII International AIDS Conference, Vienna, July 18-23, 2010.