

Civil Society Participation in Drug Problem Solving in Phuket Province

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ABSTRACT

This study critically examines the role of civil society in addressing drug-related issues within the context of Phuket Province, Thailand. Employing a qualitative research design, the investigation focuses on four fundamental dimensions of participatory engagement which decision-making, implementation, benefit-sharing, and evaluation. The data of this study were obtained through semi-structured interviews with twenty respondents, including government officials, religious leaders, and representatives from the private sector. The findings highlight the significance of civil society in facilitating collaborative strategies, multi-level collaboration, and enhancing trust-based interventions. The study advocates for implementing inclusive participatory frameworks to promote sustainable, community-centered approaches to drug prevention.

Keywords: *Civil society, Public participation, Drug prevention, Multi-stakeholder collaboration, Phuket, Thailand*

1. INTRODUCTION

Drugs continue to pose significant threats across national boundaries and have emerged as substantial issues globally. Specifically in the context of Thailand, drug use remains prevalent in youngsters, despite numerous measures by the managing authorities. Drug usage hampers a country's image and affects its growth once the most potent population, which is youngsters, consumes it (Casal et al., 2025). Drug control is crucial for each country, and it is more significant for tourist countries where tourists bring a perception of the country back to their country. Thailand is one of the top tourist countries, and its Phuket Island has emerged as the economic center due to its international exposure and socio-economic complexity (Khalid et al., 2023). Therefore, this study emphasizes the importance of civil society's role in preventing and mitigating drug problems through inclusive and collaborative participation. The global drug trade, fuelled by demand and supply chains, has presented new challenges to local government (O'Gorman & Schatz, 2021).

In regions such as Phuket, the intersection of economic development, tourism, and migration has created both opportunities and vulnerabilities. Due to limited resources and bureaucratic constraints, local governments alone may not tackle the problem. Hence, civil society organizations, community leaders, and religious institutions are pivotal in implementing sustainable interventions (Sawangchai et al., 2025). In addition, historical policies such as the 'War on Drugs' campaign in Thailand during the early 2000s highlighted both the strengths and key areas to improve for the top-down enforcement. While arrests and seizures increased temporarily, the long-term impacts were questionable and often counterproductive. This raised concerns about the need for more community-rooted and human-centered strategies (Vongchak et al., 2005). By engaging civil society stakeholders, including religious figures, educators, parents, and business owners, Thailand can forge a more systematic approach to deal with the drug problems. Therefore, this study advocates that inclusive civil society engagement not only reduces drug dependency rates but also restores trust and cohesion within affected communities.

International conventions and ASEAN frameworks have urged member states like Thailand to adopt multi-stakeholder approaches to addressing drug-related issues. The complexity of the drug trade, which involves trafficking, local consumption, economic hardship, and psychological factors, necessitates multifaceted responses (Prayuda & Warsito, 2021). Phuket's unique mix of economic classes and cultural influences makes it a compelling destination for examining how civil engagement can evolve into long-term structural change. In Phuket, diverse populations, including migrant workers, indigenous communities, and transient tourists, compound the difficulty in implementing uniform drug policies. Therefore, understanding the local socio-political landscape is essential in crafting effective, community-based strategies tailored to Phuket's needs (Boonchai & Beeton, 2016).

Global trends in drug prevention have increasingly emphasized the role of local governance and community-based organizations in shaping sustainable solutions. Civil society's involvement contributes to prevention and enhances rehabilitation and social reintegration. Civil society is a crucial driver of change in policy implementation, especially in complex socio-political environments like Southeast Asia (Vuong et al., 2017). Historically, Thailand's centralization of drug policy often ignored mass feedback, resulting in mismatched priorities and reduced long-term efficacy. Phuket's context reveals a comprehensive structure where national mandates, international tourism expectations, media narratives, and socio-economic disparities influence provincial policies. By exploring civil society engagement at micro and macro levels, this study highlights significant findings that can provide valuable insights for policy and practice.

2. RESEARCH METHODS

This study is qualitative and, following the purposive sampling, twenty respondents were chosen for semi-structured interviews, including police officers, religious leaders, and business stakeholders. Thematic content analysis was employed to identify patterns and insights based on four key participation dimensions which are decision-making, implementation, benefit-sharing, and evaluation. The research design included a triangulation technique to ensure the credibility and dependability of the data (Humble, 2009). Participant selection emphasized diversity across sectors, ensuring opinions from law enforcement, religious sectors, business, and civil society were represented. Interviews were semi-structured to allow respondents to share their experiences and contextual insights in detail (Kallio et al., 2016). Data coding was done through NVivo software to identify recurring themes and analyze the obtained information. All participants provided informed consent and maintained anonymity, complying with research ethical standards. Initial coding focused on recurring keywords related to each dimension of participation. Further, the iterative and inclusive research design ensured higher reliability and relevance of findings (Maher et al., 2018). The research limitations in the interview and analysis phases include potential response bias due to the sensitive nature of drug-related discussions and access constraints in some high-risk communities. Moreover, the literature is explored to understand the findings deeply.

3. RESULTS AND DISCUSSIONS

The results highlighted that civil society significantly contributes to drug problem-solving in Phuket, decision-making processes should be strengthened through dialogue and consultation, and youth campaigns can be part of Implementation efforts. Further, communities reported material and social benefits from engagement, and evaluation mechanisms are present in pilot areas but need further improvements. A few barriers have been identified, which are a lack of coordination, limited resources, and inconsistent support from governing authorities. Community-based surveillance programs were found to discourage drug-related crimes more effectively when integrated with religious leaders' advocacy. The role of women, especially mothers and schoolteachers, emerged as influential in early intervention and counseling. Moreover, public-private partnerships are essential to enhance access to rehabilitation services. Findings revealed that urban communities have better access to formal structures, but rural areas rely heavily on informal social networks.

Another critical finding was the perceived legitimacy of civil actors compared to governmental officers. Communities trusted local leaders more enthusiastically, enabling better information sharing and peer monitoring. In Muslim communities in particular, Imams play a pivotal role in redirecting unprotected youth through religious education and community reintegration. Furthermore, some local entrepreneurs offer vocational training as an alternative pathway for former addicts, which helps reduce stigma and fosters reintegration. Such integrated efforts reflect the potential of civil society to serve in combating social issues like drug abuse.

One example of success was the initiative in Rawai Subdistrict, where local mosques and temples partnered with NGOs and schools to enforce curfews and provide alternative after-school programs, and this initiative reduced drug incidents significantly. In Patong, a high-tourist area, the challenge was balancing economic interests with drug enforcement. Bar owners and entertainment venue managers collaborated with municipal officers to enforce non-alcoholic youth zones and sponsor rehabilitation workshops. Another notable case involved Buddhist monks hosting weekly therapy sessions for recovering addicts, cultivating spiritual resilience.

Contrarily, areas with weak civil engagement face stagnant progress, reinforcing the argument that community collaboration is essential for sustained impact. Findings showed variation in participation effectiveness depending on leadership stability, religious cohesion, and existing civic structures. For example, districts with active health volunteer networks reported higher policy compliance and community engagement levels. Meanwhile, urban districts like Kathu struggled with inconsistent participation due to high population turnover. In-depth interviews also revealed that trust in local government strongly influences the citizen participation levels. Barriers to engagement included a lack of feedback mechanisms and insufficient recognition of community efforts. These findings of this study

emphasize the importance of institutional transparency, inclusive governance, and culturally resonant communication in policy success. Emerging models such as peer-to-peer support initiatives and local radio broadcasting of awareness programs are also important.

4. CONCLUSION

Civil society participation in addressing drug problems in Phuket is essential. Empowered communities demonstrate higher resilience, innovation, and ownership in drug prevention strategies (Midford, 2010). Future policy should focus on formalizing participatory structures, capacity-building, and long-term funding for grassroots initiatives. Civil society in Phuket has not only complemented governmental efforts but, in many cases, led community-centric approaches to drug deterrence. Integrating traditional knowledge, spiritual guidance, and peer support has created resilient micro-systems within high-risk communities. Policy implications from this research include institutionalizing participatory budgeting for anti-drug campaigns and incorporating civil society into provincial drug policy committees. Furthermore, education and awareness campaigns must be tailored to local dialects and cultural practices to maximize outreach. Future research should explore the longitudinal impacts of community engagement on behavioral change in drug use patterns. Instead of viewing civil society as a supplement to official operations, policymakers must begin to consider these groups as equal stakeholders. Civil society can drive innovation in public health initiatives through collaboration, respect, and shared goals, especially in complex and culturally sensitive areas like drug prevention (Smith et al., 2016). Furthermore, international models such as Portugal's decriminalization approach or Colombia's community policing practices could provide valuable lessons adaptable to Thailand (Laqueur, 2015). However, ensuring these successes across Phuket and potentially to other provinces requires systemic support. Decentralized governance models should allow local civil actors to access funds and set localized anti-drug policies with minimal administrative interference. Education systems must also incorporate drug awareness into their civic education modules (Peters, 2022). Ultimately, the study advocates for a paradigm shift from disciplinary control to participatory governance grounded in trust, dignity, and shared responsibility. The expanded research findings underscore the necessity for multilevel collaboration. Provincial health offices, municipal leaders, and civil society organizations must engage in co-creation processes for drug policy. Policy frameworks should include incentives for local innovations, such as grant opportunities for community-led pilot programs or recognition awards. Thailand could also benefit from adopting international practices like Switzerland's harm reduction model (Zobel & Maier, 2018). Digital platforms such as LINE and Facebook were noted as effective for mobilizing youth and disseminating real-time alerts. In sum, policy must not only respond to the drug problem reactively but must be designed proactively, positioning civil society at the core of drug resilience architecture.

REFERENCES

- Boonchai, C., & Beeton, R. J. S. (2016). Sustainable development in the Asian century: An inquiry of its understanding in Phuket, Thailand. *Sustainable Development*, 24(2), 109–123. <https://doi.org/10.1002/sd.1612>
- Casal, B., Rivera, B., & Costa-Storti, C. (2025). Economic recession, illicit drug use and the young population: a systematic literature review and meta-analysis. *Perspectives in Public Health*, 145(1), 32–41.
- Humble, Á. M. (2009). Technique triangulation for validation in directed content analysis. *International Journal of Qualitative Methods*, 8(3), 34–51.
- Kallio, H., Pietilä, A., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72(12), 2954–2965.
- Khalid, R., Raza, M., Selem, K. M., Ghaderi, Z., & Raza, H. (2023). Natural disaster is a wakeup call before it becomes social disaster and tourophobia of eco-destinations. *Asia Pacific Journal of Tourism Research*, 28(11), 1226–1240.
- Laqueur, H. (2015). Uses and abuses of drug decriminalization in Portugal. *Law & Social Inquiry*, 40(3), 746–781.
- Maher, C., Hadfield, M., Hutchings, M., & De Eyto, A. (2018). Ensuring rigor in qualitative data analysis: A design research approach to coding combining NVivo with traditional material methods. *International Journal of Qualitative Methods*, 17(1), 1609406918786362.
- Midford, R. (2010). Drug prevention programmes for young people: where have we been and where should we be going? *Addiction*, 105(10), 1688–1695.
- O'Gorman, A., & Schatz, E. (2021). Civil society involvement in harm reduction drug policy: reflections on the past, expectations for the future. *Harm Reduction Journal*, 18, 1–8.

- Peters, G. (2022). Information and education about drugs. In *Pharmaceuticals and Health Policy* (pp. 93–121). Routledge.
- Prayuda, R., & Warsito, T. (2021). Problems faced by ASEAN in dealing with transnational drug smuggling in Southeast Asia region. *Foresight*, 23(3), 353–366.
- Sawangchai, A., Khalid, R., Ivascu, L., Raza, M., & Artene, A. (2025). We Can and Must Empower Women to Thrive Through Destination Crisis: A Study of Women's Entrepreneurial Resilience in the Tourism Sector. *Sustainability*, 17(6), 2389.
- Smith, J., Buse, K., & Gordon, C. (2016). Civil society: the catalyst for ensuring health in the age of sustainable development. *Globalization and Health*, 12, 1–6.
- Vongchak, T., Kawichai, S., Sherman, S., Celentano, D. D., Sirisanthana, T., Latkin, C., Wiboonnatakul, K., Srirak, N., Jittiwutikarn, J., & Aramrattana, A. (2005). The influence of Thailand's 2003 'war on drugs' policy on self-reported drug use among injection drug users in Chiang Mai, Thailand. *International Journal of Drug Policy*, 16(2), 115–121.
- Vuong, T., Nguyen, N., Le, G., Shanahan, M., Ali, R., & Ritter, A. (2017). The political and scientific challenges in evaluating compulsory drug treatment centers in Southeast Asia. *Harm Reduction Journal*, 14, 1–14.
- Zobel, F., & Maier, L. J. (2018). Switzerland: Moving towards public health and harm reduction. In *Collapse of the Global Order on Drugs: From UNGASS 2016 to Review 2019* (pp. 277–288). Emerald Publishing Limited.