

**MEASURES AND PROCESS OF NETWORK MANAGEMENT OF  
ALCOHOL ABUSE IN HIGH-RISK PROVINCES:  
SUCCESS OR FAILURE**

**Suriyan Boonthae**

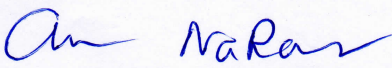
**A Dissertation Submitted in Partial  
Fulfillment of the Requirements for the Degree of  
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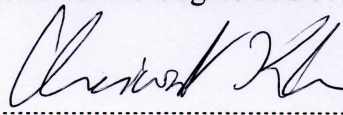
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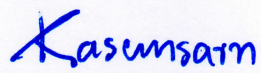
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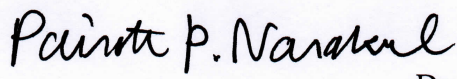
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## **ABSTRACT**

<b>Title of Dissertation</b>	Measures and Process of Network Management of Alcohol Abuse in High-Risk Provinces: Success or Failure
<b>Author</b>	Mr. Suriyan Boonthae
<b>Degree</b>	Doctor of Public Administration
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This research had the objective to study measures and procedures in addressing alcohol abuse through a network of provinces which high prevalence of alcohol abuse. As well as to study the success and failure of management of such programs. The researcher applied mixed methods for data collection, including both qualitative and quantitative methods. The methods include in-depth interviews with 55 key informants, focus group discussions with 13 persons from two groups, review of existing documents, and survey research with interviews of 1,600 samples from 784 households in four provinces: Lampang, Sisaket, Kamphaengphet, and Chaiyaphum. Data were processed using analytic induction and descriptive statistics. The data were verified using data triangulation.

This study found that all four study provinces implemented public campaigns as their principal intervention. Measures that are considered best practices were only implemented as secondary approaches. The public campaigns themselves were not very effective or efficient and, thus, the goals were not achieved. Plus, the program did not fully address the context of the problem.

This study of the process of networking of four provinces to address alcohol abuse found that Sisaket had the highest capacity to respond, followed by Lampang, Kamphaengphet and Chaiyaphum. The most important factor behind successful action

of the network was having a lead agency. This had a reinforcing effect on other components. Conversely, lack of leadership led to poor performance of the network. Also, lack of network unity was also a factor behind lack of success. That said, there were limitations of participation, exchange and sharing of resources, institutional support, and external environment factors which impeded achievement of the network.

When looking at success or failure of the network to reduce risk of alcohol abuse, none of the four provinces was able to have clear impact on this variable. Thus, overall, as a network, it has to be concluded that the program was not successful as envisioned. Part of this shortfall may be that the network implementers have a limited view of what success means, or they focused too much on process and outputs, rather than outcomes and impact.

The findings of this study are consistent with the concept of the Logic Model. The four provinces in the network chose to emphasize interventions that were less efficient and effective than what has been the experience of best practice efforts elsewhere. The provinces did not take full advantage of the potential of the network to achieve synergies of collaboration. Thus, the risk environment for alcohol abuse in the four provinces as a whole was not significantly reduced.

Based on the findings of this study, it is recommended that provinces with higher prevalence of alcohol abuse should implement best practice interventions as their principal strategy. Public campaigns can be used as reinforcing or support measures. The Sisaket model of an Alcohol Dependence Rehabilitation Center should be replicated in other provinces. There should be a network of volunteers and campaigners to monitor dangers from alcohol abuse, as implemented in Kamphaengphet. There should be replication of the “Prasat Model” of Surin Province which involves setting up community-based check points. Ultimately, there should be more advocacy to increase the priority of the province to address alcohol abuse and invite civil society to play a more significant role in the response. There needs to be increased trust and shared values in the network which are regularly reinforced. There also needs to be a uniform definition of success which focuses more on outcomes and impact to reduce and eliminate alcohol abuse.

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The author was greatly assisted in the qualitative data collection by the staff of the Stop Drink Network and, in the field, from the wonderful cooperation of the key informants and the Network's field coordinators in each of the four provinces. For quantitative data collection, the team from the SAB Research Centre conducted the questionnaire survey in the field, often in difficult circumstances. However, their dedication and persistence made their effort successful.

Finally, this dissertation would not have been possible without the constant love and support of the author's family, including his father, Wibun Boonthae, who was an important source of motivation; his mother, Sakorn Boonthae, whose love was a source of inspiration; and his brother, sister and nieces who are beloved. In addition, the author is most grateful for his DPA7 friends for their moral support and for their willingness to discuss technical content of this dissertation with the author. The author is most humble and full of gratitude for the support of all individuals and organizations who participated in this process.

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## SYMBOLS AND ABBREVIATIONS

### Symbols

n

Frequency

%

Percent

S.D.

Standard Deviation

### Equivalence

### Abbreviations

AEO

Area Excise Office

BAC

Blood alcohol concentration

BAO

Buddhist Affairs Office

CAO

Cultural Affairs Office

CAS

Center for Alcohol Studies

CDCP

Centers for Disease Control and  
Prevention

DPMO

Disaster Prevention and Mitigation  
Office

ESAO

Educational Service Area Office

HITAP

Health Intervention and Technology  
Assessment Program

HPR

Health Promotion Policy Research  
Center

HSRI

Health Systems Research Institute

LAO

Local Administrative Organization

NCD

Non-Communicable Disease

NGO

Non-Government Organization

NHSO

National Health Security Office

NPG	New Public Governance
NSO	National Statistical Office
OACC	Office of the Alcohol Control Committee
ODPC	Office of Disease Prevention and Control
PAO	Provincial Administrative Organization
PCDO	Provincial Community Development Office
PEASO	Primary Educational Service Area Office
PEO	Provincial Education Office
PHO	Public Health Office
SBI	Alcohol screening and brief intervention
SDC	Stop Drink Community
SDHSO	Social Development and Human Security Office
SDHSO	Social Development and Human Security Office
SDN	Stop Drink Network
SESAO	Secondary Educational Service Area Office
TAO	Tambon Administrative Organization
THPF	Thai Health Promotion Foundation
THPH	Tambon Health Promoting Hospital
VHV	Village health volunteer
WHO	World Health Organization

# CHAPTER 1

## INTRODUCTION

### 1.1 Background

Alcohol abuse is an important problem throughout the world, with a multitude of adverse consequences. Alcohol abuse is the 3<sup>rd</sup> highest ranked risk factor for disease and injury (World Health Organization [WHO], 2009, p. 12). Alcohol abuse can be attributable to a wide range of adverse health conditions, disability, and death. In 2012, it was estimated that there were 3.3 million alcohol-related deaths, or 5.9% of total mortality. In addition, there were 139 million DALYs<sup>1</sup> (WHO, 2014). The proximal impact of excessive alcohol consumption on the body is intoxication, toxicity, and dependence (Babor et al., 2010/2012). There are numerous studies which have examined the consequences of alcohol dependence and the related disease burden of alcoholism (Shield, Rehm, Rehm, Gmel, & Drummond, 2014; Rehm et al., 2015), illness and death (Norden-Krichmar, Gizer, Wilhelmsen, Schork, & Ehlers, 2014; Shield, Rehm, Gmel, Rehm, & Allamani, 2013), association with consumption of other addictive substances (Jones & Hoffmann, 2006), and economic impact (Manthey, Laramée, Parrott, & Rehm, 2016).

In Asia, Thailand ranks 3<sup>rd</sup> highest for per capita consumption of alcohol, behind South Korea, and Japan, and ranks 75<sup>th</sup> in the world (Nat Tarapanich, 2014a, p. 171). The National Statistical Office (NSO, 2014) conducted a survey of alcohol consumption of the population age 15 years or over in 2014 and found that, of the 54.8 million population, approximately 17.7 million consumed alcohol (or about one-third).

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<sup>1</sup>The disability-adjusted life years (DALYs) was developed by WHO as an indicator of adverse health impacts and which quantifies years of life lost (YLL) and years lost due to disability (YLD)

Fully 7.5 million (13.5%) reported drinking at least once a week. In addition, the trend in alcohol consumption is increasing in terms of quantity (Thaksaphon Thamarangsi, 2013, p. 16) and prevalence of drinkers, especially those age 15-19 years (Nopphol Witvorapong, 2014, p. 323). Thus, there is a new generation of drinkers working their way up the population pyramid (Office of the Alcohol Control Committee [OACC], 2014, p. 27).

Relative to other countries in the world, Thailand has about twice the severity of the situation (Babor et al., 2010/2012). The Center for Alcohol Studies (CAS) reported that, in 2009, alcohol abuse had become the number one risk factor for health problems, and was associated with 20,842 male Thai deaths or 8.6% of all mortality in that year, in addition to 912,885 DALYs (Thaksaphon Thamarangsi, 2013, p. 111).

In terms of economic impact, alcohol is associated with poverty in Thailand. Many households find themselves below the poverty line due to expenditures for alcohol alone, in other words, by simply eliminating the expenditure on alcohol, many households would have income higher than the poverty line. (Anchana NaRanong, 2008). Thus, there are tremendous direct and indirect negative impacts of alcohol on the Thai economy. It is estimated that, in 2006, expenditure on alcohol in Thailand exceeded 1.5 billion baht, or about 2% of the GDP (Montarat Thavorncharoensap et al., 2010, p. ii). That amount also exceeds the tax revenue of the country in the year (Center for Alcohol Studies, [CAS], 2010, p. 4).

In addition, alcohol abuse adversely affects many dimensions of social. For example, drinking is often a cause for loud arguments, domestic violence, work-based violence, road damage, reduced labor production, etc. Drinking is often a gateway drug to other forms of addictive substance use and abuse, which can lead to criminal charges and incarceration. Drinking is known around the world as a factor behind sexual abuse and rape (Natanicha Lerfilibert, 2014). A study in the US found that more irresponsible drinking is associated with more crime and murder. Self-injury also increases with only moderate amounts of alcohol (Felson & Staff, 2010).

Clearly the negative effects of alcohol abuse affect many others besides the drinkers themselves. The family, friends and intimate partners are usually the most injured victims of the alcoholic (WHO, 2014). Thus, as long as alcohol is legal, it must not be viewed as other consumer products in view of the potential for harm from its

abuse. There need to be specific policies which apply to alcohol as a unique product in society (Babor et al., 2010/2012, p. 32).

In 2010, the UN World Health Assembly issued a strategy for combatting problems of alcohol abuse, including a menu of programmatic options and measures which countries could adopt (CAS, 2011, p. 10). Increased concern about this problem can be seen in Europe where nearly every country has a national policy to control alcohol products (Carragher, Byrnes, Doran, & Shakeshaft, 2014, p. 726).

Thailand has also issued national policy about alcohol. In 2010, the government called for measures to more carefully monitor the situation and mobilize all sectors for meaningful action to combat alcohol abuse (CAS, 2010, p. 8). One of the principal strategies is “governing by network” with the Thai Health Promotion Foundation (THPF) as the focal point for coordination and oversight. Accordingly, the Stop Drink Network (SDN) was formed to mobilize action and mechanisms to form sub-networks in every province of the country (Thai Health Promotion Foundation, 2016).

In academic, governing by network is attracting increasing interest, and has generated a number of research studies (Berry et al., 2004; Hwang & Moon, 2009, p. 4; Muijs, West, & Ainscow, 2010, p. 5; Isett, Mergel, LeRoux, Mischen, & Rethemeyer, 2011, p. i173). This concept is related to the paradigm of New Public Governance (NPG) which calls for a greater societal involvement in public affairs initiatives (Osborne, 2010). It is believed that implementation via networking will be more effective in the long run (Schroeder, 1999, p. 40) and help to produce more innovation for organizations more efficiently and broadly (Sira Pongsuwan, 2014, p. 4).

Nevertheless, despite the heightened interest in Thailand in attacking alcohol abuse, despite the existence of a national strategic plan to do so, and despite the existence of a networking organizing to help mobilize sustained action, there has been scant evidence of positive outcomes or impact of these developments so far (CAS, 2010, p. 5). Thus, the problem remains and is spreading to the extent that one in three Thai provinces now are considered risk zones for alcohol abuse (Surasak Chaiyasong, Kannapon Pakdisetakul, & Thaksaphon Thamarangsi, 2013).

The Provincial Alcohol Problem Index is a tool which can help detect when an area is becoming a risk zone. This Index was developed by the Health Promotion Policy Research Center (HPR), International Health Policy Program, Thailand (IHPP

Thailand), and examines five indicators of alcohol abuse risk: prevalence of adult ( $\geq 15$  years) drinkers, proportion of regular drinkers, proportion of binge drinkers, proportion of drink drivers, and prevalence of underage (15-19 years) drinkers. These indicators can be predictors of the amount of injury and violence that may be alcohol-related (Chaiyasong & Thamarangsi, 2016, p. 1). Data were collected on the index for all five indicators in all provinces of Thailand. Mean scores for each indicator were calculated. Scores ranged from 0 to 1, with 1 being most problematic (Surasak Chaiyasong et al., 2013, p. 5). Any score in excess of 0.535 was considered high risk (OACC, 2016, p. 2).

It is of particular interest to study those provinces at higher risk of alcohol abuse since effective interventions might be more easily and readily observable in those environments. There is also a greater urgency to address the problem in locations which are most vulnerable. This research used a Logic Model to assess the inputs, process, outputs, and outcomes of the provincial network in the four study provinces. It is hoped that the findings from this research will be beneficial for technical, academic, and policy uses in the fight against alcohol abuse in Thai society.

## **1.2 Research Objectives**

- 1) To study measures to manage the problem of alcohol abuse by a network of four provinces with high risk;
- 2) To study the process of operations of the network in addressing the problem of alcohol abuse;
- 3) To study the success or failure of the network in addressing the problem of alcohol abuse.

## **1.3 Research Questions**

- 1) Which measures are used to address the problem of alcohol abuse?
- 2) Is the selection of measures consistent with the context and need for coverage?
- 3) What are the most appropriate measures for the different study provinces to use/increase in combatting alcohol abuse?

- 4) What is the process of operations of the four provinces and how high is the capacity of the network?
- 5) How can the capacity of the network be built to better combat alcohol abuse?
- 6) To what degree was the network and study provinces successful (or not) in combatting alcohol abuse?
- 7) How can the network be supported to be more effective in addressing alcohol abuse?

#### **1.4 Research Hypothesis**

The success or failure to address the problem of alcohol abuse depends on the response measures and the process of the network in managing program interventions.

#### **1.5 Expected Benefits**

It is hoped that this study will help distill lessons learned or recommendations for the selection and combination of measures to address the problem of alcohol abuse in ways that are consistent with the local context and need for coverage in higher-risk provinces. The aim is to produce guidelines for building capacity of networks to reduce risk of alcohol abuse, as that will support national policy and technical directions. The research should be a contribution to the conceptual thinking and theory which can be further applied to improve the body of knowledge in the area of Policy Implementation, New Public Governance (NPG), Network Theory, Institutional Theory, and Logic Model applications.

## 1.6 Scope of the Study

This research focuses on the measures and process used to address the problem of alcohol abuse by a network of provinces with higher risk. This study looked for evidence of success or failure in the response of these provinces. The key players that are the focus of data collection include the relevant government agencies, civil society, and private sector groups. In addition, data were collected directly from a sample of the population age 15 years or older who were resident in one of the four study provinces at the time of the study. Lampang and Sisaket were selected because they had clear strategies and networks to address the problem of alcohol abuse on a broad scale. Kamphaengphet and Chaiyaphum were selected as areas with the weakest systems to address the problem. The pairs include one province from the north region and one from the northeast region to control somewhat for regional variations and increase diversity of experience.

## 1.7 Definition of Terms

High-risk province for alcohol abuse: This denotes provinces with a Provincial Alcohol Problem Index over 0.535 based on the five indicators: prevalence of adult ( $\geq 15$  years) drinkers, proportion of regular drinkers, proportion of binge drinkers, proportion of drink drivers, and prevalence of underage (15-19 years) drinkers.

Prevalence of drinkers: This denotes the proportion of the population who are drinkers.

Adult drinkers: This refers to drinkers age 15 years or older.

Underage drinkers: This refers to drinkers age 15-19 years.

Regular drinking: This denotes consumption of alcohol on a daily basis, every other day or weekly.

Binge drinking: This denotes consumption a large amount of alcohol at one sitting and, hence, carries risk of adverse sequelae from alcohol (e. g., accidents). For this term, a drink denotes a beverage containing 50 grams or more of alcohol per drink.

Drink driving: This denotes consumption of alcohol and then drives a motor vehicle.

**Best buy interventions:** This denotes measures to combat alcohol abuse which are recognized as most efficient and effective by the WHO (e.g., regulating the physical availability of alcohol, restrictions on advertising and marketing, and pricing and taxation).

**Good buy interventions:** This refers to measures to combat alcohol abuse which are recognized as efficient and effective by the WHO (e. g., drink driving countermeasures, alcohol screening and brief intervention).

## **CHAPTER 2**

### **LITERATURE REVIEW**

The author conducted a review of the literature to study the concepts, theory and related research as a basis for creating a conceptual framework. The following are dimensions of the framework: (1) Alcoholic beverages-factors affecting consumption and access; (2) Measures to address alcohol abuse; (3) Thai law and policy related to alcohol control; (4) Networks; (5) New Public Governance (NPG); (6) Logic Model; and (7) Conceptual framework.

#### **2.1 Alcoholic Beverages–Factors Affecting Consumption and Access**

##### **2.1.1 Definition of Alcoholic Beverages**

WHO defines ‘alcohol’ (contained in alcoholic beverages) as an organic compound derived from hydrocarbons and hydroxyl group which form ethanol or ethyl alcohol as the principal ingredient. When consumed, the alcohol affects the nervous system. The alcohol in commercially-marketed alcoholic beverages is ethanol-based and produced by fermentation of an agricultural product with sugar and yeast. Without distillation, the alcohol concentration that results are usually no greater than 14% by volume. Distillation can produce progressively higher concentrations of alcohol by volume. If consumed to excess, the alcoholic beverage will cause inebriation and become toxic to the body. The CAS (2011, p. 3) adds that countries which regulate alcoholic beverages restrict the amount of ethanol by volume to  $\leq 0.5\%$  or  $1\%$ , which, in its most common forms, is beer, wine and spirits.

The relevant Thai agencies include the Department of Mental Health (2005) which defines alcoholic beverage as an addictive substance that is produced by fermentation of fruit, grain or other vegetable. The Excise Department (2016) uses a definition based on the Liquor Act, B.E. 2493 which simply refers to any consumable product containing alcohol which can be mixed with water or other liquid. In sum, alcoholic beverage denotes a liquid product which contains ethyl alcohol which is produced through fermentation and distillation to increase the concentration of alcohol by volume which acts on the nervous system and is addictive, and will cause inebriation and can be toxic to the body when consumed in excess.

### **2.1.2 Causes of Consumption of Alcoholic Beverages**

Why people consume alcohol is a complex issue in which there are many direct and indirect facilitating and inhibiting factors. These factors can be classified by strength of a country's alcohol policy and policy implementation, social values, access to alcohol (physical, economic and social), promotion of consumption, and individual factors (CAS, 2010, p. 6). The following discusses these factors in greater detail.

1) Alcohol policy and implementation: This factor concerns the extent to which there is policy to control consumption, mitigate risks, and reduce violence from consumption of alcohol, and the degree to which implementation occurs, is tracked and evaluated (CAS, 2010, p. 5).

2) Social values: This refers to attitudes toward drinking, whether it is considered sinful or a usual, acceptable activity in society. Drinking can be seen as a social activity, part of a celebration, part of business dealings, to demonstrate one's masculinity, and as part of a gift exchange (Watcharapong Ratisukpimon & Chayaporn Sianpanich, 2014, p. 58; Chayaporn Sianpanich, 2014, p. 148; Watcharapong Ratisukpimon, 2014, p. 284; Nopphol Witvorapong, 2014, p. 313)

3) Alcohol availability: This is a supply-side factor which considers the association between access and consumption of alcohol (Nopphol Witvorapong, Somthip Watanapongwanich, Kamonrat Meetaorn, & Pongsakorn Reuangdatejorn, 2016, p. 18). Many countries have tried to limit access to alcohol as a measure to reduce problem drinking and the adverse impact of consumption (Trollidal, 2005, p. 344).

4) Promotion of consumption: This factor examines the influence of media and advertisement as factors which either directly or indirectly motivate people to drink or purchase alcoholic beverages. Media and advertising can be very powerful influences on drinking behavior, especially among the younger generation. Certain images can arouse interest in trying out new drinking behavior, or make drinking appear glamorous or something to take pride in (Watcharapong Ratisukpimon & Chayaporn Sianpanich, 2014, p. 74).

5) Individual factors: These include such attributes as sex, age group, status, education, occupation, income, personality, emotional status, ethnicity, etc. (Watcharapong Ratisukpimon & Chayaporn Sianpanich, 2014, pp. 60-72)

### **2.1.3 Alcohol Availability**

Alcohol availability refers to the ease or difficulty in obtaining alcoholic beverages for personal consumption (Babor et al., 2010/2012, p. 199; Österberg, 2012). Usually, this refers to physical access to alcohol, but can also extend to social access, e. g. when being offered a drink, economic access, e. g., having the money to buy alcohol, and legal access, e. g., limits on age, place or group of persons who can drink alcohol (Weeranuch Wongwatanakul, Surasak Chaiyasong, & Thaksaphon Thamarangsi, 2010, p. 7).

In Thailand, access to alcohol is ubiquitous. What is of particular concern is the easy access that Thai youth have to alcohol (Orathai Waleewong, Surasak Chaiyasong, & Thaksaphon Thamarangsi, 2010) who found that 40% of surveyed youth have consumed alcohol in the past. Some youth have access to free alcohol from parents, guardians, or other adults, while some consume free alcohol at social events and celebrations. Those findings are consistent with the study of Sopit Naseup, Nongnut Jaicheun, Thaksaphon Thamarangsi, and Surasak Chaiyasong (2012) which found that about one in three Thai youth had received offers of alcohol from an adult, and approximately one in four had consumed alcohol given to them by an adult.

It is assumed that the easier the access to alcohol, the more that will be consumed, resulting in greater prevalence of violence and injury related to excess consumption. Conversely, it is believed that limiting access to alcohol will reduce consumption and the associated adverse effects of alcohol (Babor et al., 2010/2012,

p. 201). Many studies have confirmed the positive association between physical access to alcohol and consumption, and adverse consequences. For example, there is the study of de Vocht et al. (2015) on “Measurable effects of local alcohol licensing policies on population health in England” which found that localities which were more strict about issuing liquor licenses had lower rates of hospital admissions for illness or accidents related to alcohol consumption when compared to less strict localities.

The study by Resko et al. (2010) studied “Alcohol availability and violence among inner-city adolescents: A multi-level analysis of the role of alcohol outlet density” in the State of Michigan, USA. They found that the density of alcohol vendors was positively associated with adolescent violence. A study in Thailand by Weeranuch Wongwatanakul et al. (2010) on the topic of “Alcohol outlet density and consumption and related harms in low drinking prevalence country: Thailand” found that higher density of shops which sell alcohol was associated with increased alcohol consumption compared to lower-density locations by 1.10-fold. Increasing time to access alcohol by one minute was also associated with reduced consumption probability. In addition, studies have found a positive association with amount of alcohol consumed per capita population and incidence of injury, disease, and death.

The study of Maclennan, Kypril, Langley, and Room (2012) on “Public sentiment towards alcohol and local government alcohol policies in New Zealand” found that most of the sample population agreed that youth alcohol abuse was a big problem which could lead to violence, dangerous driving, and other adverse consequences. Most of the sample agreed with measures to limit the time which alcohol can be sold, ban public drinking, and practice stricter law enforcement regarding drinking.

In any case, control of access to alcohol using laws may result in more underground illegal trade and consumption of alcohol. The study of Clough et al. (2016) on “Alcohol control policies in Indigenous communities: A qualitative study of the perceptions of their effectiveness among service providers, stakeholders and community leaders in Queensland” found that programs to combat violence and health impacts from alcohol abuse may have had proximal effects but also contributed to an increase in trade of extra-legal and illegally procured alcohol.

## **2.2 Measures to Combat Alcohol Abuse**

Alcohol policy refers to an intention or decision of the government to reduce or prevent impacts from alcohol (Alcohol and Public Policy Group, 2010, pp. 771-772). The public health approach to alcohol abuse focuses on the drinker, the alcoholic beverages and the drinking environment: all dimensions need to be addressed by a control program. There needs to be prevention, problem identification, preliminary intervention, and treatment (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000, p. 6). The management of these components is reflected in various measures. The policy framework covers seven key areas that have been developed, including theoretical hypotheses, in order to become measures to address the problem head-on (Alcohol and Public Policy Group, 2010, p. 772). In the following section, measures are reviewed for control of alcohol abuse as part of the conceptual framework.

### **2.2.1 Regulating the Physical Availability of Alcohol**

One supply-side assumption is that limiting physical access to alcohol will reduce consumption and the associated problems of alcohol abuse (Alcohol and Public Policy Group, 2010, p. 772). Control of access involves control of off-premise outlets, e. g., liquor stores, shops and supermarkets, and on-premise outlets, e. g., bars, cafes, restaurants (Österberg, 2012; Weeranuch Wongwatanakul et al., 2010, p. 7). Of special importance in Thailand are the retail outlets that are in virtually every community in the country. These can be the most convenient sources of local alcohol products and the most difficult to control. Community systems theorists and social ecologists have pointed to the importance of retail outlets which sell alcohol which are the principal facilitators of alcohol abuse (Gruenewald, 2011).

Legal measures, such as increasing the minimum age to purchase alcohol, reducing density of alcohol product outlets, and limiting time during the day when alcohol can be sold have had some success in reducing sales of alcohol and consumption (Gruenewald, 2011, p. 248; Österberg, 2012). Those findings are consistent with Babor et al. (2010/2012, pp. 202-231) who reviewed international experience with legal measures and had the following findings:

1) Controlling access to alcohol through retail outlets can take many forms, including banning sales, limiting sales to certain types, limiting days or times when alcohol can be sold, and limiting the type and density of outlets.

2) Controlling the vendor and buyer by, say, having a quota of what can be sold to one buyer, having a minimum age for purchase, requiring a liquor license, and holding a shop responsible if found selling alcohol to youth or someone who is drunk or disruptive.

3) Control of products by percent alcohol by volume. This measure is an effort to discourage consumption of the stronger alcohol products by making it easier to purchase the lower-degree alcohol products.

4) Implement social controls for consumption of alcohol, e. g., making the host legally liable for actions of inebriated guests, prohibiting public consumption, having community volunteers oversee celebrations, having to register to buy beer by the keg, limiting the amount of alcohol provided to celebrations, monitoring serving of alcohol, and conducting campaigns to have alcohol-free events.

### **2.2.2 Restrictions on Advertising and Marketing**

Another theory holds that interventions should focus on marketing of alcohol and messages or images which normalize drinking. This includes promoting a social movement to reduce the need or desire to drink heavily, especially among youth (Alcohol and Public Policy Group, 2010, p. 772). Advertising and marketing of alcohol takes many forms which can be classified into three general types: (1) Pull factors, which draw consumers to buy alcohol at retail outlets, or promotion at popular events such as music concerts, sports contests, and cultural events; (2) Push factors, which try to pressure the consumer to buy alcohol, e.g., by placing alcohol products in prominent places in shops and stores, or being encouraged to buy certain alcohol products at restaurants or entertainment establishments; and (3) Organizational strategies, which attempt to communicate an image of the organization as socially and environmentally responsible despite having a business which profits from alcohol sales (Chayaporn Sianpanich, 2014, pp. 157-158)

Nittha Runkasem and Saithong Bunpanya (2009, pp. 170-171) found that marketing of alcoholic beverages in Thailand uses the above three strategies, especially

push factors, in ways that evade legal control. Often, there is an explicit or implicit collaboration between the alcohol producers and the retail outlets, resulting in a win-win situation.

Regarding pull strategies, Chatsumon Preutipinyo (2005) reviewed a range of studies and found that sponsorship of popular events created favorable attitudes toward drinking, and significantly increased drinking, including the number of drinkers and volume consumed. Rodriguez-Sanchez and Sancho-Esper (2016, p. 404) examined concern that control of advertising of alcohol products has caused producers to change tactics by becoming sponsors of public events, and this exposes their messages and images to children and youth, in addition to the principal target audience of existing drinkers.

Srirat Lapyai (2009) looked at alcohol advertising as part of Corporate Social Responsibility (CSR) and how that creates a favorable image of the alcohol companies in the eyes of youth, and reduces the image of alcohol as something unbecoming. This effect can be produced without even showing the alcohol product or product name. There are other measures to try to control the marketing of alcohol to reduce adverse effects (Edwards et al., 1994). In general, companies enact laws to control advertising on TV, radio or print media. Indeed, some countries total ban alcohol advertising, while others have partial bans or request it be done voluntarily. Still, many countries have no policy or laws related to alcohol advertising (Babor et al., 2010/2012, pp. 302-310).

1) Expecting industry to control itself voluntarily: Usually, this is manifest by messages by the alcohol producers to consume responsibly, but does not usually result in limitations of marketing and sales. That said, a research study found that voluntary measures by industry did not have any effect in reducing adverse impacts of alcohol. Indeed, the voluntary efforts actually increased the image of the alcohol industry and companies.

2) Efforts to control advertising of alcohol have similar elements such as not targeting youth, not promoting the idea that alcohol improves sex, does not promote drinking and driving, and does not promote health benefits of drinking. However, research has not found that even these restrictions have any impact on demand for alcohol or problem drinking. Further, alcohol companies are increasingly inventive in implying their products without actually showing them.

3) Some countries try to limit the amount of alcohol advertising, the times of day when alcohol can be advertised on air, and other such limits.

4) Many countries have tried to partial bans advertising of alcohol but without demonstrable success.

### **2.2.3 Pricing and Taxation**

Another proposition is that increasing price of alcohol will reduce consumption and associated problems (Alcohol and Public Policy Group, 2010, p. 772; Österberg, 2004, p. 4). This is simply applying economic principles of price and demand which are considered to be inversely proportional (Nat Tarapanich, 2014b, p. 193). One efficient way to centrally control price of alcohol is taxation (Alcohol & Public Policy Group, 2003, p. 1,345).

An interesting case is England where alcohol consumption has fluctuated widely over a 30-year period in association with changing price. In 1981, the tax on beer and spirits was raised and this resulted in an immediate increase in the cost of a drink, and that was associated with an 18% decline in consumption, and reduced alcohol-related adverse events by 16%. This effect was observed for both moderate and heavy drinkers (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000, p. 19). In Australia, a study found that taxation of beverages by percent alcohol, and increasing the tax by 20% and 30% resulted in reduced loss (i.e., cost of damage) due to alcohol of 240 and 270 million Australian dollars, respectively (Nat Tarapanich, 2014b, p. 195).

From past research, price elasticity of alcoholic beverages is about 1. That means that if the price of alcohol increases by 1%, consumption will decline by 1%. Elasticity increases as age and income of consumer is reduced (Chatsumon Preutpinyo, 2005, p. 62).

### **2.2.4 Drink Driving Countermeasures**

One assumption holds that opposition, penalties, and social pressure to combat drink driving will have impact (Alcohol and Public Policy Group, 2010, p. 772). It is well-known that having consumed alcohol in even small amounts adversely affects one's ability to drive safely. Alcohol reduces the sense of balance, vision, rational

thought, response time, and technical skills needed for safe driving of a motor vehicle. The danger threshold can be determined by blood alcohol concentration (BAC) (Österberg, 2004, p. 9). The BAC refers to the percent of alcohol in one deciliter of blood. A BAC of 0.10% is equivalent to 0.10 grams of alcohol per 1 deciliter of blood. A male who weighs 160 pounds will have a BAC of 0.04% within one hour after consuming two standard drinks (about two regular cans of beer) on an empty stomach. A BAC of <0.08% is legal limit in the US for a driver age 21 year or older (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000, p. 43).

There is a significant association between increased BAC and traffic accidents. Drivers with a BAC between 0.02-0.04% have 1.4 times the risk of traffic death; those with a BAC between 0.05-0.09% have an 11-fold risk of traffic death; those with a BAC between 0.10-0.14% have a 48-fold higher risk of death in a traffic accident; and those with a BAC of 0.15% or higher have a 380-fold higher risk of death in a traffic accident (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000, pp. 43-44).

Thus, it is imperative that there be measures to control people who drink and then drive. Control measures in some countries have been able to reduce alcohol consumption from 5% to 30% (Alcohol & Public Policy Group, 2003, p. 1347). In Europe, the legal limit for BAC is 0.08%, but some countries have lowered that to 0.05%. Adolescent drink drivers are of special concern because of their lack of experience in both behaviors and sense of invulnerability to harm. Some areas of the USA have imposed zero tolerance of drink driving for youth, especially at night time, and that has had some positive results (Österberg, 2004, pp. 9-10). General measures to combat drink driving must include a clear definition of legal limit for BAC, giving adequate authority to officials to conduct BAC screening, revoking the license of serious offenders, and consistent and commensurate fines and punishment for drink driving (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000, pp. 44-45).

### **2.2.5 Alcohol Screening and Brief Intervention (SBI)**

There is one theoretical assumption about prevention of alcoholism that heavy drinkers can be conditioned to reduce consumption to a moderate level, if given proper treatment and reinforcement (Alcohol and Public Policy Group, 2010, p. 772). Alcohol screening and brief intervention is an objective approach to determine who is a risk of

alcohol abuse and dependency, so that they can be referred to appropriate treatment. The brief intervention can be an intensive counseling session of 5 to 15 minutes duration which explains why the individual is at elevated risk for alcohol dependency and presentation of viable options for reducing risk. The goal is to persuade the individual to voluntarily try to change their behavior toward more healthy drinking or abstinence (American Public Health Association, 2008, p. 2).

Approximately one in five cases in clinical treatment are those whose drinking was classified as hazardous or harmful (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000, p. 74). Over 30 years of research has found that SBI can be effective in reducing the number of drinkers, especially heavy drinkers, and many agencies are implementing some form of SBI as a preliminary approach (Centers for Disease Control and Prevention [CDCP], 2014, p. 4). The WHO endorsed the SBI approach in 1980 out of the sense of urgency to identify persons with high-risk drinking before serious injury or damage occurs (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000, p. 74). SBI can also be effective with youth, and reinforced in the health care or school setting (Patton et al., 2014).

### **2.2.6 Modifying the Drinking Context**

Theory suggests that creating a proper environment with social controls can help rein in alcohol consumption and reduce violence from alcohol abuse (Alcohol and Public Policy Group, 2010, p. 772). Increasing the law enforcement and restricting issuing of liquor licenses, in conjunction with security measures can be an efficient and effective approach to addressing overly-convenient access to alcohol at local shops (Babor et al., 2010/2012, p. 234). However, much of the control efforts focus more on the on-premise outlets (Alcohol and Public Policy Group, 2010, p. 773) since those are easier to identify and tend to be magnets for problem drinkers. On-site premise staff receive training on who to refuse to serve if they appear out of control. But these actions need to be reinforced in the retail outlets in the neighborhoods and communities where there is a higher prevalence of problem drinking. Tight-knit communities can set neighborhood rules for drinking and have monitors patrol the off-site and on-site outlets. Places can be designate as model sites for responsible drinking. There can be

targets for helping communities reduce risk and become safer and more sober settlements (Babor et al., 2010/2012, pp. 240-259).

### **2.2.7 Education and Persuasion**

Theory also suggests that information on health can contribute to attitude change and prevention of alcohol abuse (Alcohol and Public Policy Group, 2010, p. 772). Education and persuasion is one method that has received a lot of attention. Implementation may take the form of public campaigns, information dissemination, warning billboards, education on responsible drinking, and school- and university-based education and motivational programs (Österberg, 2004, p. 11). However, the cost and lack of obvious impact of these programs has limited the replication of this strategy (Babor et al., 2010/2012, p. 342).

### **2.2.8 Best Practices to Combat Alcohol**

WHO has identified “best practices” to combat alcohol abuse, and these can be classified as “best buy” interventions (i.e., the most efficient and effective outcomes) and “good buy” interventions (i.e., with good outcomes). The best buy interventions include: (1) regulating the physical availability of alcohol; (2) restrictions on advertising and marketing and (3) pricing and taxation. The good buy interventions include: (1) drink driving countermeasures; and (2) alcohol screening and brief intervention (Nat Tarapanich, 2014b, pp. 189-191).

**Table 2.1** Best Practices to Combat Alcohol

Measures	Mechanism
Restricting age of consumer	Control of demand
Government ownership of retail alcohol outlets	Control of supply
Limiting times when alcohol can be bought	(physical)
Control of the density of outlets which sell alcohol	
Restrictions on advertising and marketing	Control of supply (advertising)
Liquor tax	Control of supply, demand
Spot checks of breath alcohol	Control of drink driving
Reducing the legal limit (BAC) for drivers	
Revoking driver's license of drink drivers	
Re-classifying driver's license for past drink driving offenders	
Alcohol screening and brief intervention	Rehabilitation and screening

**Source:** Nat Tarapanich, 2014b, p. 190.

Measures which WHO consider best practices are consistent with the origin of the Alcohol Policy Index presented by the research of Brand, Saisana, Rynn, Pennoni, and Lowenfels (2007) on the topic of Comparative Analysis of Alcohol Control Policies in 30 Countries. Those countries are part of the OECD group (Organization for Economic Co-operation and Development), and the Index was developed to assess strength of measures to control of alcoholic beverages. The Index is based on five measures: regulating the physical availability of alcohol, modifying the drinking context, pricing and taxation, restrictions on advertising and marketing, and drink driving countermeasures. The Index was applied to the 30 OECD countries and measured against data on per capita alcohol consumption. The findings support the robustness of the Index as a predictor of effectiveness of control of alcohol abuse.

## **2.3 Laws and Policy in Thailand to Control Alcohol Abuse**

Thailand has laws and policy to control alcohol abuse. In this section, the Alcohol Control Act of B.E. 2551 and the national alcohol strategy are reviewed to assess the response.

### **2.3.1 Alcohol Control Act of B.E. 2551**

This Act was intended to affect behavior of individuals and groups by imposing certain restrictions (regulatory policy) (Sombat Thamrongthanyawong, 2013). The specific objective of the Act was to reduce the quantity of alcohol consumed by the population overall (Kanokporn Pinitleuk, Buntanakorn Prompakdi, Warangkana Khumpoka, Nipaporn Rongbuttsri, & Natanan Wirunhadej, 2013, p. 12). The following is a summary of key features of the Act (Alcohol Control Act of B.E. 2551, 2008):

1) Regulating the physical availability of alcohol: The Act prohibits the sale of alcohol in monasteries, religious institutions, public health facilities, government offices, dormitories, educational institutions, gas stations, and public parks. No sales are permitted on days or times specified by the Minister. No sales of alcohol are allowed to persons under age 20 years or those persons who are visibly drunk. Alcohol may not be sold through vending machines, by itinerant vendors, or by steep reductions in price to promote sales, as part of a contest, or through free distribution as a sample.

2) Restrictions on advertising and marketing: The Act has specifications for packaging and labeling, and containers must include warnings. It is not permitted to advertise alcohol, names of drinks or brands as having special properties, or to motivate people to drink either directly or indirectly.

In addition, sub-provisions to the Act have been issued, including ministerial regulations and other directives to limit advertising or public information dissemination. In 2010, there was an announcement of the Office of Prime Minister which prohibits consumption of alcohol in factories. In 2012, an announcement of the Committee to Control Alcohol issued conditions of labeling of alcoholic beverages. In 2015, there was another Prime Ministerial directive prohibiting the sale of alcohol in the vicinity of a school (CAS, 2017).

Other laws also affect control of alcohol such as the Liquor Act of B.E. 2493, the Customs Act of B.E. 2469, the Child Protection Act of B.E. 2546, the Food Act of B.E. 2522, the Road Traffic Act of B.E. 2522, the Health Promotion Fund Act of B.E. 2544, and the Thai Public Broadcasting Service Act of B.E. 2551 (Thaksaphon Thamarangsi, 2013, p. 175).

### **2.3.2 The National Alcohol Strategy**

The national alcohol strategy has the aim to support control of the amount and severity of violence related to alcohol abuse. The strategy aims to strengthen measures and interventions to control abuse, and to evaluate outcomes and impact of programs the strategy promotes the participation of all sectors and local communities, and contains long-term performance targets (CAS, 2010, p. 8).

#### **2.3.2.1 Mechanisms of the Strategy**

Strategic policy on alcohol has the following four mechanisms (CAS, 2010, pp. 9-14):

- 1) Control of and reduce consumption of alcohol at the societal level
- 2) Prevention of new consumers of alcohol and control the prevalence of drinkers
- 3) Reducing the risk of drinking in terms of quantity, format, and behavior after a drinking session
- 4) Limiting and reducing violence associated with alcohol consumption.

The following table lists measures and targets of the strategy.

**Table 2.2** Measures to Implement the National Alcohol Strategy by Level and Target

<b>Target Mechanism</b>	<b>Key Measures</b>	<b>Secondary Measures</b>	<b>Supporting Measures</b>
Control of and reduce quantity of consumption	- Pricing and taxation - Regulating the physical availability of alcohol	- Restrictions on advertising and marketing - Measures at the community level - Suppression of untaxed alcohol	- Public campaigns
Prevent people from becoming drinkers and control prevalence of drinkers	- Restrictions on advertising and marketing - Pricing and taxation - Regulating the physical availability of alcohol	- Education - Modifying the drinking context	- Keeping pace with alcohol marketing strategies - Public campaigns
Reduce risk of consumption	- Drink driving countermeasures - Modifying the drinking context - Pricing and taxation - Regulating the physical availability of alcohol	- Measures at the community level - Cooperation from shop and business owners	- Modifying public attitudes toward drunkenness and its adverse consequences - Public campaigns
Limit and reduce violence from alcohol abuse	- Alcohol screening and brief intervention - Pricing and taxation - Regulating the physical availability of alcohol	- Health care system - Community-level measures	- Public campaigns

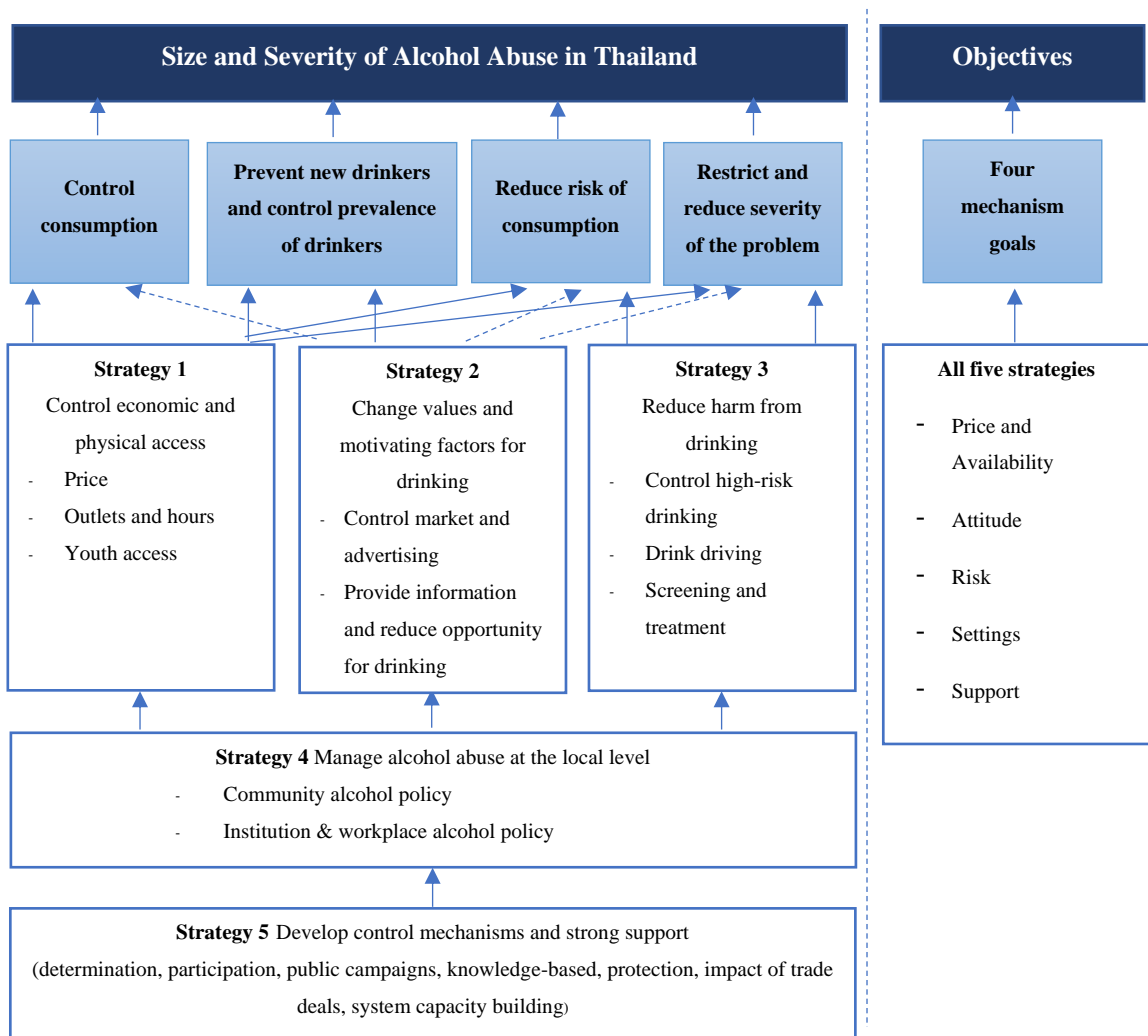
**Source:** CAS, 2010, p. 14.

### 2.3.2.2 Sub-strategies

The national alcohol strategy has five sub-strategies, each with its own measures and mechanisms (CAS, 2010, pp. 11-13)

- 1) Controlling of economic and physical access
- 2) Changing norms and reducing facilitating factors
- 3) Reducing risk of consumption
- 4) Alcohol policy at every setting
- 5) Developing mechanisms for supporting links among the sub-

strategies



**Figure 2.1** Shows the Links of the Sub-Strategies and Targets and Objectives of the Overall Strategy

**Source:** CAS, 2010, p. 13.

Summary of measures to control alcoholic beverages by policy and law (Thaksaphon Thamarangsi, 2013, pp. 176-178):

**Table 2.3** Thai Measures for Control of Alcoholic Beverages

Measures	Specifics
<b>Regulating the Physical Availability of Alcohol</b>	
Minimum age of patrons in on-premise outlets	Prohibited sales to those under 20 years The Child Protection Act of B.E. 2546; youth under age 18 are prohibited from consuming alcohol or receiving alcohol from someone else
Minimum age of customers buying alcohol at off-site premises	Age under 20 years
Restricting time of sales	11.00-14.00 and 17.00-24.00 hours
Designating alcohol-free zones	No consumption in educational institutions (except for ceremonies); clinical outlets, government offices, national parks, gas stations, public spaces on government property, offices, factories, while driving a vehicle, or as a passenger in public transport
Control of points of purchase	In addition to restricted areas above, no sales in dormitories or by itinerant vendors, or vending machines
Specific case prohibitions	No sales on important Buddhist holidays and from 6:00 p.m. before an election day until the end of the election
No sales to someone who is visibly drunk	Prohibited
Type of sales outlet	Has a permit to sell, retail and wholesale outlets, and temporary outlets
Control of type of product	Permit required
<b>Restrictions on Advertising and Marketing</b>	
Control of alcohol promotion activity	Not permitted to reduce price as part of a contest or as a free sample
Prohibited advertising	Some types are prohibited such as content which promotes special enhancing features of alcohol

**Table 2.3** (Continued)

<b>Measures</b>	<b>Specifics</b>
Control of ad content	Prohibit exaggerated claims, promoting alcohol in order to succeed in business or in sex, or to improve one's body, or using sports stars or celebrities to promote consumption
Control of advertising channels and broadcast times	22.00-05.00 hours on TV and radio or per ministerial regulation
Specifying health warnings	Required
<b>Pricing and Taxation</b>	
Custom tax	60% tax on imports of the CIF price or per bi-lateral free trade agreement
Excise tax	Integrated between Ad Valorem and specific rate as per the tax base inclusive of customs charges as per the Liquor Act of B.E. 2493
VAT	7%
Local tax	Revenue is kept in the locality: 10% of the excise tax
Health tax	2% of the excise tax goes into the Thai Health Promotion Foundation
Tax for Thai Public Broadcasting System	1.5% of the excise tax goes to Thai PBS
<b>Other Measures</b>	
Modifying the drinking context	Create alternate activities that are free of alcohol at the community level
Education and persuasion	Public campaigns and product labeling
Drink driving countermeasures	Reduction of the legal limit of BAC from 50 mg% for each group
Alcohol screening and brief intervention	Rehabilitation for problem drinkers in all public health facilities and in special clinics, e.g., hospitals under the Department of Mental Health.

**Source:** Thaksaphon Thamarangsi, 2013, pp. 176-178.

## **2.4 Network**

The Thai approach to managing alcohol abuse is through networking, including representatives from government and civil society. Thus, this research examined networking as a strategy, especially as a new approach by government. This section also examines definitions and components of networking as part of a response to alcohol abuse.

### **2.4.1 Networking as a New Approach by Government**

Governing by network is an innovation for the public sector (Goldsmith & Eggers, 2004) and is a new paradigm of public administration or “Governance.” Governance is not just the purview of the state, but must involve other sectors, and that is where networking is important (Henry, 2010).

Thus, a network is an important new context for public projects (O'Toole, 1997, p. 50). Since before the decade of the 1990s, governing by network was already being applied in many countries to address complex problems in health, society, local development and education (Turrini, Cristofoli, Frosini, & Nasi, 2010, p. 528). Most public problems cannot be resolved by the state alone due to the complexity and distribution of its manifestations (Chiraprapha Akaraborworn & Prayun Akaraborworn, 2009, p. 99) and the hierarchical nature of government does not lend itself to grassroots challenges. Government often lacks the relevant information, flexibility, skills or technological to effectively address public problems (Weerasak Krueathep, 2006, p. 91).

Thus, it is necessary to recruit other sectors and partners to help, such as civil society organizations. This requires some relinquishing of control by government, strengthening the other partners (Bowornwathana, 2013), and a shift of role from service recipient to motivator (Preeda Wanichpum, 2013, p. 4). This is similar to the findings of Mota and Ronzani (2016) who studied “Implementation of public policy on alcohol and other drugs in Brazilian municipalities: comparative studies” and found that cross-sectoral participation is essential to promote health and social welfare, especially the involvement of NGOs.

Civil society is the third sector, after the public and private sectors (United Nations, n.d.). Civil society may refer to NGOs, community groups, social movements, associations, clubs, all of which are independent of government (World Health Organization, Commission on Social Determinants of Health, 2007). The members of these entities share the same interests and values, and may be involved in ethics, culture, politics, science, religion, and meritorious activities (World Bank, 2013). Another term for this is “voluntaristic associationalism” (Roginsky & Shortall, 2009, p. 474) where people are interested in furthering the public goods, and non-personal profit or political influence (Gray, Bebbington, & Collison, 2006, pp. 322-324). Civil society promotes a diverse and active exchange of views, and movement for social change (Malena & Heinrich, 2007, p. 340). Having a strong civil society sector is a condition for the development of democratic institutions (Sommerfeldt & Kent, 2015, p. 236).

At present, many NGOs have demonstrated their ability to have significant impact on public problems (Weerasak Krueathep, 2006, p. 91) and coordinating their activities through a network is a way to gain synergies from collective action. Having more groups involved can spur innovation and creative thinking on how to solve problems (Thoreson & Stopka, 2014, p. 18).

#### **2.4.2 Meaning of Network**

“Network” in the context of this research is a metaphor for collaborative action of groups or individuals, without the need for a formal structure. The only requirement is that all members of the network understand their role in and the aims of the network (Isett et al., 2011, p. 1160). Scheurell (1987, p. 15) stated that a network is a collection of persons or groups who share a vision and goal. This definition was expanded upon by Starkey (1996, p. 3) who stated that networks are a group or organization whose membership is voluntary, and the network is independent of other controlling entities. That concept is consistent with O'Toole (1997, p. 45) who views networks in terms of their structure and inter-dependence of members, without coercion, and whose members convene to share experience and ideas and collaborate in endeavors, usually for the public goods. At the same time, Muijs, West, and Ainscow (2010, p. 5) defined networks broadly as a group of persons and/or organizations who share information or promote development.

In Thailand, the concept of networks follows these concepts. Kasem Nakorncate (2016, p. 3) compiled conceptual thinking on this topic and concluded that social networks are a collection of relationships of individuals, groups or organizations who share resources, information, services and advice. This is consistent with the thinking of Prapan Chuangpusri (2001, pp. 55-56) who synthesized the various definitions of network as a coming together or expanding roles of association among a group or organization for broader collaboration or mutual assistance. The structure of a network is usually horizontal. One interesting concept of network was proposed by Nantiya Hutaniwat and Narong Hutaniwat (2003, p. 16) and highlighted the nature of the coordination or collaboration that carries on, uninterrupted, for a significant period or time.

Thus, for this research, network refers to a group or organization that is independent and assembles to exchange information and resources, and performs collaborative activities and mutual support under a mechanism of linkages in order to achieve a shared mission or goal.

### **2.4.3 Components of Networks**

Schroeder (1999, pp. 39-40) applied Resource Exchange Theory to study networks as a behavior of organizational adaptation at the inter-organizational level involving negation and exchange. Resource Exchange Theory deals with authority and dependencies as they affect networks. This includes the level of the network, frequency of exchange and communication, and location of the network.

#### **2.4.3.1 Network Structure**

Networks are an informal organization without a formal command chain. There is a high level of flexibility based on core competencies (Tippawan Lorsuwannarat, 2013, p. 436). The role and responsibility of a network is different from other organizations. Usually, there is a lead agency in the network which has some unique responsibilities. There is a clear scope of work and delegation of tasks among members. The structure defines the collaboration and flow of information and resources (Schroeder, 1999, pp. 40-41). The structure of networks is important for effectiveness of operations. Provan and Milward (1995, p. 24) conducted a study on “A Preliminary Theory of Interorganizational Network Effectiveness: A Comparative Study of Four

Community Mental Health Systems” and found that the structure must be integrated with a common source of control.

#### 2.4.3.2 Network Hierarchy

Even though networks do not have a command structure (Tippawan Lorsuwannarat, 2013, p. 436) there is usually a lead agency as the focal point for coordination of members. The lead agency delegates services, coordination and collaboration so that there is little or no duplication of effort and no gaps. The lead agency has the role of maintaining the status of the network (Schroeder, 1999, pp. 41-42).

#### 2.4.3.3 Network Reciprocity

Network members share resources and complement each others skill and needs. The exchange is usually mutually beneficial. Without this, the network solidarity will be weakened (Schroeder, 1999, p. 42). The converse is also true (Kriengsak Chareonwongsak, 2000, p. 44) in that the more active the exchange and sharing among members, the stronger the network. The exchange may not always be equivalent but should be often and reciprocal.

#### 2.4.3.4 Follow-Up and Coordination

Communication among network members helps develop relationships and build solidarity of the network. This helps promote mutual understanding and trust, and the more active exchange of information and ideas (Schroeder, 1999, pp. 42-43). The closer and longer the personal relationships between members of a network, the more dense a network (Tippawan Lorsuwannarat, 2013, pp. 438-440).

#### 2.4.3.5 Location within the Network

The location of a member in the network helps to define the type of exchange of information that occurs (Schroeder, 1999, p. 43). The center of the network can be determined by the following: (1) The level of centrality as defined by the number of connections between one member and other organizations, and the number of directional decisions that emanate from the location; (2) The closeness of centrality, which can be determined by the length from one connection to another in the network, which also determines the speed of information exchange; and (3) The delimitation of the center, which is determined by linear flow of information. The central agency has the shortest length of distance (i. e., most direct connection) by which information has

to flow (Tippawan Lorsuwannarat, 2013, pp. 441-443). Other factors may be considered to define a network, including the gathering points of the networks or joint networks and the degree of participation of members (Kriengsak Chareonwongsak, 2000, pp. 37-41). The following are other dimensions.

#### 2.4.3.6 Joint Network

This consists of the following: (1) common perception, which is the heart of a network in which its members are of the same mind. This affects coordination and collaboration for smooth functioning and consensus building; (2) common vision: It is important that members share the same vision or mission of the network, as this will promote unified action and minimize friction or disharmony; and (3) mutual interests/benefits: A network has members with certain needs which they cannot meet alone. Thus, by joining a network there can be mutual support to satisfy all members' needs.

#### 2.4.3.7 Participation

Participation is a process of joint knowledge, thinking, decision making, and implementation. There should be equal status of members of a network. There should be common stake holding and horizontal relationships, rather than a vertical structure.

## 2.5 New Public Governance (NPG)

An important concept of network management is “New Public Governance (NPG)” which makes a contribution to policy implementation in the current context (Osborne, 2010, p. 7). NPG is operated under the responsibility of society at-large (Patapas, Raipa, & Smalskys, 2014, p. 29). The next section reviews NPG in the context of networks to control alcohol abuse.

### **2.5.1 Conceptual Development of NPG**

NPG emerged in the beginning of this century to augment weaknesses in Traditional Public Administration (TPA) and New Public Management (NPM) (Osborne, 2010, p. 1). TPA views that public management is the purview of the state under centralization, departmentalization, hierarchy, formalization, and separation of administration from politics. TPA has been criticized for lacking efficiency, sustainability, innovation, and resistance to change to keep pace with globalization. By contrast, NPM attempts to apply successful business practices to government operations to increase efficiency and effectiveness. It is 'results' focused and promotes decentralization. Many countries have applied NPM, however it does not adequately address long-term development goals or maximize participation (Somsak Samukkethum, 2015, pp. 1-2). That is incongruous with a political environment that attempts to be as open and deliberative as possible (Cabrero, 2005, p. 76).

At present, public challenges are becoming more complex, and the government has limited resources to address these. Civil society is becoming stronger and needs to be more involved in addressing these challenges. NPG attempts to address this greater involvement of civil society and the private sector by envisioning partnerships with government to solve pressing problems through networking (Somsak Samukkethum & Preeda Wanichpum, 2013, p. 186). NPG gives importance to participation of the public more than TPA and NPM did (Pestoff, 2011, p. 15) and can fill gaps that other approaches suffered from (Cabrero, 2005, p. 95).

Lindsay, Osborne, and Bond (2014) conducted a study called "The 'New Public Governance' and employability services in an era of crisis: challenges for third sector organizations in Scotland." They found that NPG can accelerate improvement in the public services environment. Third party involvement helped bridge the gap with local government and created a local stakeholder society in the process. The result is a comprehensive set of services which are more efficient. Another study also demonstrated the importance of NPG. Saikku and Karjalainen (2012) conducted a study on "Network governance in activation policy-health care as an emergent partner" to look at policy advocacy. They found that network governance helped services become more client-centered. Health services units were found to be an important partner for the social security system. The approach encouraged employers to promote the health

of the workforce during and after employment. These findings point to the importance of joint services and a whole governance approach, though there is a risk of autonomy and reverting to past patterns of governance.

In Thailand, Somsak Samukkethum (2015) has conducted an interesting study on “New public governance of community forests in the East” with the objective to explore the influence of NPG in protecting the community forest. The study found that NPG, combined with local leadership, can effectively protect community forest. Local peer leaders are the key drivers of the effort, with support from local government officials, the local administrative organizations (LAOs), schools, monasteries, NGOs, and private business.

That said, NPG is not a new paradigm that can fully replace TPA and NPM- there is no single best way (Osborne, 2010, p. 6). The response has to be tailored to the local context, and there has to be sufficient local concern and strong civil society to be effective (Somsak Samukkethum, 2015, pp. 27-29).

### **2.5.2 Meaning of NPG**

NPG refers to collaboration for public service or the public good. This can include promoting education, affordable housing, health promotion, community services, etc. The activity is co-produced and co-managed by government, the private sector and civil society (Pestoff & Brandsen, 2010, p. 223; Pestoff, 2011, p. 15; Morgan & Shinn, 2014, p. 3; Bao, Wang, Larsen, & Morgan, 2012, p. 447). According to Dickinson (2016, p. 42) NPG is a concept of collaborative public services, with participatory decision making.

NPG is part of a governance paradigm and represents a new relationship between the state and society, or the state and the people. There is “unstructured complexity” or “a differentiated polity” in a new political system to address public challenges. The responsibility is not that solely of the government but, instead, involves a plurality of actors. It represents a paradigm shift from “Government” to “Governance” where all stakeholders have voice. The line between public and individual interests is reduced (Kennett, 2010, pp. 19-20).

The Governance Paradigm encompasses many different concepts. NPG is one part of Network Governance which is concerned with applying policy in practice and

transferring more control to the public through networking (Osborne, 2010, pp. 6-7; Koppenjan & Koliba, 2013, p. 1). The basis for NPG comes from Network Theory and Institutional Theory (Osborne, 2010, p. 9). Network Theory is based on A Rational Choice Model which envisions an exchange or reciprocity to strengthen the individual and systems (Allen, Dawson, Madsen, & Chang, 2008, pp. 37-38). Members of a network may have the same or different goals (Goldsmith & Eggers, 2004). Policy is applied through involvement of many different networks which have a clear and distinct role to play (Ruangwit Ketsuwan, 2008, p. 115).

Institutional Theory in the context of this research refers to rules and procedures, and social implementation plans (Zucker, 1987, p. 444) extending to customs and beliefs (Scott, 1987). The institution is in an open system and can be impacted by the socio-economic and political environment. The impact is bi-directional (Frederickson & Smith, 2003). Institutional Theory prescribes that an organization changes strategy to adapt to the contextual environment to be socially acceptable and for survival (Oliver, 1991). Thus, public policy needs to be socially acceptable to be viable.

Osborne (2010, pp. 9-10) expanded the concept of NPG to include the “plural state.” That means there is a diversity of actors who are inter-dependent in providing public services. The pluralist state refers to a process of many steps of information processing to inform public policy. In addition, NPG is built upon Open Natural Systems Theory which gives importance to the pressure of institutions and the environmental context. This involves a continuous process of negotiation at the organizational and individual level in the network.

Even though there may be many and diverse partners involved, and there is decentralization of authority to the locality and civil society, the government still has responsibility to the public as before. The difference is that the government is not necessarily the driver of action (Somsak Samukkethum, 2015, pp. 4-6).

In sum, NPG in this research is used as a new paradigm for applying policy implementation. It comes from multiple influences and a diversity of partnerships, including the public and private sector and civil society. These entities are inter-dependent and need to function more as a network. The government will experience institutional pressures within as well as the external environment.

### **2.5.3 Impact of Governing by Network According to NPG**

The growth of the NPG concept over the past two decades has had both positive and negative effects.

#### **2.5.3.1 Positive Impacts**

The NPG approach improved participation and sense of partnership among the non-government players, and could address a complex environment. Goldsmith and Eggers (2004, pp. 25-37) added useful aspects of governing by network as follows:

1) Specialization: governing by network helps divide labor to suit each entity's comparative advantage and this allows for use of expertise;

2) Innovation: this approach produced new services and there was increased diversity of participation;

3) Speed and flexibility: this approach had fewer direct controls and members in the network had more independence in decision making. This sped up decision making and helped tailor the response to the local situation. The network member with the most expertise in a given area was assigned those tasks;

4) Increased reach: governing by network helps to expand services by relying on stakeholders outside the government. This helps increase access to services and coverage.

#### **2.5.3.2 Negative Impacts**

1) This approach lacks ground rules for decision making, and networks operating under NPG tend to encounter problems often related to decision making. This is especially true for non-formal networks. Too much autonomy of members can result in a form of anarchy. It is hard to form consensus and negotiate satisfactory conclusions. This results in decisions that address the lowest common denominator (Peters, 2010).

2) Often, there is a misalignment of goals and direction. The networks which include members with complex goals can lead to conflict and difficulty in moving in a common direction (Goldsmith & Eggers, 2004). Also, the decentralization of tasks to local administrative organizations and civil society can result in too much independence. In that setting, the common mission could be lost, or groups might tend to operate in line with their own goals in mind (Peters, 2010).

3) There can be a lack of accountability when delegating too broadly. The central agency may feel their responsibility to the policy or program is over once they delegate (Goldsmith & Eggers, 2004). Too much delegation can weaken the ties among agencies, and all accountability may be lost (Peters, 2010). That finding is consistent with the research of Saikku and Karjalainen (2012) who found that network management, while useful, suffers from lack of accountability.

#### **2.5.4 Control and Oversight of Networks**

The following is a summary of controls to maximize efficiency and effectiveness governance by network and sustainability

##### **2.5.4.1 Joint Setting of Goals and Targets for the Network.**

This may require a synthesis of the goals of the various network members to achieve a unified direction. This must be a results-oriented approach while adhering to network strategy and principles (Goldsmith & Eggers, 2004). A common set of goals and targets will help improve accountability for performance against the targets. Using a ‘results’ framework means that the members can work out their own approaches to the achieve the targets. That way they can feel a sense of autonomy while being part of the larger enterprise (Peters, 2010).

##### **2.5.4.2 Design an Appropriate Framework for Monitoring and Evaluation (M&E).**

Use the monitoring information to improve implementation (peters, 2010). One should not wait to measure long-term impacts since that will not provide timely feedback to correct problems with implementation (Goldsmith & Eggers, 2004).

##### **2.5.4.3 Build Trust and a Joint Set of Values among Members.**

This process should use soft instruments and seminar formats for negotiating the network ethos. This step is important for effectively applying policy to achieve objectives in solving public problems (Peters, 2010). This process also helps build solidarity and sustainability of the network (Goldsmith & Eggers, 2004). Trust is essential for teamwork and sharing and sacrificing for the larger good. Individual preferences should defer to the group (Somsak Samukkethum, 2015).

#### 2.5.4.4 Coordination and Communication Needs to be Intensive.

Effective networks require a high level of coordination and exchange of information (Goldsmith & Eggers, 2004). There need to be frequent meetings of members to align understanding and reduce conflict (Somsak Samukkethum, 2015). In addition, networks require a free flow of information, and the latest technology should be applied whenever possible (e. g., digital communications, and central storage) (Goldsmith & Eggers, 2004).

#### 2.5.4.5 Conflict Management.

The increased diversity of membership means that conflict is inevitable (Somsak Samukkethum, 2015). This is especially true if the members come from different cultures (Goldsmith & Eggers, 2004). Thus, the links and structure of networks need to be created to minimize conflict. Peaceful approaches are given high priority. Members need to be broad-minded and open to diverse opinion. Negotiation must be rational and not based on emotions (Somsak Samukkethum, 2015). Convening regular meetings is one way to detect and defuse conflict before it worsens (Goldsmith & Eggers, 2004).

The research of Endersen (2007) included “A case study of NGO collaboration in the Norwegian alcohol policy arena” which is particularly relevant to this research. The case study is a good examination of collaboration of disparate partners. There was group consensus of policy formulation and creation of shared values and instruments to promote efficiency of implementation. The network was able to mobilize and share just enough resources to achieve the policy objectives. Conflict was minimized. But there had to be a sustained effort to communicate effectively and efficiently. Otherwise there will be attrition of stakeholders.

## **2.6 Logic Model**

This research uses the Logic Model tool to analyze network success or failure in combatting alcohol abuse in high-risk provinces.

### **2.6.1 Meaning of the Logic Model**

“The Logic Model” is a process of evaluating plans and implementation, and was developed in the second half of the 20<sup>th</sup> century (Csiernik, Chaulk, McQuaid, & McKeon, 2015). The tool has been found to be effective (Herranz, 2010) and has been applied to program evaluation of various types and sizes (McCawley, 2015). The Model has also been applied to the evaluation of networks (Herranz, 2010).

Many investigators agree that the Logic Model is a useful tool to design an evaluation to assess effectiveness of a plan and implementation. The Model can provide circumstantial evidence of the connection between inputs, outputs, outcomes and impact of a program (McLaughlin & Jordan, 2004; McCawley, 2015). The Model can suggest relationships between plan components (Ruangwit Ketsuwan, 2012, p. 55). The Model can be diagrammatically depicted to reflect the hypotheses of a given research study or program (Herranz, 2010) and reflect how components interact (Suwimon Wongwanit, 2009, p. 7). The Model can be considered part of Program Theory which can be easily comprehended (McLaughlin & Jordan, 2004; Savaya & Waysman, 2005; Suwimon Wongwanit, 2009; Ruangwit Ketsuwan, 2012).

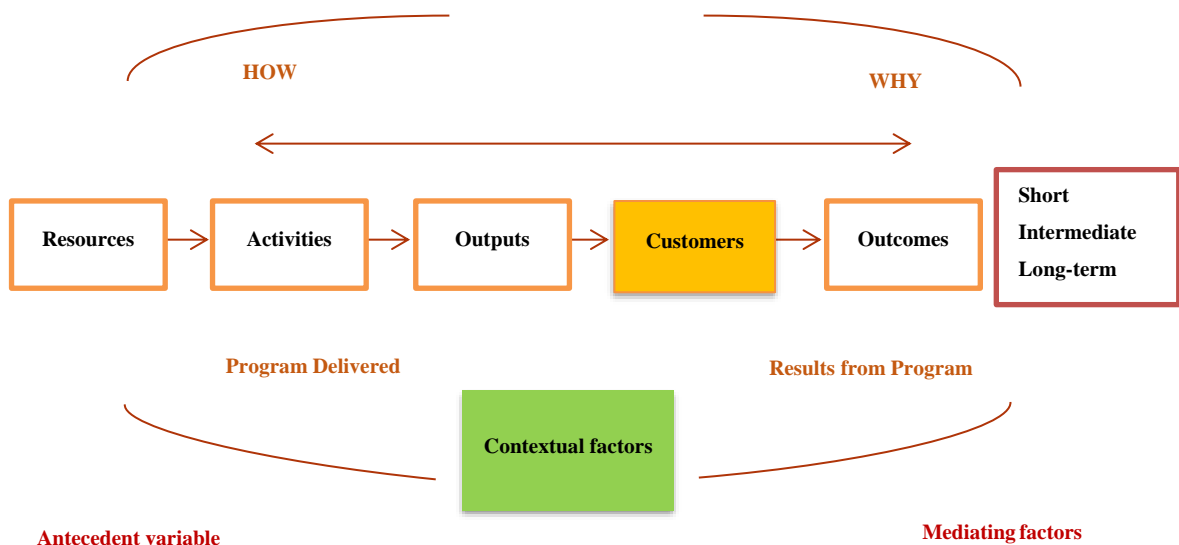
McLaughlin and Jordan (2004) have summarized the Model as follows: “If resources are appropriately applied with a target group, then that should result in the desired outcomes of the plan.”

### **2.6.2 Components of the Logic Model**

A typical Logic Model has three or more steps depending on the scope of the study or program. McLaughlin and Jordan (2004) explained that the Logic Model was initially applied to resources, activities, outputs, and outcomes. Later, ‘customers reached’ was added since they are at the nexus of the entire process. In addition, evaluators added contextual factors as part of the Model when considering open

systems. Thus, in the context of this research, the key components of a model consist of the following:

- 1) Resources which denote inputs of money, material, and manpower;
- 2) Activities which denote processes to use the inputs to produce outputs;
- 3) Outputs denote the immediate-term results of the activities which can be products or services;
- 4) Consumers refer to the target population who receive the service and are at the nexus of the Logic Model chain;
- 5) Outcomes refer to the change or benefit that results from the activities and outputs, and which can be classified as short-, medium- and long-term.
- 6) Contextual factors denote antecedent variables (e. g., characteristics of the consumer, demographic and economic aspects, etc.) and mediating factors (e.g., change in authorities, new policy, economic downturn, competitive forces, etc.).



**Figure 2.2** Depiction of a Logic Model

**Source:** McLaughlin & Jordan, 2004.

### **2.6.3 Benefit of Using the Logic Model**

1) The Model helps to clarify Program Theory in the case of a specific program, to identify the key components and their relationship (Suwimon Wongwanit, 2009). The Model helps to unify understanding of the plan and expected results of implementation (McLaughlin & Jordan, 2004). The Logic Model can help simplify the view of complex relationships (Herranz, 2010) and that is consistent with the view of Jaegers et al. (2014) who applied the Logic Model to prevent misunderstanding of the efficiency of a plan.

2) The Logic Model asks evaluation questions (Suwimon Wongwanit, 2009) and helps to define indicators of performance (Herranz, 2010) and criteria for determining effectiveness (McLaughlin & Jordan, 2004). The Model can help inform the design of data collection to measure the success of outputs, outcomes and impact (Suwimon Wongwanit, 2009) and that can help in reporting the results of implementation (McLaughlin & Jordan, 2004). The research of Torghele et al. (2007) supports the benefit of the Logic Model and found that the Model can help an evaluator feel confident in answering the evaluation questions which the stakeholders are seeking.

3) The Logic Model helps in identifying and reporting problems in plan implementation and deciding how to adjust implementation to make it more effective. The Model can identify the most influential parts of a program or process which lead toward the goals or, conversely, can identify those parts which are counterproductive (McLaughlin & Jordan, 2004). The research of Allmark, Baxter, Goyder, Guillaume, and Crofton-Martin (2012) also confirms these benefits of the Logic Model.

## **2.7 Conceptual Frameworks of the Research**

### **2.7.1 Conceptual Framework # 1: Study of Measures to Combat Alcohol Abuse by a Network of High-Risk Provinces**

“Measure,” in the context of this research, refer to a program of steps or methods which steer a program toward a goal (Measure, 2018b) including methods of addressing a problem situation (Measure, 2018a). Measures to combat alcohol abuse include methods to reduce or prevent adverse effects of alcohol abuse in accordance with policy (Alcohol and Public Policy Group, 2010). This concept is based on principles of

management of alcohol abuse which needs a comprehensive approach which addresses the drinker, the alcoholic beverages and the drinking environment (Sawitri Assanangkornchai & Suwanna Arunponpaisan, 2000). The theoretical assumption is that these measures should have a positive impact on the problem (Alcohol and Public Policy Group, 2010). These measures can be a subset or supplement to the national alcohol strategy (CAS, 2010). That provides a program with a set of options to include in its set of interventions (Table 2.4).

The challenge is to select the best combination of measures which complement each other and fully cover the context of the problem, including the factors behind consumption, social values, physical access, and promotion of consumption (Table 2.5). The program also needs to address the risk of abuse by addressing prevalence of adult drinkers, proportion of regular drinkers, proportion of binge drinkers, proportion of drink drivers, and prevalence of underage drinkers. (Chaiyasong & Thamarangsi, 2016).

In addition, in order to promote efficiency and effectiveness of the array of measures, the program should choose best practices as endorsed by WHO, including both levels of interventions as follows: best-buy interventions: (1) regulating the physical availability of alcohol (2) restrictions on advertising and marketing and (3) pricing and taxation; and good-buy interventions: (1) drink driving countermeasures (2) alcohol screening and brief intervention (Nat Tarapanich, 2014b).

**Table 2.4** Measures to Address Alcohol Abuse (by Function)

Measures	Target Mechanism	As Referenced in the Literature
Regulating the physical availability of alcohol	- Control of amount consumed	- Trollidal (2005)
	- Prevention of new drinkers and control of prevalence of drinkers	- Brand, Saisana, Rynn, Pennoni, & Lowenfels (2007) - Gruenewald (2011)
	- Reduce risk of consumption	- Österberg (2012)
	- Limit and reduce related violence	- Weeranuch Wongwatanakul et al. (2010) - CAS (2010) - Babor et al. (2010/2012) - Thaksaphon Thamarangsi (2013) - Nat Tarapanich (2014b)
Restrictions on advertising and marketing	- Control of amount consumed	- Edwards et al. (1994)
	- Prevention of new drinkers and control of prevalence of drinkers	- Brand et al. (2007) - Rodriguez-Sanchez & Sancho-Esper (2016) - Chatsumon Preutipinyo (2005)
	- Reduce risk of consumption	- Srirat Lapyai (2009)
	- Limit and reduce related violence	- CAS (2010) - Babor et al. (2010/2012)
	- Reduce underage drinkers	- Thaksaphon Thamarangsi (2013) - Nat Tarapanich (2014b)
Pricing and taxation	- Control of amount consumed	- Alcohol & Public Policy Group (2003)
	- Prevention of new drinkers and control of prevalence of drinkers	- Österberg (2004) - Brand et al. (2007) - Sawitri Assanangkornchai & Suwanna Arunponpaisan (2000) - Chatsumon Preutipinyo (2005) - CAS (2010) - Thaksaphon Thamarangsi (2013) - Nat Tarapanich (2014b)

**Table 2.4** (Continued)

<b>Measures</b>	<b>Target Mechanism</b>	<b>As Referenced in the Literature</b>
Drink driving countermeasures	<ul style="list-style-type: none"> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	<ul style="list-style-type: none"> <li>- Alcohol &amp; Public Policy Group (2003)</li> <li>- Österberg (2004)</li> <li>- Brand et al. (2007)</li> <li>- Sawitri Assanangkornchai &amp; Suwanna Arunponpaisan (2000)</li> <li>- CAS (2010)</li> <li>- Thaksaphon Thamarangsi (2013)</li> <li>- Nat Tarapanich (2014b)</li> </ul>
Alcohol screening and brief intervention	<ul style="list-style-type: none"> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	<ul style="list-style-type: none"> <li>- CDCP (2014)</li> <li>- Patton et al. (2014)</li> <li>- American Public Health Association (2008)</li> <li>- Sawitri Assanangkornchai &amp; Suwanna Arunponpaisan (2000)</li> <li>- CAS (2010)</li> <li>- Thaksaphon Thamarangsi (2013)</li> <li>- Nat Tarapanich (2014b)</li> </ul>
Modifying the drinking context	<ul style="list-style-type: none"> <li>- Control of amount consumed</li> <li>- Prevention of new drinkers and control of prevalence of drinkers</li> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	<ul style="list-style-type: none"> <li>- Brand et al. (2007)</li> <li>- CAS (2010)</li> <li>- Thaksaphon Thamarangsi (2013)</li> </ul>
Suppression of untaxed alcohol	<ul style="list-style-type: none"> <li>- Control of amount consumed</li> <li>- Prevention of new drinkers and control of prevalence of drinkers</li> </ul>	<ul style="list-style-type: none"> <li>- CAS (2010)</li> </ul>

**Table 2.4** (Continued)

<b>Measures</b>	<b>Target Mechanism</b>	<b>As Referenced in the Literature</b>
Community-based measures	<ul style="list-style-type: none"> <li>- Control of amount consumed</li> <li>- Prevention of new drinkers and control of prevalence of drinkers</li> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	<ul style="list-style-type: none"> <li>- CAS (2010)</li> </ul>
Public campaigns	<ul style="list-style-type: none"> <li>- Control of amount consumed</li> <li>- Prevention of new drinkers and control of prevalence of drinkers</li> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	<ul style="list-style-type: none"> <li>- CAS (2010)</li> <li>- Thaksaphon Thamarangsi (2013)</li> </ul>
Education	<ul style="list-style-type: none"> <li>- Control of amount consumed</li> <li>- Prevention of new drinkers and control of prevalence of drinkers</li> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	<ul style="list-style-type: none"> <li>- CAS (2010)</li> </ul>
Collaboration of shops and business	<ul style="list-style-type: none"> <li>- Control of amount consumed</li> <li>- Prevention of new drinkers and control of prevalence of drinkers</li> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	<ul style="list-style-type: none"> <li>- CAS (2010)</li> </ul>

**Note:** Target mechanism reference to the national alcohol strategy (CAS, 2010) and Alcohol and Public Policy Group (2010)

The study of measures to combat alcohol abuse by the network of high-risk provinces is one concept used to find an answer to the question as to what set of measures are most effective in addressing the challenge; which measures are consistent with each other and the context, and adequately cover the target area; what additional measures are needed?

### **2.7.2 Conceptual Framework # 2: Study of the Process of Networks in Combatting Alcohol Abuse in High-Risk Provinces**

In this framework, “process” refers to the set of interventions needed to reach the end goal, especially through on-going implementation (Process, 2018b); or set of interventions to achieve certain results or specific outcomes (Process, 2018a). The current research is based on the concept of the process of addressing alcohol abuse in Thailand. It is an application of policy of implementation through a network, as expounded by the concept of NPG. Namely, this involves the delegation of public services to a diverse group of actors, from multiple sectors, who are inter-dependent, and have shared resources and complementary assets (Osborne, 2010). The process includes co-production and co-management (Pestoff & Brandsen, 2010; Pestoff, 2011; Morgan & Shinn, 2014; Bao et al., 2012) in the context of institutional pressures and the external environmental context (Osborne, 2010). This study looks at the process of the network for combatting alcohol abuse based on the following network capacities:

1) Lead agency: There are many people involve in implementing policy through a network (Osborne, 2010). However, the effective network has a lead agency with the role as the principal responsible entity for overseeing collaboration and delegation of roles of other agencies in the network. The lead agency guides resource allocation, sharing of resources, and guiding the direction of implementation (Schroeder, 1999).

2) Joint network: This is the collection of entities in the network who usually share a common perception, common vision and mutual interests/benefits (O'Toole, 1997; Kriengsak Chareonwongsak, 2000).

3) Participation: This refers to governing by network which relies heavily on participation of the network entities (Goldsmith & Eggers, 2004; Pestoff,

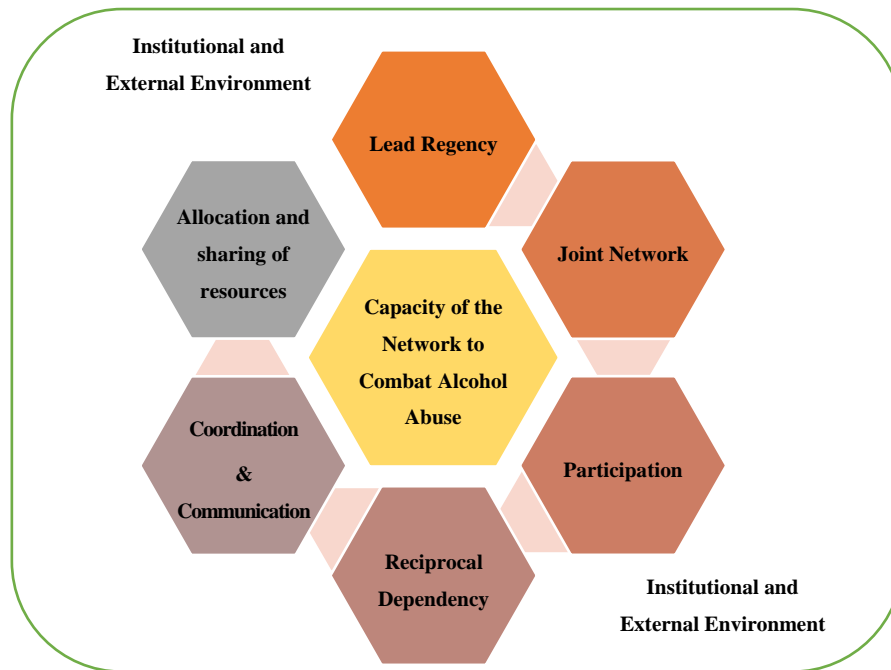
2011; Somsak Samukkethum, 2015). Network members share knowledge, thoughts, decision making and implementation (Kriengsak Chareonwongsak, 2000).

4) Reciprocal dependency: The network members are inter-dependent (Osborne, 2010) include the support of the work of other entities in the network (O'Toole, 1997; Kriengsak Chareonwongsak, 2000). This is an exchange network where items of value change hands, and this strengthens links and solidarity of the network (Schroeder, 1999).

5) Coordination and communication: An effective network must have coordinated information sharing, in which the lead agency is the coordination focal point. The lead agency ensures that all members receive the relevant information. This helps promote network solidarity, trust and open sharing of ideas and data (Schroeder, 1999).

6) Allocation and sharing of resources: The diverse members of a network have different assets to share with one another (Osborne, 2010) through the network in an atmosphere of mutual exchange (Schroeder, 1999).

7) Institutional pressure and external environmental context: Networks are in an open system in that they are exposed to institutional factors and the external environment (Osborne, 2010).



**Figure 2.3** Conceptual Framework of the Network Process in Combatting Alcohol Abuse in High-Risk Provinces

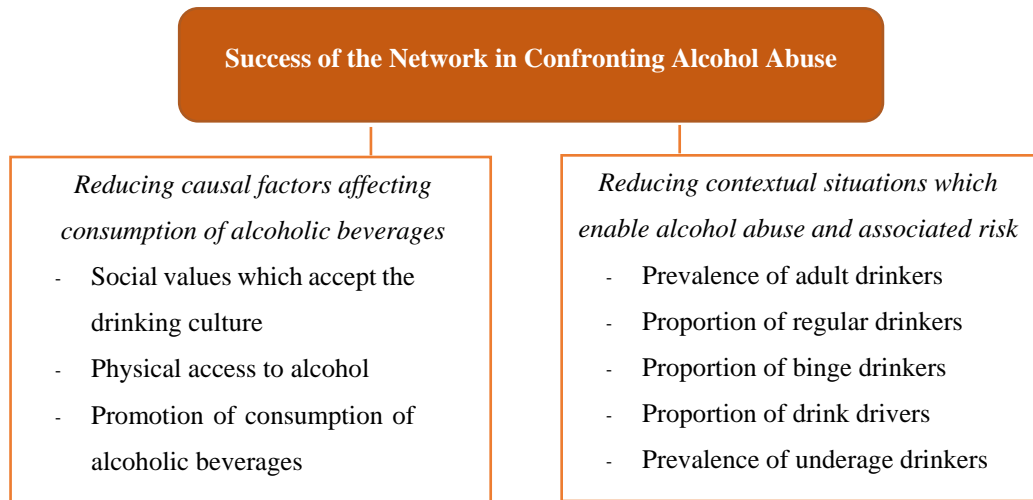
This research aimed to determine what processes of the network were most effective in the effort to combat alcohol abuse, and how the network capacity is strengthened.

### **2.7.3 Conceptual Framework # 3: Study of Success or Failure of the Network to Combat Alcohol Abuse in High-Risk Provinces**

Success or failure of networks can be measured by implementation to reduce risk of alcohol abuse. “Reduce” refers to resolving causal factors affecting consumption of alcoholic beverages, including social values which accept the drinking culture, physical access to alcohol, and promotion of consumption (Table 2.5). “Reduce” also refers to modifying contextual situations which enable alcohol abuse and associated risk, including prevalence of adult drinkers, proportion of regular drinkers, proportion of binge drinkers, proportion of drink drivers, and prevalence of underage drinkers (Chaiyasong & Thamarangsi, 2016).

**Table 2.5** Causal Factors Affecting Consumption of Alcoholic Beverages

Causal Factors	As Referenced in the Literature
Social values which accept the drinking culture	<ul style="list-style-type: none"> <li>- Orathai Waleewong et al. (2010)</li> <li>- Sopit Naseup et al. (2012)</li> <li>- Watcharapong Ratisukpimon &amp; Chayaporn Sianpanich (2014)</li> <li>- Chayaporn Sianpanich (2014)</li> <li>- Watcharapong Ratisukpimon, (2014)</li> <li>- Nopphol Witvorapong (2014)</li> </ul>
Physical access to alcohol	<ul style="list-style-type: none"> <li>- Trollidal (2005)</li> <li>- Resko et al. (2010)</li> <li>- Clough et al. (2016)</li> <li>- Weeranuch Wongwatanakul et al. (2010)</li> <li>- Babor et al. (2010/2012)</li> <li>- Nopphol Witvorapong et al. (2016)</li> </ul>
Promotion of consumption of alcoholic beverages	<ul style="list-style-type: none"> <li>- Edwards et al., 1994</li> <li>- Rodriguez-Sanchez &amp; Sancho-Esper (2016)</li> <li>- Chatsumon Preutipinyo (2005)</li> <li>- Nittha Runkasem &amp; Saithong Bunpanya (2009)</li> <li>- Srirat Lapyai (2009)</li> <li>- Babor et al. (2010/2012)</li> <li>- Watcharapong Ratisukpimon &amp; Chayaporn Sianpanich (2014)</li> </ul>



**Figure 2.4** Conceptual Framework of the Success or Failure of Networks in Confronting Alcohol Abuse in High-Risk Provinces

This study of the success or failure of networks in combatting alcohol abuse in high-risk provinces presents a conceptual framework for answering the question to what extent a provincial network was effective in promoting success or failure of the program.

## **CHAPTER 3**

### **METHODOLOGY**

This research used a non-experimental design, i. e., there was no random allocation of study subjects and no control groups (Anchana NaRanong, 2011, p. 144). Data collection relied primarily on field research, including a case study design. Data were collected on measures and processes of networks in managing the response to alcohol abuse. From that point, a cross-sectional design was used to measure success or failure of the programs to combat alcohol abuse. Secondary data analysis was used to tap into a diverse array of data sources to further complement the primary analysis. Data collection used qualitative methods (e. g., in-depth interview, focus group discussion and document study) and quantitative methods (e.g., questionnaire survey).

#### **3.1 Selection of Study Sites**

The 2011 Report of the Situation of Consumption of Alcoholic Beverages by Province presents results for the Index of risk for alcohol abuse. There were 24 provinces with scores higher than 0.535: Payao, Prachinburi, Phrae, Phitsanulok, Chiang Mai, Chiang Rai, Roi-et, Sukothai, Lampang, Mae Hong Son, Sisaket, Kanchanaburi, Chaiyaphum, Khon Kaen, Petchabun, Loei, Nakorn Nayok, Pathum Thani, Surin, Lopburi, Kamphaengphet, Rayong, Uttaradit, and Udon Thani (Surasak Chaiyasong et al., 2013). The researcher chose higher-risk provinces in which two applied best case and two applied worst case in combating alcohol abuse. The researcher did not intend to do a comparative analysis of these two pairs of provinces. Instead, these were chosen to help highlight positive and negative manifestations, and various gaps in order to provide a more comprehensive picture of the situation.

The ‘best case’ provinces were selected based on the Program to Develop and Support Strategies for Control of Alcohol, as spearheaded by the Stop Drink Network

(SDN), under the aegis of the Thai Health Promotion Foundation (THPF). The selection criteria were that the province was part of the group with elevated risk for alcohol abuse, the network partners in the province were in a good state of readiness to implement the program, there is opportunity to expand successful results, and the network has representation from the government, civil society and technical experts. The provinces which met these criteria include the following: Chiang Mai, Payao, Phrae, Nan, Lampang, Chiang Rai, Phitsanulok, Sukothai, Tak, Uttaradit, Petchabun, Khon Kaen, Mahasarakam, Sakon Nakorn, Loei, Roi-et, Surin, Amnatjaroen, Sisaket, Petchaburi, Prachuap Kirikan, Singburi, Lopburi, Chumporn and Nakorn Si Thammarat (Stop Drink Network, 2016).

The results of implementation of provincial plans to combat alcohol abuse in 2015 found the following higher-risk provinces which had demonstrable progress and plans in place: Payao, Lampang, Phitsanulok, Uttaradit, and Sisaket (Stop Drink Network, 2016). Lampang and Sisaket were purposively selected because the civil society groups and government closely collaborated with each other more than in the other three provinces.

For the ‘worst case’ provinces, the selection criteria included high risk of alcohol abuse, and the province was not designated as target sites for the Program to Develop and Support Strategies for Control of Alcohol. This produced a group of nine provinces: Nakorn Nayok, Pathum Thani, Kanchanburi, Prachinburi, Rayong, Chaiyaphum, Udon Thani, Mae Hong Son, and Kamphaengphet. For this study, Kamphaengphet and Chaiyaphum were selected to match the ‘best case’ pair with one province from the North Region and one province from the Northeast Region of Thailand.

## **3.2 Qualitative Research**

### **3.2.1 Methods of Data Collection**

1) In-depth interview: The in-depth interview was the principal method of data collection for conceptual frameworks #1 and #2 which, respectively, looks at process of defining intervention measures, and operations of the networks: lead agency, joint network, participation, reciprocal dependency, coordination and communication, allocation and sharing of resources, institutional pressure and external environmental

context. In-depth interview was also used to confirm findings related to conceptual framework #3.

2) Focus group discussion: The focus group discussion was a supplementary data collection method to probe findings related to conceptual frameworks #1 and #2. The Focus group discussion occurred spontaneously when the researcher joined meetings of the program task force, or by design (e. g., focus group discussion with youth). The Focus group discussion was also used to confirm findings related to conceptual framework #3.

3) Document study: This provided additional information related to conceptual frameworks #1 and #2 and to confirm findings using other means of data collection.

### **3.2.2 Target Population**

The target respondents for this research include members of the networks working to combat alcohol abuse in each of the provinces. They include representatives from government, civil society and other sectors.

1) Government sector: This follows the structure of the Provincial Committee for Control of Alcohol, established as part of the Alcohol Control Act of B.E. 2551. Members include representatives from key government agencies: the Provincial Administration, the Provincial Public Health Office (PHO), the Area Excise Office (AEO), the Provincial Disaster Prevention and Mitigation Office (DPMO), the Educational Service Area Office (ESAO), the Provincial Public Relations, the Provincial Social Development and Human Security Office (SDHSO), the Office of Disease Prevention and Control (ODPC), the local administrative organizations (LAOs), and the local police station.

2) Civil society sector: This includes coordinators of Provincial Office of the Stop Drink Network or SDN-Province,<sup>2</sup> representatives from youth networks, NGOs, foundations, and clubs.

3) Private sector and others: This includes representatives from the provincial chamber of commerce, business associations, mass media and educational institutions.

### **3.2.3 Selection of Key Informants**

1) A quota of 12-15 in-depth interview was set for each study province. Inclusion criteria were being a member of the network, playing a key role, and other individuals based on snowball sampling.

2) Focus group discussion was convened with 5 to 8 individuals who are key players or participants in the provincial networks, and were also selected using a snowball sampling technique.

### **3.2.4 Data Collection Tools**

1) Guidelines for semi-structured interview was used for the in-depth interview. The guidelines consisted of three parts:

Part 1: Measures to combat alcohol abuse by the network, including the process of defining measures and relative priority of different measures;

Part 2: Process of network implementation to combat alcohol abuse, including the origin of the network, the role of the lead agency, joint network,

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<sup>2</sup>In this research, the term ‘Provincial Office of the Stop Drink Network’ or ‘SDN-Province’, is used. Even though the SDN headquarters does not have official branch offices in the provinces, the researcher uses this term to distinguish it from ‘the Provincial Stop Drink Community’ or ‘SDC-Province’. The SDN-Province refers to civil society organizations which receive grants from the SDN headquarters to conduct interventions to combat alcohol abuse, whereas, The SDC-Province is broader to include all partners working on that cause, including government, civil society, and the private sector as part of the broad network.

participation, reciprocal dependency, coordination and communication, allocation and sharing of resources, institutional pressure and external environmental context.

Part 3: Knowledge of success or failure of the networks as reflected by indicators of success or failure, ability to reduce causes of alcohol consumption and abuse, and reducing situational factors which contribute to risky alcohol consumption.

2) Guidelines for focus group discussion. The guidelines include questions along the same lines as those used in the in-depth interview, but tailored to the types of individuals in a given focus group discussion.

### **3.2.5 Data Collection**

1) In-depth interview: The researcher was the interviewer for the in-depth interview. There was one research assistant who took notes and recorded interview for transcribing and analysis. A total of 55 in-depth interview were conducted.

2) Focus group discussion: The researcher was the moderator for the focus group discussion. There was one research assistant who took notes and recorded discussion for transcribing and analysis. There were two groups: one with members of the Task Force of SDC-Thamafaiwan, Kang Khro Distict, Chaiyaphum Province (8 persons) ; and members of Youth Abstinence Network of Kamphaengphet (5 persons).

3) Document study: The researcher compiled and reviewed relevant documentation, including research reports, project reports, etc. Only reliable and credible documents were sourced, such as official government documents, academic reports, and research institute reports.

### **3.2.6 Data Analysis**

Before analyzing the data from the in-depth interview and focus group discussion, the researcher reviewed the transcripts for accuracy, completeness, and credibility of the data. Data were also checked against document sources and other key informants. This data triangulation provides assurance of accuracy and consistency of the findings. Next, the researcher conducted a process of analytic induction to produce summary themes as related to the conceptual framework and literature review.

The measures used in the provincial programs were assessed for appropriateness, consistency, and coverage of the context of the problem of alcohol abuse. This includes the cause of alcohol abuse and the context of alcohol consumption which lead to risk. The national alcohol strategy outlines a range of factors (CAS, 2010) in addition to the 2011 Report of the Situation of Alcohol by Province (Surasak Chaiyasong et al., 2013). The researcher also considered the efficiency of the chosen methods, by using the “best practices” as a standard (Nat Tarapanich, 2014b) in addition to other related research.

In studying the network process in combatting alcohol abuse, this research analyzed the capacity of the network include lead agency, joint network, participation, reciprocal dependency, coordination and communication, allocation and sharing of resources, and institutional pressure and external environmental context (O'Toole, 1997; Schroeder, 1999; Goldsmith & Eggers, 2004; Osborne, 2010; Pestoff, 2011; Kriangsak Jaroenwongsak, 2000; Somsak Samakitam, 2015).

### **3.3 Quantitative Research**

#### **3.3.1 Method of Data Collection**

In addition to the qualitative data collection, the researcher also administered a survey instrument which focused on Conceptual Framework #3 on success or failure of the networks in reducing the problem of alcohol abuse.

#### **3.3.2 Target Population**

The respondents for this quantitative survey include the general population age 15 years or older who were resident in one of the four study provinces for at least two years prior to the survey. Two rounds of survey were conducted to provide a time comparison of change.

### 3.3.3 Sample Size

The required sample size for each of the provinces was calculated as follows:

#### 3.3.3.1 Prescribed Sample Size

The formula of Cochran (1963) was applied, as follows:

Calculate the population universe

$$n = \frac{z^2 p(1-p)}{e^2}$$

Where  $n$  is the prescribed sample size

$z$  is the value of the normal distribution for the level of confidence (which in this study was set at 0.05 or 95% confidence where  $z = 1.96$ )

$p$  is the proportion of the population required to be sampled (which was set at 0.5)

$e$  is the level of acceptable variance (which was set at +/-7% or 0.07)

When plugging in these values:

$$\begin{aligned} \text{Sample size} &= \frac{1.96^2 \times 0.5 \times (1 - 0.5)}{0.07^2} \\ &= 196 \text{ sample households} \end{aligned}$$

Correction for Finite Population in each province

$$\text{Formula new } n = \frac{n}{1 + \frac{n-1}{N}}$$

Where  $N$  is the population

When plugging in these values:

$$\begin{aligned} \text{Sample size of Lampung} &= \frac{196}{1 + \frac{196-1}{285,257}} \\ &= 196 \text{ sample households} \end{aligned}$$

$$\begin{aligned} \text{Sample size of Sisaket} &= \frac{196}{1 + \frac{196-1}{378,625}} \\ &= 196 \text{ sample households} \end{aligned}$$

$$\begin{aligned} \text{Sample size of Kamphaengphet} &= \frac{196}{1 + \frac{196-1}{265,520}} \\ &= 196 \text{ sample households} \end{aligned}$$

$$\begin{aligned} \text{Sample size of Chaiyaphum} &= \frac{196}{1 + \frac{196-1}{380,266}} \\ &= 196 \text{ sample households} \end{aligned}$$

This yields a combined sample size of 784 households in the four provinces.

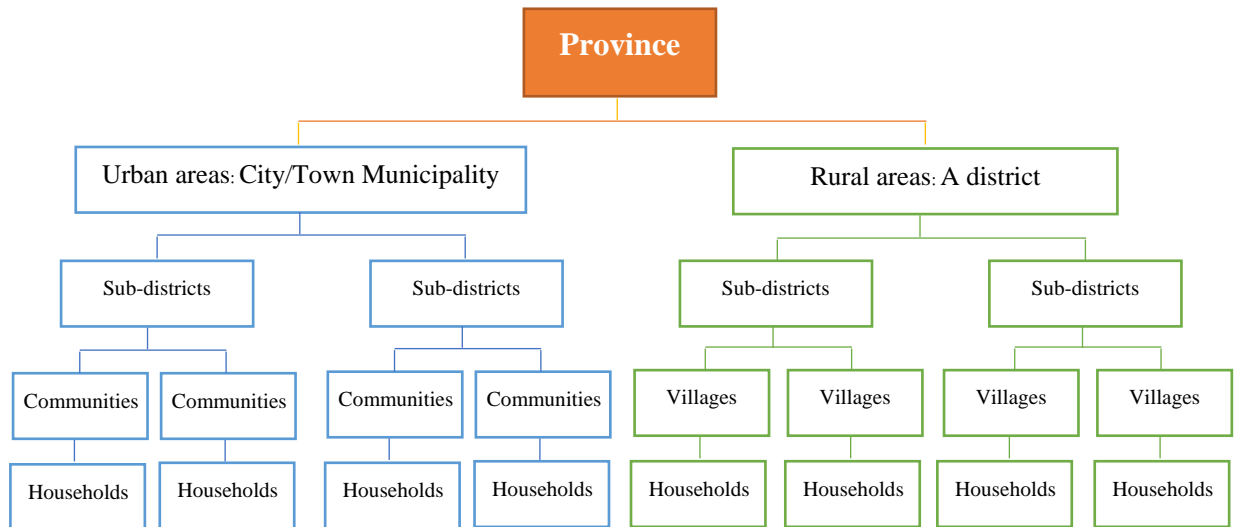
### 3.3.3.2 Mutli-Stage Sampling of Households

Stage 1: Each province is divided into urban and rural areas. In the urban areas, the city/town municipality was selected purposively. For rural areas, a district was selected randomly, probability proportionate to size (i. e., number of registered households).

Stage 2: Simple random sampling was used to select 1 to 2 Tambon (sub-districts), probability proportionate to size.

Stage 3: Simple random sampling was used to select 2 to 4 communities/villages, probability proportionate to size.

Stage 4: Systematic sampling was used to select households. The first household was selected by an Excel program, followed by a set interval until the required number of households was reached. Each person age 15 years or older in the household was interviewed for this study.



**Figure 3.1** Sampling Structure

### 3.3.4 Data Collection Tool

The field survey used a questionnaire which was tested for validity by three experts who work in the area of alcohol studies and cognitive testing, and seven persons from the general population to assess comprehension of the questions. The draft questionnaire was reviewed and approved by the advisor before finalizing. The questionnaire has four sections as follows:

Section 1: Knowledge and opinions about combatting alcohol abuse in the locality. This section also asked about various activities, such as public campaigns, training, law enforcement, health services, etc. A key opinion question concerned perceived impact on reducing/eliminating problem drinking and social values about acceptance of drinking in the community.

Section 2: Access to and advertising of alcoholic beverages. This section included questions on how a person can access alcohol in the locality and experience observing promotion of drinking.

Section 3: Drinking behavior: This included questions about situations in which alcohol is consumed and which leads to risk situations. This section asked about drinking alcohol in adult and underage, regular drinking, binge drinking, and drink driving.

Section 4: This section asks general information about the respondent, e.g., sex, age, marital status, children, education, occupation, income, and area of residence (urban/rural).

### **3.3.5 Data Collection**

Data were collected in each province by a trained group of persons comprised of a team leader, and three interviewers. Each day, questionnaires were reviewed for completeness and consistency. The four teams completed interviews with 1,600 sample respondents in 784 households.

### **3.3.6 Data Analysis**

Before analyzing the data, the researcher edited the data to ensure completeness and internal consistency. Data were analyzed using SPSS descriptive statistics module. Success or failure of the networks in combatting alcohol abuse was analyzed according to the conceptual framework regarding the causes of consumption of alcohol (CAS, 2010) and circumstances of alcohol consumption which contributes to risk (Surasak Chaiyasong et al., 2013). The researcher investigated whether the causes and circumstances were mitigated by the network interventions by comparing change between the survey round and the year before survey.

## **CHAPTER 4**

### **RESULT**

Data collection during July-December 2017 will be presented in order by study province, Lampang, Sisaket, Kamphaengphet, and Chaiyaphum. The content for each section includes the following:

- 1) Basic information of the province, location, administrative division, number of population, status of alcohol consumption, and level of risk;
- 2) History of networks combatting alcohol abuse, its origin and membership;
- 3) Measures to combat alcohol abuse of networks, various activities of the network in the year round, analysis of measures selected, and use of best practices;
- 4) Consistency and coverage of measures to combat alcohol abuse;
- 5) Process of networks to combat alcohol abuse: lead agency, joint network, participation, reciprocal dependence, communication and coordination, allocation and sharing of resources, and institutional pressure and the contextual environment of the networks in the high-risk provinces, and analysis of the capacity of the network to address the problem;
- 6) Results of implementation of the networks to reduce the risk of alcohol abuse and analyze whether the network was successful or not.

## 4.1 Results: Lampang Province

### 4.1.1 Basic Information

Lampang is in the North Region of Thailand with an area of 12,533 sq. km. The province has 13 districts, 100 Tambon, 931 villages and 104 communities (Lampang Provincial Office, 2017).

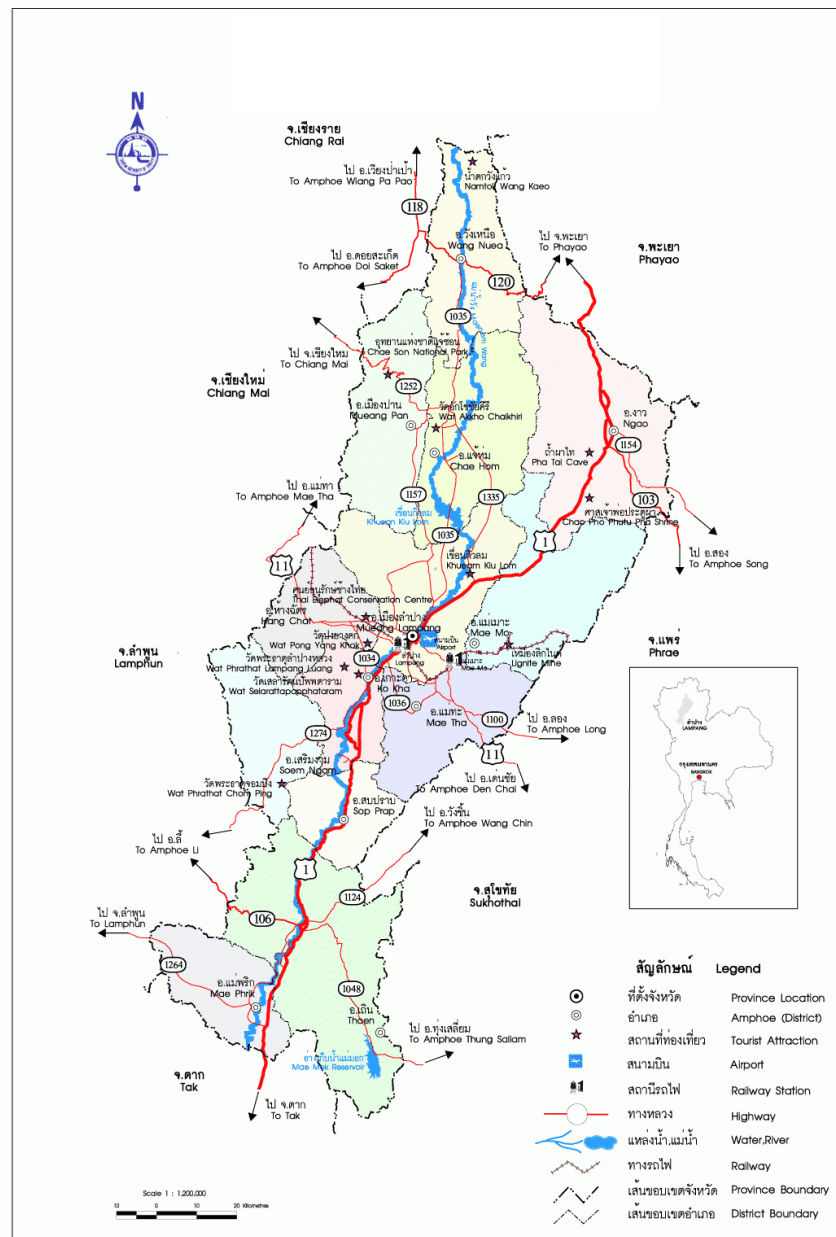


Figure 4.1 Map of Lampang Province

In 2016, Lampang had a population 748,850 persons, 366,857 males, and 381,993 females. There were 285,257 households (Department of Provincial Administration, The Bureau of Registration Administration, 2016).

The 2011 Provincial Alcohol Report had the following findings for Lampang (Surasak Chaiyasong et al., 2013):

Prevalence of adult drinkers (age 15+ years) = 43.6 %

Proportion of regular drinkers = 45.1%

Proportion of binge drinkers = 10.7%

Proportion of drink drivers = 46.4%

Prevalence of underage drinkers (age 15-19 years) = 17.5%

Provincial Alcohol Problem Index = 0.626 or rank of 9<sup>th</sup> in the country.

#### **4.1.2 History of Networks Combatting Alcohol Abuse in Lampang**

Networking to combat alcohol abuse in Lampang began in 2005 with the Saenpaya Institute, a not-for-profit organization. Its key partners include the local public health officers, military, police, Buddhist monks and village peer leaders. Mr. Chan Uthiya is the coordination focal point. The Institute receives funding from the Thailand Research Fund as part of the project to study guidelines for social order and tackling household debt. The target area of that project is Ban Dong in Nayang Tambon of Sopprap District. Alcohol consumption is a major cause of debt, and requires an urgent resolution (Kitti Sripawachanakan, personal communication, October 3, 2017). At the same time, the SDN was expanding its network throughout the nation. There was a campaign to encourage drinkers to quit for the 3-month annual Buddhist Lent, and have drink-free fairs or celebrations. SDN coordinated with the Institute and provided a grant to conduct a local campaign to reduce drunkenness and debt of hosts of celebrations (Chan Uthiya, personal communication, October 3, 2017)

In 2008, Phra Sathi Teerapanyo (Buddhist monk) visited Lampang and began working on the alcohol abuse problem since that seemed to be a priority issue. Initially, there was a campaign to convert retail shops into non-alcohol vendors, abstain from drinking on the Buddhist Sabbath, and abstain from drinking during Buddhist Lent. Funding for the campaign was personal donations. Later, the monk requested funding from the SDN, and that marked the origin of the Upper North Region Coordination

Network Center for Abstinence. Later, Phra Sathit and Mr. Chan joined forces to make the campaign an on-going activity as a community-based endeavor (Sathit Teerapanyo, personal communication, October 2, 2017).

In 2011, SDN appointed Phra Sathit as the coordinator of SDN-Lampang, and a coordination center was set for provincial activities. Phra Sathit felt that the scope of the campaign should be broadened to include stricter law enforcement and reduce new alcohol drinkers. The center joined forces with the government and schools to expand the network and recruit more partners in the campaign, including the Provincial Public Health Office (PHO), the Area Excise Office (AEO), the 32<sup>nd</sup> Army Region, the Provincial Social Development and Human Security Office (SDHSO), the Provincial Disaster Prevention and Mitigation Office (DPMO), the Provincial Administration Office, the local police station, and ten educational institutions. The provincial governor extended support for network expansion and to include alcohol abuse as one of the priority health problems of the province (Sathit Teerapanyo, personal communication, October 2, 2017). Because the Saenpaya Institute was not skilled in issues of law enforcement and coordination with schools, there was a separation of responsibilities (Sathit Teerapanyo, personal communication, October 2, 2017) whereby the Institute focused on campaigns to keep alcohol-free ceremonies/merit-making events. (Chan Uthiya, personal communication, October 3, 2017).

“We divided the labor. Phra Sathit focused on law enforcement and reducing new drinkers, monitor risk areas, while the Saenpaya Institute focused on alcohol-free funerals” (Sathit Teerapanyo, personal communication, October 2, 2017).

“Phra Sathit focused on law enforcement, The AEO, the universities, and others. They were more skilled than us. So that was fine with us.” (Chan Uthiya, personal communication, October 3, 2017).

Later, in mid-2017, Phra Sathit resigned from the role of coordinator for the SDN-Lampang and returned unspent funds to the SDN headquarters. Nevertheless, he continued to support the cause. Budget was provided by SDHSO-Lampang, and the direction of activities shifted somewhat to better reflect the local context of the problem. This interruption of activities and shift in funding impeded progress of the campaign. It was felt that the national alcohol policy and guidelines of SDN were too broad and not Lampang-specific. Thus, the local branch’s grant applications were not approved

by SDN headquarters and, hence, the split (Sathit Teerapanyo, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017; Banjong Somsri, personal communication, October 4, 2017).

“Ultimately, we felt we didn’t need the funding from SDN; there were conditions attached to the funding that didn’t suit our situation. We had more flexibility if we used local resources” (Sathit Teerapanyo, personal communication, October 2, 2017).

In any case, addressing the problem of alcohol abuse according to SDN guidelines were still relevant to local preferences, such as having alcohol-free ceremonies and implementing a community-based approach. The Saenpaya Institute continued to promote these with support from the Tambon Health Fund of Lampang (Kitti Sripawachanakan, personal communication, October 3, 2017; Chan Uthiya, personal communication, October 3, 2017).

#### **4.1.3 Measures to Combat Alcohol Abuse of Networks in Lampang**

Activities of the Lampang network helped to galvanize the two civil society groups (e.g., Saenpaya Institute and SDN-Lampang) to be the advocacy center for collaboration. The following are some of the key activities of the network, starting in 2016 under the “Provincial Strategy for Addressing Alcohol Abuse and Risk Factors for Lampang” (Lampang Provincial Stop Drink Community, 2017):

- 1) Development of model communities and campaigns for alcohol-free ceremonies/merit-making events.

These two activities fit naturally together since a model village would not be alcohol dependent. The communities themselves set the rules. The campaigns are seen as a way to begin to change social values, and to chip away at the idea that ceremonies and celebrations must have alcohol. The Saenpaya Institute provided leadership in the model community initiative which starts with a process of community forums to discuss how to implement the alcohol-free celebrations and ceremonies. Some of the meetings were formal, with the Kaman and village headman presiding, while other meetings were informal. Some communities decided to declare funerals, Buddhist novice ordination ceremonies, merit-making, Loy Kratong, Songkran and other special events as alcohol-free. The overriding goal of the communities was to

return these special occasions to more culturally attractive, respectful and solemn occasions and not a time for raucous behavior. Another aim was to reduce the expenditures of the hosts of these events. Many community leaders endorsed this concept and helped to spread the network to other neighboring villages (Kitti Sripawachanakan, personal communication, October 3, 2017; Chan Uthiya, personal communication, October 3, 2017).

The community development activities/model villages and campaigns for alcohol-free ceremonies were first launched in Ban Dong Village. Once others saw the viability and success, the campaigns were raised to the Tambon (Nayang Sub-district) level, and then to the Sopprap District level. However, not all localities adopted the policy due to lack of budget and manpower (Kitti Sripawachanakan, personal communication, October 3, 2017; Chan Uthiya, personal communication, October 3, 2017).

Nevertheless, the model village and campaign approach became a central part of the provincial strategy. The following are examples of how this was implemented in different locations (Lampang Provincial Stop Drink Community, 2017):

(1) Convening a forum for recruiting and building capacity of cadre of alcohol abuse prevention and response volunteer peer leaders;

(2) Support for 20 communities to implement concrete alcohol abuse prevention initiatives;

(3) Budget support for holding alcohol-free merit-making events to recruit new campaign partners in three locations;

(4) Convening a forum to review lessons learned for advocacy and development of communities to prevent alcohol abuse in 27 locations.

2) Recruitment and capacity building of youth volunteers for prevention of alcohol abuse.

This activity involved educating youth about the harm and legal consequences of alcohol abuse, and linked with public campaigns to reduce alcohol consumption in youth. These cadre of youth volunteers were then encouraged to spread the message to peers in other communities. The SDN-Lampang took central responsibility for promoting this activity. The youth volunteers were expected to be

role models for their peers and build social immunity to resist the lure or pressure to drink. The hope was that a youth movement against alcohol abuse could be launched this way. (Sathit Teerapanyo, personal communication, October 2, 2017). The following are some highlights of how the youth volunteer program was implemented as part of the provincial strategy (Lampang Provincial Stop Drink Community, 2017):

(1) Educational training for youth to acquire skills in a campaign to create a movement among their peers to know the laws and be more mindful of the adverse consequences of alcohol abuse. This included giving the youth skills in monitoring risk factors for alcohol abuse. Lampang was able to recruit and train 100 youth volunteers for prevention of alcohol abuse;

(2) Support for the youth peer volunteers to conduct educational campaigns on related laws and adverse effects of alcohol abuse, and monitoring risk in the school setting and at festivals (e.g., Songkran, Loy Krathong, New Year's Eve, Winter Festival, etc.);

(3) Convened forums to exchange knowledge to distill lessons learned in efforts to combat alcohol abuse and prevent new drinkers in Lampang.

3) Monitoring and support for networks to improve efficiency of law enforcement.

This activity was intended to motivate authorities and law enforcement to be more strict about enforcing laws related to alcohol abuse as per the Alcohol Control Act of B.E. 2551. This focused on access to alcohol products, especially purchase/sale to underage customers, enforcing time limits when alcohol is sold, and requiring outlets to not serve/sell alcohol to drunk customers.

The SDN-Lampang took central responsibility for the monitoring and support of law enforcement. The methods included training about the punishments and the relevant laws on control of alcohol for peer leaders who served as "Anti-alcohol Abuse Volunteers for Lampang." These volunteers also helped to monitor festivals and events where risk for alcohol abuse might occur (Sathit Teerapanyo, personal communication, October 2, 2017). This activity became an important part of the provincial strategy (Lampang Provincial Stop Drink Community, 2017). The following are highlights:

(1) Recruitment and training of 91 volunteer peer leaders so they were knowledgeable about the prevailing laws and harms of alcohol abuse, and had skills in monitoring risk situations and conducting campaigns. The volunteers might be local leaders, staff of the LAO, the municipality, hospital, village health volunteers, monks, or ordinary residents;

(2) Monitoring and supporting networks to make law enforcement more efficient during fairs and festivals. The focus was on the Mae Moh Tourism Festival and the Lampang Red Cross Fair, both annual events;

(3) Support for government agencies to more strictly enforce the law during festivals with risk for alcohol abuse in collaboration with provincial government staff, four times during the year.

4) Campaign to abstain during Buddhist Lent.

In addition to the “Provincial strategy for addressing alcohol abuse and risk factors for Lampang in 2016,” the THPF supported a campaign to abstain from alcohol during the three-month annual Buddhist Lent period. This campaign was support by the Saenpaya Institute and the SDN-Lampang. This was incorporated as part of the effort to reduce the number of drinkers (Stop Drink Network, 2016, p. 20). the SDN-Lampang conducted campaigns to publicize the event, beginning in Mae Moh District. In 2016, the campaign received support from the SDN headquarters and the SDHSO-Lampang, and this enabled a broad expansion (Sathit Teerapanyo, personal communication, October 2, 2017; Nipaporn Wongtham, personal communication, October 2, 2017). The following are highlights:

(1) Convened forums to exchange knowledge among members of the Project Board, including the Provincial Development Officer, the Provincial Cultural Officer, representatives from the provincial government, the PHO, senior monks, and other dignitaries to explain the objectives and goals of the Project;

(2) Convened a forum for knowledge sharing with peer leaders in 13 target locations in 13 districts to explain the Project objectives and goals, and to brainstorm on how to advocate for abstaining from alcohol during Lent;

(3) Support for 13 communities in 13 districts to conduct Project activities such as forming a task force for the campaign, recruit volunteers for the

activities, announce names of participating individuals and shops, monitoring motivation to participate in the Project, and evaluate the effectiveness;

(4) Convened a forum to exchange lessons learned from the Project and summarize evaluation findings with the Project Board members and representatives from the 13 pilot project sites.

The following looks at the relative emphasis given to the different measures used. The Saenpaya Institute gives priority to development of model communities and campaigns for alcohol-free ceremonies/merit-making events. The Institute also prioritizes public campaigns, targeting community leaders and local villagers. However, their coverage is limited. In 2016, the Institute implemented these activities in only 20 communities (Kitti Sripawachanakan, personal communication, October 3, 2017). By contrast, in 2016, the SDN-Lampang focused on monitoring and support of networks to augment law enforcement to improve efficiency of existing measures to control access to alcohol, targeting the general population and retail outlets. Even though the network extends to every district in the province, the SDN-Lampang activities are mostly concentrated in the district and provincial capital towns, and around annual festivals, such as Mae Moh and Red Cross fairs (Sathit Teerapanyo, personal communication, October 2, 2017).

The researcher investigated awareness of these interventions to combat alcohol abuse in a field survey (Jul. '16-Jun. '17). The findings were that about three in four (75.4%) respondents said they had seen or heard about activities to combat alcohol abuse in the locality (Table 4.1). Of those who had exposure, the top five activities they could cite include the Buddhist Lent abstinence campaign (87.1%), the alcohol-free ceremonies campaign (51.2%), prohibited zones for alcohol sales warnings (20.1%), no drinking warning signs (19.8%) and the setting up of checkpoints for drink driving (19.8%) (Table 4.2)

**Table 4.1** Ever Heard/Seen about Activities to Combat Alcohol Abuse in the Locality: (Jul. '16-Jun. '17)

No.	Ever Heard/Seen	n	%
1	Never	99	24.6
2	Yes	303	75.4
<b>Total</b>		<b>402</b>	<b>100.0</b>

**Table 4.2** Activities Heard/Seen about to Combat Alcohol Abuse in the Locality: (Jul. '16-Jun. '17) (of Those Who Ever Heard/Seen and Multiple Response Allowed)

Rank	Activities	n	%
1	Buddhist Lent abstinence	264	87.1
2	Alcohol-free ceremonies/events	155	51.2
3	No alcohol warning signs	61	20.1
4	Prohibition of alcohol drinking warning signs	60	19.8
5	Drink driving checkpoints	60	19.8
6	Controlling shops and entertainment establishments to follow the liquor laws	37	12.2
7	Training on the harm of alcoholic beverages	36	11.9
8	Training on laws related to alcoholic beverages	36	11.9
9	Arrests of illegal liquor producers/marketers	33	10.9
10	Model alcohol-free villages	32	10.6
11	Music concerns and sports events that are alcohol-free	26	8.6
12	Control of advertising or images which promote drinking	19	6.3
13	Screening to identify high-risk drinkers	9	3.0
14	Treatment for alcoholism	9	3.0

The Buddhist Lent abstinence campaign is the most well-known because this is an annual campaign that has been conducted in the country since 2003 (Thaksaphon Thamarangsi, 2010, p. 1). The alcohol-free ceremonies campaign was less well-known but was broadcast widely to the public. Interventions ranked #3 to #6 concerned law enforcement, and are an attempt to restrict physical access to alcohol. Perhaps there is less awareness of these because they are site specific (i. e., not a public campaign). In

sum, both the qualitative and quantitative data for Lampang indicate that the emphasis and reach of the measures are in the form of public campaigns. Secondary emphasis is on the control of physical access, raising awareness and community-based interventions. It is noteworthy that there is so little awareness of alcohol screening and brief intervention. Perhaps that is because this intervention was not part of the province's strategic plan.

“To be comprehensive, the program should include alcohol screening and brief intervention. However, there were limitations of time, budget and policy; so that didn't happen” (Sathit Teerapanyo, personal communication, October 2, 2017)

Control of physical access to alcohol and monitoring/controlling alcohol outlets are two of the 'best practices' cited earlier. However, implementation of those was limited in the Lampang case.

**Table 4.3** Measures to Combat Alcohol Abuse in Lampung

<b>Activities</b>	<b>Measures</b>	<b>Target mechanism</b>	<b>Site of implementation</b>	<b>Target population</b>
Development of model communities and campaigns for alcohol-free ceremonies/rit-making events	- Community-level measures - Public campaigns	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Only in participating communities	General population in the locality
Recruitment and capacity building of youth volunteers for prevention of alcohol abuse	- Educate - Public campaigns	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	10 Schools	School youth
Monitoring and support for networks to improve efficiency of law enforcement	- Control of access to alcoholic beverages	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Risk areas and fairs/festivals	General population and retailers

**Table 4.3** (Continued)

<b>Activities</b>	<b>Measures</b>	<b>Target mechanism</b>	<b>Site of implementation</b>	<b>Target population</b>
Campaign to abstain during Buddhist Lent	- Public campaigns	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Widespread public information dissemination extending down to the village level	General population

#### **4.1.4 Consistency and Coverage of Measures to Combat Alcohol Abuse in the Context of Lampang as a High-Risk Province**

From this study, it is found that measures and activities under the Lampang Strategy to Combat alcohol abuse and risk factors did not follow a process of group brainstorming among network partners and the local SDN. Instead, the interventions were driven by central policy and strategies coming from the THPF and SDN headquarters. Phra Sathit had pointed out that the national strategies were not necessarily appropriate for certain localities in Lampang. The project proposal to build capacity of youth peer leaders was conceived as an attempt to mold thought and practice to conform more to the Buddhist teaching. But because it did not focus on the problem of alcohol abuse in particular it was not approved for funding by central organizations (Sathit Teerapanyo, personal communication, October 2, 2017).

“Our project proposal did not conform to the policy of THPF, and even though we tried to defend the concept, it was not approved” (Sathit Teerapanyo, personal communication, October 2, 2017).

In any case, data on the situation of the risk of alcohol abuse have been applied to the project proposals, especially regarding youth consumption and new young drinkers, and that is consistent with national alcohol strategy. By building youth character, that can also provide immunity to the temptation of alcohol abuse (Sathit

Teerapanyo, personal communication, October 2, 2017). The Lampang network defined measures to combat alcohol abuse in 2016 by mostly relying on the centrally-issued strategy. But local data on the situation of the risk of alcohol abuse were used to define some of these measures.

Nevertheless, the analysis of the consistency and coverage of measures to combat alcohol abuse in a high-risk province gives emphasis to the data in Table 4.3. In terms of addressing the causes of alcohol abuse, this study found that Lampang tried to change social values related to the acceptance of alcohol and restricting physical access. However, controlling access was not implemented widely, or only done at certain times of the year. There were no interventions that focused on the alcohol business or industry, or reducing images and messages which encourage drinking. Thus, it could be concluded that Lampang was not addressing some of the root causes of a drinking culture.

In order to effectively address the situation of consumption alcoholic beverages to reduce risk, the interventions cited earlier are consistent with the effort to reduce the prevalence of adult and underage drinkers. Some of the measures may also have impacted on regular drinking and binge drinking, however there was little/no alcohol screening and brief intervention. There were no measures to combat drink driving (other than the police check points). The 2011 Provincial Alcohol Report 2011 cited a level of 46.4% of drink driving for Lampang, and that is one of the worst indicators for the province (Surasak Chaiyasong et al., 2013). Thus, the Lampang program lacked adequate coverage and specificity of interventions and, so, the problem festers.

#### **4.1.5 Process of Networks to Combat Alcohol Abuse in Lampang**

The Lampang network to combat alcohol abuse includes civil society sector, i.e., the Saenpaya Institute, the SDN-Lampang, the Tammapiwat Institute, the Health Association, the network of Buddhist monks and village peer leaders. With government sector in Lampang, i.e., the Public Health Office (PHO), the Area Excise Office (AEO), the 32<sup>nd</sup> Army, the Social Development and Human Security Office (SDHSO), the Disaster Prevention and Mitigation Office (DPMO), the Provincial Administration Office, the Provincial Culture Office, the local police station, and educational

institutions. The components of the network to combat alcohol abuse in this research focus on the following:

1) Lead agency: The Lampang network had two lead agencies: the Saenpaya Institute and SDN-Lampang, both of which are civil society entities. Initially, these two were part of the same network, but they had somewhat different missions and decided to form their own networks. Some agencies are members of both networks and, that way, provide a bridge: The PHO-Province, the AEO and various hospitals. Members accept the leadership of both these entities in their respective networks (Sathit Teerapanyo, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017; Kitti Sripawachanakan, personal communication, October 3, 2017; Chan Uthiya, personal communication, October 3, 2017).

“There is a separation of the teams because of a different vision” (Nikorn Promkingkeo, personal communication, October 2, 2017)

“SDN-Lampang works in conjunction with events, while the Saenpaya Institute focuses on grassroots programs. Their concepts are different.” (Kitti Sripawachanakan, personal communication, October 3, 2017).

The role of the two lead agencies is to present project proposals for funding, allocate budget for activities, be a coordination focal point, and convene meetings of members (Sathit Teerapanyo, personal communication, October 2, 2017; Chan Uthiya, personal communication, October 3, 2017). The lead agency doesn't formally delegate roles and responsibility to members; it is more of a natural, voluntary process (Jamnian Wannasarak, personal communication, October 2, 2017). The members adopt the role they are most skilled in (Ratana Tanakham, personal communication, October 3, 2017). For example, university professors organize the training on the harm of alcohol and relevant laws for the youth peer leaders (Tawatchai Saenchompoo, personal communication, October 3, 2017; Banjong Somsri, personal communication, October 4, 2017) or the representative from the AEO provides orientation on laws related to retailers (Songsak Chachawan, personal communication, October 3, 2017)

Even though the networks lack a command structure and leadership is flexible, the networks can clearly define their vision and direction to members and produce clear and coherent plans. Both networks produce activity reports for their

donors 9Sathit Teerapanyo, personal communication, October 2, 2017; Kitti Sripawachanakan, personal communication, October 3, 2017). A key point is that the split of the original network into two reduced unity and strength of the original group (Kitti Sripawachanakan, personal communication, October 3, 2017).

“The strength of the networks declined by splitting into two. When they were one group, they could accomplish anything.” (Kitti Sripawachanakan, personal communication, October 3, 2017)

2) Joint network: The researcher examined the relationships and history of activities; some network members had conducted research projects on social order (Kitti Sripawachanakan, personal communication, October 3, 2017; Chan Uthiya, personal communication, October 3, 2017; Jamnian Wannasarak, personal communication, October 2, 2017). Some had participated in the provincial health assembly (Ratana Tanakham, personal communication, October 3, 2017). These activities resulted in individuals and entities forming relationships, and they continue to collaborate at the present. They have a common vision of society, including the role of alcohol abuse, and why that is so damaging.

“We work together because we have a vision of a healthy and prosperous Lampang” (Jamnian Wannasarak, personal communication, October 2, 2017)

Some network members had no history of involvement but agree with the mission, and so they joined (Sathit Teerapanyo, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017)

“The views about alcohol abuse are aligned” (Nikorn Promkingkeo, personal communication, October 2, 2017)

Some members were drawn into the network by a sense of shared mission, e.g., the DPMO-Lampang, the AEO, and PHO-Lampang, among others (Sathit Teerapanyo, personal communication, October 2, 2017; Songsak Chachawan, personal communication, October 3, 2017; Jamnian Wannasarak, personal communication, October 2, 2017).

“The various sectors’ work complements one another, and networking makes some of the work easier” (Songsak Chachawan, personal communication, October 3, 2017)

3) Participation: Participation in the context of the networks refers to joint brainstorming and implementation among members. This study found that there was limited ability for members to shape policy of the network since the provincial strategy had to conform to the national alcohol strategy and the SDN strategy. However, there was joint brainstorming in defining the local activities. The network boards did convene meetings of members to solicit ideas on a regular basis, and there was a rational division of labor based on member skills (Sathit Teerapanyo, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017; Wimon Tuykeo, personal communication, October 2, 2017; Kitti Sripawachanakan, personal communication, October 3, 2017)

4) Reciprocal dependence: This study found that the networks demonstrated reciprocal dependence among their members in many ways. The work to combat alcohol abuse is naturally linked to a number of sectors. Thus, the SDN-Lampang had links with the Dharma Doctors group which helps people apply Buddhist teaching to reduce unskillful behaviors, the Tambon Health Promotion Hospital (THPH), the Provincial Disaster office (to combat drink driving), and other groups with overlapping mandates (Sathit Teerapanyo, personal communication, October 2, 2017; Jamnian Wannasarak, personal communication, October 2, 2017; Banjong Somsri, personal communication, October 4, 2017)

Some members had a direct role in controlling alcohol abuse such as The AEO (in restricting the supply side) and the health sector (to reduce the demand side). These sectors perform complementary activities in monitoring the situation, reporting infractions, and facilitating each other's mandates (Nikorn Promkingkeo, personal communication, October 2, 2017; Ratana Tanakham, personal communication, October 3, 2017; Kitti Sripawachanakan, personal communication, October 3, 2017). The Area Excise provides education on alcohol tax for retailers, and Phra Sathit participates in those sessions to inform the retailers about campaigns while health officers join to present information on the laws related to control of alcohol (Sathit Teerapanyo, personal communication, October 2, 2017; Songsak Chachawan, personal communication, October 3, 2017).

The network members also share space, facilities, vehicles, and media for campaigns, and share labor for interventions (Sathit Teerapanyo, personal

communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017; Napanat Malaykun, personal communication, October 4, 2017).

There are synergies among member assets, such as between government agencies and civil society groups. The PHO-Province will issue an official letter seeking cooperation with the Saenpaya Institute in a particular event, or the governor will sign a directive to convene a meeting between government and the SDN-Lampang and even chair the meeting (Sathit Teerapanyo, personal communication, October 2, 2017; Jamnian Wannasarak, personal communication, October 2, 2017; Songsak Chachawan, personal communication, October 3, 2017; Napanat Malaykun, personal communication, October 4, 2017).

“By having the governor host these meetings, people will join, even though they may not have known who Chan Uthiya is. That way, the meetings are easy to arrange” (Jamnian Wannasarak, personal communication, October 2, 2017).

Certain individuals from network members have particular knowledge or skills which they can share as appropriate. The LAO can help orient the community leaders about campaigns, school administrators can orient students about the dangers of alcohol, or Phra Sathit can give sermons. If a civil society group wants orientation on, say, the Alcohol Act, they can invite specialists from the health sector to provide that, or The AEO can provide orientation on laws related to supply and sale of alcohol (Sathit Teerapanyo, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017).

Reciprocal dependence in the network is also manifest in data mining and sharing. However, the networks do not have a formal database or resource center, and there is no systematic circulation of data among members. Sharing is ad hoc and informal (Sathit Teerapanyo, personal communication, October 2, 2017; Songsak Chachawan, personal communication, October 3, 2017; Ratana Tanakham, personal communication, October 3, 2017; Kitti Sripawachanakan, personal communication, October 3, 2017; Banjong Somsri, personal communication, October 4, 2017).

All of the key informants in this part of the study agreed that there was excellent coordination among networks and members, and that each of the members sacrificed for the good of the network and its programs (Sathit Teerapanyo, personal communication, October 2, 2017; Jamnian Wannasarak, personal communication,

October 2, 2017; Kitti Sripawachanakan, personal communication, October 3, 2017; Tawatchai Saenchompoo, personal communication, October 3, 2017).

5) Communication and coordination: The Saenpaya Institute and the SDN-Lampang are the coordination focal points for and between networks. Their mode of communication and coordination is similar. The Saenpaya Institute convenes meetings of the 5-10 members of the task force each month and, at other times, communication is smooth and informal e.g., via phone, the Line application, etc. There is coordination with government counterparts for special events, e.g., forums to present program progress. Those events involve more formal communication (Kitti Sripawachanakan, personal communication, October 3, 2017)

The SDN-Lampang convenes bi-monthly meetings of its members who number about 80 persons (from civil society and the schools). Board meetings of the 25 members are convened monthly (Sathit Teerapanyo, personal communication, October 2, 2017; Jamnian Wannasarak, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017).

Communication and coordination can be both formal and informal for the same forum. Meetings during government work hours with government staff require formal communication; meetings outside of government work hours, even with government staff, can be through informal communication (Nikorn Promkingkeo, personal communication, October 2, 2017; Tawatchai Saenchompoo, personal communication, October 3, 2017; Napanat Malaykun, Social Development Worker, MSDHS-Lampang, personal communication, October 4, 2017).

6) Allocation and sharing of resources: The SDN-Lampang receives budget from the SDN headquarters in an amount of about 300,000-400,000 baht per year. The network received 1 million baht in 2016 since it was selected to be part of the 25 Provinces Strategy to Control Alcohol (Sathit Teerapanyo, personal communication, October 2, 2017). In 2017, Phra Sathit withdrew from the role of coordinator of the SDN-Lampang and returned unspent budget to the SDN headquarters. Alternative budget was obtained through the MSDHS-Lampang (Sathit Teerapanyo, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017). Additional funds were also obtained from the PAO-Lampang (Tawatchai Saenchompoo, personal communication, October 3, 2017).

Most of the budget for network activities is for meetings, training, campaigns, monitoring, and compensation for personnel of the SDN-Lampang (Sathit Teerapanyo, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017). Budget is also allocated to communities to develop as model sites (Kitti Sripawachanakan, personal communication, October 3, 2017). Beside this funding, there is considerable counterpart contribution of network members which does not appear in budget documents since it is in-kind support (Jamnian Wannasarak, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017; Songsak Chachawan, personal communication, October 3, 2017; Kitti Sripawachanakan, personal communication, October 3, 2017).

Most of the key informants were of the same voice that the funding for network activities was inadequate because the network is in a constant state of expansion (Sathit Teerapanyo, personal communication, October 2, 2017). To address this, the networks need to economize or mobilize additional resources (Jamnian Wannasarak, personal communication, October 2, 2017; Wimon Tuykeo, personal communication, October 2, 2017).

“If we are talking about small, one-off activities, then the funding is enough. But we want to have an expanding and sustainable movement, and that takes continual investment for it to succeed” (Sathit Teerapanyo, personal communication, October 2, 2017).

Some felt that the SDN central funding for the campaigns was inadequate (Jamnian Wannasarak, personal communication, October 2, 2017; Nikorn Promkingkeo, personal communication, October 2, 2017; Banjong Somsri, personal communication, October 4, 2017, personal communication, October 4, 2017). The network still does not have a formal resource development operation.

7) Institutional pressure and the contextual environment: In the view of Phra Sathit, the most significant external influence on the local network is the centrally-issued strategy on alcohol, which informs the provincial strategy, with conditions about allocation of budget (as noted earlier) (Sathit Teerapanyo, personal communication, October 2, 2017).

“The work has to link to the National Alcohol Strategy; but sometimes the local needs are different from the strategy. Thus, our proposals were rejected in the past” (Sathit Teerapanyo, personal communication, October 2, 2017).

Even though the SDC-Lampang was able to tap into alternative funding, Phra Sathit feels there should be a task force at different levels to advocate for interventions that are tailored to the local context and within the capacity of the local network to implement (Sathit Teerapanyo, personal communication, October 2, 2017).

The networks experienced some external pressure from power centers in the area, such as politicians or government officials and business owners who benefit from alcohol sales. These powerful individuals tried to thwart the activities of the networks, or refused to cooperate. In some cases, law suits were threatened (Lampang Provincial Stop Drink Community, personal communication, October 2-4, 2017). A number of key informants who are government officers complained that their superiors were not supportive of the network activities since they felt it was out of their purview, or saw it as a waste of government time and effort (Lampang Provincial Stop Drink Community, personal communication, October 2-4, 2017).

“We were ridiculed for working in the network. The boss asked: ‘Why are you doing this? It is not necessary. It will fail. It won’t work. You are wasting your energy. You already have a big workload.’” (Public Health Officer, personal communication, October 2, 2017).

The analysis of the capacity of networks found that the networks in Lampang have rather strong capacity. There are strong lead agencies, the network has a place to assemble its members, there is good participation of members, there is reciprocal dependence and support, and there is regular flow and exchange of relevant information. However, participation is not yet optimal and members may not feel like full stakeholders in the network. There is a need for a formal mechanism to mobilize resources and to resist external pressure to thwart the work. Significantly, the split of the original network into two reduced the unity and strength of the members.

#### 4.1.6 Results of Implementation of the Networks in Lampang to Reduce the Risk of Alcohol Abuse

##### 4.1.6.1 Reduction of Causes of Alcohol Abuse

This study found that the Lampang networks implemented some measures to change social values to reduce demand for alcohol and control access. However, there was no direct intervention with the alcohol industry to reduce images and messages which promote drinking. The following discusses these in greater detail:

1) Social acceptance of drinking in Thai society is pervasive. Interviews with persons who saw the public campaigns or received some knowledge from the intervention suggested that a significant proportion were not motivated to reduce or abstain from drinking. Those people felt that drinking was an integral part of celebrations or festivals (41.3%). Over one-third (34.8%) felt that drinking alcohol was ordinary behavior (Table 4.4).

**Table 4.4** Reasons for Lack of Concern about Reducing/Eliminating Consumption of Alcoholic Beverages (of Those Who Ever Saw Public Campaign Activities and Education and are not Concerned about Alcohol Abuse) (Multiple Response Allowed)

Rank	Reason	n	%
1	Alcohol is essential for celebrations	19	41.3
2	It's a personal matter; drinking doesn't hurt others	17	37.0
3	Drinking is normal	16	34.8
4	Drinking won't hurt oneself	4	8.7
5	The campaign wasn't strong enough to change behavior	3	6.6

“Drinking is part of the community culture. You can change one person, but there are 100 others who are the same” (Kitti Sripawachanakan, personal communication, October 3, 2017).

2) Access to alcoholic beverages was assessed by time period of the survey. The survey looked at convenience of access to alcohol around one's residence, and history of buying alcohol outside of the legally allowed times. The survey measured distance and time required to reach an alcohol outlets (on/off

premises) which the respondent frequents most. Fully 94% said they had easy access to alcohol in the neighborhood around their domicile (Table 4.5). About half the sample said there was no change in access, while 40.3% said that access was actually easier than before (Table 4.6). About one-fifth said that access to an on-premises drinking outlet (bar, café) was easy (Table 4.7). Under a third said there was no change in access while 13.4% said access was easier, and under one-tenth said it was harder (Table 4.8).

About one-tenth of respondents had bought alcohol outside the legal times (usually from a local retailer) and that was virtually the same as in the year previous (Table 4.9). Notably, only 1% said that after-hours access to alcohol had declined (Table 4.10). The average distance to one's preferred outlet for alcohol was 205 meters for off-premises consumption and 814 meters for on-premises drinking (Table 4.11-4.12). In terms of time of travel, the averages were three and seven minutes, respectively (Table 4.13-4.14).

**Table 4.5** Ease/Difficulty in Buying Alcohol from Off-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	378	94.0	378	94.0	0.0
2	Difficult	11	2.7	10	2.5	+0.2
3	Unsure	13	3.3	14	3.5	-0.2
<b>Total</b>		<b>402</b>	<b>100.0</b>	<b>402</b>	<b>100.0</b>	

**Table 4.6** Change in Ease/Difficulty of Buying Alcoholic Beverages around One's Residence

No.	Change	n	%
1	Harder	3	0.7
2	The same	212	52.7
3	Easier	162	40.3
4	Unsure	25	6.3
<b>Total</b>		<b>402</b>	<b>100.0</b>

**Table 4.7** Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	77	19.2	77	19.2	0.0
2	Difficult	170	42.3	170	42.3	0.0
3	Unsure	155	38.5	155	38.5	0.0
<b>Total</b>		<b>402</b>	<b>100.0</b>	<b>402</b>	<b>100.0</b>	

**Table 4.8** Change in Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood

No.	Change	n	%
1	Harder	36	9.0
2	The same	121	30.1
3	Easier	54	13.4
4	Unsure	191	47.5
<b>Total</b>		<b>402</b>	<b>100.0</b>

**Table 4.9** Ever Bought Alcoholic Beverages Outside Legal Hours by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	44	10.9	45	11.2	-0.3
2	Wanted to but could not	26	6.5	27	6.7	-0.2
3	Never	332	82.6	330	82.1	+0.5
<b>Total</b>		<b>402</b>	<b>100.0</b>	<b>402</b>	<b>100.0</b>	

**Table 4.10** Change in Ever Bought Alcohol Outside of Legal Hours by Time Period

No.	Change	n	%
1	It's not possible	283	70.4
2	After hours sales have decreased/stopped	4	1.0
3	After hours sales are the same	47	11.7
4	After hours sales have increased	8	2.0
5	Unsure	60	14.9
<b>Total</b>		<b>402</b>	<b>100.0</b>

**Table 4.11** Distance in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol Themselves in the Survey Round)

No.	Distance	n	%
1	<= 50 meters	42	33.6
2	51-100 meters	26	20.8
3	101-500 meters	53	42.4
4	501 meters or more	4	3.2
<b>Total</b>		<b>125</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>205.32</b>	
<b>S.D.</b>		<b>315.28</b>	

**Table 4.12** Distance in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

No.	Distance	n	%
1	<= 500 meters	8	57.2
2	501-1,000 meters	5	35.7
3	1,001-2,000 meters	0	0.0
4	2,001 meters or more	1	7.1
<b>Total</b>		<b>14</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>814.29</b>	
<b>S.D.</b>		<b>679.20</b>	

**Table 4.13** Duration in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol Themselves in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	108	86.4
2	6-10 minutes	11	8.8
3	11-30 minutes	6	4.8
<b>Total</b>		<b>125</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>3.46</b>	
<b>S.D.</b>		<b>3.70</b>	

**Table 4.14** Duration in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	9	64.3
2	6-10 minutes	5	35.7
<b>Total</b>		<b>14</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>6.64</b>	
<b>S.D.</b>		<b>2.65</b>	

The data suggest that access to alcohol is still easy in the study sites and there has been little change over time for both on- and off-premises outlets. In addition, it is still easy to purchase alcohol outside of legal hours. Time and distance to these outlets is small.

“It’s still easy to buy alcohol” (Sathit Teerapanyo, personal communication, October 2, 2017).

3) This section looks at promotion to consume alcohol in the province over time. The majority (three-fourths) of respondents had Ever Heard/Seen public advertisements for alcohol, and this was virtually unchanged over time (Table 4.15). Only one-sixth felt there had been a decline in public advertising (Table 4.16). About one-third had seen campaigns to promote alcohol sales in the province (Table 4.17) and a small minority feel that this decreased (Table 4.18). About half of respondents had observed logos of alcoholic beverages at fairs and festivals in the province (Table 4.19) and about one-sixth felt this practice had declined (Table 4.20).

**Table 4.15** Ever Seen/Heard Advertising of Alcoholic Beverages in the Province by Time Period

No.	Ever Heard/Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Heard/Seen	305	75.9	308	76.6	-0.7
2	Never	97	24.1	94	23.4	+0.7
<b>Total</b>		<b>402</b>	<b>100.0</b>	<b>402</b>	<b>100.0</b>	

**Table 4.16** Change in Ever Seen/Heard Advertising of Alcoholic Beverages

No.	Change	n	%
1	Never Heard/Seen before	61	15.2
2	Heard/Seen less or not at all	66	16.4
3	Heard/Seen the same	199	49.5
4	Heard/Seen more	33	8.2
5	Unsure	43	10.7
<b>Total</b>		<b>402</b>	<b>100.0</b>

**Table 4.17** Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	137	34.1	137	34.1	0.0
2	Never	265	65.9	265	65.9	0.0
<b>Total</b>		<b>402</b>	<b>100.0</b>	<b>402</b>	<b>100.0</b>	

**Table 4.18** Change in Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province

No.	Change	n	%
1	Never Seen	169	42.0
2	Seen less or not at all	24	6.0
3	Seen the same	88	21.9
4	Seen more	18	4.5
5	Unsure	103	25.6
<b>Total</b>		<b>402</b>	<b>100.0</b>

**Table 4.19** Ever Seen Alcoholic Beverages Logos in Fairs/Festivals in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	198	49.3	200	49.8	-0.5
2	Never	204	50.7	202	50.2	+0.5
<b>Total</b>		<b>402</b>	<b>100.0</b>	<b>402</b>	<b>100.0</b>	

**Table 4.20** Change in Ever Seen Alcoholic Beverages Logos in Fairs/Festivals

No.	Change	n	%
1	Never Seen	150	37.3
2	Seen less or not at all	64	15.9
3	The same	107	26.6
4	More	14	3.5
5	Unsure	67	16.7
<b>Total</b>		<b>402</b>	<b>100.0</b>

The data suggest that promotion of alcohol and drinking has not declined in the province. Advertising is still ubiquitous and there are promotional activities to encourage drinking. The prevalence of logos of alcoholic beverages at fairs and festivals is evidence that the companies are paying for the display of the logos.

“There is still distribution of alcohol samples, and efforts to show drinking as hip for youth, or something fashionable.” (Songsak Chachawan, personal communication, October 3, 2017).

In sum, the networks in Lampang have still not been able to have an impact on the contextual causes of drinking alcohol, even though they did implement measures to change social values.

#### 4.1.6.2 Reducing the situation of drinking which leads to risk

The findings of this study found that the Lampang networks implemented measures to reduce prevalence of adult and underage drinkers, and reduce regular and

heavy consumption among adult drinkers. However, there were no activities to address drink driving.

1) Prevalence of adult drinkers (age 15+ years): The two rounds of survey found that 38.6% of respondents had consumed alcohol (Table 4.21).

**Table 4.21** Adult (age 15+ years) Consumption of Alcoholic Beverages by Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Consumed	155	38.6	155	38.6	0.0
2	Did not consume	247	61.4	247	61.4	0.0
<b>Total</b>		<b>402</b>	<b>100.0</b>	<b>402</b>	<b>100.0</b>	

2) Proportion of regular drinkers (consumed alcoholic beverages at least once a week): About 46% of adults consumed alcohol weekly (Table 4.22).

**Table 4.22** Regular Consumption of Alcoholic Beverages by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Consumed regularly	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Regularly drink	71	45.8	72	46.5	-0.7
2	Do not regularly drink	84	54.2	83	53.5	+0.7
<b>Total</b>		<b>155</b>	<b>100.0</b>	<b>155</b>	<b>100.0</b>	

3) Proportion of binge drinkers (heavy consumption of alcohol at one sitting): Just under one-fourth of drinkers reported binge drinking (Table 4.23).

**Table 4.23** Heavy Consumption of Alcohol at One Sitting by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Ever drank heavily	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	36	23.2	36	23.2	0.0
2	Never	119	76.8	119	76.8	0.0
<b>Total</b>		<b>155</b>	<b>100.0</b>	<b>155</b>	<b>100.0</b>	

The situations which lead to risky alcohol consumption have not changed over time.

“The drinkers still drink heavily; especially the adults” (Sathit Teerapanyo, personal communication, October 2, 2017)

4) Proportion of drink drivers: Just under one-fourth of respondents reported that they had drunk alcohol before driving a motor vehicle (Table 4.24).

**Table 4.24** Ever Drank Alcohol and Drove a Motor Vehicle by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Ever drank and drove	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	36	23.2	36	23.2	0.0
2	Never	119	76.8	119	76.8	0.0
<b>Total</b>		<b>155</b>	<b>100.0</b>	<b>155</b>	<b>100.0</b>	

The problem of drink driving still remains.

“Drink driving is still a problem. The police are always catching violators” (Jamnian Wannasarak, personal communication, October 2, 2017).

5) Prevalence of underage drinkers (age 15-19 years): One in five underage drink alcohol (Table 4.25).

**Table 4.25** Underage (Age 15-19 Years) Consumption of Alcoholic Beverages by Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Consumed	4	20.0	4	20.0	0.0
2	Did not consume	16	80.0	16	80.0	0.0
<b>Total</b>		<b>20</b>	<b>100.0</b>	<b>20</b>	<b>100.0</b>	

prevalence of underage drinkers did not change over time.

“It is hard to control adolescent behavior” (Kitti Sripawachanakan, personal communication, October 3, 2017).

This study found that the Lampong networks were not able to impact on the five situations which lead to alcohol use and abuse among both adults and adolescents.

When applying the Logic Model, the networks focused on public campaigns as their principal intervention. That approach is not known to be efficient or effective in the longer-term. In addition, the interventions did not fully address the context or underlying factors which enable and promote drinking and drinking to excess. The networks themselves have shortcomings as a number of members do not feel like stakeholders in the larger enterprise. The networks have not been able to mobilize enough financial resources to expand and intensify their programs. There are also external forces which impede progress toward the program goals. Thus, in sum, the Lampong networks were not able to reduce the risk of alcohol abuse during the period of the study.

## 4.2 Results: Sisaket Province

### 4.2.1 Basic Information

Sisaket Province is in the southern portion of the Northeast Region of Thailand. It has an area of 8,840 sq km. Sisaket has 22 districts, 206 Tambon and 2,626 villages. The population is comprised of many ethnic groups including Lao, Khmer, Suay, and Yer groups (Sisaket Provincial Administrative Organization, 2016).

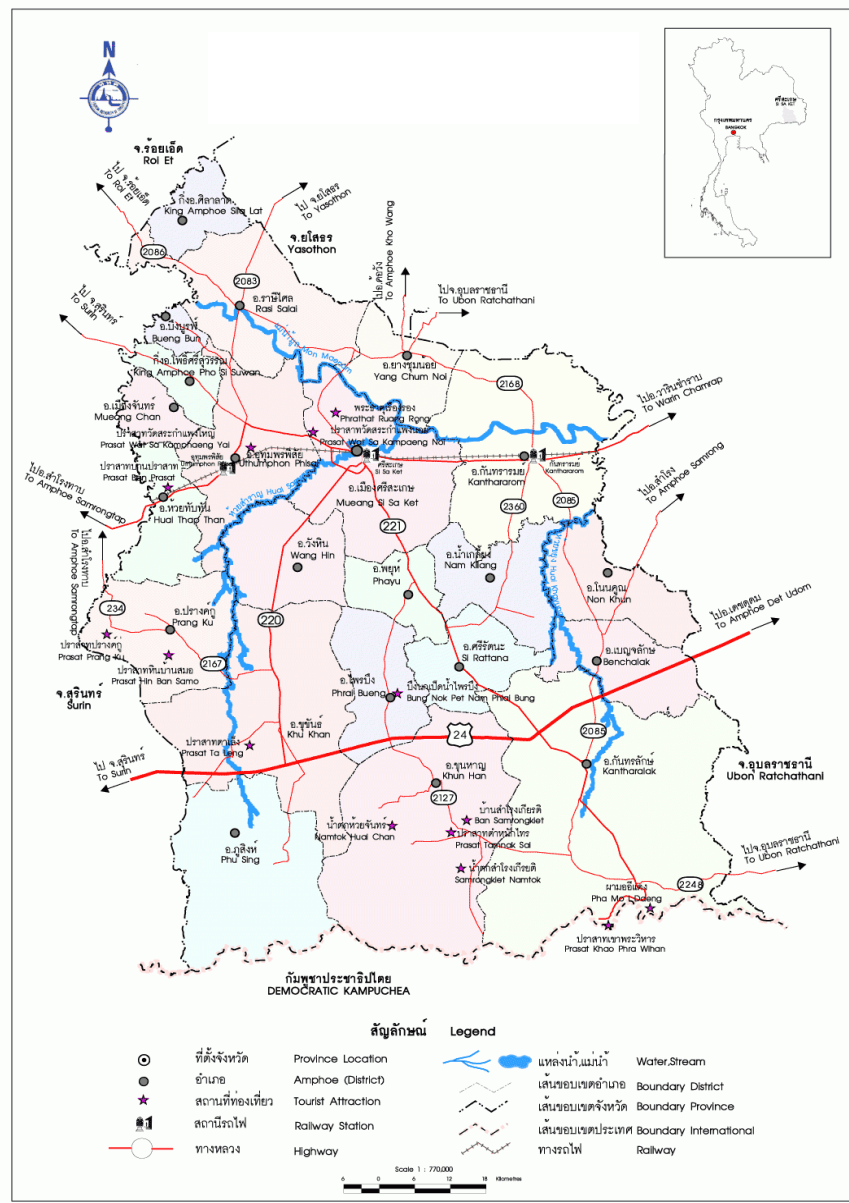


Figure 4.2 Map of Sisaket Province

In 2016, Sisaket had a population of 1,470,341, 734,457 women and 735,884 females, who live in 378,625 households (Department of Provincial Administration, The Bureau of Registration Administration, 2016). The 2011 Provincial Alcohol Report includes data on the risk environment for alcohol abuse in Sisaket as follows (Surasak Chaiyasong et al., 2013):

Prevalence of adult drinkers (age 15+ years) = 35.9 %

Proportion of regular drinkers = 44.0%

Proportion of binge drinkers = 11.3%

Proportion of drink drivers = 33.7 %

Prevalence of underage drinkers (age 15-19 years) = 25.1%

Provincial Alcohol Problem Index = 0.595 or 11<sup>th</sup> highest in the country.

#### **4.2.2 History of Networks Combatting Alcohol Abuse in Sisaket**

The network to combat alcohol abuse in Sisaket is a collection of networks from government and civil society. In 2006, SDN set up a branch network for Sisaket with representatives from the Sisaket Rajabhat University and the PHO-Province. Their main activity at the time was a campaign for Buddhist Lent abstinence. The Alcohol Control Act of B.E. 2551 required the appoint of a provincial Alcohol Control Committee with the governor as the chair and the PHO-Province as secretariat. The Committee has representatives from relevant agencies and sets policy and appoints subcommittees (Banjert Dechasilprachaikul, personal communication, July 11, 2017; Bunchuay Chambutsri, personal communication, July 11, 2017).

The first civil society network on alcohol abuse began in Tambon Siao, Phosisuwan District. The members of that network had been working on public affairs since 1977, including protesting the concessions on logging in community forests, establishing the Trimit School, producing community development master plans, etc. In 2006, the leaders from the 17 villages of the Tambon got together to review the prevailing challenges in the locality. There were issues of fighting and violence, preventable accidents, the high cost of funerals, and problems related to alcohol abuse which all participants agreed was an issue in their community (Jun Tohsing, personal communication, July 8, 2017; Wilai Ratcharoen, personal communication, July 8, 2017).

“Most agreed that events would be more enjoyable without alcohol” (Jun Tohsing, personal communication, July 8, 2017).

The movement began as a way to conserve costs of funerals by discouraging use of alcohol at these events, which should be solemn events, not a celebration (Wilai Ratcharoen, personal communication, July 8, 2017). Then, in 2007, the Tambon Siao Health Project was launched by a committee comprised of the Kamnan, village headman and local peer leaders. They convened public forums throughout the locality and it was agreed to begin by campaigning for alcohol-free merit-making events as follows: funerals, charity drives, Buddhist Kathin ceremonies, formal events at local monasteries (Wat), Buddhist novice ordinations, and other honored events. The THPF provided a grant for the campaign, and the official launch occurred on December 14, 2007. The district chief and deputy provincial governor presided over the opening. The campaign spread to other Tambon in the district and, after one year of implementation, the committee conducted a review of lessons learned and calculated the amount of savings due to elimination of purchase of alcohol. A typical funeral might have 30,000 baht spent for alcohol before the campaign. The savings were then calculated by multiplying that figure by the number of participating funeral events. This was repeated for other events and the total savings in one year came to 16 million baht. This success was then dubbed the “Posrisuwan Model” (Jun Tohsing, personal communication, July 8, 2017; Wilai Ratcharoen, personal communication, July 8, 2017).

A key leader for Tambon Siao at that time was Khru Jun Tohsing who, in 2010, was appointed as the coordinator of the SDN-Sisaket. They linked with the provincial network and set up a coordination center as the focal point for SDN (Jun Tohsing, personal communication, July 8, 2017). The provincial governor saw how the Tambon Siao group was setting a good example, and that their project should be replicated elsewhere in the province.

Thus, in 2011, the governor issued a province-wide alcohol-free policy for certain events. At this time, there was a connecting of government and civil society networks to exchange experience and ideas, and set up the core team to reduce alcohol abuse with representatives from the Public Health Office (PHO), hospitals, the Primary Educational Service Area Office (PESAO), the Secondary Educational Service Area Office (SES AO), the local administrative organizations (LAOs), the SDN-Sisaket, and

Children and Youth Confederation (Banjert Dechasilprachaikul, personal communication, July 11, 2017; Titiporn Insorn, personal communication, July 11, 2017). In addition, Khru Jun was appointed to the provincial Sub-committee to Control Alcohol (Jun Tohsing, personal communication, July 8, 2017).

#### **4.2.3 Measures to Combat Alcohol Abuse of Networks in Sisaket**

Efforts to combat alcohol abuse by the Sisaket networks were spearheaded by the core team of the PHO-Sisaket, SDN-Sisaket, and representatives from related agencies. In 2016, these activities were incorporated under the “Provincial Strategy for Addressing Alcohol Abuse and Risk Factors for Sisaket” including the following (Sisaket Provincial Stop Drink Community, 2017):

- 1) Development of model communities/villages with alcohol-free special events.

In addition to promoting alcohol-free ceremonies and fairs, the goal is to create new norms where alcohol is not seen as a necessity and, in fact, should be discouraged. These include the public fairs and ceremonies, in addition to more private ceremonies such as funerals and ordinations. There are also efforts to restrict physical access to alcohol. The whole community in these model villages are encouraged to participate in the campaign and feel a sense of ownership of the need to succeed (Sisaket Provincial Stop Drink Community, 2017).

With the success in Phosisuwan District, the campaign spread to other parts of Sisaket, including Rasisalai and Khukhun Districts. Rasisalai convened forums in all 190 villagers to explain the alcohol-free policy and program. In Khukhun, 22 Tambon endorsed the project and set local rules for implementation, e. g., no sales of alcohol on the Buddhist Sabbath, and strict enforcement of existing laws (e. g., time limitations, no sales to persons under age 20 years, no consumption in government property or grounds) and posting Brahmin tokens to places that are alcohol-free. These measures were implemented throughout the year and also include the original concept of alcohol-free ceremonies and honored events. Rasisalai banned advertising of alcohol through social media (Sisaket Provincial Stop Drink Community, 2017). The success of these three districts in combatting alcohol abuse attracted even more interest at the

provincial level which called for making the campaign province-wide (Pongpak Mongkolchaipanich, personal communication, July 11, 2017).

The alcohol-free initiative is integrated with law enforcement as part of the social order and road safety projects in the province. There are inspection teams who check on compliance for both campaigns, including the PHO-Sisaket, the AEO-Sisaket, the local police station, hospitals, local leaders and civil society (Banjert Dechasilprachaikul, personal communication, July 11, 2017; Sunan Kittiangsumalee, personal communication, July 11, 2017; Chaiwat Priamratanachai, personal communication, July 12, 2017). The following are more details about campaign implementation in 2016 (Sisaket Provincial Stop Drink Community, 2017):

(1) Development of model communities as learning sites for study tours to see an alcohol abuse prevention program in process. The campaign also combats smoking. There are alcohol-free special events. ‘The 4 Mum Muang’ Strategy has been expanded in five districts, including Tambon Sompoy (Rasisalai), Tambon Koke Pet (Khukhun), Tambon Ponkwao (Muang), Tambon Tungyai (Kantararak), and Tambon Siao (Phosisuwan). Associated activities included exchange forums among community networks, models of capacity building, leadership training, environmental improvements, and reduction of contextual risk factors;

(2) Promotion of merit-making festivals and events that are free of alcohol. This policy was clearly announced to the public through multiple channels. The specific target is four special events: The Bang Fai (rocket) Festival to be free of alcohol and gambling in Tambon Siao; the alcohol-free Bang Fai Festival in Rasisalai, the “4 Thai Tribes” alcohol- and tobacco-free festival, and the Songkran Khao Yen Road Festival as alcohol-free.

2) Building capacity of mechanisms to help drinkers quit.

This initiative includes measures to screen and treat people at risk of alcohol dependence and problem drinkers. The principal approach is to promote collaboration between the PHO-Sisaket and the various PHO-districts and TPHP to build staff capacity in treating alcohol dependency. This includes counseling on laws and consequences of alcohol abuse and understanding the feasibility and benefits of treatment. This can be part of the overall provincial plan to reduce cases of non-communicable disease (Sisaket Provincial Stop Drink Community, 2017).

The results of implementation are that all THPH in the province have become treatment centers for alcoholics (Sisaket Provincial Stop Drink Community, 2017; Jun Tohsing, personal communication, July 8, 2017; Banjert Dechasilprachaikul, personal communication, July 11, 2017).

### 3) Building youth networks.

This initiative is to prevent youth from becoming drinkers and help reduce or eliminate youth alcohol consumptions. The effort tries to use creative approaches and interventions that are attractive to the younger generation. The messages include the harmful effects of alcohol and smoking, and the worse effect of consuming both substances. The child and youth development workers are helping to recruit and train cadres of youth peer leaders to create spaces that are free of alcohol and tobacco smoking. There is collaboration in this with the Sisaket Children and Youth Confederation. At the time of this study, there were 14 networks and, in 2016-17, the groups focused on seven schools including Sisaket Wittayalai School, Phraibeung Withaya School, Khukan Witayakom School, Kantharalak Withaya School, Krasaeng School, and Jaturaphum Withaya School (Sisaket Provincial Stop Drink Community, 2017).

The networks were able to create student clubs in the schools to conduct creative activities for exchange of ideas and advocacy of the project goals. The Confederation's youth peer leaders served as mentors. Support budget was provided by the Youth Development Office of the PAO-Sisaket, the Children and Youth Confederation, the Children's Shelter, and the Foundation for Eradication of Smoking (Sisaket Provincial Stop Drink Community, 2017). Importantly, the initial cadre of youth networks are expanding on their own in a peer-to-peer cascade, and that is providing a continuation of the initiative. (Supit Lalun, personal communication, July 11, 2017). The following is more detail on the work of the youth networks in 2016 (Sisaket Provincial Stop Drink Community, 2017):

- (1) Youth camp to reduce risk of smoking and drinking;
- (2) Mega-forum on youth networks to reduce risk on National Children's Day;
- (3) Support for youth to campaign for the project on special days.

#### 4) Buddhist Lent abstinence.

Buddhist Lent abstinence is one of the public campaigns to reduce drinking, if only for three months of the year. In Sisaket, the THPF has supported information dissemination through a broad range of channels, and community-based activities. In 2016, five Tambon were selected to showcase model communities: Siao in Phosisuwan, Sompoy in Rasisalai, Kokepet in Khukhun, Thungyai in Kantharalak, and Dune in Kanthararom. This included taking a public vow to abstain from smoking and drinking during Lent (Sisaket Provincial Stop Drink Community, 2017; Jun Tohsing, personal communication, July 8, 2017).

In sum, Tambon Siao of Phosisuwan District recorded 1,249 persons from 17 villages who took the vow. Five stores suspended liquor sales, and four villages went abstinent for the entire Lent for all residents. In Sompoy, 131 persons took the vow. In Kokepet, 87 persons took the vow. In Thungyai, 75 persons took the vow. A total of 656 persons vowed to quit alcohol for the rest of their life. At the end of Lent, abstainers were awarded a certificate which lauded them for their determination (Sisaket Provincial Stop Drink Community, 2017). Buddhist Lent abstinence in 2016 was implemented as follows (Sisaket Provincial Stop Drink Community, 2017):

- (1) Meetings to prepare localities for the abstinence campaign and to collect baseline data;
- (2) Vow-taking ceremonies to pledge abstinence;
- (3) On-going motivation for the abstainers to stay the course;
- (4) Expansion of the campaign to a new Tambon (Dune, in Kanthararom).

In sum, these campaigns were largely public efforts to create structural changes to drinking behavior to reduce consumption and promote abstinence. The efforts received support from the provincial government and MOUs were signed by the governor and participating communities to make these campaigns official (Jun Tohsing, personal communication, July 8, 2017).

“Sisaket stands out for its alcohol-free policies for special events” (Jun Tohsing, personal communication, July 8, 2017).

To gain more independent observations of interventions, the researcher collected data from local residents by sample survey during Jul. ‘16-Jun. ‘17. The

survey found that 98.2% of respondents had Ever Heard/Seen about Activities to Combat Alcohol Abuse in the Locality (Table 4.26). Of those who had Ever Heard/Seen, the most commonly-recognized events were Buddhist Lent abstinence (91.5%), liquor bans in the locality (87.4%), drinking bans in the locality (86.6%), alcohol-free fairs/festivals (76.8%), and police check-points to catch drink drivers (71.1%) (Table 4.27).

**Table 4.26** Ever Heard/Seen about Activities to Combat Alcohol Abuse in the Locality: (Jul. '16-Jun. '17)

<b>No.</b>	<b>Ever Heard/Seen</b>	<b>n</b>	<b>%</b>
1	Never	7	1.8
2	Yes	388	98.2
<b>Total</b>		<b>395</b>	<b>100.0</b>

**Table 4.27** Activities Heard/Seen about to Combat Alcohol Abuse in the Locality:  
(Jul. '16-Jun. '17) (of Those Who Ever Heard/Seen and Multiple  
Response Allowed)

Rank	Activities	n	%
1	Buddhist Lent abstinence	355	91.5
2	Forbid alcohol sales in the locality	339	87.4
3	Forbid alcohol consumption in the locality	336	86.6
4	Alcohol-free special events	298	76.8
5	Drink driving check-points	276	71.1
6	Alcohol-free concerts and sports events	250	64.4
7	Enforce liquor laws at shops and entertainment places	237	61.1
8	Model villages and public spaces that are alcohol-free zones	216	55.7
9	Education on the dangers of drinking alcohol	201	51.8
10	Education on laws related to alcohol	135	34.8
11	Treatment for alcohol dependency	105	27.1
12	Control of advertising and promotion of alcohol	97	25.0
13	Screening to identify high-risk drinkers	63	16.2
14	Arrest makers of illegal liquor and tax-evaders	58	14.9

The Buddhist Lent abstinence campaign was the most recognized by the sample of respondents. That may be due to the fact that publicizing the campaign was continuous and through a wide variety of media channels, and was done annually since 2003 (Thaksaphon Thamarangsi, 2010, p. 1). It is noteworthy that three-fourths of the sample knew about the alcohol-free special events, while two-thirds knew of prohibitions of sales/drinking in certain localities. Both of these interventions are public campaigns and, together, they are the most important measures in the Sisaket response. Community-level and screening and treatment were also known, as well as education and control of physical access to alcohol as supporting measures. Thus, the 'best practice' measures of alcohol screening and brief intervention, and control of physical access to alcohol were recognized, but on-site inspections were usually limited to large, annual provincial fairs and festival days.

**Table 4.28** Measures to Combat Alcohol Abuse in Sisaket

<b>Activities</b>	<b>Measures</b>	<b>Target mechanism</b>	<b>Site of implementation</b>	<b>Target population</b>
Develop model communities/villages and campaigns for alcohol-free festivals/fairs	<ul style="list-style-type: none"> <li>- Community-level measures</li> <li>- Public campaigns</li> <li>- Control of physical access to alcohol (supported the application of)</li> </ul>	<ul style="list-style-type: none"> <li>- Control of quantity of alcohol consumed</li> <li>- Prevent new drinkers and control of prevalence of drinkers</li> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	Province-wide but on-site inspections only done during major festivals or events	General population and retailers
Building capacity to reduce alcohol dependency	<ul style="list-style-type: none"> <li>- Screening and treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	Province-wide (through the THPH)	Heavy drinkers and alcoholics
Promotion of creative activities and youth networks	<ul style="list-style-type: none"> <li>- Public campaigns</li> <li>- Education (supported the application of)</li> </ul>	<ul style="list-style-type: none"> <li>- Control of quantity of alcohol consumed</li> <li>- Prevent new drinkers and control of prevalence of drinkers</li> <li>- Reduce risk of consumption</li> <li>- Limit and reduce related violence</li> </ul>	7 Participating schools	Youth groups

**Table 4.28** (Continued)

<b>Activities</b>	<b>Measures</b>	<b>Target mechanism</b>	<b>Site of implementation</b>	<b>Target population</b>
Buddhist Lent abstinence	- Public campaigns	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Province-wide Media campaign coverage but with a focus on 5 locations	General population

#### **4.2.4 Consistency and Coverage of Measures to Combat Alcohol Abuse in the Context of Sisaket as a High-Risk Province**

The “Sisaket Project to Control Alcohol” relied on participation of all network partners in joint planning and brainstorming meetings. The network was mindful of the need to align the provincial strategy with the centrally-issued strategy-both of the national alcohol strategy and the SDN strategy. That said, the Sisaket network had to also tailor its measures to the local situation and context. Some could be conducted in tandem with national interventions (e.g., the control of prevalence of drinkers) (Jun Tohsing, personal communication, July 8, 2017).

Data on the indicators of the risk of alcohol abuse were used to evaluate the situation and synthesize this information with that of the local task force (Jun Tohsing, personal communication, July 8, 2017; Banjert Dechasilprachaikul, personal communication, July 11, 2017).

“2011 data show that youth in Sisaket had one of the highest rates of alcohol consumption in the country-it ranked 5<sup>th</sup> highest. We presented this data to the governor who then issued the provincial policy on alcohol.” (Banjert Dechasilprachaikul, personal communication, July 11, 2017).

The analysis of the consistency and coverage of measures to combat alcohol abuse in the context of a high-risk province (i.e., Sisaket) gives emphasis to the data in

Table 4.28. The network's approach to addressing the cause of alcohol abuse is to focus on changing social values so that drinking is not seen as something normal or essential. However, implementation of measures to control of access to alcoholic beverages was inconsistent and tended to intensify around annual fairs and festivals at the provincial level. Also, there were no interventions which targeted the alcohol industry and its promotion of alcohol products and drinking.

Regarding changing the environment for risky consumption alcoholic beverages, the focus in Sisaket is to reduce the prevalence of adult drinkers, proportion of regular drinkers, proportion of binge drinkers, and prevalence of underage drinkers. However, the network did not implement campaigns against drink driving (outside cooperation with police action). The 2011 Provincial Alcohol Report indicates that drink driving in Sisaket was 33.7% which is quite serious (Surasak Chaiyasong et al., 2013). Thus, Sisaket needs to do more to address contextual risk factors and underlying causes and consequences of alcohol abuse.

#### **4.2.5 Process of Networks to Combat Alcohol Abuse in Sisaket**

The Sisaket network to combat alcohol abuse includes civil society sector, i.e., SDN-Sisaket, the children and youth confederation and youth networks. With government sector in Sisaket, i.e., the Public Health Office (PHO), the Area Excise Office (AEO), the Disaster Prevention and Mitigation Office (DPMO), the Educational Service Area Office (ESAO), the Social Development and Human Security Office (SDHSO), the Office of Disease Prevention and Control (ODPC), the local police station, and the local administrative organizations (LAOs). The following are the network components in detail:

- 1) Lead agency: The two lead agencies for Sisaket at the PHO-Sisaket and the SDN-Sisaket. The role of these agencies is to serve as the coordination focal point for network members, to convene brainstorming meetings, and coordinate implementation. The lead agencies are part of the core collaboration team, and delegate roles and responsibilities in accordance with member skills and assets. For example, the Director of SESAO 28 mobilizes school youth to participate in network activities (Supit Lalun, personal communication, July 11, 2017). Other members did not have a formal designation of responsibility but contributed in any way they could with their

resources, e.g., the various hospitals in providing treatment for alcohol dependence (Titiporn Insorn, personal communication, July 11, 2017).

An important role of the lead agencies is to allocate budget. The PHO-Sisaket has budget specifically to combat alcohol abuse in the area of prevention, treatment, and health promotion. The SDN-Sisaket proposed projects for funding, and they did receive a grant from SDN headquarters (Jun Tohsing, personal communication, July 8, 2017; Titiporn Insorn, personal communication, July 11, 2017; Bunchuay Chambutsri, personal communication, July 11, 2017). Being a lead agency doesn't mean that you control the members of the network. Each member of the network is independent of each other, and there is no command structure. However, the members voluntarily come together to formulate plans and programs to achieve a shared goal and vision (Jun Tohsing, personal communication, July 8, 2017).

The PHO and SDN of Sisaket were well-accepted by the members, and collaborated with each other in a spirit of comradery (Jun Tohsing, personal communication, July 8, 2017; Banjert Dechasilprachaikul, personal communication, July 11, 2017; Pongpak Mongkolchaipanich, personal communication, July 11, 2017; Wilai Ratcharoen, personal communication, July 8, 2017).

2) Joint network: Even before the networks to combat alcohol abuse, many staff of the members knew each other and had collaborated on activities in support of civil society and government public works. Many initiatives require multi-sectoral collaboration, such as security, keeping the peace, etc. Thus, when the issue of alcohol abuse came up, it was natural for many of these individuals to mobilize in support of the two networks in view of their shared ideals for the province.

“Every one (in the network) is determined to prevail in combating the problem of alcohol abuse” (Jun Tohsing, personal communication, July 8, 2017).

Another aspect of unity of the networks involves the issue of public benefit and shared interests. The member's host agencies already have the public good as part of their mission, e.g., The PHO is involved in health issues already (Bunchuay Chambutsri, personal communication, July 11, 2017), or the Provincial Disaster Prevention and Mitigation Office try to control drink driving as part of road safety (Khunchana-anan Pansiri, personal communication, July 12, 2017), or the police is also naturally involved in alcohol issues in their role as peacekeepers for festivals and large

celebrations (Chaiwat Priamratanachai, personal communication, July 12, 2017). Working as a network helps both the network's goals as well as the routine work of the home agencies of the network members.

“The goals of the member agencies are congruent with each other. Alcohol is a risk factor for unrest and driving hazard. We have a role in road safety, so we are glad to be part of the network” (Khunchana-anan Pansiri, personal communication, July 12, 2017).

3) Participation: There is a high degree of participation in the Sisaket network. They brainstorm together and implement together.

“We heard that there is a high level of alcohol dependency among Sisaket youth. So, we brainstormed about how to deal with this. Everyone's voice was heard” (Jun Tohsing, personal communication, July 8, 2017).

“We talk among ourselves often. We need to confer in order to have an efficient division of labor” (Titiporn Insorn, personal communication, July 11, 2017).

The core team is the embodiment of the participatory nature of the networks (Jun Tohsing, personal communication, July 8, 2017). The collaboration is clear, for example, when we go out as teams to see if places are complying with alcohol laws. There will be representatives from the Provincial Administration Office, the PHO-districts, the local police station, hospitals, and community leaders. (Banjert Dechasilprachaikul, personal communication, July 11, 2017; Sunan Kitti-angsumalee, personal communication, July 11, 2017; Chaiwat Priamratanachai, personal communication, July 12, 2017).

4) Reciprocal dependence: The Sisaket networks are a strong example of mutual sharing and support among members. civil society groups rely on the PHO to host activities because of its stature in the Provincial Committee on Control of Alcohol. The PHO also has a mandate to deal with chronic conditions like alcohol dependence (Jun Tohsing, personal communication, July 8, 2017). Civil society also has indigenous strengths and assets to contribute to the network, such as Khru Jun who serves as a role model and public speaker (Jun Tohsing, personal communication, July 8, 2017; Banjert Dechasilprachaikul, personal communication, July 11, 2017; Promin Saengern, personal communication, July 12, 2017; Khunchana-anan Pansiri, personal communication, July 12, 2017).

To reach vulnerable youth, the network recruits and trains youth peer leaders to mobilize other youth to participate in campaigns. The SDHSO-Sisaket helps coordinate youth outreach. Later the SESAO 28 coordinated with the Children and Youth Confederation to mobilize youth involvement (Supit Lalun, personal communication, July 11, 2017; Uthai Duagmanee, Social Development Specialist, The SDHSO-Sisaket, personal communication, July 12, 2017).

One of the more obvious areas of collaboration is the road safety initiative of the DPMO (Khunchana-anan Pansiri, personal communication, July 12, 2017). Another area of collaboration is the campaign to have safe and orderly provincial fairs and festivals (Chaiwat Priamratanachai, personal communication, July 12, 2017).

The network includes the AEO which has a role in control the supply side on alcoholic beverages while the PHO controls the demand side. They work together to promote education of the alcohol laws and conduct joint monitoring of outlets (Banjert Dechasilprachaikul, personal communication, July 11, 2017). There is an active flow of information and data among network members so that everyone is aware of the status of the problem and lessons learned (Banjert Dechasilprachaikul, personal communication, July 11, 2017; Bunchuay Chambutsri, personal communication, July 11, 2017; Chaiwat Priamratanachai, personal communication, July 12, 2017).

“We have a constant exchange of knowledge. In promoting model communities, we use SDN data, while the PHO provides technical data” (Bunchuay Chambutsri, personal communication, July 11, 2017).

Every key informant praised the level of collaboration in the network (Jun Tohsing, personal communication, July 8, 2017; Banjert Dechasilprachaikul, personal communication, July 11, 2017; Titiporn Insorn, personal communication, July 11, 2017).

5) Communication and coordination: Communication and coordination is managed through the two lead agencies, the PHO and SDN of Sisaket. If a formal government letter is required, then the PHO will facilitate. Otherwise, communication is usually via phone or the Line application, and usually relates to a campaign event (Banjert Dechasilprachaikul, personal communication, July 11, 2017; Pongpak Mongkolchaipanich, personal communication, July 11, 2017; Titiporn Insorn, personal communication, July 11, 2017).

Most of the coordination is informal among the networks. The more formal meetings of the provincial committees and sub-committees occur only three or four times a year, and those are used for reporting progress of implementation and the latest situation.

“The phone is the charm of Sisaket” (Supit Lalun, personal communication, July 11, 2017).

6) Allocation and sharing of resources: The key resource is budget which can be classified as the provincial budget, most of which goes for the alcohol-free campaigns surrounding large events. This budget also goes for the task force activities, travel, coordination, meals, refreshments at meetings, etc. Some support comes from the PAO. Below the provincial level, there is budget from the LAO for district and Tambon-level events. Those funds are combined with funds from the National Health Security Office (NHSO). Ad hoc funding comes from the THPF and the SDN headquarters in response to a proposal (Jun Tohsing, personal communication, July 8, 2017; Banjert Dechasilprachaikul, personal communication, July 11, 2017).

All of the key informants said that the networks have adequate budget to conduct activities to meet the plan targets (Jun Tohsing, personal communication, July 8, 2017; Banjert Dechasilprachaikul, personal communication, July 11, 2017; Titiporn Insorn, personal communication, July 11, 2017; Pongpak Mongkolchaipanich, personal communication, July 11, 2017; Bunchuay Chambutsri, personal communication, July 11, 2017).

The various campaigns require intensive influx of resources, and the campaigns are mostly coordinated by the SDN. The PAO provides support for these (Banjert Dechasilprachaikul, personal communication, July 11, 2017; Titiporn Insorn, personal communication, July 11, 2017; Pongpak Mongkolchaipanich, personal communication, July 11, 2017).

7) Institutional pressure and the contextual environment: Overall, there is no overt external pressure that is impeding the work of the Sisaket networks. In the past, there was some resistance from alcohol companies and retailers about the prohibitions. But there were negotiations, and now there is a mutual understanding and collaboration (Banjert Dechasilprachaikul, personal communication, July 11, 2017).

In sum, this analysis of the capacity of the Sisaket networks found that there are strong lead agencies, good advocacy and unity, there is joint networking, solidarity, strong participation at every step in the process, excellent reciprocal dependence, efficient communication and coordination, fair allocation and sharing of resources, and no obstructive institutional pressure and environmental obstacles.

#### **4.2.6 Results of Implementation of the Networks in Sisaket to Reduce the Risk of Alcohol Abuse**

##### **4.2.6.1 Reducing the cause of consumption alcoholic beverages**

The Sisaket networks have attempted to change social values and control of access to alcoholic beverages, however there was no direct effort to combat advertising and promotion of drinking by the alcohol industry and marketers. Following are more details on the response:

1) Social values: The field survey found that there remain a significant proportion of people who are not concerned about the need to reduce or eliminate drinking. They see it is normal (90.9%), and one in three feels that alcohol is essential for celebrations (Table 4.29)

**Table 4.29** Reasons for Lack of Concern about Reducing/Eliminating Consumption of Alcoholic Beverages (of Those Who Ever Saw Public Campaign Activities and Education and are not Concerned about Alcohol Abuse) (Multiple Response Allowed)

Rank	Reason	n	%
1	Drinking is normal	30	90.9
2	Alcohol is essential for celebrations and ceremonies	11	33.3
3	Drinking doesn't affect others in society; it is a personal choice	9	27.3
4	Public campaigns and education are only half-hearted	7	21.2
5	Other, e.g., I like drinking; I can control it; There is no bad effect on me; the campaigns and education are not strong enough to make a difference	7	21.2

“Changing social values is hard. The campaigns only succeeded in creating alcohol-free zones for some special events. However, that doesn't mean there was a change in the drinking culture or daily life” (Jun Tohsing, personal communication, July 8, 2017)

2) Access to alcoholic beverages: The survey found that ease in buying alcohol from off-premise sites in the immediate neighborhood remained very high in both rounds, i.e., over 90% (Table 4.30) and 84.8% said there was no change in access (Table 4.31). Ease of access to on-premise sites in the immediate neighborhood increased slightly from 27.3% to 29.4% (Table 4.32) while most felt there was no change (Table 4.33).

In the survey round, 44.3% had ever bought alcohol outside legal hours (usually from a small retail shop), and there was no change in that variable from the year before survey (Table 4.35). Distance to reach a retailer or drinking site averaged 208 meters and 1,487 meters, respectively, and the time required for that travel was 3 and 7 minutes, respectively (Table 4.36-4.39).

**Table 4.30** Ease/Difficulty in Buying Alcohol from Off-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	356	90.1	362	91.7	-1.6
2	Difficult	35	8.9	29	7.3	+1.6
3	Unsure	4	1.0	4	1.0	0.0
<b>Total</b>		<b>395</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	

**Table 4.31** Change in Ease/Difficulty of Buying Alcoholic Beverages around One's Residence

No.	Change	n	%
1	Harder	36	9.1
2	The same	335	84.8
3	Easier	19	4.8
4	Unsure	5	1.3
<b>Total</b>		<b>395</b>	<b>100.0</b>

**Table 4.32** Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	108	27.3	116	29.4	-2.1
2	Difficult	255	64.6	246	62.3	+2.3
3	Unsure	32	8.1	33	8.3	-0.2
<b>Total</b>		<b>395</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	

**Table 4.33** Change in Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood

No.	Change	n	%
1	Harder to find an on-premises place	117	29.6
2	The same	226	57.2
3	Easier to find an on-premises place	20	5.1
4	Unsure	32	8.1
<b>Total</b>		<b>395</b>	<b>100.0</b>

**Table 4.34** Ever Bought Alcoholic Beverages Outside Legal Hours by Time Period

No.	Ever bought after hours	Survey Round		Year before Survey		Percentage point change
		(Jul. '16-Jun. '17)		(Jul. '15-Jun. '16)		
		n	%	n	%	
1	Ever bought (small retail shop)	175	44.3	174	44.0	+0.3
2	Never allowed	123	31.1	124	31.4	-0.3
3	Never bought	97	24.6	97	24.6	0.0
<b>Total</b>		<b>395</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	

**Table 4.35** Change in Ever Bought Alcohol Outside of Legal Hours by Time Period

No.	Change	n	%
1	It's not possible	217	54.9
2	After hours sales have decreased/stopped	13	3.3
3	After hours sales are the same	141	35.7
4	After hours sales have increased	6	1.5
5	Unsure	18	4.6
<b>Total</b>		<b>395</b>	<b>100.0</b>

**Table 4.36** Distance in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol  
Themselves in the Survey Round)

<b>No.</b>	<b>Distance</b>	<b>n</b>	<b>%</b>
1	<= 50 meters	45	31.0
2	51-100 meters	51	35.2
3	101-500 meters	42	29.0
4	501 meters or more	7	4.8
<b>Total</b>		<b>145</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>208.07</b>	
<b>S.D.</b>		<b>300.42</b>	

**Table 4.37** Distance in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

<b>No.</b>	<b>Distance</b>	<b>n</b>	<b>%</b>
1	<= 500 meters	5	22.7
2	501-1,000 meters	7	31.8
3	1,001-2,000 meters	6	27.3
4	2,001 meters or more	4	18.2
<b>Total</b>		<b>22</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>1,486.82</b>	
<b>S.D.</b>		<b>1,284.16</b>	

**Table 4.38** Duration in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol  
Themselves in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	135	93.1
2	6-10 minutes	8	5.5
3	11-30 minutes	1	0.7
4	31 minutes or more	1	0.7
<b>Total</b>		<b>145</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>3.41</b>	
<b>S.D.</b>		<b>5.00</b>	

**Table 4.39** Duration in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	12	54.6
2	6-10 minutes	9	40.9
3	11-20 minutes	1	4.5
<b>Total</b>		<b>22</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>6.86</b>	
<b>S.D.</b>		<b>4.56</b>	

It can be seen from the data that alcohol is still easily accessible in the study areas and the trend over time is constant. This is true for both off- and on-premises outlets. Alcohol can also be easily bought outside the stated legal times of sale/purchase. Proximity to outlets is a matter of minutes.

“Alcohol is still easy to get” (Jun Tohsing, personal communication, July 8, 2017).

“There are checks on compliance with the laws but usually only 2 or 3 times a year during large annual festivals” (Bunchuay Chambutsri, personal communication, July 11, 2017).

3) Promotion of consumption alcoholic beverages: About one-fourth of the sample had seen or heard advertising of drinking in the province, and this was a reduction from just under one-third in the year before the survey (Table 4.40). There was not much change over time (Table 4.41). In the survey round, 13.2% had ever seen activities to promote the sale of alcohol, and this was a slight decline from the year before survey (Table 4.42-3). In the survey round, only 8.6% had seen logos of alcohol companies at a provincial fair/festival, and that is a slight decline from the year before survey (Table 4.45).

**Table 4.40** Ever Seen/Heard Advertising of Alcoholic Beverages in the Province by Time Period

No.	Ever Heard/Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Heard/Seen	104	26.3	126	31.9	-5.6
2	Never	291	73.7	269	68.1	+5.6
<b>Total</b>		<b>395</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	

**Table 4.41** Change in Ever Seen/Heard Advertising of Alcoholic Beverages

No.	Change	n	%
1	Never Heard/Seen before	237	60.0
2	Heard/Seen less or not at all	82	20.8
3	Heard/Seen the same	54	13.7
4	Heard/Seen more	14	3.5
5	Unsure	8	2.0
<b>Total</b>		<b>395</b>	<b>100.0</b>

**Table 4.42** Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	52	13.2	59	14.9	-1.7
2	Never	343	86.8	336	85.1	+1.7
<b>Total</b>		<b>395</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	

**Table 4.43** Change in Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province

No.	Change	n	%
1	Never Seen	297	75.2
2	Seen less or not at all	40	10.1
3	Seen the same	33	8.4
4	Seen more	14	3.5
5	Unsure	11	2.8
<b>Total</b>		<b>395</b>	<b>100.0</b>

**Table 4.44** Ever Seen Alcoholic Beverages Logos in Fairs/Festivals in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	34	8.6	39	9.9	-1.3
2	Never	361	91.4	356	90.1	+1.3
<b>Total</b>		<b>395</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	

**Table 4.45** Change in Ever Seen Alcoholic Beverages Logos in Fairs/Festivals

No.	Change	n	%
1	Never Seen	293	74.2
2	Seen less or not at all	60	15.2
3	The same	17	4.3
4	More	7	1.8
5	Unsure	18	4.5
<b>Total</b>		<b>395</b>	<b>100.0</b>

Though the values are low, there does seem to be a trend in reduced promotion and publicity of drinking and alcoholic beverages in the province.

“We didn’t focus much on alcohol advertising” (Bunchuay Chambutsri, personal communication, July 11, 2017).

In sum, the Sisaket network has not really focused on reducing the cause of consumption alcoholic beverages, or had much impact on the drinking culture in depth. Though there has been some control of physical access.

#### 4.2.6.2 Reducing the situation of drinking which leads to risk

1) Prevalence of adult drinkers (age 15+ years): The survey found that 41.0% of adults drank in the survey round, and that was roughly the same as in the year before survey (Table 4.46).

**Table 4.46** Adult (age 15+ years) Consumption of Alcoholic Beverages by Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. ‘16-Jun. ‘17)		Year before Survey (Jul. ‘15-Jun. ‘16)		Percentage point change
		n	%	n	%	
1	Consumed	162	41.0	159	40.3	+0.7
2	Did not consume	233	59.0	236	59.7	-0.7
<b>Total</b>		<b>395</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	

2) Proportion of regular drinkers (consumed alcoholic beverages at least once a week): The survey found that 37.0% of drinkers drank

regularly in the survey round, and that was a decrease from 44.4% in the round before that (Table 4.47).

**Table 4.47** Regular Consumption of Alcoholic Beverages by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Consumed regularly	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Regularly drink	60	37.0	72	44.4	-7.4
2	Do not regularly drink	102	63.0	90	55.6	+7.4
<b>Total</b>		<b>162</b>	<b>100.0</b>	<b>162</b>	<b>100.0</b>	

3) Proportion of binge drinkers (heavy consumption of alcohol at one sitting): The survey found that 30.9% of drinkers had drunk to excess before, and that is a decrease from 42.0% in the round before that (Table 4.48).

**Table 4.48** Heavy Consumption of Alcohol at One Sitting by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Ever drank to excess	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	50	30.9	68	42.0	-13.2
2	Never	112	69.1	94	58.0	+13.2
<b>Total</b>		<b>162</b>	<b>100.0</b>	<b>162</b>	<b>100.0</b>	

While prevalence of adult drinks did not change over time, there did seem to be a reduction in regular drinking and drinking to excess.

“Though the number of drinkers may be the same, by limiting the places where and when one can drink, you can reduce the more risky consumption” (Titiporn Insorn, personal communication, July 11, 2017).

4) Proportion of drink drivers: In the survey round, the proportion who drank and then drove a motor vehicle was 14.8%, or a slight increase from the year before that (Table 4.49).

**Table 4.49** Ever Drank Alcohol and Drove a Motor Vehicle by Time Period  
(of Those Who Consumed Alcoholic Beverages)

No.	Ever drank alcohol and drove a motor vehicle	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	24	14.8	22	13.6	+1.2
2	Never	138	85.2	140	86.4	-1.2
<b>Total</b>		<b>162</b>	<b>100.0</b>	<b>162</b>	<b>100.0</b>	

“The check-points to prevent drink driving is only done during the major festival periods. Thus, drink driving will continue to be a problem” (Khunchana-anan Pansiri, personal communication, July 12, 2017).

5) Prevalence of underage drinkers (age 15-19 years): In the survey round, 28.0% of persons age 15-19 had consumed alcohol before, and that is a significant increase from 16.0% in year prior (Table 4.50).

**Table 4.50** Underage (Age 15-19 Years) Consumption of Alcoholic Beverages by  
Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Consumed	7	28.0	4	16.0	+12.0
2	Did not consume	18	72.0	21	84.0	-12.0
<b>Total</b>		<b>25</b>	<b>100.0</b>	<b>25</b>	<b>100.0</b>	

“We have tried many interventions but still have not focused enough on adolescent drinkers” (Jun Tohsing, personal communication, July 8, 2017).

In sum, the Sisaket networks to reduce alcohol abuse has had some impact on the drinking culture and environment at certain times and places. However, prevalence of drinkers has stayed the same and, most worrisome, underage drinking is on the rise.

When applying the Logic Model, it is clear that there have been strong inputs to the networks, and the network processes are excellent. However, most of the effort is put into public campaigns and, traditionally, these types of interventions are not efficient or effective in the longer term. Also, the interventions are not fully covering the context of consumption and the situation of consumption that leads to risk. Still, Sisaket is implementing a program of screening and treatment for alcohol dependence, and this should help with the goal of reducing the proportion who drink regularly and to excess.

### 4.3 Results: Kamphaengphet Province

#### 4.3.1 Basic Information

Kamphaengphet Province is in the lower North region of Thailand with an area of 8,608 sq km. The province has 11 districts, 78 Tambon and 956 villages (Kamphaengphet Provincial Administrative Organization, 2016).



Figure 4.3 Map of Kamphaengphet Province

In 2016 Kamphaengphet had a population of 729,542 persons, 361,919 males and 367,623 females, living in 265,520 households (Department of Provincial Administration, The Bureau of Registration Administration, 2016). The 2011 Provincial Alcohol Report had the following data on the situation of alcohol abuse (Surasak Chaiyasong et al., 2013):

Prevalence of adult drinkers (age 15+ years) = 41.7 %

Proportion of regular drinkers = 41.5%

Proportion of binge drinkers = 7.1%

Proportion of drink drivers = 36.6%

Prevalence of underage drinkers (age 15-19 years) = 19.6%

Provincial Alcohol Problem Index = 0.544 or 21<sup>st</sup> highest in the country.

#### **4.3.2 History of Networks Combatting Alcohol Abuse in Kamphaengphet**

In 2006, the SDN headquarters expanded network to provinces around the country, including Kamphaengphet. The Lower North Coordination Center for SDNs contacted the Moh Anamay Association in Kamphaengphet which had conducted health campaigns before on alcohol, smoking and accidents. The Association assigned personnel to be the coordination link with SDN (Phuwanat Reukditaweekul, Secretary of the Association). The first collaboration was for the Buddhist Lent Abstinence initiative which was driven primarily by the local health agencies (e. g., PHO-districts, THPH). Then, in 2007, SDN headquarters appointed Phuwanat Reukditaweekul as coordinator for the SDN-Kamphaengphet. Mr. Phuwanat is also a full-time staff of the Public Health Office (PHO) (currently in the NCDs Unit) and can use his official position to issue invitations to meetings (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

After the issuing of the Alcohol Control Act of B.E. 2551, law enforcement became more involved, for example, in enforcing alcohol-free fairs such as the annual Red Cross Fair. This promoted more collaboration between the policy, the SDN-Kamphaengphet and Moh Anamay Association. So, the network became more concrete. To enforce alcohol sales restrictions, the local police station and the Area Excise Office (AEO) were brought in. To involve youth, the Kamphaengphet Rajabhat University was brought in as well. Later on, groups of monks were recruited into

the network to promote alcohol-free merit-making events. Other government agencies joined too, such as the Provincial Administration Office, the Public Relations Office, the Buddhist Affairs Office (BAO), the Cultural Affairs Office (CAO), and the Provincial Education Office (PEO) (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

“We started with the legal aspects with the police. The AEO got involved. Then we expanded the number of types of events to be alcohol-free. The youth networks helped with that” (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

Network activities intensified and, in 2012, campaigns spread to other districts, for example, to have alcohol-free funerals as the spearhead. This also expanded the network to include local monasteries, schools, health outlets, village health volunteers (VHVs), LAOs, and other related groups. There were private entities as well such as the sugar mill in Beung Samakhee District (with 3-4,000 workers). The factory established an alcohol-free workplace policy (Wisanu Phutong, personal communication, October 6, 2017).

The Pure Love Club joined the network whose mission is to promote loving families and faithful couples. That Club views alcohol as a threat to its mission (Sakchai Samtap, personal communication, October 6, 2017; Trensorn Samtap, personal communication, October 6, 2017). Ton Khla Phandin Club (student members) conducted volunteer activities to control alcohol in the school setting (Siriwan Kansiri, personal communication, October 7, 2017). Other members include the Suan Silp Club, the Sufficiency Economy network, the university network, and vocational school network, all of whom implement alcohol-free policies in some format (Kamphaengphet Provincial Office of the Stop Drink Network, 2017)

### **4.3.3 Measures to Combat Alcohol Abuse of Networks in Kamphaengphet**

Kamphaengphet is not one of the target provinces of the SDN headquarters for intensified interventions for control of alcohol abuse, but the province has adopted alcohol control as part of its vision of a ‘Healthy Kamphaengphet: tobacco and alcohol free.’ The SDN-Kamphaengphet and PHO-Kamphaengphet are the leaders of the network activities, and the following describes some of the key interventions in 2016:

1) Develop model communities/villages.

This is a community-level measure to mobilize communities to combat alcohol abuse by themselves. The approach is to create a district level branch of the SDC, then announce the policy in target communities. Criteria for selection as a model community include having a Task Force on Alcohol Control, having activities on a continuous basis, e.g., Buddhist Lent Abstinence, Abstainers' Club, and Thai cultural promotion activities. The village needs to have ample social capital (Kamphaengphet Provincial Office of the Stop Drink Network, 2017; Phuwanat Reukditaweekul, personal communication, October 5, 2017).

Community-level measures emphasize participation in promoting knowledge and understanding about the harm and laws related to alcohol and tobacco. Next, the model community decides what measures to take. For example, more efficient enforcement of existing laws on hours and places where alcohol can be sold and consumed, having tobacco-free schools, Alcohol Watch volunteers, etc. Candidate villages are evaluated for their activities and performance to determine if they are model communities. If so, they can then become learning centers for other communities to replicate (Kamphaengphet Provincial Office of the Stop Drink Network, 2017). The key activities in 2016 under this initiative are as follows:

(1) 11 Model villages and public spaces that are tobacco- and alcohol-free zones;

(2) Development of networks of volunteers to monitor control of alcohol and tobacco.

2) Develop capacity of network to set up a campaign volunteers to monitor alcohol.

These are public campaigns to create a movement to discourage drinking and substitute that activity with more healthy pursuits.

This effort is supported by the Moh Anamay Association, Pure Love Club, universities, Suan Silp Club, and other members of the network. The program targets both adults and youth, and promotes creative, family-friendly and youth-friendly activities (Kamphaengphet Provincial Office of the Stop Drink Network, 2017; Sakchai Samtap, personal communication, October 6, 2017; Trenasorn Samtap, personal

communication, October 6, 2017; Youth Abstinence Network of Kamphaengphet, personal communication, October 6, 2017). The following are capacity building activities in 2016:

(1) Expand collaboration and building capacity of network partners for campaigns to reduce consumption of alcoholic beverages with both government and civil society sectors;

(2) Recruit over 200 campaign volunteers to monitor alcohol consumption in the general population and youth in 11 districts of the province.

3) Conduct campaigns for alcohol-free festivals/fairs.

These were public measures to try and change the social values and resist the drinking culture, especially around popular festivals and fairs. This involved limiting physical access to alcohol and controlling advertising and marketing of alcohol. Volunteers helped law enforcement regarding hours and places where drinking is not legal.

In addition to promoting alcohol-free environments for existing festivals, Kamphaengphet is also introducing new special events that do not include alcohol, such as the Noodle Festival, music concerts, Banana Festival, etc. Youth group volunteers are important advocates for the alcohol-free nature of these events (Phuwanat Reukditaweekul, personal communication, October 5, 2017). Booths at the fairs distribute alternative beverages such as traditional herbal drinks (Orawan Wianghoke, personal communication, October 6, 2017). Volunteers carry signs to remind people about the alcohol laws (Youth Abstinence Network of Kamphaengphet, personal communication, October 6, 2017)

“Whenever there is a fair or festival, we conduct surveillance to see who is selling or consuming alcohol. We politely remind them about the abstinence rules and liquor laws” (Youth Abstinence Network of Kamphaengphet, personal communication, October 6, 2017).

During provincial events the network collaborates with the relevant agencies, such as the AEO to set up a booth with information about alcohol laws (Sumalee Jomkangern, personal communication, October 7, 2017). In addition, the campaigns were expanded to the district and Tambon level, and the SDN provided support media and materials, and some budget. Localities set up task forces for the

campaigns and recruited volunteers. There were also Alcohol Watch teams to monitor places where alcohol is not allowed (e. g., public parks, government offices, monasteries, schools, bus stations, etc.) Shops were inspected to ensure compliance with the law and that they did not put up posters or advertisement for alcoholic beverages (Kamphaengphet Provincial Office of the Stop Drink Network, 2017; Wisanu Phutong, personal communication, October 6, 2017).

The alcohol-free fairs/festivals campaigns in 2016 can be summarized as follows:

(1) Key events include provincial fairs such as the Noodle Fair, tourism festivals, music concerts, Banana Fair, among others. Inspectors found no violations;

(2) Creation of alcohol-free zones during Songkran festival in every district. Inspectors found no violations.

4) Buddhist Lent Abstinence campaign.

The Buddhist Lent Abstinence campaign is one of the core activities of the SDN-Kamphaengphet. The campaign publicizes the event widely using media from the THPF. This is augmented by community-level activities led by the PHO-districts, LAOs, monasteries, schools, VHVs, and the Alcohol Watch volunteers (Wisanu Phutong, personal communication, October 6, 2017). SDN-Kamphaengphet provides some budget support (Phuwanat Reukditaweekul, personal communication, October 5, 2017). This campaign is now becoming a part of the local culture and is changing values about alcohol abuse (Orawan Wianghoke, personal communication, October 6, 2017). There are considerable numbers of local residents who make the abstinence pledge, and there is even a club of abstainers during the three-month Lent (Kamphaengphet Provincial Office of the Stop Drink Network, 2017).

“Buddhist Lent Abstinence is becoming fashionable, even among youth” (Orawan Wianghoke, personal communication, October 6, 2017).

The SDC-Kamphaengphet conducts these public measures at the provincial level and then advocates for them at the local levels (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Wisanu Phutong, personal communication, October 6, 2017).

The survey of alcohol abuse in the locality (Jul. '16-Jun. '17) found that nearly two-thirds of respondents had Ever Heard/Seen about the network activities (Table 4.51). Of those who had Ever Heard/Seen the activities, the top five cited measures include Buddhist Lent abstinence (90.4 %) alcohol-free special events (33.1%) forbidding alcohol consumption in the locality (27.7 %) forbidding alcohol sales in the locality (26.5 %) and enforcing liquor laws at shops and entertainment places (22.7 %) (Table 4.52).

**Table 4.51** Ever Heard/Seen about Activities to Combat Alcohol Abuse in the Locality: (Jul. '16-Jun. '17)

<b>No.</b>	<b>Ever Heard/Seen</b>	<b>n</b>	<b>%</b>
1	Never	144	35.6
2	Yes	261	64.4
<b>Total</b>		<b>405</b>	<b>100.0</b>

**Table 4.52** Activities Heard/Seen about to Combat Alcohol Abuse in the Locality:  
(Jul. '16-Jun. '17) (of Those Who Ever Heard/Seen and Multiple  
Response Allowed)

Rank	Activities	n	%
1	Buddhist Lent abstinence	235	90.4
2	Alcohol-free special events	86	33.1
3	Forbid alcohol consumption in the locality	72	27.7
4	Forbid alcohol sales in the locality	69	26.5
5	Enforce liquor laws at shops and entertainment places	59	22.7
6	Drink driving check-points	47	18.1
7	Education on the dangers of drinking alcohol	38	14.6
8	Model villages and public spaces that are alcohol-free zones	35	13.5
9	Education on laws related to alcohol	34	13.1
10	Alcohol-free concerts and sports events	22	8.5
11	Control of advertising and promotion of alcohol	9	3.5
12	Arrest makers of illegal liquor and tax-evaders	5	1.9
13	Treatment for alcohol dependency	3	1.2
14	Screening to identify high-risk drinkers	1	0.4
15	Other, e.g., 5 Precepts Village	2	0.8

The alcohol-free special events ranked a distant second after the Buddhist Lent abstinence in terms of recognition. This is perhaps because that campaign has been conducted since 2003 and is pervasive in the province (Thaksaphon Thamarangsi, 2010, p. 1). Following these two public measures, the 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> most cited measures concern law enforcement, and that is largely the result of the Alcohol Watch activities to ensure compliance with rules and regulations. However, those measures to control access are only intensely applied during festivals and fairs. In sum, Kamphaengphet emphasized public campaigns as the principal intervention, followed by community-level education. The 'best practice' measures of control of physical access to alcohol and control of advertising and marketing of alcoholic beverages were less emphasized by the network and are part of the alcohol watch monitoring of compliance with existing laws and restrictions.

**Table 4.53** Measures to Combat Alcohol Abuse in Kamphaengphet

<b>Activities</b>	<b>Measures</b>	<b>Target mechanism</b>	<b>Site of implementation</b>	<b>Target population</b>
Develop model communities/villages	- Community-level measures	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - reduce risk of consumption - limit and reduce related violence	1 Community per each of 11 districts	General population and youth
Building capacity of network partners to recruit volunteers for campaigns and alcohol watch activities	- Public campaigns - Education	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Province-wide	Networks in the locality: general population and youth
Campaigns for alcohol-free festivals/fairs	- Public campaigns - Control of physical access to alcohol (supported the application of) - Control of advertising and marketing of alcoholic beverages (supported the application of)	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Only during major festivals and fairs at the district and provincial levels	General population and retailers

**Table 4.53** (Continued)

<b>Activities</b>	<b>Measures</b>	<b>Target mechanism</b>	<b>Site of implementation</b>	<b>Target population</b>
Buddhist Lent abstinence	- Public campaigns	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Province-wide	General population

#### **4.3.4 Consistency and Coverage of Measures to Combat Alcohol Abuse in the Context of Kamphaengphet as a High-Risk Province**

The Kamphaengphet network makes good use of the data on the situation of the risk of alcohol abuse in the province to inform strategies and programs (Surasak Chaiyasong et al., 2013). The network has joined the broader campaign for a ‘Healthy Kamphaengphet,’ with a special focus on youth. The status report found alcohol consumption prevalence among those age 15-19 years was nearly 20% (11<sup>th</sup> highest in the country). The province has set the target of reducing adolescent prevalence of drinking by one-half percentage point per year (Kamphaengphet Provincial Office of the Stop Drink Network, 2017).

The Kamphaengphet network is still guided by the SDN headquarters policy, and both have a priority strategy of preventing persons from starting drinking as a regular practice, especially youth (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Wisanu Phutong, personal communication, October 6, 2017). The network has to consider the capacity and assets of local partners before implementing a campaign (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orathai Boonthiang, personal communication, October 5, 2017).

“Not all areas implemented the program equally. Some, who didn’t have the capacity, did not participate” (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

The analysis of the consistency and coverage of measures to combat alcohol abuse found that there was an emphasis on the data in Table 4.53. In terms of combatting the root causes of alcohol abuse, there has been an effort to change social values about the necessity of drinking and control of access to alcoholic beverages, and measures to inhibit promotion of drinking by industry. However, these latter measures have not been applied widely or in depth. Usually, the focus is on annual festivals, and at the provincial and district capital levels.

The network is focused on reducing prevalence of adult and underage drinkers. However, the network has not implemented measures to address regular drinking and binge drinking. Also, there is not a program of alcohol screening and brief intervention. Finally, there were no measures by the network to combat drink driving (outside of the police check points). The Provincial Alcohol Report for Kamphaengphet found a level of drink driving of 36.6, which is quite serious (Surasak Chaiyasong et al., 2013). In sum, the measures of the Kamphaengphet network have not achieved adequate coverage or depth to reduce the risk environment for drinking and alcohol abuse.

#### **4.3.5 Process of Networks to Combat Alcohol Abuse in Kamphaengphet**

The Kamphaengphet network has representatives from the SDN-Kamphaengphet, Moh Anamay Association, the Pure Love Club, the Ton Khla Phandin Club, the Suan Silp Club, sufficiency economy group, alcohol-free networks of schools, village health volunteers (VHVs), monks, the Public Health Office (PHO), the Area Excise Office (AEO), the Public Relations Office, the Buddhist Affairs Office (BAO), the Cultural Affairs Office (CAO), the Provincial Education Office (PEO), the Kamphaengphet Rajabhat University, and the local police station. The components of the network are reviewed next.

1) Lead agency: Phuwanat Reukditaweekul, Coordinator of SDN-Kamphaengphet has an important role in spearheading the effort to combat alcohol abuse, but he also is a full-time official of the PHO. Most of his work on alcohol abuse is through the network. The network is well known and highly respected. The role of the

network leader is to propose projects for funding by the SDN headquarters, and allocate budget and activities to partner agencies. The lead is the coordination focal point, and moderates brainstorming. There is no command structure and network members contribute to programs based on the assets they bring from the home agency. Thus, the collaboration is more of an integration of effort rather than a formal team structure. Still, the SDN-Kamphaengphet is responsible for holding the network together (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orathai Boonthiang, personal communication, October 5, 2017; Wisanu Phutong, personal communication, October 6, 2017; Orawan Wianghoke, personal communication, October 6, 2017).

“Each member has their own mandate, but when it comes time to work together we coordinate” (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

Management of the plans and funds does not rely on a control authority relationship; instead the structure and style are loose. Each member seems to know their role and when collaboration is needed, despite their independent affiliations (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Siriwan Kansiri, personal communication, October 7, 2017).

2) Joint network: The Moh Anamay Association members have known each other for a long time and have collaborated on numerous activities for the public good. Combatting alcohol abuse has always been a part of their mandate, so it was natural for them to be a key part of the SDN (Phuwanat Reukditaweekul, personal communication, October 5, 2017). The local educational institutions and civil society are key members in mobilizing youth through creative activities (Orathai Boonthiang, personal communication, October 5, 2017). In addition, the network members clearly share the same vision for an ideal environment for a healthy and health-promoting population (Wisanu Phutong, personal communication, October 6, 2017; Trenasorn Samtap, personal communication, October 6, 2017; Siriwan Kansiri, personal communication, October 7, 2017; Youth Abstinence Network of Kamphaengphet, personal communication, October 6, 2017).

“We want to reduce the risk posed by alcohol and tobacco” (Trenasorn Samtap, personal communication, October 6, 2017).

In addition, the home agencies of many of the network members share a common or overlapping mission. For example, the PHO, the AEO, and the CAO all have some stake in combatting alcohol abuse (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Rawiwan Towaree, personal communication, October 6, 2017; Sumalee Jomkangern, personal communication, October 7, 2017).

“We all work together to support one another. All the work makes a positive benefit to the greater good” (Rawiwan Towaree, personal communication, October 6, 2017)

3) Participation: Because the SDN-Kamphaengphet is beholden to the policy and strategy of the headquarters, this limits the ability of the local network members to contribute. This is the case because they are dependent on the budget support from headquarters and, hence, need to conform to central policy and programs (Phuwanat Reukditaweekul, personal communication, October 5, 2017)

“We receive the master strategy from headquarters and don’t really have the flexibility to modify that. So, it is usually me and my team who defines the activities for the SDN-Kamphaengphet” (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

The details of the implementation in the field still need hands-on brainstorming by the network partners in order to tailor the interventions to the local situation (Sumalee Jomkangern, personal communication, October 7, 2017; Siriwan Kansiri, personal communication, October 7, 2017).

“There is shared planning of the details even though the general programs are predetermined” (Sumalee Jomkangern, personal communication, October 7, 2017).

4) Reciprocal dependence: There are many dimensions of reciprocal dependence in the Kamphaengphet network. First, the goals and vision are shared so there is a natural medium for exchange. The health and creative activities initiatives dovetail on each other (Orathai Boonthiang, personal communication, October 5, 2017). This is also true for the efforts to promote family warmth and solidarity (Sakchai Samtap, personal communication, October 6, 2017; Trenasorn Samtap, personal communication, October 6, 2017). Other sharing comes from the application of the Buddhist precepts, e.g., in the form of the 5 Precepts Village and Annual Prayer Ceremony (Rawiwan Towaree, personal communication, October 6, 2017). There is

also the provincial campaign for social order which we share with (Phuwanat Reukditaweekul interviewed on October 5, 2017).

The AEO certainly has a role in the control of alcoholic beverages on the supply side, while the PHO focuses on the demand side. These naturally complement each other and reduces duplication of effort. They also work together for law enforcement, education, and “alcohol watch” monitoring. It’s like a natural integration (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orathai Boonthiang, personal communication, October 5, 2017; Orawan Wianghoke, personal communication, October 6, 2017).

“Our work goes, their work comes” (Phuwanat Reukditaweekul, personal communication, October 5, 2017)

The members’ skill sets build upon one another, especially in supporting law enforcement (Sumalee Jomkangern, personal communication, October 7, 2017). They can be trainers for each other’s target groups (Wisnu Phutong, personal communication, October 6, 2017; Sakchai Samtap, personal communication, October 6, 2017; Trenasorn Samtap, personal communication, October 6, 2017; Siriwan Kansiri, personal communication, October 7, 2017). They can help coordinate with/for each other while the SDN is the anchor and channels budget support (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

On the other hand, information sharing is a bit ad hoc; there is no system in place to ensure a regular flow of data. Some agencies do not want to share their data (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Sumalee Jomkangern, personal communication, October 7, 2017; Rawiwan Towaree, personal communication, October 6, 2017). In addition, some of the data is dispersed; there is no central database, e. g., for drug users, drug addicts and those who have completed treatment. Those data are held by each PHO-district (Wisnu Phutong, personal communication, October 6, 2017). The SDN-Kamphaengphet has a plan to compile data from all these sites to create a central repository (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

All key informants in this study said that collaboration among network members is excellent (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orathai Boonthiang, personal communication, October 5, 2017; Trenasorn

Samtap, personal communication, October 6, 2017; Rawiwan Towaree, personal communication, October 6, 2017).

5) Communication and coordination: As noted, the Kamphaengphet network has members from government and civil society, and the lead agency is the SDN branch. So, the members come from a diverse array of organizational environments. Dealing with the government members is somewhat formal. Members do communicate informally through phone and Line contact. Meetings may be arranged first by phone and then formalized by an invitation letter (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Rawiwan Towaree, personal communication, October 6, 2017; Siriwan Kansiri, personal communication, October 7, 2017; Sumalee Jomkangern, personal communication, October 7, 2017; Orathai Boonthiang, personal communication, October 5, 2017; Orawan Wianghoke, personal communication, October 6, 2017). Civil society communication is quite informal (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Trenasorn Samtap, personal communication, October 6, 2017).

Overall, informal communication channels are used more often due to the greater efficiency. The meetings of provincial committees only meet twice or three times a year, and that is not enough frequency to plan all the details that go into a campaign or project. By contrast, the network members meet informally at least once a month (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orathai Boonthiang, personal communication, October 5, 2017; Siriwan Kansiri, personal communication, October 7, 2017).

“We usually do not have a specific agenda; but we talk often” (Orathai Boonthiang, personal communication, October 5, 2017).

6) Allocation and sharing of resources: The most important resource is budget, and that comes from the SDN headquarters. The funds amount to about 200-300,000 baht per year. This is less than other provinces since Kamphaengphet is not part of the target group for intensive support. Also, the network can mobilize local resources and there are limitations in expanding the network among government offices (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orawan Wianghoke, personal communication, October 6, 2017).

“When SDN asks which provinces want to take on new projects, we never responded with a proposal. We have enough work to do already. We also have a hard time expanding into the government sector” (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

The SDN-Kamphaengphet and the PHO-Kamphaengphet and local hospitals support the local network activities at the district and Tambon levels. The TAO have support budget from the National Health Security Office (NHSO) (Wisanu Phutong, personal communication, October 6, 2017).

Most of the budget goes for campaigns and producing media. Other funds cover expenses of the task force, travel, coordination, meals and snacks for meetings, etc. (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Wisanu Phutong, personal communication, October 6, 2017; Orawan Wianghoke, personal communication, October 6, 2017).

There is no formal mechanism for mobilizing resources from network members (Wisanu Phutong, personal communication, October 6, 2017). Mobilizing resources is done on an ad hoc basis (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

“We are not set up for mobilizing member contributions. No government agency member will say how much or little they have” (Wisanu Phutong, personal communication, October 6, 2017).

That said, when there is a need for collaboration, members will draw on their home agency resources to contribute (Wisanu Phutong, personal communication, October 6, 2017; Rawiwan Towaree, personal communication, October 6, 2017; Sumalee Jomkangern, personal communication, October 7, 2017).

Overall, key informants said that funding was adequate for current needs (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orawan Wianghoke, personal communication, October 6, 2017). Other resources include campaign media, and some informants said that more is needed (Phuwanat Reukditaweekul, personal communication, October 5, 2017; Orawan Wianghoke, personal communication, October 6, 2017; Siriwan Kansiri, personal communication, October 7, 2017; Sumalee Jomkangern, personal communication, October 7, 2017).

There is no system in the network for resource sharing of the in-kind type (Orawan Wianghoke, personal communication, October 6, 2017).

7) Institutional pressure and the contextual environment: The key informants said that some pressure from influential sources in the locality can affect the network's implementation plan. These forces may include politicians, government staff, or the alcohol industry itself. The large alcohol producers/distributors can have the most influence, since they can align themselves with high-level provincial government staff. Government can receive financial donations from the alcohol industry for festivals and the like, or forms of graft payments. This can present a conflict of interest for senior administrators (Public Health Officer, personal communication, October 5, 2017)

“The beer companies wield a lot of influence; thus, it is hard to make Kamphaengphet alcohol-free, even those special times of the year” (Public Health Officer, personal communication, October 5, 2017).

“There is graft among some of the government officers who turn a blind eye to violations” (Public Health Officer, personal communication, October 5, 2017).

The network can get around lack of senior government support by appealing to the Provincial Health Assembly to support campaigns. That way, the support is public and is hard to eliminate (Public Health Officer, personal communication, October 5, 2017). Some government office chiefs feel that the anti-alcohol campaign is not part of their agency's purview and, thus, discourage their staff from supporting it. Or they feel that getting involved is a waste of time (Kamphaengphet Provincial Office of the Stop Drink Network, personal communication, October 2-4, 2017).

The analysis of the capacity of the Kamphaengphet network found that their level of capacity is rather strong. There is clear joint networking, shared brainstorming, reciprocal dependence, and communication and coordination. However, the lead of the network is also a full-time government official who has limited time to devote to network affairs. Thus, he is reluctant to propose too many projects which might make it difficult to handle the routine work with the extra project activities. Also, the fact that policy and strategy come from the central SDN, there may be less sense of being a

stakeholder and equal partner in the provincial network. External pressures by industry also impede some aspects of implementation.

#### **4.3.6 Results of Implementation of the Networks in Kamphaengphet to Reduce the Risk of Alcohol Abuse**

##### 4.3.6.1 Reducing the cause of consumption alcoholic beverages

The network in Kamphaengphet tried to improve social values concerning the uncritical acceptance of the drinking culture, and there were periodic efforts to control access to alcohol. The following are more details about results of the effort to attack causes of alcohol abuse:

1) Social values: From the field survey, of those who had ever seen or heard of the public campaigns, a significant proportion did not feel concerned that alcohol abuse is a problem. The reasons given for their apathy was that drinking is a normal behavior (55.6%) while over one-fourth thought that alcohol is an essential part of celebrations (27.8%) (Table 4.54).

**Table 4.54** Reasons for Lack of Concern about Reducing/Eliminating Consumption of Alcoholic Beverages (of Those Who Ever Saw Public Campaign Activities and Education and are not Concerned about Alcohol Abuse) (Multiple Response Allowed)

<b>Rank</b>	<b>Reason</b>	<b>n</b>	<b>%</b>
1	Drinking is normal	10	55.6
2	Drinking doesn't affect others in society; it is a personal choice	7	38.9
3	Alcohol is essential for celebrations	5	27.8
4	Drinking isn't harmful to me	4	22.2
5	I don't care; I like to drink	3	16.7

Thus, it is clear that there is still significant support for the drinking culture, or at least a laissez-faire attitude toward drinking and drinkers in Kamphaengphet. Somehow, this social norm has to be broken down if there is to be

any macro impact on drinking. The public campaign and educational interventions are only having a minor effect.

“We still haven’t changed social values about drinking, but at least we can show when and where it is proper or not” (Youth Abstinence Network of Kamphaengphet, personal communication, October 6, 2017).

“Attitudes haven’t changed much. People still think it can’t be a fun event without alcohol” Trenasorn Samtap, personal communication, October 6, 2017).

2) Access to alcoholic beverages: The survey found that 85.2% of the sample said it was easy to buy alcohol from off-premise sites in the immediate neighborhood, and this was about the same in the previous year (Table 4.55). Half felt there was no change in access, while under a third said it was getting easier (Table 4.56). About one-fifth of the sample felt it was easy to buy alcohol from an on-premise site, and that was a slight increase from the previous year (Table 4.57). One-third felt that access was getting easier (Table 4.58). Under one-fifth (18.3%) of the sample had bought alcohol outside of the legal hours, and this was essentially the same as the previous year. Fully two-fifths said buying alcohol off hours is not possible while one-seventh felt there was no change in ability to purchase (Table 4.60). The distance to travel to an off-premises and on-premises site for alcohol was 161 meters and 1,616 meters on average, respectively (Table 4.61-4.62). The corresponding times of travel were 3 and 11 minutes, respectively (Table 4.63-4.64).

**Table 4.55** Ease/Difficulty in Buying Alcohol from Off-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	345	85.2	341	84.2	+1.0
2	Difficult	8	2.0	9	2.2	-0.2
3	Unsure	52	12.8	55	13.6	-0.8
<b>Total</b>		<b>405</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	

**Table 4.56** Change in Ease/Difficulty of Buying Alcoholic Beverages around One's Residence

No.	Change	n	%
1	Harder	2	0.5
2	The same	210	51.9
3	Easier	125	30.9
4	Unsure	68	16.7
<b>Total</b>		<b>405</b>	<b>100.0</b>

**Table 4.57** Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	86	21.2	78	19.3	+1.9
2	Difficult	183	45.2	191	47.2	-2.0
3	Unsure	136	33.6	136	33.5	+0.1
<b>Total</b>		<b>405</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	

**Table 4.58** Change in Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood

No.	Change	n	%
1	Harder to find an on-premises place	5	1.2
2	The same	139	34.3
3	Easier to find an on-premises place	46	11.4
4	Unsure	215	53.1
<b>Total</b>		<b>405</b>	<b>100.0</b>

**Table 4.59** Ever Bought Alcoholic Beverages Outside Legal Hours by Time Period

No.	Ease/Difficulty	Survey Round		Year before Survey		Percentage point change
		(Jul. '16-Jun. '17)		(Jul. '15-Jun. '16)		
		n	%	n	%	
1	Ever bought (small retail shop)	74	18.3	72	17.8	+0.5
2	Never allowed	33	8.1	34	8.4	-0.3
3	Never bought	296	73.1	297	73.3	-0.2
4	Unsure	2	0.5	2	0.5	0.0
<b>Total</b>		<b>405</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	

**Table 4.60** Change in Ever Bought Alcohol Outside of Legal Hours by Time Period

No.	Change	n	%
1	It's not possible	177	43.7
2	After hours sales have decreased/stopped	7	1.7
3	After hours sales are the same	58	14.3
4	After hours sales have increased	8	2.0
5	Unsure	155	38.3
<b>Total</b>		<b>405</b>	<b>100.0</b>

**Table 4.61** Distance in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol  
Themselves in the Survey Round)

<b>No.</b>	<b>Distance</b>	<b>n</b>	<b>%</b>
1	<= 50 meters	64	56.1
2	51-100 meters	19	16.7
3	101-500 meters	24	21.1
4	501 meters or more	7	6.1
<b>Total</b>		<b>114</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>160.66</b>	
<b>S.D.</b>		<b>227.11</b>	

**Table 4.62** Distance in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

<b>No.</b>	<b>distance</b>	<b>n</b>	<b>%</b>
1	<= 500 meters	8	42.1
2	501-1,000 meters	5	26.3
3	1,001-2,000 meters	2	10.5
4	2,001 meters or more	4	21.1
<b>Total</b>		<b>19</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>1,615.84</b>	
<b>S.D.</b>		<b>1,791.37</b>	

**Table 4.63** Duration in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol  
Themselves in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	103	90.4
2	6-10 minutes	7	6.1
3	11-30 minutes	4	3.5
<b>Total</b>		<b>114</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>2.88</b>	
<b>S.D.</b>		<b>3.15</b>	

**Table 4.64** Duration in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	6	31.6
2	6-10 minutes	8	42.1
3	11-30 minutes	5	26.3
<b>Total</b>		<b>19</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>10.58</b>	
<b>S.D.</b>		<b>5.61</b>	

Clearly it is still easy to access alcohol in Kamphaengphet, though the restricted hours of sale are having some impact on time of purchase, if not total consumption. There is little sign of an improvement for this variable.

3) Promoting consumption of alcoholic beverages: The sample survey found that 58.3% of respondents had Heard/Seen of alcohol advertising, and that is about the same as in the previous year (Table 4.65-4.66). Fewer (31.4%) had seen promotional activities for alcohol, and that is also about the same as in the previous year (Table 4.67-4.68). About two-fifths had seen alcohol beverage logos at fairs/festivals in the province, while 16.3% felt that public advertising of liquor at fairs had declined over time (Table 4.69-4.70).

**Table 4.65** Ever Seen/Heard Advertising of Alcoholic Beverages in the Province by Time Period

No.	Ever Heard/Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Heard/Seen	236	58.3	239	59.0	-0.7
2	Never	167	41.2	164	40.5	+0.7
3	Unsure	2	0.5	2	0.5	0.0
<b>Total</b>		<b>405</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	

**Table 4.66** Change in Ever Seen/Heard Advertising of Alcoholic Beverages

No.	Change	n	%
1	NEver Heard/Seen before	74	18.3
2	Heard/Seen less or not at all	75	18.5
3	Heard/Seen the same	125	30.9
4	Heard/Seen more	27	6.7
5	Unsure	104	25.6
<b>Total</b>		<b>405</b>	<b>100.0</b>

**Table 4.67** Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	127	31.4	124	30.6	+0.8
2	Never	276	68.1	279	68.9	-0.8
3	Unsure	2	0.5	2	0.5	0.0
<b>Total</b>		<b>405</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	

**Table 4.68** Change in Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province

No.	Change	n	%
1	Never Seen	114	28.1
2	Seen less or not at all	50	12.3
3	Seen the same	66	16.3
4	Seen more	16	4.0
5	Unsure	159	39.3
<b>Total</b>		<b>405</b>	<b>100.0</b>

**Table 4.69** Ever Seen Alcoholic Beverages Logos in Fairs/Festivals in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	172	42.5	172	42.5	0.0
2	Never	231	57.0	231	57.0	0.0
3	Unsure	2	0.5	2	0.5	0.0
<b>Total</b>		<b>405</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	

**Table 4.70** Change in Ever Seen Alcoholic Beverages Logos in Fairs/Festivals

No.	Change	n	%
1	Never Seen	115	28.4
2	Seen less or not at all	66	16.3
3	The same	84	20.7
4	More	19	4.7
5	Unsure	121	29.9
<b>Total</b>		<b>405</b>	<b>100.0</b>

This research found that there is still a fair amount of public and promotional advertising of alcohol in the province and the trend is generally constant.

“At present, the alcohol industry has made adjustments. The liquor companies are cleverly integrating their images and logos through various indirect ways. That makes it hard to make a legal case.” (Phuwanat Reukditaweekul, personal communication, October 5, 2017).

In sum, Kamphaengphet still has work to do in addressing the causes of alcohol consumption. It may be some time until social values change enough to impact on the drinking culture.

#### 4.3.6.2 Reducing the situation of drinking which leads to risk

1) Prevalence of adult drinkers (age 15+ years) was about one-third in the survey round, or a slight increase from 29.4% (Table 4.71).

**Table 4.71** Adult (age 15+ years) Consumption of Alcoholic Beverages by Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Consumed	132	32.6	119	29.4	+3.2
2	Did not consume	273	67.4	286	70.6	-3.2
	<b>Total</b>	<b>405</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	

2) Proportion of regular drinkers (consumed alcoholic beverages at least once a week) was 43.9%, or an increase of 7.5% from 36.4% in the year before the survey (Table 4.72).

**Table 4.72** Regular Consumption of Alcoholic Beverages by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Consumed regularly	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Regularly drink	58	43.9	48	36.4	+7.5
2	Do not regularly drink	74	56.1	84	63.6	-7.5
<b>Total</b>		<b>132</b>	<b>100.0</b>	<b>132</b>	<b>100.0</b>	

3) Proportion of binge drinkers (heavy consumption of alcohol at one sitting) was one-fifth (21.2%) or an increase from 17.4% (Table 4.73).

**Table 4.73** Heavy Consumption of Alcohol at One Sitting by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Ever drank to excess	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	28	21.2	23	17.4	+3.8
2	Never	104	78.8	109	82.6	-3.8
<b>Total</b>		<b>132</b>	<b>100.0</b>	<b>132</b>	<b>100.0</b>	

The changes are small, but the data from this research suggest that, rather than decreasing, regular and heavy drinking is increasing among adult drinkers.

“You can try to control the drinking circles, but the drinkers will still find a way” (Sumalee Jomkangern, personal communication, October 7, 2017)

4) Drink driving was practiced by 13.6% in this survey, or an increase from 10.6% in the year prior (Table 4.74).

**Table 4.74** Ever Drank Alcohol and Drove a Motor Vehicle by Time Period  
(of Those Who Consumed Alcoholic Beverages)

No.	Ever drank alcohol and drove a motor vehicle	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	18	13.6	14	10.6	+3.0
2	Never	114	86.4	118	89.4	-3.0
<b>Total</b>		<b>132</b>	<b>100.0</b>	<b>132</b>	<b>100.0</b>	

5) Prevalence of underage drinkers (age 15-19 years) was 26.7% in this survey, or a significant increase from 16.7% in the year prior (Table 4.75).

**Table 4.75** Underage (Age 15-19 Years) Consumption of Alcoholic Beverages by  
Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Consumed	8	26.7	5	16.7	+10.0
2	Did not consume	22	73.3	25	83.3	-10.0
<b>Total</b>		<b>30</b>	<b>100.0</b>	<b>30</b>	<b>100.0</b>	

It is truly alarming that youth drinking seems to be increasing in Kamphaengphet.

“Adolescents are not cutting back on drinking at all. We are just trying to keep the situation from exploding” (Orathai Boonthiang, personal communication, October 5, 2017)

In sum, the Kamphaengphet network has still not reduced the severity of the situation of consumption of alcoholic beverages that might lead to abuse. Further, a new and bigger generation of drinkers is emerging each year.

When applying the Logic Model, the network primarily relies on public campaigns, and these are not known for their efficiency. There is also inadequate coverage of the campaigns in terms of area and duration. The leadership of the network

has time limitations due to full-time job obligations in the government. Network members feel somewhat limited as stakeholders since the central SDN prescribes policy and strategy for the provincial network to implement. Overall, then, risk of alcohol abuse in this province is still formidable.



In 2016, Chaiyaphum had a population of 1,138,199 persons, including 564,976 males and 573,223 females, living in 380,266 households (Department of Provincial Administration, The Bureau of Registration Administration, 2016). The 2011 Provincial Alcohol Report presented the following data on the situation of Chaiyaphum (Surasak Chaiyasong et al., 2013):

Prevalence of adult drinkers (age 15+ years) = 29.4%

Proportion of regular drinkers = 58.8%

Proportion of binge drinkers = 15.0%

Proportion of drink drivers = 29.0%

Prevalence of underage drinkers (age 15-19 years) = 14.0%

Provincial Alcohol Problem Index = 0.586 or 13<sup>th</sup> highest in the country.

#### **4.4.2 History of Networks Combatting Alcohol Abuse in Chaiyaphum**

The central SDN set up a branch in Chaiyaphum in 2006. There was also the sub-regional Abstinence Network for the Upper Northeast for support. The relevant government agencies had the initial role to invite members of the network and provide budget. The principal agencies are the Public Health Office (PHO) and the Buddhist Affairs Office (BAO). The first activity of the network was the campaign on Buddhist Lent Abstinence (Kanyanan Tatip, personal communication, July 8, 2017).

Initially, the PHO took the lead. Then, Komsan Ing-chaiyaphum from the BAO took over the coordinator role in 2007. At that time, they were promoting ‘5 Precept Villages,’ and the abstinence campaign fit well within than mandate. Proposals were developed to submit for funding, however these were small because the network was still growing. There was a grant to promote alcohol-free funerals (Komsan Ing-chaiyaphum, personal communication, August 16, 2017).

“We only proposed small projects because the network was still small. Plus, as government officials, we had to propose projects that were in line with our existing mandate. Law enforcement wasn’t involved at that time” (Komsan Ing-chaiyaphum, personal communication, August 16, 2017).

Under Mr. Komsan Ing-chaiyaphum, the SDN-Chaiyaphum identified Tambon which were already implementing alcohol control activities. The network supported these grassroots efforts and documented lessons learned. Later, the network expanded

to include the Provincial Community Development Office (PCDO) which integrated alcohol control interventions as part of its poverty reduction mandate. This was out of recognition of the amount of household money wasted on alcohol purchases each month. The initiative was given the name of “Funerals are solemn occasions-they should be free of alcohol.” This became provincial policy and the program was expanded to other Tambon and villages (Komsan Ing-chaiyaphum, personal communication, August 16, 2017).

The Chaiyaphum network and its members really function in the form of joint leadership. Each member draws on their home agency resources and mandates to contribute to the effort. Centrally, the THPF and SDN provide funding and strategic direction. However, the activities need to be in alignment with the mandates of the host agencies of network members (Chaiyaphum Provincial Stop Drink Community, personal communication, August 15-16, 2017). Also, there is the potential for conflict of interest when powers like the police, politicians and senior administrators become involved with the alcohol industry. Those conflicts are one reason why Komsan Ing-chaiyaphum resigned as coordinator of the SDN-Chaiyaphum in 2014 (Cultural Affairs Officer, personal communication, August 16, 2017). At the time of this research, there was no new coordinator appointed (Kanyanan Tatip, personal communication, July 8, 2017).

In any case, the network still conducts activities, and the PHO has the de facto leadership and coordination role in this. They are supported by the BAO, the AEO, Chaiyaphum Municipality, the MDHSO, and the local police station. There are alcohol watch volunteers coordinated by Niparat Rachataphatchakul of the PHO (Niparat Rachataphatchakul, personal communication, December 22, 2017)

In addition, the SDN supports community-based activities such as Buddhist Lent abstinence (Pennapa Watkhian, personal communication, August 15, 2017). Also, a representative from the sub-regional SDN network has stepped in to help in Chaiyaphum on a temporary basis. The Upper Northeast Abstinence Organization Network strategy is to develop and expand network coverage by both government and civil society, while continuing to recruit a permanent SDN coordinator for Chaiyaphum (Kanyanan Tatip, personal communication, July 8, 2017).

On August 28, 2107, the Upper Northeast Abstinence Organization Network invited government agencies to a meeting, including the PHO, the BAO, and LAOs to promote model communities to implement the Buddhist Lent Abstinence campaign for that year. Also attending were members of the Provincial Health Assembly, and Buddhist clergy. This meeting was, in effect, the creation of a new network for Chaiyaphum. The PHO, as the secretariat from the Provincial Alcohol Control Committee, accepted the proposal of the meeting and pledged to mobilize the response through its network (Tipawan Thochai, personal communication, August 28, 2017). This meeting was just a start, and the new coordinator still needed to be found (Kanyanan Tatip, personal communication, July 8, 2017).

#### **4.4.3 Measures to Combat Alcohol Abuse of Networks in Chaiyaphum**

Chaiyaphum is not one of the target provinces for intensified control of alcohol of the central SDN, and the local SDN was leaderless for three years. Still, the network continued to implement interventions. In 2016, the following efforts to combat alcohol abuse were conducted:

- 1) Campaigns for alcohol-free festivals/fairs.

The campaigns for alcohol-free festivals/fairs are public interventions to promote new norms about the role of alcohol during celebrations. The network promoted both physical limitations to accessing alcohol, and support of existing laws to limit consumption and sales.

The campaigns for alcohol-free festivals/fairs of in Chaiyaphum are a provincial-level activity led by the PHO. There were widespread public relations about the campaign and the relevant laws about alcohol. Advisories were sent to all health staff, school administrators, shops and outlets selling alcohol, among others. The campaign was joined by the provincial security and social order group, and there were alcohol watch activities in the localities (Tipawan Thochai, personal communication, August 28, 2017; Niparat Rachataphatchakul, personal communication, December 22, 2017).

However, implementation of the alcohol-free events campaign was not intensive since the lead agency (NCDs Unit) had a heavy workload and limited time to devote to the effort (Tipawan Thochai, personal communication, August 28, 2017).

“There are only two full-time staff assigned to control of alcohol, tobacco and addictive substances in the unit. Thus, the workload is excessive” (Tipawan Thochai, personal communication, August 28, 2017).

In addition to the lack of full implementation the police did not have good understanding of the campaign. The alcohol watch visits always found violations of the alcohol laws, and most were repeat offenders (Tipawan Thochai, personal communication, August 28, 2017).

## 2) Buddhist Lent Abstinence campaign.

The Buddhist Lent Abstinence campaign is promoted by the THPH on an annual basis. The goal is to at least motivate some drinkers to take a break from alcohol in the hope that some will decide to abstain indefinitely or at least reduce consumption. The THPH promotes widespread publicity for the campaign and local community support activities. In 2016, three communities were selected as model sites in three Tambon: Thamafaiwan of Kaengkro District, Kok Mang Ngoy in Kornawan District, and Huaybong in Muang District. Residents took abstinence pledges, and community task forces were formed to monitor compliance and provide moral support (Kanyanan Tatip, personal communication, July 8, 2017).

The host for this campaign was, again, the PHO, but with collaboration from the BAO (Tipawan Thochai, personal communication, August 28, 2017). At the community level, the TAO in the three sites were the lead agency (Kanyanan Tatip, personal communication, July 8, 2017).

The researcher went to Tambon Thamafaiwan to observe the results of the alcohol-free funeral campaign and how that was expanded by the district to other Tambon (Kanyanan Tatip, personal communication, July 8, 2017; Pennapa Watkhian, personal communication, August 15, 2017).

“It can be said that Thamafaiwan is a model site since they already had a track record of alcohol reduction interventions” (Kanyanan Tatip, personal communication, July 8, 2017).

The TAO-Thamafaiwan was the host for the campaign at the Tambon level, with support from THPH and VHV, schools, temples, and community leaders. The following are highlights:

(1) Advocacy through VHVs who received training on the Buddhist Lent abstinence guidelines under the slogan “Invite, Praise, Cheer.” The quota for recruitment was set at three pledges for each VHV. (Kanyanan Tatip, personal communication, July 8, 2017; Paisan Suthiwong, personal communication, August 15, 2017). The motivating points were the need to economize and health (Sumitra Kaem-chaiyaphum, personal communication, August 15, 2017);

(2) Youth were mobilized through the project called “Youth Lead the Way toward Abstinence of Drinking and Smoking.” Youth were advised to recruit members of their family and friends to join the Lent abstinence campaign (Task force of Thamafaiwan Stop Drink Community, personal communication, August 15, 2017);

(3) Advocacy through the monastery (‘wat’) under the Baworn Dharma Program, with Phra Tongming Tawaro giving sermons on the harm of alcohol. There were announcements through the community public address system, and drama training for students (Tongming Tawaro, personal communication, August 16, 2017; Somkit Duangchomphu, personal communication, August 15, 2017; Sumitra Kaem-chaiyaphum, personal communication, August 15, 2017; Pennapa Watkhian, personal communication, August 15, 2017);

(4) Registered persons who agreed to take the pledge to abstain from drinking during the entire Lent period (Tongming Tawaro, personal communication, August 16, 2017; Winich Nabua, personal communication, August 15, 2017). The campaign in 2016 in this Tambon was able to recruit 100 local drinkers to pledge abstinence during Lent (Winich Nabua, personal communication, August 15, 2017)

The PHO-Chaiyaphum and representative from the Upper Northeast Abstinence Organization Network gave priority to the Buddhist Lent abstinence over other measures, and that was reflected at the sub-provincial level (Komsan Ing-chaiyaphum, personal communication, August 16, 2017; Niparat Rachataphatchakul, personal communication, December 22, 2017; Bamrung Pensuk, personal communication, August 28, 2017; Kanyanan Tatip, personal communication, July 8, 2017).

That emphasis is reflected in the sample survey which found that nearly all (98.5%) had seen or heard about activities to combat alcohol abuse, and the top five were Buddhist Lent abstinence (99.2%) alcohol-free special events (80.1%) drink

driving check-points (36.5%) forbidding alcohol consumption in the locality (29.8%) and alcohol-free concerts and sports events (22.2%) (Table 4.77).

**Table 4.76** Ever Heard/Seen about Activities to Combat Alcohol Abuse in the Locality: (Jul. '16-Jun. '17)

No.	Ever Heard/Seen	n	%
1	Never	6	1.5
2	Yes	392	98.5
<b>Total</b>		<b>398</b>	<b>100.0</b>

**Table 4.77** Activities Heard/Seen about to Combat Alcohol Abuse in the Locality: (Jul. '16-Jun. '17) (of Those Who Ever Heard/Seen and Multiple Response Allowed)

Rank	Activities	n	%
1	Buddhist Lent abstinence	389	99.2
2	Alcohol-free special events	314	80.1
3	Drink driving check-points	143	36.5
4	Forbidding alcohol consumption in the locality	117	29.8
5	Alcohol-free concerts and sports events	87	22.2
6	Forbidding alcohol sales in the locality	62	15.8
7	Model villages and public spaces that are alcohol-free zones	59	15.1
8	Enforce liquor laws at shops and entertainment places	42	10.7
9	Arrest makers of illegal liquor and tax-evaders	5	1.3
10	Control of advertising and promotion of alcohol	4	1.0
11	Education on the dangers of drinking alcohol	3	0.8
12	Education on laws related to alcohol	1	0.3
13	Treatment for alcohol dependency	1	0.3

Based on popular recognition, the public measures reached more of the population than others. However, implementation of the best practice measures of control of physical access to alcohol were mostly limited to the annual fairs and festivals.

**Table 4.78** Measures to Combat Alcohol Abuse in Chaiyaphum

Activities	measures	Target mechanism	Site of implementation	Target population
Campaigns for alcohol-free festivals/fairs	- Public campaigns - Control of physical access to alcohol (supported the application of)	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Only during annual provincial fairs/festivals	General population and retailers
Buddhist Lent abstinence	- Public campaigns	- Control of quantity of alcohol consumed - Prevent new drinkers and control of prevalence of drinkers - Reduce risk of consumption - Limit and reduce related violence	Campaign coverage was province-wide but intensive activities were only done in three communities	General population and youth groups in the locality: the model community

#### 4.4.4 Consistency and Coverage of Measures to Combat Alcohol Abuse in the Context of Chaiyaphum as a High-Risk Province

The PHO-Chaiyaphum applied the 2011 report on the situation of alcohol abuse in the province to inform programs (Surasak Chaiyasong et al., 2013). The data were used to define indicators and targets (Niparat Rachataphatchakul, personal

communication, December 22, 2017). Still, the principal driver of provincial network strategies was the THPF and the SDN. The analysis of the consistency and coverage of measures to combat alcohol abuse focused on the data in Table 4.78. Most of the measures seemed to have the goal to change social values regarding acceptance of the drinking culture, and restrict access to alcohol-either voluntarily or not. However, intensive interventions were only done during large, annual festivals and fairs at the provincial level. The Buddhist Lent campaign was only intense in three communities. There were no measures to confront the alcohol industry.

To reduce the alcohol risk environment, the network correctly spotlights the prevalence of adult and underage drinkers. However, interventions were not intense enough to have impact. Also, there was little effort to combat regular and binge drinking. There was no alcohol screening and brief intervention-even though there may be considerable latent demand for help. Similarly, there were no network measures to combat drink driving (other than the police check-points). As noted the 2011 Provincial Alcohol Report found that drink driving in Chaiyaphum was as high as 29.0% (Surasak Chaiyasong et al., 2013). Thus, the network interventions so far in this province have been too little and too late.

#### **4.4.5 Process of Networks to Combat Alcohol Abuse in Chaiyaphum**

As of December, 2017, Chaiyaphum was in the process of creating a new network to combat alcohol abuse due to the vacancy of a network leader. Activities were continued through a loose, ad hoc collaboration of the Public Health Office (PHO), the Buddhist Affairs Office (BAO), the Area Excise Office (AEO), the Provincial Administrative Organization (PAO), the Municipality, the Social Development and Human Security Office (SDHSO), and the local police station. The following is a review of the process of the network.

- 1) Lead agency: In view of the absence of a central coordinator, the Chaiyaphum branch of the SDC assigned the NCDs Unit of the PHO the role of interim coordinator. Ms. Niparat Rachataphatchakul (Nurse, PHO-Chaiyaphum) was the network coordinator by name. The network membership dwindled to include mostly government agencies and branches of the provincial-level government. Further, the role of the interim network leaders was mostly just basic coordination, i.e., there was no

systematic delegation of activities among network members. In other words, each network member simply implemented parts of the campaign that were under the mandate of their host agency. So, there was sort of a de facto integration of activity under the provincial administrative umbrella (Niparat Rachataphatchakul, personal communication, December 22, 2017).

2) Joint network: Being comprised of mostly government agencies, the Chaiphum network coordinated rather smoothly since they have to do such inter-agency collaboration as a routine part of their work. Thus, they had a shared stake in performing well and supporting each other (Tipawan Thochai, personal communication, August 28, 2017).

3) Participation: There was limited joint brainstorming and strategizing since the policy and strategies and programs were prescribed by central agencies, which also provided funding. However, the network members did share information to coordinate activities to reduce duplication and provide supplemental support. Some agencies only became involved in the network when there was a major event, such as the Provincial Office for Security and Order events (Niparat Rachataphatchakul, personal communication, December 22, 2017).

4) Reciprocal dependence: When the network members had a common mission, then there was reciprocal collaboration in conducting activities to combat alcohol abuse. Sometimes, the campaigns found areas of common interest with other provincial initiatives, such as the poverty alleviation program of the PCDO (Komsan Ing-chaiyaphum, personal communication, August 16, 2017) and the programs of the Provincial Office for Security and Order (Niparat Rachataphatchakul, personal communication, December 22, 2017). In addition, some agencies had a more direct role in controlling alcohol abuse, such as the AEO, which addresses the supply side, while the PHO addresses demand. Law enforcement also has a direct role in seeing the alcohol restrictions are not violated and there is little or no alcohol-related violence or unrest (Tipawan Thochai, personal communication, August 28, 2017).

5) Communication and coordination: As government agencies, the network members could communicate through interim network focal point and/or the Upper Northeast Network of Abstinence Organizations. Usually, coordination was formal, using government documentation and channels. Advance planning can be done

by informal mechanisms such as phone or the Line application. Communication with the model communities in the three Tambon occurs every two to three months (Kanyanan Tatip, personal communication, July 8, 2017). There are monthly coordination meetings of the Provincial Office for Security and Order (Niparat Rachataphatchakul, personal communication, December 22, 2017).

6) Allocation and sharing of resources: Budget is the principal resource which fuels the network activities. The sources include the THPF which provides funds to the province for the anti-alcohol and smoking campaigns. In the previous year, 800,000 baht was provided to Chaiyaphum for this purpose. The SDN provides 300,000 baht per year, and that is channeled through the Upper Northeast center of the SDN (Kanyanan Tatip, personal communication, July 8, 2017). At the provincial level there is no mobilization of local resources for the campaigns and other measures. However, the key informants said that lack of budget was not a constraint (Kanyanan Tatip, personal communication, July 8, 2017; Tipawan Thochai, personal communication, August 28, 2017).

7) Institutional pressure and the contextual environment: The external pressure that can threaten implementation of the network are the persons with influence and other powers-that-be. This can include senior government officials and politicians to the extent that they are involved with the alcohol industry (Cultural Affairs Officer, personal communication, August 16, 2017). Also, some of the members of the network complain that their superiors do not always approve of the time they spend on network activities, saying that it is not the purview of the agency and takes time away from more immediate tasks and priorities (Cultural Affairs Officer, personal communication, August 16, 2017).

In sum, the network in Chaiyaphum still lacks full capacity to advocate against alcohol abuse, especially the lack of a lead agency and full-time coordinator. Thus, there is no unifying vision or direction. Participation of members is not optimal, even though coordination is good. Because policy and strategy come from central agencies, there is not much of a sense of stakeholdership among network members. Communication is irregular. There is no mobilization of local resources.

#### 4.4.6 Results of Implementation of the Networks in Chaiyaphum to Reduce the Risk of Alcohol Abuse

**Table 4.79** Reasons for Lack of Concern about Reducing/Eliminating Consumption of Alcoholic Beverages (of Those Who Ever Saw Public Campaign Activities and Education and are not Concerned about Alcohol Abuse) (Multiple Response Allowed)

Rank	Reasons	n	%
1	Drinking is normal	99	81.8
2	Alcohol is essential for celebrations	96	79.3
3	Drinking doesn't affect others in society; it is a personal choice	65	53.7
4	Drinking isn't harmful to me	11	9.1
5	I don't care; I like to drink	7	5.8
6	Public campaigns and education are only half-hearted	4	3.3
7	Other, e.g., the public campaigns are not effective enough	2	1.6

##### 4.4.6.1 Reducing the cause of consumption alcoholic beverages

While the network measures attempted to change social values about drinking and control access to alcohol, the interventions were not intense enough, and there was no attempt to confront the alcohol industry to reduce promotion of drinking, especially among youth. The following are more specifics about the network measures to reduce the cause of consumption alcoholic beverages:

1) Social values: Among those who ever seen the public campaigns against alcohol abuse or heard about the educational measures, the survey found that there is a significant portion who don't feel worried about the drinking culture, or see the need to reduce drinking because "drinking is normal" (81.8%) or that alcohol is essential for celebrations (79.3%) (Table 4.79).

This shows that, in Chaiyaphum as elsewhere, until the social values begin to shift toward more healthy drinking and periodic abstinence, then the country will still be at risk of alcohol abuse. The current mix of measures is not enough to achieve that.

“The drinking culture has to change; society has to see that alcohol is not a necessity and drinking to excess is not normal” (Somkit Duangchomphu, personal communication, August 15, 2017).

2) Access to alcoholic beverages by time period: The sample survey found that 97.0% of the respondents reported easy access of off-premises alcohol and that was the same for the year prior to the survey (Tables 4.80-4.81). For access to an on-premises site for alcohol, only 7.0% said it was easy, and half said that access was about the same over time (Table 4.83). Over one-fourth said they could buy alcohol outside of legal hours (28.6%) and this was about the same over time (Table 4.84). Nearly 40% said it wasn't possible to buy alcohol in their neighborhood outside of legal hours (Table 4.85). Distances to travel to an off-premises outlet and on-premises outlet were 87 meters and 2,028 meters, respectively (Table 4.86-4.87). Corresponding time of travel was 5 and 12 minutes, respectively (Table 4.88-4.89).

**Table 4.80** Ease/Difficulty in Buying Alcohol from Off-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	386	97.0	386	97.0	0.0
2	Difficult	3	0.8	3	0.8	0.0
3	Unsure	9	2.2	9	2.2	0.0
<b>Total</b>		<b>398</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	

**Table 4.81** Change in Ease/Difficulty of Buying Alcoholic Beverages around One's Residence

No.	Change	n	%
1	Harder	1	0.3
2	The same	365	91.7
3	Easier	22	5.5
4	Unsure	10	2.5
<b>Total</b>		<b>398</b>	<b>100.0</b>

**Table 4.82** Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Easy	28	7.0	27	6.8	+0.2
2	Difficult	266	66.8	266	66.8	0.0
3	Unsure	104	26.2	105	26.4	-0.2
<b>Total</b>		<b>398</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	

**Table 4.83** Change in Ease/Difficulty in Buying Alcohol from On-Premise Sites in the Immediate Neighborhood

No.	Change	n	%
1	Harder to find an on-premises place	65	16.3
2	The same	218	54.8
3	Easier to find an on-premises place	2	0.5
4	Unsure	113	28.4
<b>Total</b>		<b>398</b>	<b>100.0</b>

**Table 4.84** Ever Bought Alcoholic Beverages Outside Legal Hours by Time Period

No.	Ease/Difficulty	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever bought (small retail shop)	114	28.6	114	28.7	-0.1
2	Never allowed	23	5.8	22	5.5	+0.3
3	Never bought	257	64.6	258	64.8	-0.2
4	Unsure	4	1.0	4	1.0	0.0
<b>Total</b>		<b>398</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	

**Table 4.85** Change in Ever Bought Alcohol Outside of Legal Hours by Time Period

No.	Change	n	%
1	It's not possible	151	37.9
2	After hours sales have decreased/stopped	22	5.5
3	After hours sales are the same	114	28.6
4	After hours sales have increased	2	0.5
5	Unsure	109	27.5
<b>Total</b>		<b>398</b>	<b>100.0</b>

**Table 4.86** Distance in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol Themselves in the Survey Round)

No.	Distance	n	%
1	<= 50 meters	71	54.2
2	51-100 meters	42	32.1
3	101-500 meters	18	13.7
<b>Total</b>		<b>131</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>86.68</b>	
<b>S.D.</b>		<b>86.27</b>	

**Table 4.87** Distance in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

No.	Distance	n	%
1	<= 500 meters	11	64.7
2	501-1,000 meters	2	11.8
3	1,001-2,000 meters	1	5.9
4	2,001 meters or more	3	17.6
<b>Total</b>		<b>17</b>	<b>100.0</b>
<b>Mean (meters)</b>		<b>2,027.94</b>	
<b>S.D.</b>		<b>3,775.92</b>	

**Table 4.88** Duration in Travelling to the Preferred Off-Premises Alcohol Outlet  
(of Those Who Consumed Alcoholic Beverages and Ever Bought Alcohol  
Themselves in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	101	77.1
2	6-10 minutes	29	22.1
3	11-30 minutes	1	0.8
<b>Total</b>		<b>131</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>5.04</b>	
<b>S.D.</b>		<b>3.08</b>	

**Table 4.89** Duration in Travelling to the Preferred On-Premises Alcohol Outlet  
(of Those Who Ever Went to Sit and Drink in the Survey Round)

No.	Duration	n	%
1	<= 5 minutes	6	35.3
2	6-10 minutes	5	29.4
3	11-30 minutes	5	29.4
4	31 minutes or more	1	5.9
<b>Total</b>		<b>17</b>	<b>100.0</b>
<b>Mean (minutes)</b>		<b>11.53</b>	
<b>S.D.</b>		<b>10.17</b>	

Though access to on-premises alcohol outlet seems to be more difficult than in other provinces, Chaiyaphum is an easy-access environment for drinkers, and the situation has not changed in recent years. Also, the laws to restrict the time of alcohol sales are not strictly enforced.

“You can always get alcohol if you want it. The small shops always carry it and aren’t bound by the legal hours for sales, or whether the buyer is underage” (Winich Nabua, personal communication, August 15, 2017).

“Law enforcement is not an issue of concern in the community” (Pennapa Watkhian, personal communication, August 15, 2017).

3) Promotion of consumption alcoholic beverages: Under one-third of the sample had Heard/Seen advertising of alcohol (Table 4.90) and this has not changed over time (Table 4.91). Fewer (8.5%) had seen overt efforts by industry to promote alcoholic beverages (Table 4.92-4.93). Even fewer (6.3%) had seen logos of alcohol companies displayed at fairs/festivals in the province and this has remained the same Table 4.94-4.95).

**Table 4.90** Ever Seen/Heard Advertising of Alcoholic Beverages in the Province by Time Period

No.	Ever Heard/Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Heard/Seen	123	30.9	123	30.9	0.0
2	Never	271	68.1	271	68.1	0.0
3	Unsure	4	1.0	4	1.0	0.0
<b>Total</b>		<b>398</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	

**Table 4.91** Change in Ever Seen/Heard Advertising of Alcoholic Beverages

No	Change	n	%
1	Never Heard/Seen before	263	66.1
2	Heard/Seen less or not at all	70	17.6
3	Heard/Seen the same	50	12.6
4	Heard/Seen more	1	0.3
5	Unsure	14	3.4
<b>Total</b>		<b>398</b>	<b>100.0</b>

**Table 4.92** Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	34	8.5	34	8.5	0.0
2	Never	360	90.5	360	90.5	0.0
3	Unsure	4	1.0	4	1.0	0.0
<b>Total</b>		<b>398</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	

**Table 4.93** Change in Ever Seen Activities to Promote Sales of Alcoholic Beverages in the Province

No.	Change	n	%
1	Never Seen at all	356	89.4
2	Seen less or not at all	7	1.8
3	Seen the same	7	1.8
4	Seen more	1	0.3
5	Unsure	27	6.7
<b>Total</b>		<b>398</b>	<b>100.0</b>

**Table 4.94** Ever Seen Alcoholic Beverages Logos in Fairs/Festivals in the Province by Time Period

No.	Ever Seen	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Ever Seen	25	6.3	26	6.5	-0.2
2	Never	369	92.7	368	92.5	+0.2
3	Unsure	4	1.0	4	1.0	0.0
<b>Total</b>		<b>398</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	

**Table 4.95** Change in Ever Seen Alcoholic Beverages Logos in Fairs/Festivals

No.	Change	n	%
1	Never Seen	363	91.2
2	Seen less or not at all	11	2.8
3	The same	12	3.0
4	More	0	0.0
5	Unsure	12	3.0
<b>Total</b>		<b>398</b>	<b>100.0</b>

While public promotion of drinking does not seem to be pervasive in Chaiyaphum, industry is becoming shrewder about promoting its products indirectly by sponsoring sports events, concerts and other activities which appeal to youth.

#### 4.4.6.2 Reducing the situation of drinking which leads to risk

1) Prevalence of adult drinkers (age 15+ years): One-third of respondents reported being a drinker (32.9%) and this is about the same for the previous year (33.7%) (Table 4.96).

**Table 4.96** Adult (age 15+ years) Consumption of Alcoholic Beverages by Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Consumed	131	32.9	134	33.7	-0.8
2	Did not consume	267	67.1	264	66.3	+0.8
<b>Total</b>		<b>398</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	

2) Proportion of regular drinkers (consumed alcoholic beverages at least once a week): About half of the drinkers drink on a regular basis (53.4%) and that is about the same over time (Table 4.97).

**Table 4.97** Regular Consumption of Alcoholic Beverages by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Consumed regularly	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Regularly drink	70	53.4	73	54.5	-1.1
2	Do not regularly drink	61	46.6	61	45.5	+1.1
<b>Total</b>		<b>131</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	

3) Proportion of binge drinkers (heavy consumption of alcohol at one sitting): Over one-third of drinkers drank to excess on occasion (38.2%) and this declined slightly over the past year (Table 4.98).

**Table 4.98** Heavy Consumption of Alcohol at One Sitting by Time Period (of Those Who Consumed Alcoholic Beverages)

No.	Ever drank to excess	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	50	38.2	53	39.6	-1.4
2	Never	81	61.8	81	60.4	+1.4
<b>Total</b>		<b>131</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	

4) Proportion of drink drivers: The sample 30.5% said they had committed drink driving before, and this about the same over time (Table 4.99).

**Table 4.99** Ever Drank Alcohol and Drove a Motor Vehicle by Time Period  
(of Those Who Consumed Alcoholic Beverages)

No.	Ever drank alcohol and drove a motor vehicle	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Yes	40	30.5	40	29.9	+0.6
2	Never	91	69.5	94	70.1	-0.6
<b>Total</b>		<b>131</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	

5) Prevalence of underage drinkers (age 15-19 years): The survey found that about one in six adolescents consumed alcohol and that trend is constant (Table 4.100).

**Table 4.100** Underage (Age 15-19 Years) Consumption of Alcoholic Beverages by Time Period

No.	Consumed alcoholic beverages	Survey Round (Jul. '16-Jun. '17)		Year before Survey (Jul. '15-Jun. '16)		Percentage point change
		n	%	n	%	
1	Consumed	2	16.7	2	16.7	0.0
2	Did not consume	10	83.3	10	83.3	0.0
<b>Total</b>		<b>12</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	

In sum, the Chaiyaphum network has not been able to reduce the situation of consumption alcoholic beverages nor the type of drinking that leads to risk of harm.

From the Logic Model analysis, Chaiyaphum has implemented mostly public measures to combat alcohol abuse and these are not known for their effectiveness or efficiency. The context of the drinking culture is still very favorable to drinkers in this province. The network needs a lead agency to help give it more direction, intensity, and expanded coverage. Without that, the network is not likely to have much impact on the drinking situation in Chaiyaphum.

## **CHAPTER 5**

### **CONCLUSION, DISCUSSION AND RECOMMENDATION**

This dissertation had the objective to study the measures and process to combat alcohol abuse of networks in high-risk provinces, and to assess success or failure of implementation. The goal was to apply those lessons as part of guidelines to improve coverage and effectiveness of interventions to combat alcohol abuse in high-risk provinces. This study also provides recommendations for strengthening provincial networks to combat alcohol abuse. This research used both qualitative and quantitative methods of data collection, e. g., in-depth interviews, focus group discussions, document study and survey research in Lampang, Sisaket, Kamphaengphet, and Chaiyaphum Provinces. The field survey was conducted during July to December, 2017. In-depth interviews were conducted with 55 key informants, and two focus group discussion were conducted with 13 individuals. The sample survey collected data from 1,600 persons in 784 households.

## 5.1 Conclusion

### 5.1.1 Measures to Combat Alcohol Abuse of Networks in High-Risk Provinces

Table 5.1 presents a summary of the interventions in the study provinces.

**Table 5.1** Measures to Combat Alcohol Abuse by Province

Level of measures	Lampang	Sisaket	Kamphaengphet	Chaiyaphum
Principal measures	- Public campaigns	- Public campaigns	- Public campaigns	- Public campaigns
Secondary measures	- Control of access* - Education - Community-level measures	- Community-level measures - Screening and treatment*	- Education - Community-level measures	-
Support measures	-	- Education - Control of access*	- Control of access* - Control of advertising and marketing*	- Control of access*

**Note:** \* ‘best practice’ measures

Public campaigns were prominent in each of the four provinces, while the ‘best practice’ measures of restricting physical access to alcohol, screening and treatment, and restricting alcohol advertising and marketing were only secondary measures or support measures, if used at all.

### 5.1.2 Consistency and Coverage of Measures to Combat Alcohol Abuse in the Context of a High-Risk Province

This analysis considered the function of measures to reduce causal factors affecting consumption of alcoholic beverages, including social values which accept the drinking culture, physical access to alcohol and promotion of consumption. This analysis also considered the mechanism of measures to reduce contextual situations which enable alcohol abuse and associated risk, including prevalence of adult drinkers, proportion of regular drinkers, proportion of binge drinkers, proportion of drink drivers, and prevalence of underage drinkers.

**Table 5.2** Measures to Combat Alcohol Abuse by Related Context and Province

Related context	Lampang	Sisaket	Kamphaengphet	Chaiyaphum
<b>Causal factors affecting consumption of alcoholic beverages</b>				
- Social values which accept the drinking culture	Addressed need to change social values	Addressed need to change social values	Addressed need to change social values	Addressed need to change social values but only at the provincial level or in model communities
- Access to alcoholic beverages	Addressed, but only at certain events and places	Addressed, but only at major provincial fairs/festivals	Addressed, but only at major provincial fairs/festivals	Addressed, but only at the provincial level or in model communities
- Promotion of consumption of alcoholic beverages	-	-	Addressed, but only at major provincial and district fairs/festivals	-
<b>Contextual situations which enable alcohol abuse and associated risk</b>				
- Prevalence of adult drinkers	There are targets to reduce prevalence	There are targets to reduce prevalence	There are targets to reduce prevalence	Addressed, but only at the provincial level and model communities

**Table 5.2** (Continued)

<b>Related context</b>	<b>Lampang</b>	<b>Sisaket</b>	<b>Kamphaengphet</b>	<b>Chaiyaphum</b>
- Proportion of regular drinkers	Addressed, but still lacks screening and treatment	There are targets to control amount of consumption and reduce related violence	Addressed, but still lacks screening and treatment	Addressed, but still lacks screening and treatment
- Proportion of binge drinkers	Addressed, but still lacks screening and treatment	There are targets to control amount of consumption and reduce related violence	Addressed, but still lacks screening and treatment	Addressed, but still lacks screening and treatment
- Proportion of drink drivers	-	-	-	-
- Prevalence of underage drinkers	There are targets to prevent new drinkers	There are targets to prevent new drinkers	There are targets to prevent new drinkers	Addressed, but only at the provincial level and model communities

Three provinces addressed social values which accept the drinking culture (Chaiyaphum is the exception). However, implementation was localized. Access was also addressed in certain places at certain times, but the alcohol industry was not confronted very much by the networks. Most of the provinces have set targets to reduce prevalence of adult and underage drinkers, but only Sisaket is addressing regular and binge drinkers. There is a general lack of promotion of screening and treatment for alcohol dependence. There were no organized efforts by the networks in the four study provinces to combat drink drivers, which is a serious problem. The occasional police check-points were the only intervention to catch drink drivers, but that is outside of the network plans and programs.

### 5.1.3 Process of Networks to Combat Alcohol Abuse in a High-Risk Province

This research looked at the following dimensions of the provincial networks to combat alcohol abuse coverage: lead agency, joint network, participation, reciprocal dependence, communication and coordination, allocation and sharing of resources, and institutional pressure and the contextual environment. The following are findings.

**Table 5.3** Process of Networks to Combat Alcohol Abuse by Province

Component	Lampang	Sisaket	Kamphaengphet	Chaiyaphum
Lead agency	Two civil society organizations, but separately operated. Each lead conducts: - Coordination - Collaboration - Allocation of resources - Define direction	Government and civil society work in tandem and conduct: - Coordination - Collaboration - Allocation of resources - Define direction	Civil society conducts: - Coordination - Collaboration - Allocation of resources - Define direction	Interim leadership by a government official who does coordination
Joint network	- Networks have a shared vision - Networks have mutual results and interests	- Networks have a shared outlook - Networks have a shared vision - Networks have mutual results and interests	- Networks have a shared outlook - Networks have a shared vision - Networks have mutual results and interests	- Networks have mutual results and interests
Participation	- Limitations in defining measures	- Clear participation	- Limitations in defining measures	- Participation is weak
Reciprocal dependence	- Exchange and support	- Exchange and support	- Exchange and support	- Inter-dependence is weak

**Table 5.3** (Continued)

<b>Component</b>	<b>Lampang</b>	<b>Sisaket</b>	<b>Kamphaengphet</b>	<b>Chaiyaphum</b>
Communication and coordination	- Formal and informal - Share opinions and information on a regular basis	- Formal and informal - Share opinions and information on a regular basis	- Formal and informal - Share opinions and information on a regular basis	- Formal - Not much sharing of opinions and information
Allocation and sharing of resources	- No local mobilization of funding - Budget is not adequate - Campaign media are not adequate	- There is mobilization of resources from network partners - Budget is adequate - Campaign media are adequate	- No local mobilization of funding - Budget is adequate - Campaign media are not adequate	- No local mobilization of funding - Budget is adequate - Campaign media are adequate
Institutional pressure and the contextual environment	- Source of funds has strings attached - Opposition from the alcohol industry - Lack of senior administrator support	- No external obstacles to operations	- Opposition from the alcohol industry - Lack of senior administrator support	- Opposition from the alcohol industry - Lack of senior administrator support

In these study provinces, the network lead might be a government or civil society agency, or both. The role of the network lead in all four provinces was coordination, allocation of resources, defining direction (with the exception of Chaiyaphum). There was a differing level of joint networking, i.e., having a shared vision and mutual benefits. Sisaket had the most obvious examples of participation of network members, while Lampang and Kamphaengphet had less so. Most members of the network had greater or lesser inter-dependence, and supported each other to fill gaps in activities. Communication and coordination was active among members, with the exception of Chaiyaphum which only had interim leadership, which was not full-time

either. Most networks used both formal and informal means of communication. Sisaket was able to mobilize budget and resources from local sources and, thus, had no lack of funding or materials. Except for Sisaket, the other three provinces had opposition from the powers-that-be who had vested interest in aspects of the alcohol industry. That impeded implementation of campaigns and efforts to restrict access to alcohol.

Analysis of the capacity of networks:

Lampang had rather strong capacity of its network by virtue of its leadership. There was solidarity of the network membership and strong joint action. However, there may have been some lack of sense of stakeholdership since a portion of the funding, policy and strategy was issued from central offices and donors. Also, the separation into two networks reduced the unity of the effort to combat alcohol abuse.

In Sisaket, the capacity of the network was very strong. The lead agency was able to advocate effectively on behalf of the network. There was a strong sense of shared commitment and purpose among members. Information and data were shared with members on a regular basis, and resources were adequate for implementation. There were no external opposing forces which impeded this network.

In Kamphaengphet, the network was fairly strong, and the members brainstormed together and defined goals and targets as a group. However, the lead agency for the network is a government entity, and that limits the time and flexibility in steering network operations. Also, any request for funding has to be consistent with the host agency mandate, and that limits the scope of what it can pursue. Participation of the members is not optimal, and there is disruptive opposition from external forces.

Chaiyaphum is hampered by the lack of a full-time lead agency, and this limits its capacity to combat alcohol abuse in the locality. Thus, there isn't a fully-formed focal point for coordination or a shared vision among members. This also results in reduced solidarity and weak communication and information exchange. Even though resources are adequate, the scope of interventions is quite limited.

For a network to be effective, having a strong lead agency is a requirement. The leadership affects many other components of the network.

### 5.1.4 Results of Implementation of the Networks in a High-Risk Province to Reduce the Risk of Alcohol Abuse

**Table 5.4** Results of Implementation to Reduce Risk of Alcohol Abuse by Province

Context	Lampang	Sisaket	Kamphaengphet	Chaiyaphum
<b>Causal factors affecting consumption of alcoholic beverages</b>				
- Social values which accept the drinking culture	×	×	×	×
- Access to alcoholic beverages	×	×	×	×
- Promotion of consumption of alcoholic beverages	×	×	×	×
<b>Contextual situation which enables alcohol abuse and associated risk</b>				
- Prevalence of adult drinkers	×	×	×	×
- Proportion of regular drinkers	×	✓	×	×
- Proportion of binge drinkers	×	✓	×	×
- Proportion of drink drivers	×	×	×	×
- Prevalence of underage drinkers	×	×	×	×

**Note:** ✓ Can reduce the problem    × Can not reduce the problem

None of the four study provinces could sufficiently address the risk factors which are behind problem drinking. Only Sisaket seems to have had some short-term impact on regular and binge drinkers. However, overall, all four provinces have not yet been able to reduce the drinking culture and social acceptance of alcohol in the community. The interviews with key informants suggests that the networks view success somewhat narrowly, and are not really focused on the root causes of the drinking culture.

## 5.2 Discussion

### 5.2.1 Viewpoint of Measures to Combat Alcohol Abuse

1) Public campaigns are part of the education and persuasion measures. There is the belief that people are rational, and if they are given information on the health consequences of problem drinking, then people will change their behavior and attitudes toward alcohol (Alcohol and Public Policy Group, 2010). However, in practice, the cost of campaigns and the limited long-term results means that the public measures are not that efficient (Österberg, 2004; Babor et al., 2010/2012). However, public campaigns can be viewed as a reinforcing intervention which support the more cost-effective measures (Babor et al., 2010/2012). This is consistent with the national alcohol strategy which classifies public campaigns as a supportive intervention (CAS, 2010). Thus, the provincial networks need to shift priority from mass campaigns to a more targeted approach, for example, by focusing on the regular and binge drinkers, and alcohol screening and brief intervention. Also, implementation by the networks is not always suited to the local context, or does not have adequate coverage.

Thailand does have laws to restrict access to alcohol and other measures described in the Alcohol Control Act of B.E. 2551. The Act calls for measures to restrict physical access, advertising, and marketing of alcoholic beverages. There is also the Road Traffic Act of B.E. 2522 which makes drunk driving illegal. The National Health Security Office (NHSO) and Tambon Health Promoting Hospital (THPH) are resources to screen persons for alcoholism and referral for treatment. However, the networks and related programs are making too little use of this mechanism. Thailand is trying to prioritize by ranking provinces by level of risk for alcohol abuse. The national alcohol strategy also prescribes principal and secondary control measures which are generally in line with international guidance on this matter. Thus, it is unfortunate that the networks and programs at the provincial level are not yet aligned with national strategy and guidance.

2) The most popular approach in the four study provinces was the annual campaign to promote abstinence from alcohol during the three-month Buddhist Lent. Next most popular, are the campaigns to have alcohol-free special events. The central offices of the THPF and the SDN provide budget to support these, and have been doing

so for ten years. This approach to create a routine activity is a part of the Incremental Model approach (Dye, 1995) which recommends proceeding in small steps, consistently over time. However, an incremental approach may not be suitable for the evolving context of drinking in Thailand in which access to alcohol is becoming easier, and more youth are starting drinking than in the past. Further, implementing the same measures each year could cause policy to stagnate (Bidhya Bowornwathana, 2000).

### **5.2.2 Viewpoint of the Process of Networks to Combat Alcohol Abuse**

1) At the outset, this research reaffirms the importance of networks to address public challenges and complex social issues. Alcohol abuse is one such challenge in Thailand. Networks have been recognized as part new public governance by such academics as O'Toole (1997) Goldsmith and Eggers (2004) Turrini et al. (2010) and Thoreson and Stopka (2014). Civil society is ideally placed to play an active role in networks to promote the social good, as studied by Bowornwathana (2013) Henry (2010) and Mota and Ronzani (2016).

The networks in the four study provinces have been trying to expand the depth and breadth of their membership. Some members address the supply side of alcohol, such as the Area Excise Office (AEO), while other partners focus on the demand side, such as the Public Health Office (PHO). The local police enforce laws related to alcohol, while the organization of monks helps spearhead the Buddhist Lent abstinence initiative and teachings of the Dharma for youth to prevent new drinkers from emerging.

Often, the lead agency for these networks is a civil society organization, or at least a partnership with a civil society group as part of the lead. Chaiyaphum shows that, when the leadership is only the government, then the network is weak, and there is not so much a sense of commitment and comradery among members. Government can actually undermine the functioning of networks if supervisors discourage their staff to devote too much effort to network activities. In addition, it can be expected that the alcohol industry itself will not look kindly on efforts to reduce consumption, and that is part of what Institutional Theory would predict (Zucker, 1987; Scott, 1987; Frederickson & Smith, 2003; Oliver, 1991).

2) This study tried to portray and explain how provincial and sub-provincial networks combat alcohol abuse, as a manifestation of New Public Governance (NPG) as Osborne (2010) has espoused. This research found many interesting aspects of NPG in the context of alcohol abuse networking. First, as noted, the lead agency is a key driver of the network mechanism, as proposed by Schroeder (1999). The lead services as a coordination focal point for collaborative allocation and sharing of resources, and defining the direction of operations. Networks need a lead in order to be strong. As evidence, Chaiyaphum only had an interim leader, and the network suffered as a result. By contrast, Lampang had two, strong lead agencies, however this came at the cost of loss of some unity as also found by Provan and Milward (1995). Also, others have noted that, without strong leadership, some network members would operate independently of the group (Ruangwit Ketsuwan, 2008). Participation of network members is also crucial, but only Sisaket, of the four study provinces, had optimal participation. Without active participation members may not feel like full stakeholders in the enterprise, or won't understand their role, as found by Kriengsak Chareonwongsak (2000).

Allocation and sharing of resources is important for equitable delegation of tasks and responsibilities. However, except for Sisaket, the other three study provinces did not do much local resource mobilization and that made them overly dependent on central funding, albeit with strings attached.

### **5.2.3 Viewpoint of Measures and Process of Networks to Combat Alcohol Abuse**

The findings of this research were consistent with the hypothesis that “success or failure to combat alcohol abuse depends on measures and process of the networks.” This is an extension of the Logic Model concept which holds that inputs lead to processes which produce the desired outputs and outcomes (McLaughlin & Jordan, 2004). However, the four study provinces did not prioritize their measures in this way, and coverage of the target area was sporadic or ad hoc. Thus, the inputs were less efficient and effective in producing the outputs. Of provinces, Sisaket had the least shortcomings in this area. Overall, the study areas did not produce enough quality outcomes to have sustained impact on the problem of alcohol abuse.

## 5.3 Recommendations

### 5.3.1 Policy and Implementation

1) High-risk provinces should select ‘best practice’ measures as a top priority, e. g., regulating the physical availability of alcohol, impose restrictions on advertising and marketing, conduct alcohol screening and brief intervention, and implement drink driving countermeasures. Other measures such as public campaigns can be used as supportive interventions. From the study of the experience of the four provinces, the Sisaket model for screening and treatment through all THPH is an approach worth monitoring and replicating. In Kamphaengphet, the strategy to use ‘alcohol watch’ volunteers to monitor access to alcohol and compliance with laws is embodied in their application of the Prasath Model, first developed in Surin Province.<sup>3</sup> That model also set up drink driving check-points down to the community level.

2) Networks should consider applying regulations and mechanisms already backed by the Alcohol Control Act of B.E. 2551 and the Road Traffic Act of B.E. 2522. The THPH and NHSO have issued strategies and guidelines for implementation of these, and those should be applied and expanded.

3) There should be a process of dissemination of the related strategies to the implementation level in each target area. There must be understanding of the operational plan among relevant government agencies and network actors. Oversight can be provided by Alcohol Committees and Task Forces at the province, district and sub-district levels. The SDN can also help provide oversight of a more general nature. This does not mean that every province and district need to have the same strategy. Any program must be tailored to the local context, while being a part of the larger network of measures in other localities. All activities must contribute to the overall goal of control and reduction of alcohol abuse.

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<sup>3</sup>Prasath District of Surin Province is a case study site outside the four study provinces which the researcher has used as a model based on review of the literature since none of the four provinces implemented drink driving interventions.

4) The issue of alcohol abuse should be a top agenda item for the Provincial Health Assembly, and ensure that any response be part of the official provincial strategy. Members of the core team (from all sectors) should be involved in the decisions on resource allocation from central funding as these are linked with the local government investment in alcohol control (e.g., social order and road safety). Involving the Provincial Health Assembly can help shield programs from opposition and pressure from the alcohol industry and other vested interests in politics or the government.

5) The government should give more opportunity to civil society to contribute to policy discussions. The Parliament should improve application of Article 19 of the Alcohol Control Act of B.E. 2551 as to the structure of the Provincial Committee on Alcohol Control to ensure representation from civil society.

6) There needs to be trust and shared norms in the network to enable efficient and sustainable programs. The SDN should provide a forum or agenda to ensure that network members meet often and share ideas, data and lessons learned.

7) There should be a new definition of success which is results-oriented and endorsed by all concerned. The focus should be on reduced consumption of alcohol and abstinence for those who have an addiction. This re-definition can be disseminated along with the strategic plans so there is uniform understanding.

### **5.3.2 Academic**

Thai academics in the field of Public Administration should contribute to the store of knowledge that reflects a change in the ‘Governance Paradigm.’ In particular, the study on Public Management Theory should emphasize more on ‘governing by network’, and Policy Implementation should expand the concept to include ‘New Public Governance.’ Finally, Organizational Theory should focus more on ‘inter-organizational relations’.

### **5.3.3 Future Research**

1) This study defined high-risk provinces for alcohol abuse based on the Provincial Alcohol Problem Index which was developed as part of the 2011 National Survey of Smoking and Drinking by the NSO. The values for this index are probably dated. Future research should build upon an up-dated study by the NSO or other method to ensure relevance of the study for the current situation in a given province. It would be extremely valuable for evaluation purposes to measure the index on a regular basis to produce a time series of data points.

2) The researcher feels it would be most useful if the HPR, the CAS, and the SDN created a pilot site to test out different strategic policies before they become nationalized. These pilot sites would be evaluated from the very first stage of Program Theory and clarify the role of different variables in success and failure (Lipsey, 1997). This would be a form of formative evaluation to improve and refine implementation (Frechtling, 2007). The findings from the pilot site could then be used to inform the selection of measures as part of a more effective and efficient strategy.

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## **APPENDICES**

## **Appendix A**

### **Guidelines for Semi-Structured Interview and Guidelines for Focus Group Discussion**

#### **Part 1: Measures to Combat Alcohol Abuse of Networks**

- 1) Defining measures
  - What measures are used to combat alcohol abuse?
  - How are these measures defined? Do you follow guidelines from past implementation? Is it from lessons learned or do you think them up anew? Is it from consultative meetings or from the analysis of factors and evaluation of the situation and application of the strategic policy on alcohol?
  - What are the criteria of selection?
  - Who was involved in defining measures to combat alcohol abuse
- 2) Prioritizing measures
  - What are the activities under each measure? How many and how often?
  - Who are the target populations for which activities? Which are the priority target groups and were they involved in planning or implementation?
  - Where were the measures implemented: province-wide or local?

#### **Part 2: Process of Networks to Combat Alcohol Abuse**

- 1) Origin of the network and lead agency
  - When was the network formed, by whom?
  - What is the objective of the network?
  - Before, what was the method of implementing the response to alcohol abuse?
  - Who/what groups were involved then?

- Did the government support the network? Was membership voluntary or by government directive?
  - What is the structure and roles of network members?
  - Who is the focal point for coordination and are they followed?
- 2) Joint network
- Did members of the network know each other before?
  - Did the members get together on their own before this? What public activities did they do?
  - Why was the network formed?
- 3) Participation
- What is the process for planning and programming activities to combat alcohol abuse?
  - Do the members brainstorm and decide together? How much or how little?
  - How much collaboration is there in implementation?
  - Is there shared responsibility for the results of implementation?
- 4) Reciprocal dependence
- How much reciprocal dependence is there and among whom?
  - Are the assets of certain members brought to bear on the work?
  - How do members respond when there is a request for collaboration?
  - Is there much sharing of information and data among members?
- 5) Communication and coordination
- What is the model of coordination and communication among members?  
Is it formal or informal? Which method works better?
  - How collaborative is the communication and coordination or meetings?  
How regular are meetings held?
- 6) Allocation and sharing of resources
- What is the source of budget to combat alcohol abuse?
  - Is there mobilization of resources from/by the members?
  - Is the budget adequate? If not, what do you do?
  - How is budget allocated to the various activities? Which gets the most funding?
  - Other than cash funding, what other resources are mobilized?

- How do the members contribute resources to the effort? Is there an exchange of contributions?
- 7) Institutional pressure and the contextual environment
- Are there external forces which impact on implementation or which require a change in plans?
  - What methods does the network use to manage external forces?
- 8) Other issues
- Is the collaboration harmonious or is there some conflict at times? If there is conflict, how is that resolved?
  - Are there problems in implementation which could not be solved? How so?
  - Has the network expanded in order to sustain the network in the future?

### **Part 3: Success or Failure of Networks to Combat Alcohol Abuse**

- 1) What would be the indication of success or failure of the network to combat alcohol abuse?
- 2) Do you think that a network approach to combatting alcohol abuse can work? How would you evaluate success? What role do the following play as causes of harmful drinking:
  - Social values which accept the drinking culture
  - Physical access to alcohol
  - Promotion of consumption of alcoholic beverages
- 3) Can a network approach reduce the situation of consumption alcoholic beverages that leads to risk? What would be an evaluation indicator of success in consideration of the following:
  - Prevalence of adult drinkers
  - Proportion of regular drinkers
  - Proportion of binge drinkers
  - Proportion of drink drivers
  - Prevalence of underage drinkers
- 4) What other ideas or suggestions do you have for combatting alcohol abuse?

## Appendix B

### Questionnaire

#### Definition of Terms

Alcoholic beverages refer to all types of spirits, beer, wine, and local brews.

#### Part 1: Knowledge and Attitude toward Combatting Alcohol Abuse in the Locality:

1. (Jul. '16-Jun. '17) Have you Ever Heard/Seen activities to combat alcohol abuse in the province?

( ) Ever Heard/Seen about alcohol abuse (*If no, skip to Item 3*)

( ) What Activities? (*multiple response allowed*)

1) Buddhist Lent abstinence

2) alcohol-free special events

*Public campaigns*

3) Alcohol-free concerts and sports events

4) Model villages and public spaces that are alcohol-free zones

5) Education on the dangers of drinking alcohol

*Education*

6) Education on laws related to alcohol

7) Forbid alcohol consumption in the locality

8) Forbid alcohol sales in the locality

9) Enforce liquor laws at shops and entertainment places

10) Control of advertising and promotion of alcohol

*Law enforcement*

11) Drink driving check-points

12) Arrest makers of illegal liquor and tax-evaders

13) Screening to identify high-risk drinkers

*Health services*

14) Treatment for alcohol dependency

15) Other, specify.....

2. For those who cited Activities 1-6 (public campaigns and education) Did those activities make you more concerned about the need to reduce drinking alcohol?
- ( ) Level of effect             Start to follow advice             Practice behavior  
 Practice behavior and advise others to do so
- ( ) No effect because I am already concerned about the problem or abstain myself
- ( ) No effect, no concerne. Why? (*multiple response allowed*)
- 1) Drinking is normal
  - 2) Alcohol is essential for celebrations
  - 3) Drinking doesn't affect others in society; it is a personal choice
  - 4) Drinking isn't harmful to me
  - 5) I don't care; I like to drink
  - 6) Public campaigns and education are only half-hearted
  - 7) Public campaigns and education ไม่ดีพอที่จะทำให้เกิดระหนัก
  - 8) Other, specify.....
3. What do you think should be done to combat alcohol abuse in this province?
- 1) .....
- 2) .....
- 3) .....

**Part 2: Access to and Advertising to Promote Sales of Alcoholic Beverages**

Question	Survey Round (Jul. '16-Jun. '17)	Year before Survey (Jul. '15-Jun. '16)	Change comparing the Survey Round with the Year before the survey
4. How easy is it for you to leave your domicile and find a place to buy alcohol?	<input type="radio"/> Easy <input type="radio"/> Difficult <input type="radio"/> Unsure	<input type="radio"/> Easy <input type="radio"/> Difficult <input type="radio"/> Unsure	<input type="radio"/> Harder <input type="radio"/> The same <input type="radio"/> Easier <input type="radio"/> Unsure
5. How easy is it for you to leave your domicile and find a place to sit and drink alcohol?	<input type="radio"/> Easy <input type="radio"/> Difficult <input type="radio"/> Unsure	<input type="radio"/> Easy <input type="radio"/> Difficult <input type="radio"/> Unsure	<input type="radio"/> Harder to find an on-premises place <input type="radio"/> The same <input type="radio"/> Easier to find an on-premises place <input type="radio"/> Unsure

Question	Survey Round (Jul. '16-Jun. '17)	Year before Survey (Jul. '15-Jun. '16)	Change comparing the Survey Round with the Year before the survey
6. Have you ever bought alcohol outside legal hours? If so, where did you go to buy it?	<input type="checkbox"/> Yes from..... <input type="checkbox"/> Never allowed <input type="checkbox"/> Never bought <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes from..... <input type="checkbox"/> Never allowed <input type="checkbox"/> Never bought <input type="checkbox"/> Unsure	<input type="checkbox"/> It's not possible <input type="checkbox"/> After hours sales have decreased/stopped <input type="checkbox"/> After hours sales are the same <input type="checkbox"/> After hours sales have increased <input type="checkbox"/> Unsure
7. Have you ever seen/heard advertising of alcoholic beverages, e.g., on posters, spots on radio or TV, etc.?	<input type="checkbox"/> Ever heard/seen <input type="checkbox"/> Never <input type="checkbox"/> Unsure	<input type="checkbox"/> Ever heard/seen <input type="checkbox"/> Never <input type="checkbox"/> Unsure	<input type="checkbox"/> Never heard/seen before <input type="checkbox"/> Heard/seen less or not at all <input type="checkbox"/> Heard/seen the same <input type="checkbox"/> Heard/seen more <input type="checkbox"/> Unsure
8. Have you even seen alcohol promotion activities at special events, e.g., booths, handouts, etc.?	<input type="checkbox"/> Ever seen <input type="checkbox"/> Never <input type="checkbox"/> Unsure	<input type="checkbox"/> Ever seen <input type="checkbox"/> Never <input type="checkbox"/> Unsure	<input type="checkbox"/> Never seen <input type="checkbox"/> Seen less or not at all <input type="checkbox"/> Seen the same <input type="checkbox"/> Seen more <input type="checkbox"/> Unsure
9. Have you ever seen alcoholic beverages logos at fairs/festivals in the province?	<input type="checkbox"/> Ever seen <input type="checkbox"/> Never <input type="checkbox"/> Unsure	<input type="checkbox"/> Ever seen <input type="checkbox"/> Never <input type="checkbox"/> Unsure	<input type="checkbox"/> Never seen <input type="checkbox"/> Seen less or not at all <input type="checkbox"/> The same <input type="checkbox"/> More <input type="checkbox"/> Unsure

### Part 3: Consumption of Alcoholic Beverages

10. (Jul. '16-Jun. '17) Have you consumed alcoholic beverages?

Never consumed in life (*skip to Part 4*)

Yes, but quit in (year).....

Rank the 3 top reasons why you quit (*after answering, skip to Item 18.*)

..... 1) Because of a campaign

..... 2) Education about dangers

..... 3) Harder to afford/access

..... 4) Harder to find a place to sit and drink

..... 5) Alcoholic beverages are too costly

..... 6) Sought counseling and treatment

..... 7) Waste of money

..... 8) I was getting sick from drinking

..... 9) No drinking buddies

..... 10) Family or loved ones asked me to quit

..... 11) It was too painful to drink

..... 12) I never really liked drinking

..... 13) I made a pledge to quit

..... 14) There are too many police check points

..... 15) Other, specify

Consumed

11. Distance in travelling to the preferred off-premises alcohol outlet in meters

..... meters  Never buy

12. Time in travelling to the preferred off-premises alcohol outlet in minutes

..... minutes  Never buy

13. distance in travelling to the preferred on-premises alcohol outlet in meters

..... meters  Never sat/drunk

14. Time in travelling to the preferred on-premises alcohol outlet om minutes

..... minutes  Never sat/drunk

15. (Jul. '16-Jun. '17) How often do you consume alcoholic beverages?
- ( ) Daily (7 days per week)                      ( ) Nearly daily (5-6 days per week)
- ( ) Every other day (3-4 days per week)      ( ) Weekly (1-2 days per week)
- ( ) Monthly (1-3 days per month)              ( ) Seldom (less than monthly)
16. (Jul. '16-Jun. '17) Have you ever drank to excess at one sitting? (e.g., Spirits ¼ large bottles, Beer 4 cans, Wine/Champagne 1 large bottle or 4 wine glasses)
- ( ) Never
- ( ) Yes, how often?
- Daily (7 days per week)                      ○ Nearly daily (5-6 days per week)
- Every other day (3-4 days per week)      ○ Weekly (1-2 days per week)
- Monthly (1-3 days/month)                  ○ Seldom (< monthly)
17. (Jul. '16-Jun. '17) Have you ever consumed alcoholic beverages and then drove a motor vehicle?
- ( ) Never
- ( ) Yes, How often?      ○ Regularly              ○ Sometimes
- Have the police ever stopped you to check for alcohol?
- Never      ○ Yes..... # times and ever fined.....# times
18. Year before Survey (Jul. '15-Jun. '16) Did you consume alcoholic beverages?
- ( ) Consumed                      ( ) Did not consume (*skip to Part 4*)
19. Year before Survey (Jul. '15-Jun. '16) How often did you consumed alcoholic beverages?
- ( ) Daily (7 days per week)                      ( ) Nearly daily (5-6 days per week)
- ( ) Every other day (3-4 days per week)      ( ) Weekly (1-2 days per week)
- ( ) Monthly (1-3 days/month)                  ( ) Seldom (<monthly)
20. Year before Survey (Jul. '15-Jun. '16) Did you drink heavily at one sitting?
- ( ) Never
- ( ) Yes, how often
- Daily (7 days per week)                      ○ Nearly daily (5-6 days per week)
- Every other day (3-4 days per week)      ○ Weekly (1-2 days per week)
- Monthly (1-3 days/month)                  ○ Seldom (< monthly)

21. Year before Survey (Jul. '15-Jun. '16) Did you consume alcoholic beverages before driving a motor vehicle?

Never

Yes, How often?       Regularly       Sometimes

Have the police ever stopped you to check for alcohol?

Never       Yes..... # times and ever fined.....# times

22. When comparing (Jul. '16-Jun. '17) with the year before Survey (Jul. '15-Jun. '16) Has your drinking changed?

Consumed more       Consumed the same       Did not consume at all

consumed less/quit consumed. Those who consumed less or quit: What are the top 3 reasons for drinking less? (**Rank # 1, 2, 3**)

- ..... 1) Campaign to reduce/quit
- ..... 2) Education on dangers
- ..... 3) Harder to buy
- ..... 4) Harder to find a place to sit and drink
- ..... 5) Alcohol is too expensive
- ..... 6) Received counseling and treatment
- ..... 7) A waste of money
- ..... 8) Drinking harmed my health
- ..... 9) No drinking buddies
- ..... 10) Family/loved ones asked me to quit
- ..... 11) It hurt too much to drink
- ..... 12) I didn't really like to drink anyway
- ..... 13) I made an abstinence pledge .
- ..... 14) Too many police checkpoints
- ..... 15) Other, specify .....

## 23. Comparing (Jul. '16-Jun. '17) with the year before the Survey (Jul. '15-Jun. '16)

Drink driving: Did your behavior change?

More often  The same  Never  Reduced or quit drink driving

Top three reasons for reduced or quitting drink driving (*1 2 and 3*)

..... 1) Campaigns (safe roads).

..... 2) Reduced consumption and, therefore less chance

..... 3) More police checkpoints

..... 4) Saw or had bad experience

..... 5) Friends quit doing it or asked me to quit

..... 6) Family/loved ones asked me to quit

..... 7) There were taxis or a sober driver

..... 8) Changed to drinking at home or where driving not needed

..... 9) My own decision

..... 10) Other, specify .....

#### Part 4: General Information of Respondent

## 24. Sex

Male  Female

## 25. Age.....years

## 26. Marital status

Single  Married  Divorced/widowed

## 27. Children

None  Number of...

## 28. Highest education attained

None  Primary  Lower high school

Upper high school  Lower vocational  Higher vocational

Associated arts  Bachelor's  Higher than bachelor's

## 29. Occupation

- Government/state enterprise     Private company workers  
 Merchant/retailer     Self-employed/business owner  
 Laborer/wage labor     Retired  
 Agriculture/fisheries     Professional  
 Student     Unemployed  
 Other, specify .....

## 30. Monthly income (baht)

- ≤ 5,000     5,001-10,000     10,001-20,000  
 20,001-30,000     30,001-40,000     40,001-50,000  
 50,000+

## 31. Place of residence (District) ..... (Province).....

## 32. Currently residing in:

- Urban area     Rural area

## 33. Number of years the network has been operational.....

(the researcher answers)

<i>Thank you for your participation</i>
---

## Appendix C

### General Information of Respondents

No.	General information	Lampang		Sisaket		Kamphaengphet		Chaiyaphum		Total	
		n	%	n	%	n	%	n	%	n	%
<b>Sex</b>											
1	Male	166	41.3	190	48.1	166	41.0	182	45.7	704	44.0
2	Female	236	58.7	205	51.9	239	59.0	216	54.3	896	56.0
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	<b>1,600</b>	<b>100.0</b>
<b>Age</b>											
1	15-19 years	19	4.7	25	6.3	30	7.4	12	3.0	86	5.4
2	20-29 years	34	8.5	34	8.6	50	12.3	25	6.3	143	8.9
3	30-39 years	29	7.2	53	13.4	53	13.1	57	14.3	192	12.0
4	40-49 years	73	18.2	93	23.5	90	22.2	95	23.9	351	21.9
5	50-59 years	105	26.1	103	26.1	90	22.2	93	23.4	391	24.4
6	60 years or more	142	35.3	87	22.1	92	22.8	116	29.1	437	27.4
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	<b>1,600</b>	<b>100.0</b>
<b>Marital status</b>											
1	Single	69	17.2	52	13.2	75	18.5	41	10.3	237	14.8
2	Married	304	75.6	312	79.0	307	75.8	349	87.7	1272	79.5
3	Divorced/widowed	29	7.2	31	7.8	23	5.7	8	2.0	91	5.7
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	<b>1,600</b>	<b>100.0</b>
<b>Children</b>											
1	None	82	20.4	73	18.5	97	24.0	44	11.1	296	18.5
2	Yes	320	79.6	322	81.5	308	76.0	354	88.9	1304	81.5
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	<b>1,600</b>	<b>100.0</b>
<b>Highest education</b>											
1	Never	19	4.8	7	1.9	16	4.0	1	0.3	43	2.7
2	Primary	177	44.0	221	55.9	234	57.7	193	48.4	825	51.5
3	Lower high school	75	18.7	54	13.7	68	16.7	119	29.8	316	19.7
4	Upper high school	52	12.9	55	13.9	46	11.4	60	15.1	213	13.3
5	Lower vocational	11	2.7	12	3.0	12	3.0	10	2.5	45	2.8
6	Upper vocational	22	5.5	12	3.0	6	1.5	4	1.0	44	2.8
7	Associated arts	2	0.5	2	0.5	2	0.5	0	0.0	6	0.4
8	Bachelor's	37	9.2	27	6.8	21	5.2	7	1.8	92	5.8
9	Higher	5	1.2	5	1.3	0	0.0	1	0.3	11	0.7
10	Unspecified	2	0.5	0	0.0	0	0.0	3	0.8	5	0.3
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	<b>1,600</b>	<b>100.0</b>

No.	General information	Lampang		Sisaket		Kamphaengphet		Chaiyaphum		Total	
		n	%	n	%	n	%	n	%	n	%
<b>Occupation</b>											
1	Govt/state enterprise	12	3.1	17	4.4	7	1.8	4	1.0	40	2.5
2	Company employee	13	3.2	11	2.8	11	2.7	2	0.5	37	2.3
3	Merchant/retail	78	19.4	63	15.9	65	16.0	100	25.1	306	19.1
4	Self-employed	17	4.2	17	4.3	15	3.7	8	2.0	57	3.6
5	Laborer	64	15.9	46	11.6	72	17.8	78	19.6	260	16.3
6	Retired	27	6.7	4	1.0	7	1.7	10	2.5	48	3.0
7	Agriculture/fisheries	85	21.1	180	45.6	132	32.6	161	40.5	558	34.9
8	Professional	1	0.2	1	0.3	3	0.7	0	0.0	5	0.3
9	Student	20	5.0	25	6.3	38	9.4	15	3.8	98	6.1
10	Unemployed	36	9.0	10	2.5	36	8.9	19	4.8	101	6.3
11	Home-maker	49	12.2	21	5.3	19	4.7	1	0.2	90	5.6
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	<b>1,600</b>	<b>100.0</b>
<b>Monthly income (baht)</b>											
1	<= 5,000	173	43.1	165	41.8	169	41.7	88	22.1	595	37.2
2	5,001-10,000	167	41.6	142	35.9	180	44.4	249	62.6	738	46.1
3	10,001-20,000	41	10.2	45	11.4	42	10.4	40	10.1	168	10.5
4	20,001-30,000	12	3.0	23	5.8	8	2.0	7	1.8	50	3.1
5	30,001-40,000	2	0.5	8	2.0	0	0.0	2	0.5	12	0.8
6	40,001-50,000	3	0.7	3	0.8	2	0.5	2	0.5	10	0.6
7	50,000+	1	0.2	4	1.0	3	0.7	1	0.3	9	0.6
8	Unspecified	3	0.7	5	1.3	1	0.2	9	2.3	18	1.1
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>99.9</b>	<b>398</b>	<b>100.2</b>	<b>1,600</b>	<b>100.0</b>
<b>Area of residence</b>											
1	Urban	162	40.3	67	17.0	115	28.4	65	16.3	409	25.6
2	Rural	240	59.7	328	83.0	290	71.6	333	83.7	1191	74.4
	<b>Total</b>	<b>402</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>	<b>1,600</b>	<b>100.0</b>

## **BIOGRAPHY**

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