

Consumption and Expenditures for Underage and Adult Excessive Drinkings in Thailand

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I. Introduction

Alcohol consumption causes serious public health and social problems. In

Thailand, alcohol is the second leading health risk factor, attributed to 8.1% of all disability-adjusted life years(DALYs) (Burden of Disease Project, 2007). The

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proportion of drinkers is estimated to be between 32-53% of the Thai adult population (National Statistical Office, 2005), (Porapakkham Y, Punyaratabandhu P, 2006). Approximately a half of all drinkers consume alcoholic beverages at least once a month. Based on the National health Examination Survey 2003-04, the prevalence of hazardous drinking is 16.4% in men and 2.2% in women. In addition, binge drinking is estimated to occur in 23.2% of the Thai population (40.3% in men and 6.5% in women) and the proportion of binge drinkers is peak among younger people (Aekplakorn W, Hogan MC, Tiptaradol S, Wibulpolprasert S, Punyaratabandhu P, Lim SS, 2008).

Early consumption is more likely to experience serious alcohol-related harms later in life (Hingson RW, Heeren T, Jamanka A, Howland J, 2000). Excessive drinking causes injury and trauma in the short term, and increases alcohol dependence, cirrhosis, cancer and other chronic diseases in the long term (World Health Organization, 2004). Although light-to-moderate consumption has been associated with some benefits, such as reducing risk of coronary heart diseases (Mukamal KJ, Conigrave KM, Mittleman MA, Camargo CA, Stampfer MJ, Willett WC, et al, 2003), it depended largely on age, sex, coexisting illnesses, and other factors. Moderate drinking was defined as not more than 14 drinks per week or 4 drinks per occasion for adult men, and 7 drinks per week or 3 drinks per occasion for adult women (National Institute on Alcohol Abuse and Alcoholism, 2005).

In Thailand, the Department of Mental Health established the recommendations of

behavioral counseling intervention in 2004 for reduction of alcohol misuse (Bureau of Mental Health Technical Development, 2004). In addition, the Act for Child Protection has been announced the minimum legal drinking age to prevent persons less than 18 years in consuming alcohol since 2003 (Act for Child Protection, 2003). Certain research has been conducted on underage drinking and excessive drinking (Foster SE, Vaughan RD, Foster WH, Caifano JA, Jr, 2003), however, this issue has never been reported in Thailand. This study aims to examine the consumption and expenditure in underage drinking and adult excessive drinking in Thailand.

II. Methods

A. Data sources

The analysis of this study was based on the NHES2003-04, a nationally representative sample of the Thai population aged 15 years and over (n=39, 290). Its design way previously described elsewhere (Aekplakorn W, Hogan MC, Tiptaradol S, Wibulpolprasert S, Punyaratabandhu P, Lim SS, 2008), (Chaiyasong S, Limwattananon S, Limwattananon C, Thamarangsi T, Tangcharoensathien V, Schommer J, 2011). In brief, NHES2003-04 is a multi-stage stratified cluster sampling survey, administered by Health Systems Research Institute. Information on alcohol consumption was collected using a beverage-specific quantity-frequency (BSQF) measure which contained questions on the quantity and frequency of drinking during the past