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Addiction research centres and the nurturing of creativity

Center for Alcohol Studies (CAS), Thailand

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ABSTRACT

The Center for Alcohol Studies of Thailand (CAS) is a newly established research agency in Thailand. With support from the Thai Health Promotion Foundation, CAS was established as the national research and knowledge management institute for addressing alcohol-related harms. CAS possesses some rare qualities. First, it is one of a few alcohol-specific research centres in low- and middle-income countries, and the only one in the Southeast Asia region. Secondly, CAS both conducts research and grants research funding, allowing it to influence to some extent the direction of Thai alcohol research. Furthermore, CAS researchers engage in all components of the research and policy process. In line with the concept of 'the Triangle that Moves the Mountain', CAS interacts closely with partners from all sectors, prioritizes capacity development and frequently operates beyond conventional academic function.

Keywords Alcohol, Center for Alcohol Studies, research, Thailand.

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'THE TRIANGLE THAT MOVES THE MOUNTAIN' CONCEPT

In order to understand the modern Thai alcohol policy movement, two things need to be known; the master strategy underpinning the whole process, the 'Triangle that Moves the Mountain', and secondly the Thai Health Promotion Foundation.

Professor Wasi, one of the most well-known medical, public health and social scholars in Thailand, has promulgated the concept of the 'Triangle that Moves the Mountain' since 1997. In order to move the immovable 'mountain', a metaphor for extreme difficulty including complicated social problems and social inertia, he indicates the necessity to strengthen the three interconnected sectors; knowledge, social movements and political involvement.

> Creation of relevant knowledge through research is very crucial, but not adequate by itself; it must interact with social movement or social learning. Without relevant knowledge, social movement cannot go very strong or may deviate to something else . . . Politicians have authority over utilization of state resources and in law promulgation, which are very often needed in development. Thus without political involvement the working structure is not complete. Politics without knowledge and social movement will not solve the problems (Professor Prawase Wasi [1]).

The first task is to generate relevant knowledge, which can be achieved through many mechanisms. The whole problem-solving process, in fact, could also be considered as the learning-by-doing practice for stakeholders, or so-called 'participatory learning through action' [2]. Without knowledge, societal power would be scattered and incapable of moving in the right direction [3]. The second task is facilitating social movement to support the transformation of knowledge into policy. The combination of knowledge and social movement will mobilize demand and guide the appropriate solution(s) for policy makers in the political sector. The third strategy is to fortify the authoritative aspect, the government. This

requires capacity building in both the political and bureaucratic sectors, using suitable mechanisms.

THAI HEALTH PROMOTION FOUNDATION

One of the clearest applications of the Triangle concept is the establishment of the Thai Health Promotion Foundation (ThaiHealth) [4]. ThaiHealth is a statutory public organization, working within government but free from bureaucracy. ThaiHealth identifies itself as a part of civil society, with a mission to empower movements to promote the wellbeing of Thai citizens by acting as a catalyst for projects that change values, life-styles and social environments for the better. Established by the Health Promotion Foundation Act BE 2544 (2001), ThaiHealth was intended to provide financial support for health promotion activities [5], particularly in areas hard to reach by conventional bureaucratic systems. Uniquely, it receives a dedicated budget from a direct and specific process—an earmarked 2% of tobacco and alcohol excise taxes. From successes in promoting societal commitment on health promotion in its initial years, ThaiHealth has gained a high profile and public support [6].

ThaiHealth has adopted the Triangle concept as its operational strategy. The three main modules in the Master Plan are to extend the power of 'wisdom', social participation and policy mobilization [7]. Alcohol consumption certainly qualifies as a major health risk factor. ThaiHealth developed its Alcohol Consumption Control Program with the primary purpose of reducing consumption and harm, promoting sensible attitudes particularly among youth, supporting alcohol control bodies and strengthening research capacity [8].

To strengthen the knowledge sector, in September 2004 ThaiHealth supported the establishment of the Center for Alcohol Studies (CAS) as a national research and knowledge management institute for the reduction of alcohol-related harms [9]. Prior to this, research on alcohol was largely dependent upon personal interests, fragmented and rarely used in the policy process, to the extent of it being more or less policy redundant.

To extend the power of social participation, ThaiHealth has woven together individuals and groups who share concern on alcohol issues. Formerly these groups were confined to, and mainly isolated within, their own areas of interest, such as religion, youth, accidents, domestic violence and poverty. ThaiHealth supported the establishment of the StopDrink Network as the coordinating body for these like-minded groups. Lastly, for political involvement, ThaiHealth has supported the capacity strengthening project for public agencies, particularly the Department of Disease Control (DDC)—Ministry of Public Health (MoPH), focusing on their areas of authority including law enforcement and policy formulation.

CAS, StopDrink and DDC, together with ThaiHealth, have been the three main drivers of the modern Thai alcohol policy process.

CAS: THE FIRST PHASE

Dr Bundit Sornpaisarn, a psychiatrist by training, was the first CAS director. At its inception, CAS was a stand-alone independent organization, supervised and supported by the Health System Research Institute and Department of Mental Health—MoPH. It was physically attached to a mental health hospital, also directed by Dr Sornpaisarn.

The first set of mandates included gearing research to complete the identified knowledge gaps, by granting research proposals, improving research quality, managing research outcomes in the policy process and promoting knowledge and experience-sharing through the National Annual Alcohol Conference. CAS has also played a role in public education, providing user-friendly information to Thai society.

The main focus of the CAS programme of work in this phase was to support and manage external research, including studies in both biomedical and public health domains. Dr Sornpaisarn also conducted research, independently and jointly with partners, to serve the increasing demands of the policy process. He himself had had major role in the policy process, including defending the Alcohol Control Bill as a member of the Special Parliament Commissioner, developed and distributed policy briefs, and frequently in policy debate through the public media, via TV and radio programmes as well as newspapers.

In 2008, ThaiHealth supported the creation of the Integrated Management of Alcohol Intervention Program (I-MAP) to be the major knowledge management agency for a health-care system response to alcohol-related problems [10]. The emergence of IMAP set a narrower and clearer scope for CAS to focus upon problem prevention, not on treatment and rehabilitation.

INSTITUTIONALIZATION: THE SECOND PHASE

ThaiHealth identified the need for a system of capacity building for ThaiHealth's long-term sustainability in its Biennial Master Plan 2006–2008 [7]. In consequence, ThaiHealth had asked its partners, including CAS, to focus upon capacity building. In 2008, CAS funded the International Health Policy Program (IHPP) for the Alcohol Policy Research (APR) Program, which aimed to be the capacity strengthening mechanism on alcohol research for young academics. The programme manager,

Dr Thaksaphon Thamarangsi—IHPP researcher, then recruited young health professionals and scholars, and supported their progress under the IHPP capacity-building programme.

In September 2009, Dr Thamarangsi inherited the CAS Directorship from Dr Sornpaisarn. He then institutionalized CAS as a part of the Health Promotion Policy Unit of the IHPP, and physically relocated CAS office to the MoPH. Consequently, APR research fellows became CAS staff. It was at this time that CAS included in-house research and capacity building as organizational mandates.

IHPP is a quasi-public institution within the MoPH. This setting allows IHPP and CAS researchers to have an arm's-length relationship with policy makers, system administrators and policy regulators in MoPH. In 2009 the Rockefeller Foundation recognized IHPP as one of the Research Centers of Excellence in Asia. IHPP focuses its research on relevant health systems and policy research (HPSR) in Thailand, and capacity building and networking within the region. As well as publications in domestic and international peer-reviewed journals, IHPP researches contributions to policy decisions, systems design and policy evaluations [11].

Being under the IHPP umbrella locates CAS at the policy ringside, where CAS can have access to policy-making bodies, particularly within the MoPH. Occasionally, policy makers recommend research topics to CAS. This relationship with policy makers and health-system administrators could, theoretically, place CAS in a dependent position. However, in its first 7 years, CAS has not experienced such political or bureaucratic constraint.

IHPP has been running the well-known capacity strengthening mechanisms for HPSR since 1998. IHPP capacity building applies many principles, including 'social spirit-focused' recruitment of health professionals and scholars, interactive learning in the real public policy process, a critical mass and collegial environment, mentoring system, policy-relevant research and provision of financial and non-financial incentives [12]. IHPP also conducts many HPSR capacity-building programmes, funded by various national and international organizations, including philanthropic agencies. These programmes support selected junior researchers to work with IHPP.

One such capacity-building programme is the International Health Scholar programme, which aims to promote the proactive involvement of Thai scholars in health promotion at an international level. Another major mandate for IHPP is to be a technical focal point for MoPH on global health. This includes international research and technical matters with international governmental organizations on health, including the World Health Organization (WHO). These settings allow CAS researchers to participate in a supranational movement on alcohol, such as working on the alcohol agenda in the World Health Assembly as Thai delegates, designated by MoPH to host the regional consultation on Global Strategy to Reduce Harmful Use of Alcohol in 2009, and playing active roles in international research projects.

The IHPP concept does not deny the place of formal education; more precisely, it sees the need for long-term comprehensive capacity building where formal education has a particular role. For those more able researchers, IHPP can further facilitate or provide them with Masters' and PhD scholarships. Some graduates of such capacity-building processes later become IHPP permanent staff. A unique success for IHPP scholarship model is that all 36 IHPP scholars returned to Thailand after their graduation abroad, a zero attrition rate [12]. Furthermore, all are still active in Thai HPSR domains. They are currently leading national and regional researchers in various HPSR domains, including tobacco control, human resources for health, health economics, international trade and health, health equity, burden of disease studies and alcohol control.

CAS ORGANIZATION AND PARTNERS

CAS has an interdependent status with its sponsors and partners. CAS has been supported by three main sponsors. ThaiHealth provides financial resources for CAS operations, including the research budget. MoPH supports the salaries of some CAS staff members, who have public officer status, as well as fundamental facilities for the CAS office, such as building and communication facilities.

IHPP supports CAS in many ways, including basic infrastructure staffing matters and providing a conducive environment for capacity strengthening. IHPP's semi-public status enables CAS to employ MoPH public officers. CAS researchers enjoy formal and informal knowledge and experience-sharing mechanisms between CAS and other research units within IHPP. Major regular events for capacity building include the monthly Health Promotion Journal Club and the IHPP Journal Club. These are the venues for internal staff and guest scholars to learn together, to brainstorm about future research projects and to improve current research quality. Furthermore, most CAS in-house researches have to be approved by the independent Alcohol Expert Panel, consisting of senior researchers external to IHPP, as well as the Institutional Review Board.

By law, CAS has to report its progress to both ThaiHealth and IHPP. ThaiHealth set up the CAS Steering Committee, consisting of key individuals in alcohol and related domains, including high-level MoPH administrators, alcohol control law regulators, representatives from

civil society groups and scholars from many disciplines. The Steering Committee meets every alternate month to follow-up work progress and to guide current and future work, including recommending research topics. This Steering Committee is another mechanism ensuring that CAS's internal and external researches are delivered to key stakeholders in the Thai alcohol policy process.

Within the concept of partnership, CAS has worked with many domestic and international partners from various settings, ranging from academic institutions, public agencies and political authorities to grass-roots communities. These partners hold varied interests and come from various domains, including alcohol, health promotion, health policy and other social policy domains. However, CAS maintains its policy of not associating, directly or indirectly, with the alcohol industry and its front organizations.

CAS works closely with its sibling organizations, including StopDrink, I-MAP and DDC. This symbiotic relationship benefits both the up- and downstream legs of CAS research activities. StopDrink and DDC regularly notify CAS of their need for technical knowledge. This practice ensures that CAS research will not be shelved. CAS has conducted many studies on alcohol interventions conducted by the StopDrink Network, particularly community action.

These partners bring both challenges and burdens. Many collaborations have provided CAS with opportunities to explore new work programmes: for example, the collaboration with the National Health Commission Office gave CAS the opportunity to work as the Secretariat of the Working Group to Develop the Thai National Alcohol Policy Strategy in 2009. Conversely, such relationships can create an additional work demand to the main programmes. For example, the unexpected movement against the listing of a domestic alcohol giant in the Thai Stock Exchange Market in 2005 gave CAS the very difficult task of providing technical evidence to support the movement [13].

Currently, CAS has 16 academics and three support staff. CAS researchers, regardless of their experience, are responsible for their own research projects. Taking the many mandates of CAS into account, however, only six are full-time researchers. This means that eight technical staff still have responsibility in other areas, such as maintaining alcohol databases and managing external research projects. CAS staff members have varied educational backgrounds, from physicians to communication art, which creates a multi-disciplinary climate. In addition, CAS has a mixture of employment statuses, from civil servants under MoPH to IHPP employees.

In recent years, CAS's average annual budget has been approximately $US1 million. Approximately 50% of the total budget was allocated for a knowledge generation mandate, which was then divided further into half for internal and half for external research funding. Twenty per cent of the budget is for research management and knowledge-sharing mechanisms, including the National Annual Alcohol Conference and other technical workshops, and approximately 10% for staff salaries and other internal management issues.

CAS AND THE ALCOHOL POLICY PROCESS

The current CAS programme of work is based on three interrelated mandates, as follows.

To generate and synthesize technical knowledge, supportive to an effective alcohol policy process

First and foremost, the purpose of CAS is to produce and promote the use of technical information to feed the Thai national and local alcohol policy process. This mandate is carried out through both external and internal research.

As the only alcohol-specific research centre and research funder, CAS is involved heavily in the selection of research topics. Both external and internal research are strictly on a policy-relevant basis, and very specific to certain areas including determinants and correlates of alcohol consumption and alcohol policy interventions. CAS partners, who are in the real alcohol policy setting, frequently notify CAS on areas of knowledge in need. Meanwhile, CAS also collaborates with many research partners in other related areas, such as road safety, alcohol dependence and alcohol morbidity and mortality. CAS announces the research topics available for open grants to the Thai academic community once or twice a year. For some significant and neglected topics, CAS then actively seeks and encourages selected scholars/institutions to conduct research.

Many research outputs have had a major impact on Thai alcohol policy stakeholders and process. Findings from the social cost of alcohol-related problems project have become a major discourse on policy debate, by showing that the cost of problems doubles the size of collective benefit from alcohol. This research also led to a successful social marketing campaign under the theme 'Alcohol and Poverty'. Research on the impact of alcohol advertising on Thai children has supported the development of advertising control legislation. Positive findings from community interventions clearly backed up the expansion and continuation of such interventions. Research projects on alcohol taxation and the effects of illegal traditional beverages have been largely publicized and referred to during the crucial period for taxation

policy. Findings about alcohol outlet density surrounding schools and universities have yielded firm ground for the development of laws to control the physical availability of alcohol.

For the near future, CAS has identified many key research topics to be carried out. These include research on externalities of alcohol consumption, comparisons of drinking volume and patterns between intention and actual practice, the impact of indirect alcohol advertising, a cohort study on behaviour changes as the effect of alcohol policy interventions, the effectiveness of community action, changes in drinking across the life-span of Thai drinkers and repeated surveys on the social cost of alcohol-related harms.

To empower and deliver technical evidence to appropriate stakeholders

CAS's knowledge dissemination strategy is to provide the 'right information in the right format to the right people'. CAS employs various formal and informal means to communicate with other partners and publicize research findings and other technical information to the public. These include CAS quarterly newsletters, the National Alcohol Conference, academic reports and publications and through the free-access CAS website. CAS also provides a free alcohol information service. School and university students are the main users of this service. In many instances, CAS provides technical support to its civil society alliance partners in order to accomplish their tasks. CAS prioritizes media advocacy strategies to promote the use of technical evidence in the policy process. Press releases, press meetings and maintaining a presence in the media are common strategies.

CAS's technical publications comprise numerous forms, ranging from cartoons, posters and photograph albums to compilations of alcohol research abstracts, translations of technical texts and policy documents. At a minimum, every CAS research project should provide output, in the form of policy briefs or fact sheets. Publication in peer-reviewed journals is another requirement for CAS researchers. Annually, CAS has averaged two international publications and five domestic publications (in Thai).

CAS launches the Annual Alcohol Status Report every year in its annual Conference. This report compiles the most up-to-date data available about alcohol in Thailand, including consumption, harms, market and policy. In 2010 CAS introduced the Provincial Alcohol Status Report, with provincial rankings on alcohol consumption and harm, aimed to promote a competitive response from the Provincial Alcohol Control Committee.

To strengthen collective capacity to address alcohol problems more effectively

CAS is expected to be a key player in the process to strengthen collective competency of the Thai society. CAS creates and operates many mechanisms for both internal and external scholars, as well as to CAS partners and the general population.

Within the IHPP system, CAS has set up clear comprehensive capacity-building mechanisms, under the concept of INNE capacity building. According to this concept, capacity at individual–node–network and environmental levels (adapted from [14]) are strengthened simultaneously. At the individual level, the expected prototype of CAS researchers is a scholar with strong social spirit, a strong work ethic and conceptual ability, as well as being able to communicate, to collaborate and to work proactively in the alcohol policy arena. This is the so-called 'heart–head–hand–foot–mouth' model. Focusing on policy advocacy, the three conceptual skills needed for CAS include technical content on that agenda, or knowing 'what', knowing 'how' to maximize the research utilization in the policy process and knowing 'who' can make it happen.

CAS strengthens the capacity of its partners through various methods, for example by organizing technical workshops on alcohol surveys and training public officers for better law enforcement. Unique to low- and middle-income countries, the National Annual Alcohol Conference has become the platform for knowledge and experience-sharing, and usually the venue where the process of major policies begin. International scholars, policy makers, alcohol researchers, including CAS researchers and CAS-funded researchers, and representatives from civil society are regular speakers at this event. It is usually attended by 1000 people from all sectors, sharing common concerns on alcohol problems and having no conflicts of interest with alcohol policy.

Apart from these three mandates, CAS has gone beyond conventional academic roles by being largely involved in the policy decision-making process, at all levels through many roles, including as technocrat, as part of the decision making body, as adviser, as advocator, as part of civil society and as think-tank member. In certain scenarios, CAS has also disclosed the influence of the alcohol industry and its nominees and to counteract the industry's discourse to the public. At supranational level, CAS staff participate regularly in international alcohol policy movements, including the World Health Assembly, South-East Asia WHO Regional Committee and the Technical Barrier to Trade of the World Trade Organization.

In recent years, CAS has extended its involvement in supporting technical movements at the international level. CAS has served as an adviser for alcohol research and alcohol policy development in other countries in

the region. Most significantly, CAS is the Secretariat of the International and Local Organizing Committee for the Global Alcohol Policy Conference 2011 (GAPC 2011) in Bangkok.

FUTURE AND CHALLENGES

CAS has played many roles in the Thai alcohol policy process. Analysed through Green & Bennett's model [15], CAS's roles cover all four parts of the framework of evidence-informed policy making; research priority setting; knowledge generation and dissemination; evidence filtering and amplification; and policy-making processes. These practices are, perhaps, not common for alcohol research centres. The major rationale underpinning this phenomenon is that Thailand as an emerging market has just begun to address alcohol problems at macro level within this decade, where the emergence of ThaiHealth has played a significant role [13]. At this point, collective preparedness has been very limited. CAS, StopDrink and DDC are expected to set up and coordinate stakeholder networks within and across sectors and support each other as well as to build up collective capacity. Moreover, the IHPP capacity-building model expects CAS to play a proactive role in the alcohol policy reality at all levels, but within technical domains. It is clear that CAS restricts itself to supporting partners in other sectors, but does not replace and perform what should be conducted by others.

With increasing demand emerging from an increasing number of partners and activities, sustainability could be a major challenge for CAS. Furthermore, it cannot be denied that undertaking too many tasks at the same time could have a negative impact on CAS's academic progress. Having a clear goal with a flexible action plan, as well as strategic task prioritization, is essential for long-term development.

Because there is no other alcohol policy-specific academic agency in Thailand, at least at present, CAS has practically dominated alcohol policy research in Thailand. CAS and IHPP recognize clearly that while this close-to-monopoly status could bring many opportunities, this uncompetitive setting could undermine long-term academic advance and capacity development. CAS has set up many mechanisms to mitigate this threat, such as setting up an external consortium of experts from alcohol-related areas, cross-learning between CAS and other areas of HPSR, capacity-building activities with alcohol research agencies outside Thailand and encouraging CAS researchers to publish internationally. The effectiveness of such mechanisms is yet to be evaluated.

Declarations of interest

None.

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