

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Alcohol Policy Process in Thailand

A thesis presented in partial fulfilment of the requirements for the degree of Doctor of Philosophy at Massey University, Auckland, New Zealand.

Thaksaphon Thamarangsi

Rule 22.28A.1

2008

Abstract

The thesis describes and analyses the Thai alcohol policy process in the period 1997-2006, in order to investigate the characteristics and areas for potential improvement of the Thai alcohol policy process. The analysis used several extant public policy models. The models covered three aspects of the process at the macro level: stages of development, the characteristics and behaviours of major policy players, and the policy context. At the micro level the analysis employs concepts of agenda setting, policy formulation, policy implementation, monitoring and evaluation, stakeholder relationships and policy context. Information on Thai alcohol policy was collected from two sources: secondary data included official documents, literature, technical publications and mass media; primary data was collected through stakeholder interviews.

Thai alcohol policy, during this period became more comprehensive and more oriented to public health. Problem-reduction values gained momentum while economic values remained significant. Thai policy stakeholders focused on the formulation process, while implementation, monitoring and evaluation were neglected. Limited resources, human capacity and ineffective management exacerbated this situation. Incrementalism characterised Thai alcohol policy formulation; existing policy or the policy precursor was very important to the decisions made. Limitations in the availability, accuracy and utilisation of knowledge about alcohol consumption, related problems and alcohol policy also affected the process.

The Thai alcohol policy process became a more open public policy sphere for stakeholders. Many new players made major contributions to the process. The mechanisms stakeholders use to influence policy have become more complex and included: technical knowledge, the use of mass media and civil movements, and coordination among stakeholders. A centralised bureaucratic administration and personal and institutional interests are critical features for official stakeholders, while connection to high ranking officials and representation in the process are significant for interest groups. The Thai cultural context had a crucial impact on the alcohol policy process; cultural features which are not explicitly covered in the Western policy models

utilised include cronyism, relationships, representation, commitment, negligence, and compromise. These characteristics make the Thai alcohol policy process difficult to fully explain in terms of the available public policy theories.

To

Dr.Yoshiki Nishikawa and Dr.Yongyuth Kajorntham

Two doctors whose entire life is dedicated to other people

Acknowledgements

This work would not have been possible without the support and encouragement of many people. First of all, I would like to thank my supervisors and colleagues at the centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University. My supervisors, Professor Sally Casswell and Dr. Timothy McCreanor, have tirelessly advised, coached and encouraged me in my learning process. I would like to acknowledge the help of Lisa Morice, Oscar Casswell-Laird and Michelle Jackson in editing this thesis, as well as Jan Sheeran for administrative support. I would like to express my gratitude to Sally Liggins and Allan Wyllie, who offered me accommodation during my stay in New Zealand. I would like to thank Benny, Joanne, Lilian, Kevin and Roseanne of the Kim family for their friendship. New Zealand has given me a magnificent life experience in a most beautiful country, Kia ora.

My research could not have begun without the support and help of my Thai employers and colleagues. Dr. Suwit Wibulpolprasert of the Ministry of Public Health and Dr. Viroj Tangchareonsathien the Director of the International Health Policy Program (IHPP) are two people who gave my career life. I would like to thank Dr. Supakorn Buasai and Dr. Supreda Adulyanon of the Thai Health Promotion Foundation, and Dr. Bundit Sornphaisarn of the Center of Alcohol Study who provided me with the opportunity to work in alcohol policy. My study was made much easier with the helping hands from my IHPP colleagues. To name a few, they are Dr. Sripen Tantivess, Dr. Siriwan Pitayarangan, Dr. Kanitta Bundhamchareon, and Jarinporn Kongsrijan. I would also like to thank the many key informants who kindly allowed me to interview them. Your generosity is much appreciated.

I cannot finish without thanking my family, whose encouragement and love are the wind beneath my wings. During these years, I have not contributed as much as a good son, husband and father should. I promise to pay you back. Duangnuan Thamarangsi-my super mom, Suleeporn Thamarangsi-my wonderful wife, Daosattha Magnolia Thamarangsi and Satharanasuk Florence Thamarangsi my two little princesses; please know that I will always love you.

Table of Contents

Abstract	i
Acknowledgements	iv
Table of Contents	v
List of Tables.....	viii
List of Figures	ix
Abbreviation list.....	xi
Chapter 1: Why alcohol?.....	1
1.1 Alcohol and its impacts.....	2
1.2 Alcohol consumption	9
1.3 Why study?	16
Chapter 2: Public policy analysis.....	19
2.1 Public policy	19
2.2 Objectives.....	20
2.3 Methodology	21
2.4 Policy context.....	23
2.5 Policy actors.....	24
2.6 Public policy process.....	28
2.7 Analytical framework.....	36
2.8 Conclusion	36
Chapter 3: Alcohol Policy: An overview	39
3.1 Introduction.....	39
3.2 Alcohol policy definition	40
3.3 Alcohol policy objectives.....	42
3.4 Alcohol policy classification.....	42
3.5 Alcohol policy comprehensiveness.....	44
3.6 Effectiveness of alcohol policy	45
3.7 Cost-effectiveness of alcohol policies.....	49
3.8 Conclusion	53
Chapter 4: Controversy in alcohol policy	55
4.1 Values in alcohol policy.....	56
4.2 Scale of alcohol-related problems.....	58
4.3 Governmental eligibility	59
4.4 Target groups & intermediate mechanisms.....	61
4.5 Acceptability for alcohol consumption	62
4.6 Conclusion	64
Chapter 5: Thai Alcohol Policy	67
5.1 Thailand-in brief.....	67
5.2 Alcohol Consumption	75
5.3 Alcohol Policy Development & Context 1997-2006.....	80
5.4 Alcohol Policy Interventions	93
5.5 Conclusion	108
Chapter 6: Agenda Setting	111
6.1 Introduction.....	111
6.2 Problem structuring process.....	113
6.3 Issue Recognition	120

6.4 Conclusion	130
Chapter 7: Policy Formulation.....	131
7.1 Introduction.....	131
7.2 Macro level decision	132
7.3 Specific policy decision	147
7.4 Conclusion	158
Chapter 8: Policy implementation.....	161
8.1 Introduction.....	161
8.2 Policy implementers.....	163
8.3 Implementation aspects of policy content.....	169
8.4 Administration of policy implementation	175
8.5 Influence of sectors subject to enforcement.....	182
8.6 Implementation context.....	187
8.7 Conclusion	189
Chapter 9: Alcohol policy evaluation	191
9.1 Introduction.....	191
9.2 Thai Alcohol Policy monitoring and evaluation process	194
9.3 Difference in policy evaluation process: analysed from three case studies.....	202
9.4 Conclusion	205
Chapter 10: Stakeholders in Thai alcohol policy	207
10.1 Introduction.....	207
10.2 Government Executives	211
10.3 Economic Public sectors	223
10.4 The Ministry of Public Health	235
10.5 Other formal and public stakeholders	244
10.6 Alcohol industry.....	248
10.7 Traditional beverage producers.....	279
10.8 Other private sectors	284
10.9 Thai Health Promotion Foundation and partners.....	286
10.10 Civil society and other NGOs	305
10.11 Public media.....	311
10.12 Professionals	315
10.13 Other informal stakeholders.....	319
10.14 Conclusion	323
Chapter 11: Policy Context.....	325
11.1 Introduction.....	325
11.2 Structural context	327
11.3 Situational context.....	333
11.4 Cultural context.....	338
11.5 Environmental context	343
11.6 Conclusion	347
Chapter 12: Lessons learned from Thai alcohol policy process	349
12.1 Ten characteristics of the Thai alcohol policy process	349
12.2 From theory to reality	370
12.3 Room for improvement.....	387
12.4 Conclusion	376
Appendix A: Interview guideline.....	377
Appendix B: Chronicle of Thai alcohol policy development 1997-2006	380

Appendix C: Case studies for alcohol policy agenda setting process.....	387
Appendix D: Case studies for alcohol policy formulation.....	398
Appendix E: Case studies for alcohol policy implementation.....	440
Appendix F: Thai alcohol policy evaluation.....	461
Bibliography.....	500

List of Tables

Table 1-1: Components and distribution of the cost of alcohol abuse in the USA 1998.....	8
Table 1-2: Economic costs of alcohol in Thailand 2006	8
Table 3-1: Effectiveness, research support, and cost estimation of alcohol policies.....	48
Table 3-2: Costs and benefit of 6 strategies.....	50
Table 3-3: Ranking of 7 strategies by cost-effectiveness for 12 WHO sub-regions	50
Table 3-4: The cost-effectiveness of alcohol policy interventions in the <i>Contextualization of WHO-CHOICE for Thailand</i>	52
Table 3-5: Cost, effectiveness and cost-effectiveness for SEARO B, and comparable average cost-effectiveness for SEARO B and Thailand (in international dollars)	52
Table 5-1: Law categories in Thai system.....	71
Table 5-2: Drinker prevalence in the general population by age group (1991, 1996, 2001 and 2004)	76
Table 5-3: Consumption volume per drinking occasion (ml. of pure alcohol) among drinkers in Lopburi Province, 1997	78
Table 5-4: Percentage of drinkers by drinking frequency in 1996, 2001 and 2004.....	78
Table 5-5: Alcohol beverage categories under the Liquor Act 1950.....	81
Table 5-6: Excise taxation rates on alcoholic beverages	96
Table 5-7: Current excise tax on selected brands (actual levied amount in bold).....	97
Table 5-8: Summary of alcohol advertising regulations.....	105
Table 5-9: Alcohol policy interventions and the main responsible agencies.....	108
Table 7-1: Declared objectives for excise tax rate adjustments, 1950-2003	133
Table: 7-2: Alcohol policy decisions made during 1997-2006.....	148
Table 7-3: The policy decisions that repeat already adopted policies	149
Table 8-1: Major implementers of Thai alcohol policy interventions	164
Table 9-1: Alcohol-related national and sub-national surveys	199
Table 10-1: Major stakeholders in Thai alcohol policy process.....	210
Table 10-2: Organisational structure of RSMC, NACCC and ThaiHealth	218
Table 10-3: Role of the Ministry of Public Health 1997-2006.....	239
Table 10-4: Some leading beverage brands by operators, and beer market value by brands (2005, Billion Baht).....	251
Table 10-5: Key people in SAOs.....	274
Table 10-6: ThaiHealth Alcohol Consumption Control program budget for 2006	291
Table 10-7: Alcohol policy stakeholders, interests, and significance in policy stages.....	322
Table 10-8: Main positions of major stakeholders on alcohol policy intervention	323
Table 11-1: Significant context to Thai alcohol policy process (1997-2006)	346
Table 12-1: Comparison of Thai alcohol policy interventions 1997 and 2006	354
Table C-1: Summary of the agenda setting process of three case studies	397
Table D-1: Tax rates before and after 2005 adjustment	400
Table D-2: Development of advertising regulation	423
Table D-3: Comparison between 2003 and 2006 advertising regulation formulations	439
Table E-1: Standard Ex-factory beer prices	441
Table E-2: Number of licensed producers, by type (1998-2005).....	441
Table F-1: Percentage of alcohol regulation awareness among adult population, 2004	463
Table F-2: Additional tax burden from 2001 tax raise and retail price of some selective beverages (unit: Baht), 2000-2002.....	479
Table F-3: Excise tax and tax per litre of pure alcohol (Baht) for some selective brands [as of August 2007]	481
Table F-4: Alcohol revenue targets and achievement, million Baht (1997-2006 fiscal years)	484

List of Figures

1-1: Per capita consumption in some Asian countries 1961-2001	11
2-1: Analytical framework	36
3-1: Alcohol policy interventions in the different phases of alcohol-related harm development	44
3-2: Contents of alcohol policy	45
3-3: Average Cost effectiveness ratio of five single interventions for SEARO B and Thailand.....	53
4-1: Incompatibility between health and industrial interests in alcohol policy and preferences on fundamental controversial issues.....	65
5-1: Thai Administrative System under the Constitution B.E.2540	71
5-2: Ministry Hierarchy and responsible officers	72
5-3: Thai drinker prevalence by gender and age group in 2004	76
5-4: Thai Adult Per capita Consumption by type of beverages 1961-2001	77
5-5: Value of imported beverages from ASEAN countries, 2000- 2004	87
5-6: Volume of imported beverages and percentage of total beverage volume, 1994-2005	88
5-7: Actual excise taxation rate for beer (1950-2006)	98
5-8: Actual excise taxation rate for White spirits (1950-2006)	98
5-9: Actual excise taxation rate for Special blended spirits (1950-2006).....	99
7-1: Analytical framework for policy formulation process.....	132
8-1: Analytical framework for alcohol policy implementation.....	163
9-1: Conceptual framework on alcohol policy evaluation process	193
10-1: Conceptual framework on stakeholder analysis	211
10-2: Percentage of market share among distilled beverage operators, 1999.....	249
10-3: Percentage of production and imported volume by beverage categories, 2005 ..	249
10-4: Marketing system of Sangsom group	268
10-5: Movements of the hospitality businesses against the ACC Bill	286
10-6: ThaiHealth budget, production volume of beer and spirits and tobacco, 2002-2006 fiscal years.....	291
10-7: Movements of SDN	305
10-8: Movements of religious groups	311
11-1: Policy context analytical framework	327
D-1: Formulation process of 2003 advertising regulation	414
D-2: Formulation process of 2006 advertising regulation	419
D-3: Demonstrations to support alcohol advertising regulation	436
E-1: Beer production and tax, January 2005-September 2006	445
E-2: Beverage volume of arrested case by beverage types, October 2003-July 2004 ..	447
E-3: Average purchased price of selected whisky brands, 2005	447
E-4: Arrest of illegal beverages relocation in Phrae Province.....	449
E-5: A compromised drink-driving campaign from an alcohol company	457
E-6: Number of road accident cases caused by alcohol intoxication	459
F-1: Domestic production volume of beer, White spirits, all spirits and wine, and total production, 1997-2006 fiscal years.....	464
F-2: Consumption per capita, 1995-2005	464
F-3: Volume of Special spirits production and imported beverages, 1995-2005	465
F-4: Percentage of drinkers in population, by drinking frequency, 1996-2004.....	466
F-5: Percentages of drink drivers among drinkers and severe injury motorcycle accident patients	467

F-6: Liver disease and cirrhosis mortality rate, 1990-2006.....	468
F-7: Rate of accident, road traffic morbidity and mortality rates, 1990-2002	468
F-8: Excise tax from beer and other alcoholic beverages, 1996-2006.....	469
F-9: Production volume of taxed traditional beverages, 2003-2006.....	470
F-10: White spirits production volume, 1997-2006.....	477
F-11: Domestic beer production volume, 1997-2006	477
F-12: Surveyed retail price of Singha beer, 1986-2004.....	478
F-13: The sum of Excise tax per litre of pure alcohol	481
F-14: Standard Ex-factory price of some selective beverages and the relative Consumer Price Index, 1988-2006	482
F-15: Household alcohol expenditure, surveyed price and inflation-adjusted price, 1986-2004	485
F-16: Changes in household incomes, expenditure and alcohol expenditure compared to 1981 figures, 1986-2004	485
F-17: The retail price of White spirits 28 and Singha beer, 2000-2002	487
F-18: Activities of the Alcohol-free Buddhist lent program (2005-2007).....	489
F-19: Percentage of Alcohol-free Buddhist lent period program recognition among general population	490
F-20: Percentage of alcohol consumption refraining and reducing behaviours among drinkers.....	491
F-21: Average road traffic accident cases, 2002-2005	491
F-22: Youth consumption prevention activities, 2005-2007	494
F-23: Youth perception of addictive property for selective substances.....	496
F-24: Drinker prevalence among 15-25 years, 1991-2004	498

Abbreviation list

ACC Bill	Alcohol Consumption Control Bill
AMF	Alternative Medicine Foundation
AMRO	American region
APPA	Alcohol Problem Prevention Association
APPN	Alcohol Problem Protection Network
BAC	Blood alcohol concentration
B.E.	Buddhist Era
Boonrawd	Boonrawd Brewery
Care-4-Friend	Care-for-Friend Society
CAS	Center for Alcohol Studies
CEA	Cost-effectiveness analysis
CEO	Chief Executive Officer
CHD	Coronary Heart Disease
CIF	Cost, insurance and freight
CS	The Council of State
DALYs	Disabled Adjusted Life-Years lost
DDC	Department of Disease Control
DDD Foundation	Don't Drive Drunk Foundation
DMH	Department of Mental Health
DMS	Department of Medical Service
EAAP	European Alcohol Action Plan
ED	Excise Department
EMRO	East Mediterranean region
FACT	Federation on Alcohol Control of Thailand
FDA	Food and Drug Administration
GAPA	Global Alcohol Policy Alliance
HWA	Health Worker Association
IWSR	International Wine and Spirit Record
LCT	Lawyers Council of Thailand
MOC	Ministry of Commerce
MOF	Ministry of Finance
MOI	Ministry of Industry
MOJ	Ministry of Justice
MOPH	Ministry of Public Health
MP	Member of Parliament
MPA	Minimum Purchasing Age
NACCC	National Alcohol Consumption Control Committee
NGO	Non Government Organization
NLA	National Legislative Assembly
NSO	National Statistic Office
OCPB	Office of the Consumer Protection Board
OFP	Office of Fiscal Policy
OTOP	One Tambon, One Product project
PM	Prime Minister
PRD	Government Public Relations Department

PS	Permanent Secretary
RBT	Random Breath Testing
RDS	Rural Doctor Society
REACT	Responsible & Ethical Alcohol Consumption in Thailand
SAO	Social Aspect Organization
SDN	StopDrink Network
SEARO	South-East Asia region
TACCU	Tobacco and Alcohol Consumption Control Unit
TBPN	Traditional Beverage Producer Network
ThaiHealth	Thai Health Promotion Foundation
TTM	Thai Tobacco Monopoly
USD	The United States Dollar
WHO	World Health Organization
WPRO	Western Pacific region
YLL	Years of Life Lost