Television and Drug Abuse: 
A Cultural Studies Approach 
to Thai Health Communication Research

Poungchompoo Young 
Master of Arts

2009

RMIT
Television and Drug Abuse:
A Cultural Studies Approach to Thai Health Communication Research

A thesis submitted in fulfilment of the requirements for
the degree of Master of Arts

Poungchompoo Young
B.A.

School of Applied Communication
College of Design & Social Context
RMIT University
March 2009
I certify that except where due acknowledgement has been made, the work is that of the author alone; the work has not been submitted previously, in whole or in part, to qualify for any other academic award; the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; and, any edited work, paid or unpaid, carried out by a third party is acknowledged.

Poungchompoo Young
March 2009
Acknowledgements

Much appreciation is extended to my senior supervisor, Associate Professor Dr Cathy Greenfield for all of her expertise and supervision in the production of this thesis. I also would like to acknowledge to my second supervisor, Dr Brian Morris, who kindly assisted me with his valuable comments and supervision.

My special thanks go to Ms Areepak Ngernbumrungrung and Ms Parichart U-tok of the Office of the Narcotics Control Board of Thailand, Mr Boonlerd Gongpermpoon, Creative Director of the NOVA inter Ad Co., Ltd., Ms Sullaya Sookkaniwat, Script Writer of The Kam See Tan Don (ข้ามสีทันดร) TV drama and Ms Danaya Supying, Script Writer of The Num Poo (น้ําพุ) TV drama.

Finally, to Anthony Young for proof-reading the draft of this thesis. I also thank him for encouraging me with wisdom and tireless love.
Contents

List of illustrations vii
List of abbreviations ix
Summary 1
Introduction 4

Chapter One: Health communication: an overview 15

What is health communication? 16
A post modern view and health communication 20
Health communication and modernisation theory 22
  • The ‘effects’ model of communication 23
  • The passive audience 24
  • Diffusion of innovations 25
  • Social marketing 25
  • Edutainment strategy 27
Cultural studies and health communication 32
  • Textual practice 33
  • Semiotics 35
  • Narrative theory 36
  • Deconstruction and construction theory 36
  • Audience reception study 38
Conclusion 51

Chapter Two: Drug abuse in Thailand and Thai health communication campaigns 53
Drug abuse in Thailand 54
The Thai government and ‘War on Drugs’ policy 58
Drug abuse prevention campaigns in Thailand 61
  • Government’s media campaigns 61
  • Private agencies’ campaigns 67
Thai health communication and audience research 70
Conclusion 81

Chapter Three: Drug abuse prevention TV advertisements 83
Television advertisements in health promotion 86
The ONCB television advertisements 87
Political context of the ONCB’s campaigns 90
Discourses in the ONCB TV advertisements 93
  • Risk discourse 93
  • Medical discourse 120
  • Discourse of patriotism 126
  • Other discourses 145
Conclusion 157

Chapter Four: Drug (ab)use narratives in TV dramas 159
Health in television drama 162
Making TV dramas: Kam See Tan Don and Num Poo 164
Key sub-themes and narratives involving drug use and its consequences as represented in drug abuse dramas 174
  • Social exclusion/inclusion (and its relation to drug addiction) 174
  • The ‘heroin body’ 179
• Medical expertise and treatment 187
• Parenting (and vulnerability to addiction) 192
• Buddhist-informed drug addiction treatment 199

Conclusion 207

Chapter Five: Audience responses to TV advertisements in Thai national drug abuse prevention campaigns and drug (ab)use TV dramas 209

The case studies 212
• Young audiences interpret television advertisements in their social contexts 212
• The role of genre in audience understandings of drug abuse 230

Conclusion 254

Conclusion 256

Appendix A: Production details, characters and plot synopses of Kam See Tan Don 261

Appendix B: Production details, characters and plot synopses of Num Poo 272

Bibliography 289
List of Illustrations

Fig. 1a, b, c  The Peun (เพื่อน) images
Fig. 2a, b, c  The Cheewit dub sin meu dom thinner (ชีวิตดับสิ้นเมื่อมดินเนอร์) images
Fig. 3a, b  The Yeau (เหยื่อ) images
Fig. 4a, b  The Krai nor (เคราะห์) images
Fig. 5  The Rak lae kawjai (รักแล้วเฆี่ย) image
Fig. 6a, b, c  The Fi keela plaan yaa sebtid (ไฟกีฬาผลาญยาเสพติด) images
Fig. 7a, b, c  The Yaang ni si tae! (อย่างนี้สิเท่า!) images
Fig. 8a, b, c, d  The Talaw (ทะเลาะ) images
Fig. 9a, b  The Suesarn tungkan (สื่อสารถึงกัน) image
Fig. 10  The Kit cha kam (กิจกรรม) image
Fig. 11  The Wea la (เวลา) image
Fig. 12a, b, c  The Baa taworn (บ้าทารวจน) images
Fig. 13a, b  The Jom ding (จอมดิ่ง) images
Fig. 14a, b  The Reau duangjai (รั้วดวงใจ) images
Fig. 15a, b  The Neau tammachad (เหนือธรรมชาติ) images
Fig. 16a, b, c  The Saton kwam tangjai (สะท้อนความตั้งใจ) images

1 Images illustrated in Figures 1a-24c are from the selected TV advertisements used in Thailand drug abuse prevention campaigns (1990-2004), sponsored by the Thai government.

Images illustrated in Figures 25a-26 are from Kam See Than Don (ข้ามสีทันดร) TV drama.

Images illustrated in Figures 27a and 27c-27g are from Num Poo (น้ำพู) TV drama.

An image illustrated in Figure 27b is from http://www.thamkrabok.org.au
Fig. 17a, b, c, d  The Kleew sampan (เกลียวสัมพันธ์) image

Fig. 18a, b, c, d  The Ruampalang Raat-Rad (รวมพลังราษฎร์) images

Fig. 19a, b, c  The Palang pandin (พลังแผ่นดิน) images

Fig. 20a, b, c, d  The Ruam lueard nuar (รวมเลือดเนื้อ) images

Fig. 21a, b, c  The Ka kon thang aom (ก้าคนทางอ้อม) images

Fig. 22a, b, c  The Palang (พลัง) and the Poo mee ittipol (ผู้มีอิทธิพล) images

Fig. 23a, b, c, d, e  The Patiyarn (ปฏิญญา) images

Fig. 24a, b, c  The Nee (หนี) images

Fig. 25a, b, c, d  The Kam See Than Don (ข้ามสีทันดร) images

Fig. 26  Baan Phi Chit Jai (บ้านพิชิตใจ)

Fig. 27a, b, c, d, e, f, g  The Num Poo (น้ําพุ) images
List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>KSTD:</td>
<td>Kam See Than Don (ข้ามสีทันดร)</td>
</tr>
<tr>
<td>NP:</td>
<td>Num Poo (น้ำพุ)</td>
</tr>
<tr>
<td>KAB:</td>
<td>The Knowledge-Attitude-Behaviour model</td>
</tr>
<tr>
<td>ONCB:</td>
<td>The Office of the Narcotics Control Board of Thailand</td>
</tr>
<tr>
<td>SHDPP:</td>
<td>The Stanford Heart Disease Prevention Program</td>
</tr>
<tr>
<td>CDC:</td>
<td>The Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>AIDS:</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>UNODC:</td>
<td>The United Nations Office for Drug Control and Crime Prevention</td>
</tr>
<tr>
<td>UK:</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>HIV:</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>NPEC:</td>
<td>The National Primary Education Commission of Thailand</td>
</tr>
<tr>
<td>CIA:</td>
<td>The Central Intelligence Agency</td>
</tr>
<tr>
<td>UWSA:</td>
<td>The United Wa State Army</td>
</tr>
<tr>
<td>BE:</td>
<td>Buddhist Era</td>
</tr>
<tr>
<td>AD:</td>
<td>Anno Domini. Latin for &quot;In the Year of (Our) Lord&quot;, applied to years following 1 BC in the Julian and Gregorian calendars.</td>
</tr>
<tr>
<td>ITV:</td>
<td>Thailand’s ‘Independent Television’ channel</td>
</tr>
<tr>
<td>MCOT:</td>
<td>The Mass Communication Organisation of Thailand</td>
</tr>
<tr>
<td>BEC:</td>
<td>The Bangkok Entertainment Company Ltd</td>
</tr>
<tr>
<td>RTA:</td>
<td>The Royal Thai Army</td>
</tr>
<tr>
<td>BBTV:</td>
<td>The Bangkok Broadcasting and Television Company</td>
</tr>
<tr>
<td>PRD:</td>
<td>The Public Relations Department of the Government of Thailand</td>
</tr>
<tr>
<td>NBT:</td>
<td>The National Broadcasting Services of Thailand</td>
</tr>
</tbody>
</table>
SICL: The Siam Infotainment Company Ltd

UBC: The United Broadcast Corporation (Thai satellite TV station)

CEO: Chief Executive Officer

ONDCP: The Office of National Drug Control Policy (of the United States of America)

SEATO: The Southeast Asia Treaty Organization
Summary

The main objective of this thesis is to illustrate the benefits of using a cultural studies approach in the field of health communication research in Thailand. In this thesis I apply a cultural studies approach to examine the construction of meanings involving drug use and abuse in Thai television advertisements and dramas. The thesis has as its focus analyses of television texts and audience responses.

The major arguments advanced in this thesis are that:

(a) the causes of drug use and abuse are complex;
(b) drug use and abuse, particularly given the ‘risk culture’ and ‘risk society’ of the post-modern world, are products of individual social and cultural contexts;
(c) cultural studies assist us to better understand the cultural dimension of human behaviour, including the causes of drug use and abuse; and so
(d) by adopting a cultural studies approach to the design and production of health promotion campaigns, such campaigns may be made more effective.

The thesis argues that in designing health promotion campaigns, health professionals should be concerned to better understand the complexity of their audiences and the manner in which members of those audiences construct meanings and make sense of texts. Should they do so, the designers of health promotion campaigns may, thereby, develop a more sophisticated understanding of what is necessary to contribute to changing audience behaviour. This, in turn,
may assist them to improve the design and effectiveness of future health promotion campaigns.

The principal tool drawn from cultural studies used in this thesis is textual analysis. This research method involves making an educated guess at some of the most likely interpretations that might be made of a text. In addition, it demonstrates the complexity of the process of making media texts. The texts analysed in this study are selected from two genres of television: television advertisements and television dramas. I analyse television advertisements used in health promotion / drug prevention campaigns broadcast in Thailand in the period from 1990 to 2004 and two well known Thai television dramas entitled Kam See Than Don (ข้ามสีทันดร): KSTD (1999) and Num Poo (น้ําพุ): NP (2002).

The thesis comprises five chapters. The first chapter is a review of relevant literature about health communication. Also in this chapter, I discuss the benefits of using a cultural studies approach in the field of health communication research. This discussion leads to the identification of the major arguments of my research. The second chapter contains an introduction to the drug abuse problem in Thailand and identifies ways in which the Thai government has sought to address the problem. In this chapter I also identify and discuss the major reasons which have led to the Thai government’s health communication advertising campaigns being relatively ineffective. Chapters three and four provide illustrations of the manner in which a cultural studies approach may be applied to health communication. These two chapters give detailed case study analyses of television portrayals of drug abuse in advertisements and dramas respectively.
Chapter Five incorporates analyses of audience responses to these texts. The thesis ends with a brief conclusion bringing together my main arguments and significant findings.
Introduction
In the field of health communication, health communicators have long been influenced by traditional models of communication, including particularly the ‘effects’ model of communication and the KAB (Knowledge-Attitude-Behaviour) model. Consequently, researchers in health communication have relied principally upon the ‘effects’ model of communication and have attempted to measure the ‘effects’ of health promotion campaigns using quantitative research methods, including survey research. In addition, health communicators have assumed, uncritically, that the KAB model reflects accurately all audience behaviour. That is, that after exposure to health promotion media advertising, audience knowledge (K) will be increased, and this will lead to relevant attitudes (A) and behaviours (B) being changed.

In designing drug abuse prevention campaigns, health communicators and media professionals are challenged to take actions which will be effective to prevent drug abuse and reduce the number of people who become drug addicts. In doing so, health and media professionals generally deliver information intended to prevent drug abuse via various forms of mass media. The advantages and potential benefits of using mass media in drug abuse prevention campaigns are obvious. By using mass media, large numbers of people in dispersed audiences can be reached by the same health care message. Currently, the most popular tool among health communicators and media professionals for communicating health care messages to audiences is television advertising.

However, the first question which arises is ‘how effective is television advertising at conveying health care messages?’ Do people simply adopt health promotion
messages and change their behaviour? Would they simply adopt health care messages they view from television advertisements? Particularly in the case of drug prevention campaigns, it seems to be a mistake to assume that audiences from different socio-cultural contexts will simply stop using drugs if and because they receive health promotion messages via mass media.

Existing studies reveal that health communication discipline has largely ignored the key cultural perspective of the audience as an active maker of meaning. The cultural studies framework adopted in this study, therefore, is aimed at bringing a new dimension to Thai health communication and media scholarship by investigating how audiences make sense of media texts. In other words, instead of simply measuring how many and what kinds of messages have been sent to and received by audiences, this study examines how programs and advertisements, understood as texts, are read and interpreted by audiences.

Consequently, in this thesis, I offer a more sophisticated analysis influenced by cultural studies, of how individuals construct discourses and meanings involving health and illness, focusing, particularly, on one of the major issues affecting global health, namely, drug use and abuse. The approach taken in this study is premised on the argument that previous health promotion campaigns have failed, or been less effective than they may otherwise have been, because of weaknesses in the model of communication used by health communication professionals and routinely adopted by health communication scholars. In particular, these professionals and scholars have lacked the rich insights into the socio-cultural construction of health and illness offered by fields such as
anthropology, sociology, philosophy and cultural studies. I also examine how meanings and images or representations involving drug abuse are understood and interpreted by audiences. I conduct this research on the basic assumption that television is a significant media form from which audiences gain awareness and construct meanings around drug abuse. Representations of negative effects of drug abuse, such as illness and death, are commonly seen on television. Accordingly, television is part of an ongoing constitution of particular social and cultural understandings of drugs, health, and illness.

The motivation for this research is to address possible reasons for the limited success of television texts in changing audience attitudes and behaviour involving drug abuse in Thailand. The choice of this health problem is because drug abuse is an urgent problem in many countries around the world including, in particular, my own country of Thailand. This study argues that health communicators and media producers in health promotion largely overlook audience social and behavioural factors. In doing so, they display limited knowledge of recent understandings of how communication works. This study further argues that the way to address this shortcoming is to encourage the adoption of a cultural studies approach to health communication. Ultimately, this may assist to combat drug abuse, a vital problem in many countries.

The argument of this thesis is that individuals’ construction of health and illness is not a simple matter. The complexity of this phenomenon is the product of individual socio-cultural contexts and the notion of ‘risk society’ in the late modern world. Health communicators and media professionals, who have major roles in
persuading people to look after their health, would benefit from better understandings of this phenomenon. I argue that use of cultural studies concepts may provide valuable insights into the complexity of audience perceptions of health care messages (i.e. audience negotiation and ignorance of health care message). This study argues that the continued use of traditional quantitative methods to measure the effectiveness of health promotion campaigns may give misleading results and lead to the production of less than optimal health promotion media campaigns in the future. The field of Thai health communication research needs to move further from using the traditional ‘effects’ model of communication as a major paradigm.

The theoretical framework of this thesis contrasts with that taken in traditional health communication studies. The apparent failure of previous health promotion campaigns gives rise to questions about the reasons for their lack of success. Given the well established literature on problems with the model of communication, and the concept of ‘effect’, used in the design of such campaigns, this thesis hypothesises that underlying the campaigns’ failure is the use by health professionals and media producers of concepts that work against effective engagement of audiences. That is, they are using understandings of media which focus on audience demographics but ignore the crucial role and dynamics of audience perceptions and interpretations (i.e. cultural studies concepts of the complexity of social construction of meaning and cultural character of communication). Therefore, this thesis aims to demonstrate the usefulness of cultural studies concepts in two ways: firstly, in diagnosing what might have gone wrong in previous television advertisements (concepts of audience and sense-
making that are overlooked/lacking in the advertisement design), and secondly, in television dramas, by analysing how they have worked (well or badly/less well than possible) in terms of how they have or may not have engaged with audiences.

I examine culture as it is produced and reproduced at a number of sites related to television products in health communication including the television product itself, the texts and sites of professional television production and audience cultures. Questions central to this study are; in what ways does Thai television help constitute the cultural understanding of drug abuse as a problem for Thai people and how may this help or hinder the intentions of health promoters to persuade Thai people to avoid drug use or abuse? Further, I will investigate what discourses and meanings about drug abuse have circulated in prominent Thai television advertisements and television dramas, how the discourses and meanings have been constructed through the professional cultures of television production and health promotion agencies, and how audiences have interpreted discourses and meanings concerning drugs, life and death.

To answer the research questions identified above, I conduct this research in two stages, program analysis and audience research.

Program analysis

I intend, in this study, to address the ways in which meanings involving drug use and abuse are culturally created and communicated via television. I proceed on the basis that television is a cultural product which has a significant role in health promotion campaigns. More importantly, it is a medium that has high potential for
conveying health issues and risks, such as those relating to drug use or abuse, to the audience.

Therefore, in program analysis, television texts involving drugs and drug abuse will be analysed. The television texts involving drugs and drug abuse in this study include government sponsored television advertisements addressing drug use or abuse, broadcast in Thailand in the period from 1990-2 and 1996-2000. Two well known Thai television dramas which address issues of drug use and abuse, *Kam See Than Don (KSTD)* and *Num Poo (NP)* will also be analysed. The representational practices to be a central focus are narratives, characterisations and performances, and the camera shots, editing techniques and various sound-image relations that comprise these.

In addition, in order to explore the ways in which media producers convey discourses and meanings concerning drug abuse in the television portrayals of drug abuse which are the subject of this study, I conducted in-depth interviews with media producers of television advertisements and script writers of television dramas.

*Audience reception study*

For my audience research, I investigate audience responses to the selected television portrayals of drug use and abuse using focus group interviews. This approach is based upon the premise that the audience is one of the most important aspects in the communication process but has been inadequately conceptualised and taken into consideration by media professionals, particularly in
the area of health communication, and correspondingly, in health communication research.

The participants in my audience reception study are young people aged between 15 and 22 years of age attending government high schools and government universities in Bangkok, Thailand. I chose this sample group because the Thai Office of the Narcotics Control Board’s (ONCB) statistics demonstrate that most drug users are teenagers. Accordingly, these people are regarded as being ‘at risk’ of drug abuse and are therefore the main target of the Thai government’s drug abuse prevention campaigns.

My aims in this research are, firstly, I aim to understand the role of television texts in the network of meaning formation that takes place between public health professionals, media professionals and audiences. I also hope that this study will provide a better understanding of the relationship between public health, media and their audience cultures. Secondly, I aim to establish guidelines or principles for how to convey an effective message through the production of television texts about drug abuse. Lastly, and through these first two objectives, I aim to demonstrate the usefulness of a cultural studies approach in the field of health communication. And I expect the findings of this research to benefit academics and students of both cultural studies and public health communication.

In summary, this study explores cultural meanings constructed in television portrayals of drug abuse. Such cultural meanings are produced in a number of sites, television texts themselves, the site of production by health and media
professionals and that of the audiences viewing television. Therefore, this thesis describes and analyses the cultural meanings that circulate in the network comprising health professionals, media professionals, their audiences and media texts. The major concern of this study is the formation of meaning of drugs and drug abuse that takes place in the interstices between the production of a text concerning drugs and drug abuse and its reception by audiences.

My thesis begins with an overview of health communication in Chapter One. In this chapter, I have not only provided definitions of health communication from both academic and professional viewpoints but also have described common approaches to health communication and, in particular, health promotion campaigns. In addition, I discuss a dominant model of communication and the way it has been used to conceptualise the audience in traditional health communication. This aims to provide evidence for the thesis’ claim that health communication scholars need to consider an alternative approach and more sophisticated tools for health communication research. As my argument is that socio-cultural factors may influence individuals’ perceptions of health and illness by using a post-modern view of health communication, consequently, I illustrate the usefulness of cultural studies in conceptualising communication practices and how health communication research may benefit from this. The empirical research methodologies drawn from the social sciences that are used in this thesis are also provided in this chapter.

In Chapter Two, I discuss reasons for selecting television texts used in drug abuse prevention in Thailand as my case study. The chapter gives the reasons why drug
abuse has become a serious problem in Thailand. In addition, I discuss ways in which the Thai government has taken action to address this problem. This includes a discussion of the Thai government’s drug abuse prevention policy: ‘War on Drugs’, introduced by the former Thai Prime Minister, Mr Taksin Shinawatra. It also includes a discussion of the use of the Thai media in drug abuse prevention campaigns. A review of Thai literature concerning the effectiveness of Thai drug abuse prevention campaigns is given in the final part of this chapter.

As my objective throughout the thesis is to apply a cultural studies approach to Thai health communication, in Chapter Three, I use a textual analysis method to examine television portrayals of drug abuse from a critical and interpretive perspective. The objective is to identify discourses used in, and meanings produced by, television advertisements which form part of health promotion campaigns, in particular, drug abuse prevention campaign in Thailand. The principal focus of the discussion in this chapter is upon what discourses are used, and meanings are circulated, in drug abuse prevention television advertisements, and what production elements have been used by media producers to convey such discourses and meanings to viewers.

In Chapter Four, I continue using a cultural studies informed approach to investigate representations of drug abuse in Thai television dramas. The discussion in this chapter is focused on the representation and narratives of drug use and abuse in two well known television dramas broadcast on Thailand’s Channel 7, namely, Kam See Than Don (KSTD) (1999) and Num Poo (NP) (2002). The research methods which I employ are a combination of textual
analysis and in-depth interviews with the script writers of *KSTD* and *NP*. My textual analysis involves considering televisual aspects of the dramas, such as shot analyses of exemplary scenes, narrative sequencing and the construction of characters. Major focus is on the narratives construction and the portrayal of the principal characters.

The last chapter, Chapter Five, is my audience research. I continue using cultural studies concepts to investigate audience interpretations of the television texts which I analysed in Chapters Three and Four. I examine how audiences interpret media texts within their social contexts, and the role of television genres in young viewers’ understandings of anti-drug abuse messages in television texts. The research method used in my audience study is focus group interviews. The audience research consists of two minor studies. In the first study, I apply a discourse analysis method to analyse language used in the participants’ conversations concerning the selected ONCB advertisements. I seek to illustrate the ways in which meaning is produced in a particular social context. In addition, I seek to illustrate the ways in which the participants used language to position themselves and others. In the second study, I examine the role of television genre in audience understandings of drug abuse. I consider focus group participants’ discussions of various topics concerning the selected Thai television dramas which portray and involve drug abuse.
Chapter One

Health communication: an overview
In this chapter, I provide an overview of health communication. The chapter has three sections. In the first section, I discuss definitions of health communication from both academic and professional viewpoints. Then, in the following section, I discuss a major theory used by health communication experts, the modernisation theory. Section three focuses on a discussion of the cultural studies discipline and its potential to improve health communication. This section also discusses empirical research methodologies drawn from cultural studies which could be applied in the field of health communication research.

What is ‘Health Communication?’

Health communication is originally a sub-field of communication studies. It began to be recognisable as a distinct sub-field of inquiry in the field of communications studies in about 1971, when the Stanford Heart Disease Prevention Program (SHDPP) was first launched (Rogers 1994). The program was run through cooperation between cardiologists (health professionals) and communication scholars (media campaigners). The SHDPP campaign aimed to communicate to a target audience, namely two Californian communities, persuasive messages about lifestyle and health care practices which would reduce the risk of heart disease. The messages included information about the benefits of doing regular exercise, stopping smoking, making dietary changes and reducing stress.

Since the launch of SHDPP in 1971, health communication has become a significant field of study in communication studies, however, it is given by researchers and practitioners in the area various definitions. Within the academic
community, Ratzan (1994) states that health communication is the art and technique of informing, influencing and motivating individual, institutional, and public audiences about important health issues such as disease prevention, health promotion, health care policy, and business, as well as enhancement of the quality of life and health of individuals within the community. Health communication is a crucial element in disease prevention and health promotion campaigns because the provision of relevant and persuasive information is a primary social process that can empower individuals to take charge of their own health. In short, health communication is any type of communication the content of which is concerned with health. Health communication is also described as a kind of communication that is concerned with the application of communication concepts and theories to transactions that occur among individuals on health-related issues (Northhouse & Northhouse 1992; Jaffe 1997). In fact, I argue, health communication definitions in the academic community are similar to those in health communication professional practice. As defined by the Centers for Disease Control and Prevention (CDC), health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health (Rogers 1994).

Health communication has become one of the significant ways for health communicators to reduce illness in the global population. In today’s societies large numbers of people still suffer and die from major illnesses and health problems.

---

2 The Centers for Disease Control and Prevention (CDC) was founded in 1946 in the United States of America. It is one of the 13 major operating components of the Department of Health and Human Services which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves.
The World Health Organisation issued *The World Health Report 2003*, which reveals that major global illnesses and health problems include AIDS, heart disease and stroke, tobacco-related diseases and drug abuse and cancer (World Health Organisation 2003, pp 2-5). The illnesses and health problems suffered by individuals may to some extent be a result of inadequate knowledge and understanding on their part of how to look after their health. Accordingly, it is important for health professionals to inform and provide people with health care information and discipline in appropriate and effective ways. The aim is for people to receive and use appropriate knowledge for disease prevention to achieve and maintain good health.

Health communication has been conceived as consisting of three major elements as in the traditional paradigm of communication; a sender, a message and a receiver. In this view, senders in health communication are health care agencies and/or health organisations. This includes not only doctors, nurses, or any other people who work in the health industry but also refers to media professionals who produce materials in health promotion media campaigns. These intending senders provide the ideas or ‘content’. The next element is the message, which provides a form for the ideas or content. The result might be a message concerning a health-related issue such as heart disease prevention or the promotion of fitness. The last element is the receiver. Individual, community and public audiences are the receivers of health communication. In health communication campaigns the receiver is conceived in terms of target groups. The receivers could be patients if the communication takes place in hospital.
It could be said that health communication entails various kinds and dimensions of communication between health organisations and their audiences. Those kinds of communication include interpersonal communication, small group communication, organisation communication, intercultural communication, public communication and mass communication. However, to provide health care information and the tools for health or discipline to the public, health professionals and media campaign planners use mass media as tools of communication. Through mass media communication, large numbers of people in dispersed audiences can be reached by the same message. Mass media are also understood to have significant effects and a high potential to shape the opinions, beliefs, habits and behaviour of audiences. Health communicators use mass media to tell their audience how to protect themselves from diseases and to persuade people more generally to be concerned about their health. Over past decades health-related messages commonly have been seen on mass media such as television programs, heard on radio programs, and read in news and articles in daily newspapers (Signorielli 1993). In the case of television, in particular, recent promotion of health care has included 'messages' concerning stopping smoking, exercising, and dietary advice to prevent heart disease. These have been conveyed in health news, documentaries, features, television advertisements, and edutainment soap operas.
A post-modern view and health communication

In post-modern society, using a sociological view, it can be said that health is not simply an absence of disease. The understandings of health, illness and disease of individuals are constructed as part of social and cultural practices. Individuals’ concerns, illness experiences, beliefs, values, knowledge, perceived choices, actions and interactions are constructed by and located within a particular context. A particular group of people may interpret discourses of health differently than others. In some cultures, health and illness occur as part of markers of distinction in their social practice (Alasuutari 1995; Tulloch & Lupton 1997). Examples provided by Grbich (1999) and Salasuo & Seppala (2004) support this argument. Grbich (1999) argues that Aboriginal people, for example, view well-being from a perspective of harmony, and it is connected to relations with the spiritual world. Well-being for this particular group of people, therefore, includes cultural, emotional and spiritual aspects. In addition, Salasuo & Seppala (2004) study how Finnish drug users in the context of club culture distinguish themselves from other night-life subcultures and from mainstream popular culture. The study found that Finnish drug users in the context of club culture use ecstasy as modern symbolically significant consumption as a way to create and maintain social categories and distinctions.

Considering particularly the issue of drug use or abuse, a study by the United Nations Office for Drug Control and Crime prevention (UNODC) in 2002 revealed that the choice to use drugs by individuals is influenced by complex factors including the interplay between a multitude of individual, social and environmental
conditions and factors. The type of drug used may depend on the availability, price, and accessibility of particular drugs. The social setting, social group and context and economic determinants may effect patterns of drug use and abuse. More interestingly, different types of drugs contribute different psychological and physiological stimulation and have effects on the user of varying duration and intensity (UNODC 2002, p.9). Some groups of drug users, therefore, consume a particular kind of substance in relation to their particular kind of socio-cultural context. Some groups of drug user consume drugs in the context of their subculture. Some groups use drugs to distinguish themselves from other subcultures and from mainstream popular culture (Giulianotti 1997, Salasuo & Seppala 2004).

Lupton’s work on risk is a major contribution to the view of health being socially and culturally constructed. Lupton states that risk discourse in health communication can be separated loosely into two main perspectives.

The first views risk as a health danger to populations which is posed by environmental hazards such as pollution, nuclear waste and toxic chemical residues. In this conceptualization of risk, the health threat is regarded as a hazard which is external, over which the individual has little control. The second approach to health risk focuses on risk as a consequence of the ‘lifestyle’ choices made by individuals, and thus places the emphasis upon self-control. Risk in this sense is internally imposed, a function of the individual’s ability to manage the self (1995, p.p.77-78).

Given Lupton’s two perspectives of ‘risk’ discourse in health communication above, I argue that it is crucial for health communicators to concern themselves with how these notions and knowledge concerning risk influence individuals,
particularly, the ways in which they deal with their health and illness. More importantly, in the era of post modernity, it can be said that health and illness is now not a simple matter. This matter is not the outcome of fate or destiny. Rather, it is a human responsibility to deal with dangers, hazards and risks. The German sociologist, Ulrich Beck states that in late modernity, with the notion of ‘risk society’, individuals conceptualise ‘risks’ differently in different historical and cultural contexts (Lupton 1994, Fox 1999). This phenomenon varies with individuals’ social, historical and cultural contexts. In this view, Ulrich Beck argues that individuals are positioned as choosing agents. They have their life choices and can make their own decision to be healthy. Which raises the question: how can health communicators work with this view?

Health communication and modernisation theory

A major theory widely accepted and used by health communication experts is modernisation communication theory. Modernisation is the process by which individuals change from a traditional way of life to a modern complex, technologically advanced, and rapidly changing style of life (Roger 1969 quoted in Sparks 2007, p 24). Modernisation communication theory is the home of the ‘effects’ model of communication. In this section, I discuss the ‘effects’ model of communication. As the ‘effects’ model of communication assumes that audiences are passive, I discuss also the ‘passive audience’ concept. In addition, I discuss theories commonly and popularly used by health communication experts, namely, the diffusion of innovation theory, the social marketing theory and the edutainment strategy.
The ‘effects’ model of communication

The ‘effects’ model of communication is a major paradigm which has historically been used by research scholars in the field of health communication. This model of communication has been well known in the field of communication study in the United States of America since the 1950s. The ‘effects’ model is the dominant conception of communication in orthodox American sociology of communication, thus in the liberal, social science strand of communication studies.

In this model, a sender delivers a message via some communication channel to the audience which is considered to be a passive receiver in the process. It is also called the ‘hypodermic needle model’ because it incorporates a transmission perspective. Messages are ‘injected’ into the audience. The process involves messages being sent or transmitted by a sender and received by the audience in a linear way. Information from a dominant source is transmitted to a passive audience. In other words, communicators send persuasive messages to audiences with the object of delivering information and changing the attitudes and behaviour of the audiences.

Health promotion campaigns, in general, adopt advertising techniques in the mass media as a major tool to persuade audiences to take up a desired behaviour. Advertising technique is believed to be the most effective form of propaganda. This technique is underpinned by the particular concept of communication that is the ‘effects’ model of communication (Lupton 1995).

---

3 Also known as the ‘linear model’ of communication and/or the ‘hypodermic needle’ model.
The passive audience

The ‘effects model’ of communication is also evident in the Knowledge – Attitude change – Behaviour model (KAB model), a popular concept used in health promotion campaigns. The basic concept of the KAB model is that information is automatically accepted when a message is ‘injected into’ or delivered to the audience. According to this conception of communication, health professionals inject important health care messages into audiences, along the lines of the hypodermic needle model. Commonly, health professionals predict that the effects of messages (or knowledge-K) delivered in accordance with the ‘hypodermic needle model’ will be that the audience will change its attitude (A) and behaviour (B) by reason of the knowledge so delivered. The health communicator conceptualises health care messages as a package of information to be delivered to audiences which are routinely conceptualised as ‘passive audiences’. That is, wholly receptive, unprejudiced and uncritical receivers of messages sent by and transmitted from health and media professionals. The message changes the audience’s attitude and this results in the desired behaviour change. The assumption that underlies this model is that by changing an audience’s beliefs, the audience’s attitude and behaviour can also be changed. Thus,

Media campaigns are directed at creating docile citizens, who accept the truths of public health authorities without question. Evident in much health promotional literature on the use of the mass media are frank statements on how best to command audience members’ attention, how to frighten them into acceptance of the message or persuade them to give up behaviours they currently enjoy. (Lupton 1995, p.108)
**Diffusion of innovations**

Since 1971, health promoters have identified stages of diffusion of innovations and the characteristics of audiences using the diffusion of innovations theory. This theory was formalised by an American communications scholar, Everett M. Rogers. The diffusion of innovations (e.g. health care messages in health promotion campaign, products in marketing campaign) is the study of how, why, and at what rate new ideas and technology spread through cultures. Rogers (1976) described the main elements of the ‘classical model’ of the diffusion of new ideas as follows: (1) the *innovation*, defined as an idea, practice, or object perceived as new by an individual or other unit of adoption, (2) which is *communicated* through certain *channels* (3) *over time* (4) among the members of a *social system*. In this theory, the adopters or audience members are divided into five categories by characteristics; innovators, early adopters, early majority, late majority and laggards. There is also a five stage model for the diffusion of innovations to adopters; namely, knowledge, persuasion, decision, implementation and confirmation.

**Social marketing**

Social marketing is a significant strategy in the marketing field. The idea of social marketing centres around applying commercial marketing principles to social problems. This discipline combines major applications of the ‘marketing discipline’ such as audience segmentation, market research, competitive assessment, the use of product, price, promotion and distribution tactics, pre-testing and ongoing evaluation of campaign strategies, and models of consumer behaviour. Kotler &
Roberto (1989) argue that social marketing is the design, implementation and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters. This discipline has recently been adopted by health professionals as a strategy for the mass dissemination of information about good health and changing audience attitudes. (Egger et al 1993, Lupton 1995).

The application of social marketing strategies involved health professionals and media campaigners identifying and constructing persuasive health care messages just as any marketers would do when endeavouring to sell a product. To sell this product to a public, a market is sought using commercial strategies such as audience segmentation and product placement. Health professionals also need to identify customers’ product needs. The needs are later ‘addressed’ by the relevant health message designed by health communicators.

The most widely used social marketing strategy in health communication is segmentation (Rogers 1994). In audience segmentation, the total audience is divided into several small subgroups. Egger et al (1993) identify criteria used in audience segmentation as follows:

a) audience demographic (age, sex, income, education, religion, occupation);

b) geographic (state, region, city size, district);

c) psychographic (values, lifestyle, personality type);

d) socio-demographic (social class);

e) epidemiological (risk factor status);
f) behavioural (frequency, intensity, regularity);
g) attitudinal (positive, neutral, negative) and
h) benefit sought of the audience (avoid disease, sensory enjoyment, peace of mind).

The rationale for these criteria is that they assist health promoters to create more effective messages and choose proper communication strategies to communicate to the selected audience.

*Edutainment strategy*

Another significant approach to health communication is ‘edutainment’ (education – entertainment). The ‘edutainment’ or ‘enter-education’ approach uses media entertainment vehicles such as television programs, films, popular music and radio programs as conduits for educational health messages. Health professionals use ‘edutainment programs to achieve desirable changes in the beliefs (knowledge), attitudes and behaviour of target audiences’ (Signorielli 1993). This approach does appear useful for reaching large audiences, reaching people who might not otherwise be reached if the source of the message were clearly defined. It can be used to present potentially threatening or sensitive topics in a non-threatening way and can be cost-effective.

One of the most popular forms of edutainment programming is television soap opera or drama. The rationale for using such programs in health communication campaigns is based on the ‘social learning theory’ of Albert Bandura. This theory assumes that viewers can learn behaviours by observational learning or modelling.
The principles of the social learning theory are:

1) the highest level of observational learning is achieved by first organising and rehearsing the modelled behaviour symbolically and then enacting it overtly. Coding modelled behaviour into words, labels or images results in better retention than simply observing;

2) individuals are more likely to adopt a modelled behaviour if it results in outcomes they value; and

3) individuals are more likely to adopt a modelled behaviour if the model is similar to the observer and has admired status and the behaviour has functional value.

To produce television edutainment soap opera, producers insert a desirable health or social message in the usual plot line. Davern (1990 quoted in Egger et al 1993, p 141) describes the convention:

For a particular episode, the classic ploy is first to establish a strong emotional link between a lead character (e.g. a young boy) and the viewing audience. This link is built slowly and cumulatively, usually beginning with simply liking the character who is good-natured, friendly, physically attractive and with a pleasant outgoing nature. The next step is to reveal that the character has a tragic or unfortunate background, which arouses considerable sympathy from the viewing audience (e.g. his parents are divorced), and that underneath his brave exterior, the boy is faced with an emotional problem or dilemma (e.g. he would prefer to spend more time with

---

4 Source: [http://tip.psychology.org/bandura.html](http://tip.psychology.org/bandura.html)
his father who appears to reject him anyway – but his mother, because of some physical illness, relies heavily on him for support). The character is then involved in some traumatic incident wherein his life hangs in the balance while the plot is resolved, usually concurrent with his successful recovery. By associating the message with the boy’s recovery (i.e. certain beliefs or behaviours must change in the desired direction to ensure a successful resolution of the plot for the lead character), it is hoped that the audience’s views will also change in the desired direction.

The use of edutainment initiatives by health educators has been observed to reflect a shift in the position of health educators, from complaints about limitations of a commercially oriented media system, to a compromise with the pleasure principle that drives most mass media organisations’ relationship with their audiences (Seale 2002). However, there are limitations to the use of edutainment programs by health communicators. Health professionals must accept that their messages must be subtle and secondary to the entertainment aspects, and entertainment professionals must accept that health promotion messages can enhance the audience appeal, and hence the profitability of commercial productions (Coleman & Meyer 1990 quoted in Egger et al 1993, p 144).

**Criticisms of modernisation theory and the dominant paradigm**

The ‘effects’ model of communication has long been criticised in the broader field of communication studies as failing to adequately describe how mass communications work. There is also a criticism that health and media professionals, in continuing to use such a functionalist model, are limiting their understanding of how mass communications work and how to convey meanings
through mass media. With such limited understanding, difficulties arise in conveying the intended health care issues to the target audience. The traditional health communication also leads health professionals into a narrow concept of communication processes and their target audience reception.

Research in traditional health communication, is mainly interested in the effectiveness of health promotion campaigns. Researchers in the field of health communication view the campaign as the ‘intervention’ which may be ‘evaluated’ by measuring changes in beliefs, attitudes and behaviours occurring before the audience was ‘exposed’ to the intervention and afterward (Backer et al 1992, Lupton 1995, Atkin 2001). Quantitative research methods are normally adopted as a tool to measure the extent to which the message has reached the target audience and to identify the possible barriers (or ‘noise’) affecting reception of the message (Tulloch & Lupton 1997, p. 14).

Continuing with the specific case of failed drug abuse prevention campaigns, previous studies state that the failure of campaigns is the result of health professionals and media planners providing inappropriate messages in their health promotions to audiences. Part of this is that cultural aspects of the target groups have been ignored by health communicators. This results in large numbers of people still not knowing all they need to know about reducing personal risks of compromised health, illness and death and too many people not acting on what they know (Backer 1990).
In the case of Thailand, I argue that one of the major reasons for the failure of health promotion campaigns involving drug abuse prevention is that health professionals and media producers of health promotion campaigns often have not fully understood how media work. Most particularly, they have ignored the integral role of audience perceptions and interpretations. While health communication may appear a more or less simple matter of providing information and transmitting this to anyone accessing the medium being used, in fact, providing the public with drug abuse prevention messages and persuading them to avoid drug use is not at all a simple matter.

As my literature review details, recent research has identified a number of unsuccessful health promotion campaigns. The research indicates that these failures have stemmed from producers overlooking social and behavioural factors to do with audiences for the campaigns. This is consistent with other research which has identified, more generally, that the field of health communication faces difficulties due to the relevant communicators' limited knowledge of recent understandings of how communication works. This has resulted in ineffective health promotion campaigns. It is argued by these researchers, and in this thesis, that health communicators need to look to alternative research perspectives to improve their understanding of how communication works (Lievrouw 1994; Morgan 2000; Austin 2002).

---

5 There are two limitations for this claim, 1) only the government campaigns are poor in their media use, and 2) health promotion on drugs is a distinct category, which differs from other health promotion campaigns, such as AIDS/HIV campaigns, conducted by other organisations.
Cultural studies and health communication

As mentioned earlier, this study seeks to identify an alternative approach to health communication research. Therefore, in this section I focus on a discussion of major concepts in cultural studies. Also, I discuss the potential benefits of using cultural studies tools in health communication research.

Cultural studies is a scholarly practice that is concerned with meaning structures and which analyses the development, reproduction and uses of meanings and practices around artefacts. This field of study has developed its intellectual base and expanded its geographic scope since its early formation at the Centre for Contemporary Cultural Studies at Birmingham University in the United Kingdom in the 1960s. Its discipline focuses on how people make sense of the world and how, in acting within that world, people use and apply ‘meaning systems’, ‘cultural distinctions’, ‘models’, schemes’ or ‘interpretation repertoires’. In other words, cultural studies has focused on the concept of meaning and studied the mediation of social realities through meanings.

Health communication researchers may apply cultural studies tools to explore three major sources of meaning (i.e. the text, the production and the audience response) associated with media texts used in health promotion campaigns. The theoretical framework and research methodologies in cultural studies which may be applied to do so include a) textual analysis and b) audience reception.
Textual practice

I argue that a key aspect of the theoretical perspective offered by cultural studies is that it provides health communicators with a better understanding of the textual complexity of media texts used in health promotion. Focusing on television texts in health promotion campaigns, these texts can be explored in terms of how they are produced in the context of the collaborative effort of the producers, and in terms of the discursive resources that are used and persuasively, informatively, and/or entertainingly presented to audiences. It may assist health communicators to understand and apply this perspective to examine the relationships between texts, intended health care messages and cultural meanings.

Typically, television texts portraying drug abuse are representations of the negative effects caused by drug abuse (e.g. an illness and death). However, televisual representations involving health issues serve not simply to depict health issues but to constitute health issues as a socio–cultural phenomenon and as a reality intertwined with medical and scientific discourses and practices (Treichler 1993 quoted in Tulloch & Lupton 1997, p.9). Television is not simply a transmission carrying health care messages as a package of information to the audience. Rather, television is a site of meanings. Images and sounds in television texts serve to constitute health and illness matters as a cultural product or a socio-cultural phenomenon.

Tulloch and Lupton (1997) also argue in their study that health communication which uses the resources of television and advertising as a pedagogy to deal with risk culture, must have more sophisticated ‘Cultural Studies’ derived tools if it is to
begin to deal effectively with matters of life and death or any important health issues. In this study, therefore, one major focus is the need to understand the role of culture when analysing the ways in which television portrayals of drug abuse, as cultural constructs, are constructed and interpreted.

Television is one of the most important sources of information about health issues and is the most popular medium used in health promotion, especially for drug abuse prevention campaigns. This medium is used to create awareness in audiences of the harmful effects of drug abuse and to communicate drug abuse prevention messages via various genres of television such as news reports, documentaries, health talks, television advertisements and television dramas.

There are three different approaches to describe the different ways in which people make sense of the world; realist, structuralist and post-structuralist. The concept of textual analysis based upon post-structuralist assumptions argues that all cultures make sense of the texts differently. In other words, people from different cultures experience reality differently (McKee 2003, p 9). Textual analysis, therefore, is a way for researchers to gather knowledge about how people make sense of the world as this is mediated by a multiplicity of texts encountered in their daily lives. It is a method which I adopted as a research method in this thesis. For the reasons which follow, it is a useful approach to health communication research. This approach draws on various methodologies for health communicators to analyse texts in health promotion.
Key elements of textual analysis include semiotics, narrative theory, deconstructionism and construction analysis.

**Semiotics**

Semiotics is the study of the ways in which signs communicate meaning and of the rules that govern their use. Its specialised vocabulary aims to describe the signs and codes to be found in all media texts (Selby & Cowdery 1995; McQuail 2000). Originally founded on the study of general linguistics by Ferdinand de Saussure, semiotics was developed into a method for the systematic analysis and interpretation of all symbolic texts. A key element of semiology is the idea that any sign has a conceptual element that carries meaning as well as a physical manifestation.

Semiotics can be applied to the analysis of discourses and meanings of television texts. The complex televisual sign presented in television texts possesses some of the properties of the thing represented, that is, the iconic signs of the image track. Aural signs, and in particular the relations between sound and image, are also analysed for their generation of particular meanings. Using cultural studies’ semiotic tools to analyse television texts involved in health promotion can improve understanding of how they mean for audiences, and how they are made to mean (Stokes 2003).
Narrative theory

Narrative theory is a method for examining the overall pattern of the stories or narratives of texts. It is basic human nature to tell stories of ourselves and our surrounding phenomena in the form of stories:

Narratives are the structured form in which stories advance explanations for the ways of the world. Narratives offers us frameworks of understanding and rules of reference about the way the social order is constructed. (Barker 2004, p 28)

Stories can also provide a powerful medium for learning and gaining understanding about others by affording a context for insights into what one has not personally experienced (Garro & Mattingly 2000, p 1). Narrative theory can be used to explore the ways in which the story has been put together through dialogue and images in television texts, but more particularly through the narrative conventions of chronology and causality that are used to organise dialogue and events. This method assists researchers to understand how the stories are constructed in the cultural form of television texts.

Deconstruction and construction analysis

Deconstruction is a method by which researchers investigate meanings constructed in the text. To deconstruct is ‘to take apart, to undo, in order to seek out and display the assumptions of a text. Deconstruction, amongst much else, involves the dismantling of hierarchical conceptual binary oppositions such as
man/woman, black/white, reality/appearance, nature/culture, reason/madness, etc (Barker 2004, p 29).

Construction analysis is another method to analyse media texts (Selby & Cowdery 1995). Construction analysis is based on the idea that all media texts are constructed using a media language and that the codes which are chosen also convey certain cultural information. The two aspects of construction to be considered in analysis of a media text include formal codes of construction and technical codes. The formal codes include the aspects which overlap with the theatre as setting, props, codes of non verbal communication and codes of dress. On the other hand, technical codes used in the composition of film and television productions such as shot size, camera angle, lens type, composition, focus, lighting codes and colour and film stock codes.

To sum up, the tools of textual analysis emanating from cultural studies which may be used in health communication research include semiotics, narrative theory and constructivism. From a health communication viewpoint, the principal advantage to be gained by the use of these tools is that they provide health communicators with a better understanding of the social and political contexts to health communication texts. Traditional health communication research methods afford little insight into the social and political contexts in which health promotion campaigns are waged. Accordingly, rather than using only traditional (and limited) research methods such as a survey research, health communicators may adopt textual analysis methods to gain more useful information concerning texts which have been used in health
promotion campaigns. This, in turn, may enable health communicators to devise more effective, and more socially and politically savvy, campaigns in the future. For example, semiotics may be used in the analysis of television advertisements used in health promotion campaigns. Doing so would allow health communicators to better understand what particular television advertisements mean to audiences, and how the constructed or received meanings differ from the advertisements’ creators’ intended meanings. Health communicators could also use ‘narrative theory’, a method for investigating the overall pattern of the stories or narratives of the texts, to study the ways in which the story of television texts such as television dramas, has been put together through dialogue and images. This method is also useful for it enables health communicators to better understand how the meanings of dramatic stories are constructed by audiences. Finally, health communicators may also use deconstruction and construction theory to study television advertisements, television dramas or other television programs in health promotion. A fundamental tenet of this theory is that analysis of parts of a media text leads to a better understanding of the whole. Similarly, when the whole of a media text is analysed properly a better understanding of the significance of parts of it may also be achieved. This too may assist designers of texts used in health promotion campaigns to be more effective in the future than they have been in the past.

**Audience reception study**

Research involving audience reception studies which are part of cultural studies differs from the audience research undertaken within the traditional ‘effects’ model of communication. As discussed earlier in the chapter, the ‘effects’ model of
communication is based upon the orthodox trilogy of knowledge, attitude and
behaviour. The major research question of audience research in the ‘effects’
paradigm, therefore, is ‘What do media campaigns do to people?’ This
identification of the audience as passive, is challenged by a post-structuralist
cultural studies. For, as it has been observed (Alasuutari 1999), according to a
cultural perspective, different audiences decode or make sense of programs or
media texts in different ways. Audience reception study in cultural studies is
interested in the examination of audience interpretation of texts and the ways to
gather information about people’s sense-making practices. The major research
question in this audience-centred oriented approach, accordingly, is ‘What do
people do with the media messages?

The history of reception studies in cultural media research can be divided into
three generations or phases (Alasuutari 1999). The first generation concerns
audience reception. The second generation concerns audience ethnography. And
finally, the third generation is a constructionist view.

Audience reception study in the first generation is influenced by Hall’s encoding/
decoding model by Stuart Hall, one of the most influential scholars in cultural
studies in the United Kingdom. Hall’s article Encoding and Decoding in the
Television Discourses is very well known for its concepts of encoding and
decoding which introduced the reception paradigm. Hall’s encoding/decoding
model is the model that incorporates both social and cultural theory. The model’s
emphasis on people’s active sense making of broad culturally and socially specific
concepts distinguishes such an approach from a focus on the effective delivery of a narrowly conceived ‘message’ or package of information.

The encoding/decoding model does not view mediated communication as a linear process that implants the idea of the powerful into the head of the powerless. This model argues that the mass media encode reality. In other words, the real world is used as raw material, and is made to signify in specific ways by technical conventions of media production, which may or may not complement the interests of powerful social groups. These produced texts are encoded with a preferred reading, a meaning that is encouraged by the structure of the text and ways of defining reality that are dominant in a given society (Ruddock 2001).

When audiences perceive the ‘encoded’ product texts, three hypothetical positions of decoding product texts may be constructed. The three hypothetical positions of decoding are a) dominant – hegemonic position (the connotative level of the messages is decoded in terms of the dominant of preferred meanings) b) negotiated position (this position contains a mixture of adaptive and oppositional elements) and c) oppositional position (audiences decode the message in a contrary way from the meanings that media producer intended to convey).

A major point of criticism made by Stuart Hall focuses on the ways people read and interpret cultural texts. Hall’s argument is that a consumer can appropriate, actively reject, or challenge the meaning of a product. “Encoding/Decoding” (Hall 2001) is the article that laid the foundation for and articulated the problems to be
addressed in the ‘reception paradigm’. The idea of this Encoding/Decoding paradigm is that the message is encoded by a program producer and then decoded (and made sense of) by the receivers. This means the sent and received messages are not necessarily identical, and different audiences may also decode a program differently (Alasuutari 1999, p 3). In other words, language and other forms of representation, including images, do not simply reflect the world they describe; rather, they construct particular ways of thinking about the way we live in. Consequently, it is important to understand how people are interpreting the world around them. Accordingly, audience research turned to interpretive modes. Interpretive approaches concentrate on the creation and reception of textual meaning (Ruddock 2001; McKee 2001).

Some proponents of cultural studies have expressed the view that the meaning of a text is located somewhere between the producer and the reader. That is to say, even though the producer encodes the text in a particular way, the reader will decode it in a slightly different manner. Stuart Hall has called this the margin of understanding.

All television texts comprise encoded messages in the form of meaningful discourse. However before the message can have any ‘effect’, satisfy a ‘need’ or be put to ‘use’, it must first be appropriated as a meaningful discourse and meaningfully decoded (During 1999). It is this set of decoded meanings which ‘have an effect’, influence, entertain, instruct or persuade. Accordingly, to examine ‘audience reception’ of (and or measure the margin of understanding in respect of)
a particular television text, it is necessary to ascertain how an audience ‘decodes’ the relevant text.

The second phase of reception study is audience ethnography. Ethnography is an empirical and theoretical approach inherited from anthropology that seeks detailed holistic description and analysis of cultures based on intensive fieldwork (Barker 2003, p 25). It is a participant observation method. The researcher conducts this audience research method by attempts to enter intensively into the culture of a particular group and provide an account of its meanings and activities ‘from the inside’ (Branston & Stafford 2003, p 160). Morley’s *Nationwide* study (1980) is an initial significant study in this second phase of audience reception. The main argument of Morley’s study is that the process of meaning generation depends upon the internal structure of television message (analysed through semiotics) and the cultural background of the viewers (analysed through sociology). The ‘meaning’ of *Nationwide* is the product of the preferred reading offered by the text and the cultural dispositions of the audience. Later, Morley’s study of *Family television* (1986) represents an advance on the *Nationwide* study. As Stevenson sets out,

[M]orley’s attention to the sociological setting places a greater emphasis upon the way in which television is actually used in family contexts. This is indicative of his move away from semiotics to a more sociological concern with the power relations that shape viewing practices. …[h]is research finds a new focus in the importance of gender for television viewing. The gendered

---

6 Genre of *Nationwide* is a current affairs program.
nature of social activity centred around television is evident in all the households and cuts across social class.

Investigating television viewing in the house is by definition investigating something which men are better placed to do wholeheartedly, and which women seem only able to do distractedly and guiltily, because of their continuing sense of their domestic responsibilities. (Stevenson 1995, p 81)

This constructionist view can be applied to investigate meanings that have been constructed through use of particular discourses and compositional techniques by health professionals and media professionals. The third phase of audience studies offers beneficial perspectives for audience research in health communication because it more fully brings the audience’s role in meaning construction into view.

Instead of focusing mainly on the sociological setting (as in ethnography), audience research in the third generation resumes an interest in programmes and programming of texts and their usage as a element of everyday life. The objective is to get a grasp of our contemporary ‘media culture’, particularly as it can be seen in the role of media in everyday life, both as a topic and as an activity structured by and structuring the discourses within which it is discussed (Alasuutari 1999). In addition, the constructions of sense by the readers may be shaped by viewer’s identification; viewer’s identification is with a character playing out a social role in a programme. Identification involves understanding the world in particular ways. Identification with the presenter of a travel documentary, for instance, can bring with it the pleasure of looking at a changing environment. But it is also associated with understanding those surroundings in ways appropriate to someone in the role
of ‘tourist’ or ‘explorer’ (Wilson 1993). The understanding is always from the position and point of view of the person who understands. This involves with the production of meaning by the reader. The texts may structure aspects of meaning by guiding the reader, but cannot fix the meaning (Barker 2004, p 30). Alasuutari (1995, p 27) describes a key aspect of the theoretical perspective represented by a cultural studies as follows;

‘[M]eaning’ is not just a quality of certain specific beings; it is not a stamp that is used for labelling certain projects. Reality is socially construed through and through; it is composed of interpretations of meanings and rules of interpretation on the basis of which people orientate themselves in their everyday life.

What has been said above could indeed be regarded as the theory-of-knowledge dimension of the concept of meaning, which forms an integral part of cultural studies. From this point of view the emphasis is on the fact that reality only exists to people through meanings. The world does not present itself to us ‘as is’, but always through the relationship we have to this world.

Grossberg (1988) and Radway (1988) quoted in Alasuutari (1999, p 6) emphasised that there isn’t really such a thing as the ‘audience’ out there; one must bear in mind that audience is, most of all, a discursive construct produced by a particular analytic gaze.

As Grossberg puts it, ‘media audiences are shifting constellations, located within varying multiple discourses which are never entirely outside the media discourse themselves’ (1988, p 386). Radway (1988) emphasized that,
instead of one particular circuit of producer, text and audience, people’s daily life must be the point of departure and object of research: (Alasuutari 1999, p 6).

Additionally, Fulton (2005, p 5) explained what is conceptualised and what is called an ‘audience’ in the third generation of reception studies in the following terms:

When we consider the audiences for media texts, it seems obvious that in a literal sense they are people like us, watching television, going to the movies, buying newspapers. But from theoretical perspective, an audience is called into being by a particular discourse, or ‘interpellated’ by the text, to use Althusser’s term. In other words, an audience doesn’t exist until a text addresses it; and by the same token, text doesn’t simply address a pre-existing and knowable audience. They actually construct a virtual audience, defined by Alasuutari as ‘a discursive construct produced by a particular analytic gaze’ (Alasuutari 1999, p 6). The virtual audience is the audience that is sold to advertisers. Whether or not the virtual audience is then realised as an actual group of consumer who buy the products is one of the great gambles of the free market.

Morley (1999, p 195) referred to third generation of audience reception studies as being notable for the shift of attention and emphasis it displays in conceiving of ‘the media and media messages in a broader sense than just as an encoded text to be then decoded by a particular “interpretive community”’. He explained further that:
This focus on the question of ‘the cultural community’ which inspires the attempt here to map the landmarks of the new ‘mediascapes’ in which we find ourselves … is very much to be welcomed. In making this move, we are then able to go beyond the evaluation of the effects of any particular media message, the better to investigate, as Alasuutari suggests, the premises which underlie and constitute the discourse through and within which ‘the media’ (and their ‘effects’ or ‘uses’) become an object of research and concern. The emphasis thus shifts, as he observes, to the analysis of discourses on the media and their contents ‘as topic in its own right’ rather than ‘as a lens through which to peek into individual acts of reception’. … Alasuutari rightly insists on moving beyond the investigation of individual instances of media reception in isolation, to focus rather on the discourses through which our very sense of the (different) media, of ourselves as their audience, and of our involvements with them, are constituted.

Buckingham (1993) and Gavin (2001) are examples of works which fall into the third generation of audience reception studies. The investigations of Buckingham (1993) and Gavin (2001) moved beyond attempts to evaluate the ‘effects’ of particular television texts to the study of how audiences, in their social environments, construct meanings of television texts. Buckingham (1993) examined the complex ways in which an audience (i.e. children in his study) may make meaning and derive pleasure from television texts in the context of group talk. Gavin (2001) investigated the role of television genre, focusing on the ways in which audience understandings of a programme’s genre provide the audience with
a framework for understanding messages within that programme, such as health-related messages concerning safe sex.

Gavin (2001 p 93) observed that:

The television programme is a particular kind of utterance where the audience not only receives the message intended by the producers, but understands this message within the frame of genre. It is from this positioning that the audience constructs the meaning of television messages … It is not a fixed ‘genre’ itself that frames this understanding, but audience assumptions and expectations of the perceived genre that is important. These understanding are shared by some groups and not others, and their boundaries continually renegotiated. Genre, as a (sic) hermeneutic device, is therefore a relatively flexible audience construction.

Reception studies in the field of health communication research can be done by studying audience responses to media texts used in health promotion campaigns. Accordingly, for and as part of audience analysis using a cultural studies approach, interpretive approaches are used to examine the creation and reception of textual meanings (McKee 2001).

Additionally, for the analysis of texts, there are two aspects involved in how audiences construct their senses of texts: the intertextuality of the text and the narrative construction of the text. Intertextuality refers, broadly, to the different cultural literacies we bring to any reading of the text (Schirato & Yell 2000, p 173). Intertextuality is a significant element in the kind of meanings audiences attribute
to a text. The audience attach different meanings to the text, as they compare the program with some other text they have seen before. Narrative construction of the text: This is based upon the premise that the audience is one of the most important aspects in the communication process but has been inadequately conceptualised and taken into consideration by media professionals, particularly in the area of health communication, and correspondingly, in health communication research. A cultural studies approach provides means to investigate how people are interpreting the world around them, particularly, to understand how particular audiences are likely to interpret television texts in health promotions.

To study audience reception, focus group interviews are the research method most commonly used for collecting data. This method is designed to elicit and record individual observations and interpretations. In general, this method allows researchers to investigate the range of opinions of people across several groups. In analysing audience reception of television texts, researchers can use focus group interviews to determine perceptions, feelings, and people’s thoughts and reactions to television texts in health promotion campaigns. In other words, focus group interviews offer a means for researchers to investigate how and why audiences interpret media texts in particular ways.

Hansen et al (1998) state that there are at least two important reasons for choosing focus group discussions in audience research. The first reason concerns the argument that the generation of meanings and interpretations of media content is ‘naturally’ a social activity, that is, audiences form their interpretations of media content and their opinions about such content through conversations and social
interaction. The second reason is that this method offers dynamics and ways of eliciting, stimulating, and elaborating audience interpretations. It is precisely the group dynamics and interaction found where several people are brought together to discuss a subject, that is seen as the attraction of this mode of data-collection over individual interviews.

Among a vast amount of research in the field of media and cultural studies, Tulloch and Lupton’s *Television AIDS and Risk* (1997) is a significant study using a cultural studies approach to textual analysis and audience reception study in health communication research. Their study adopts a cultural studies approach to explore the ways in which television texts about AIDS are produced and interpreted. Its major concern is the analysis of AIDS television texts in western society and in Australia. Tulloch and Lupton examine AIDS television advertisements and analyse the representation of the AIDS body in popular television drama, with a particular focus on the genre of soap opera. The findings of the study suggest that television texts on AIDS contribute to the ways in which risks related to HIV infection and the AIDS body are understood and experienced. Whether meanings about HIV/AIDS and risk have been presented in television drama or public health advertisements, they share concern for defining and portraying the types of people or social groups that are deemed to be ‘at risk’ from HIV/AIDS. AIDS television texts do quite clearly serve to construct idealised notions of the body as self-contained, well regulated and protecting its health rather than allowing itself to succumb to desire. The audience study in this research reveals that central moral meanings around HIV/AIDS, risk and the body are shared not only by the people who produce television but also their audiences.
Audience responses to media representation of health risks do not involve the hierarchical steps of attracting attention, understanding the message, identifying the message or assessing personal relevance that are so often identified in the health communication literature.

Building on the arguments of Tulloch and Lupton’s study of HIV/AIDS representation (1997), Gavin (2001) examines the ways in which teen drama about AIDS has been understood by young audiences. To do this he uses a cultural studies approach. Gavin states that audience reception and interpretation of texts are complex issues. Audiences might not receive the intended messages from the producers. His study also demonstrates that for a particular kind of media, television, in particular, audiences understand and interpret health messages within the frame of genre. Audience assumptions and expectations of genre lead to the negotiation and construction of meanings in audience reception.

In fact, from my literature review, it appears that only a limited number of audience studies adopt a cultural studies approach to study the complexity of audience reception and interpretation of media portrayals of health care messages. I have not found any which have done so in a Thai context. Therefore, this study is an attempt to fill that gap by adopting a cultural studies approach to explore and understand how individuals make sense of discourses and meanings in media texts portrayals drug use and abuse in Thailand. This thesis conceptualises audience’s or individuals’ understanding of health, illness and disease as constructed as part of social and cultural practices. Individuals actively contribute to and conceive their experience of health and illness as part of their belonging within a particular community and society.
Conclusion

Heath communication has long been dominated by the ‘effects’ model of communication. This model of communication underpins most health communication research and health communication strategies. Post-modern researchers have argued that relying upon such a model, health professionals misconceive the media texts they use in campaigns and also their target audiences. The ‘effects’ model of communication has also been criticised by post-modern researchers for it leads health communicators to overlook the symbolic, textual complexity of television texts and the complexity of audience construction of meanings involving health and illness.

Recently, several research studies in western society have approached health communications using a cultural studies method. Those research studies have claimed that using a cultural studies approach to health communication illuminates the diverse cultural considerations involved in generating meanings around television texts, including those involved in production contexts and the reception and interpretation of audiences. Post-modern researchers have also argued that the use of a cultural studies method benefits the designers of health promotion campaigns in developing a more sophisticated understanding of what is necessary to change audience behaviour, or at least to provide some of the conditions in which this can occur. This, in turn, may assist the designers of health promotion campaigns to improve the design and effectiveness of future campaigns. All of this adds weight to the contention that it is important to focus attention upon the
potential benefits of conducting health communication research using alternative methods drawn from cultural studies.

The discussion in this chapter serves as a foreground to Chapter Two where I further discuss and illustrate the complexity of drug use and abuse in Thailand. My discussion will cover examples of drug abuse prevention campaigns and the reasons for the lack of success of such campaigns in Thailand.
Chapter Two

Drug abuse in Thailand and Thai health communication campaigns
Three major topics are covered by the discussion in this chapter. First, I describe the drug abuse situation in Thailand. Second, I discuss drug abuse and health promotion campaigns in Thailand. In this context, I discuss the ways in which the Thai government has taken action to address the problem of drug abuse in Thailand. Finally, I discuss Thai health communication and audience research and, in doing so, review Thai health communication research literature. The object of this chapter is to explain the impetus for and significance of this research.

Drug abuse in Thailand

Drug abuse is a major social problem in many countries around the world. Authorities in many countries have tried, and are trying, to reduce the number of drug users within their jurisdictions. The most common approach is to try to raise public awareness of the harmful effects of drug abuse and endeavour to persuade people not to use drugs. However, drug use and abuse remain serious problems.

Drug abuse is a fundamental cause of many problems in society. It is the cause of serious health problems and leads many drug addicts to commit crime. Perhaps even more significantly, when a large number of young people become addicted to drugs, an important human resource, crucial for a developing country such as

---

7 Thailand is located in the west of the South-East Asia Indochinese Peninsula. The country covers a total area of 514,000 square kilometres. The estimated population in 2006 was 64,631,595 people. Thailand's northern and western land borders (which extend for 1,800 kilometres) are shared with the Union of Myanmar (Burma); its eastern land borders are shared with the Lao People’s Democratic Republic (1,754 kilometres) and the Kingdom of Cambodia (803 kilometres). Thailand’s southern land border is shared with the Federation of Malaysia (506 kilometres).

Thailand, is significantly impaired or damaged. The drug abuse problem in Thailand is undeniably significant and difficult to solve. It is, or has become, an even more serious problem because it is, at least in part, a by-product of a seemingly lucrative trade in illicit substances which some in Thailand regard as being in their personal interests to maintain or expand. In short, it is generally accepted that a number of corrupt government officials are involved in the illicit drug trade in Thailand.

While it is true that the Thai government has acknowledged that illicit drugs present a serious problem for Thailand, and it has taken steps to address the problem, it may be argued that Thailand’s drug problem, as it is commonly conceived, is at least in part a political construct. According to Ilchmann (2003), Taksin Shinawat, the former Thai Prime Minister, sought to exploit Thailand’s drug problem, and widespread public hostility in Thailand towards illicit drugs, to boost his political popularity. Ilchman has argued that Taksin’s ‘war on drugs’ policy, announced in 2003, was part of a political strategy designed to deflect attention away from the failure of Taksin’s government to address unemployment, poverty and other social problems in Thailand.

A report by the National Primary Education Commission of Thailand (NPEC) revealed that in 1999 there were more than 660,000 cases of drug-related offences by students either as users, pushers or addicts around the country. By 2001, in the central part of Thailand alone, the estimated number of illicit drug

---

8 Source: [www.oncb.go.th](http://www.oncb.go.th)
addicts had reached 1.1 million.\textsuperscript{9} Also in 2001, the estimated number of Thai students reported to be users or pushers of illicit drugs totalled 374,653.\textsuperscript{10}

In or about 2003, according to Thai government figures, Thailand had 3 million illicit drug users, including an estimated 300,000 methamphetamine addicts, of a population of 63 million people (Tasker 2003).

One of the principal reasons for the drug abuse problem in Thailand is the country’s proximity to drug producing regions including the Union of Myanmar (Burma). In 2000, the Thai government declared the smuggling of methamphetamines into Thailand to be the country’s biggest national security threat. The Thai government has estimated that 700 million methamphetamine tablets were smuggled into Thailand from Myanmar in 2002 (where nearly all drugs that reach Thailand are produced) (Tasker 2003). In addition, the hilly country inside Myanmar near its border with Thailand is now said to be one of the two largest opium production areas in the world (CIA, The World Factbook 2007). The largest single source of drugs in Myanmar is Wa State, an unrecognised state in that country controlled by the United Wa State Army (UWSA). The UWSA is estimated to have 20,000 soldiers and is reported to have spent millions of dollars importing and employing engineers and technicians to build modern drug manufacturing laboratories in their territory. The UWSA is reputed to be the largest drug-producing organisation in Southeast Asia. In addition to exporting opiates, it


\textsuperscript{10} Reported by the ABAC-KSC Internet Poll, Assumption University, Bangkok, Thailand, published in the ONCB Journal 2002.
is said to produce methamphetamine, or *yaa baa*, which is much cheaper and easier to manufacture than heroin, and much more affordable for consumers.

According to a report published by the Office of Narcotics Control Board (ONCB) of Thailand in June 2005, illicit drugs, and in particular illegal methamphetamines, flow into Thailand from neighbouring Myanmar through the northern part of Thailand via Chiang Rai, Chiang Mai and Tak provinces. This movement of illegal drugs across the Thai-Myanmar border is difficult, if not impossible, to control. Recently, Stephane Dovert, Director of the *Institut de recherché sur l’Asie du Sud-Est contemporiaire*, quoted in Chouvy. and Meissonier (2004) has observed that:

*Yaa baa* in Thai society did not appear out of thin air. In neighbouring Burma, methamphetamine pills came to rival both opium and heroin as the most profitable product in the narcotics trafficking business. The mountainous, minority-controlled border regions between Thailand and Burma have played a significant role in the recent emergence of the amphetamine-type stimulant trade. Long-established routes running through the Golden Triangle, which for centuries had been a dynamic hub for various kinds of commerce, now served the new opportunities brought forth by the pill trade. Downstream, numerous wholesalers with military and political links on both sides of the border supplied methamphetamine tablets to a multitude of retailers and dealers. Traffickers concealed their illegal cargo in truck petrol tanks, car chassis, and even inside their underwear. Customs posts were overwhelmed by the flood of pills, and officials were often encouraged to turn a blind eye to the passing traffic.
Chouvy and Meissonier (2004) have also observed that methamphetamine production in Burma itself spurs consumption of such drugs in Thailand. As a result, the number of drug users in Thailand has increased steadily since at least the 1990s.

**The Thai government and ‘War on Drugs’ policy**

The rising number of drug users in Thailand has resulted in drug abuse prevention strategies assuming a high priority in the eyes and minds of Thai governments and politicians. In recent years, Thai governments have used a variety of different strategies to attempt to control drug use and abuse. They have, for example, promulgated and amended drug laws, implemented drug suppression and prevention policies, co-operated with international organisations and developed treatment facilities for those with drug addictions (Cheurprakobkit 2000).

As part of Thailand’s 9th National Economic and Social Development plan 2002 - 2006, the Thai government resolved to focus on and improve drug control measures. The then Prime Minister of Thailand, Mr Taksin Shinawatra, declared the prevention and suppression of narcotic drugs to be one of his top priorities. He pledged that his government would strictly enforce drug trafficking laws and remove legal and other barriers to drug treatment and rehabilitation.

In 2003, the Thai government budgeted to spend 400 million baht ($9.52 million dollars) in this fight against drugs (Tasker 2003).
On 1 February 2003, Mr Shinawatra, launched a three-month ‘War on Drugs’. This campaign was described as ‘a high priority action’ and was said to be guided by the principles of ‘prevention before suppression’, ‘drug addicts must be treated’, and ‘drug traffickers must be punished’. Provincial administrations were given targets for arrests and drug seizures. And police officers were to be rewarded with a bounty per pill found, and a percentage of assets seized. Officials who failed to meet those goals faced dismissal (Pongpaichit & Baker 2003, p. 15).

During the three-month ‘War on Drugs’, Thai authorities seized forty million methamphetamine tablets and jailed 92,500 drug addicts, 43,000 dealers, and 750 drug producers and importers. Among those arrested was at least one trafficker said to control a large share of the Bangkok market. In addition, some 1,300 civil servants were sacked or placed in custody for their complicity in the illegal drug trade. By some accounts, within three months of its launch, the ‘War on Drugs’ had also produced a death toll from extra-judicial killings by police officers of at least 2,275 people (Tasker 2003, p. 18).

In January 2004, Mr Shinawatra declared “victory” in his ‘War on Drugs’. However, at the same time the ‘War on Drugs’ was the subject of extensive national and international criticism for involving the abuse of human rights.

Early in 2548 BE (2005 AD), the ONCB published a report entitled The 7th study of the drug situation in Thailand: an evaluation of the drug abuse prevention

---

11 Mr Taksin Shinawatra was the Thai Prime Minister in the period from 2001 to 2006.

campaign in the period from 1 October to 31 December 2004. In that report the ONCB revealed the results of a survey undertaken in the period from 21 February to 18 March 2548 BE (2005 AD). The object of the survey was to examine the effectiveness of the Thai government’s ‘War on Drugs’. The survey participants were 171,760 people from Thai communities around the country and were selected by purposive sampling. The results of the survey revealed that in the view of the survey’s participants, drug abuse was still a serious problem for the Thai nation and the number of drug users in the country was greater than ever before.

Human Rights Watch said that there was, and could be, no ‘victory’ in the ‘War on Drugs’ because:

Drug addiction is not a failure of character or will, nor is it in itself a crime. Through its war on drugs, however, the Thai government effectively transformed the disease of addiction into death sentence. Police arrested and jailed individuals based solely on evidence of prior drug use or syringe marks on their arms. Local officials placed thousands on blacklist without any evidence of drug activity and forced them to report to the police. Drug users who turned themselves in to police found themselves shot and killed on their way out of the police station. A fear of arrest or murder drove drug users into remote hiding places, where they risked fatal overdose and HIV infection from the sharing of blood-contained syringes (Human Rights Watch 2004, p.51).

Given the evident failure of the anti-drug measures referred to above, it has become crucial to reconsider the approaches being taken by the Thai government and authorities. Since drug trafficking and dealing are difficult, if not impossible, to
prevent, focussing attention on people’s predisposition to try drugs and to become drug users becomes increasingly important. My object in conducting this research, and within this urgent political context, is to illustrate how to assist and improve the attempts of public health officials and health communicators to intervene in Thai people’s predisposition towards drug use and abuse.

**Drug abuse prevention campaigns in Thailand**

Drugs are indisputably a problem in Thailand. … The country has been smothered with anti-drug slogans. Everyone from pop stars to retired generals has urged Thais to stop using drugs. But such efforts have been failures (Pongpaichit & Baker 2003, p. 15).

**Thai government media campaigns**

In Thailand, the responsibility for the control of illicit drugs lies with the Office of Narcotics Control Board of Thailand which is a government organisation established in November 1976. One of the ONCB’s main functions is to operate a ‘Drug Demand Reduction Bureau’, the objectives of which include:\(^\text{13}\)

- to coordinate, carry out, promote, and disseminate research findings on drug abuse control;
- to develop and introduce measures, models, techniques, and strategies on drug control, as well as to disseminate anti-narcotics information for target groups;

\(^\text{13}\) Source: [www.oncb.go.th](http://www.oncb.go.th)
• to produce and support drug abuse prevention materials for concerned agencies;
• to set up and develop data systems for drug epidemiology and act as a database centre in respect of the drug epidemic within the country; and
• to launch pilot projects and special projects on drug control.

In the performance of its functions, the ONCB's, Drug Demand Reduction Bureau has established projects in cooperation with the Thai Ministry of Education, aimed at dissuading groups of students ‘at risk’ of drug abuse in high schools and universities from becoming involved with drugs. Those projects have included organising activities for young people such as sports and music competitions. The rationale is that by encouraging students to engage in fun and fulfilling activities with their friends, they will be steered away from using drugs and succumbing to drug abuse.

More particularly, however, the ONCB's, Drug Demand Reduction Bureau has utilised various kinds of mass media as part of its drug abuse prevention campaigns. The Bureau has held mobile and other exhibitions and workshops designed to disseminate drug abuse prevention information. It has distributed video CDs, posters, leaflets, flyers and stickers carrying drug abuse prevention messages. And, it has utilised advertisements, short documentaries and spot articles in both the electronic and print media.14

Even so, the principal tool used by the ONCB in its the National Drug Abuse Prevention Campaign has been and is television advertising.

**ONCB / Drug Demand Reduction Bureau Television Campaigns**

Each year from 1990 to 1996 the ONCB itself produced television advertisements as part of its National Drug Abuse Prevention Campaign. Since 1997, the ONCB has commissioned the production of television advertisements for and as part of its campaign. The ONCB’s television advertisements are broadcast on free-to-air television networks throughout Thailand. The following section provides details of the background and character of the various television networks in Thailand. A discussion of the impact of the ONCB’s television advertising campaigns then follows.

**Television networks in Thailand**

In Thailand, the free-to-air television networks comprise channels 3, 5, 7, 9, 11 and iTV.

In 1955, Channel 9 (previously known as channel 4) was established. It was the first free-to-air television broadcaster in Thailand and South East Asia. Channel 9 is operated by a government enterprise known as the Mass Communication Organisation of Thailand (MCOT). The television programs broadcast by MCOT are principally documentaries or otherwise intended to be informative. Some of the

---

15 Information in this section is synthesised from various relevant sources as well as books, as cited and television station websites.
programs broadcast by MCOT on Channel 9 might be described as Thai government propaganda.

In 1970, MCOT leased the license to broadcast on Thailand’s Channel 3 to the Bangkok Entertainment Company Ltd (BEC), a private enterprise which was and is controlled by Thailand’s wealthy Maleenol family. Channel 3 is broadcast from 31 transmission stations throughout Thailand. Channel 3’s coverage is 452,093 square kilometres or 89.7% of the area of Thailand. Most of the programs broadcast by Channel 3 are entertainment programs.

The Royal Thai Army (RTA) owns Thailand’s Channels 5 and 7.

In 1958, Channel 5 was established to broadcast military news to the Thai people. The RTA continues to broadcast on, and provide financial support to, Channel 5. The members of the executive board and senior staff of Channel 5 continue to be officers of the RTA. Channel 5 broadcasts a variety of television programs. Generally however, Channel 5 is not as popular as the Thai television networks run by private enterprises.

In 1967, the RTA leased the license to broadcast on Channel 7 to the Bangkok Broadcasting and Television Company (BBTV), a private enterprise which was and is controlled by Thailand’s wealthy Kannasut family. Channel 7 is broadcast from 34 transmission stations throughout Thailand. Channel 7’s broadcast area covers all of Thailand and some regions outside of it. Due to its coverage and the
variety of the programs which it broadcasts, Channel 7 is the most popular television station in Thailand.

In 1962, the Public Relations Department of the Government of Thailand (PRD) began broadcasting on Channel 11. From 1962 to 1987, Channel 11 had transmission stations in four of the major provincial regions of Thailand. However in 1987, Channel 11 underwent a major expansion with the benefit of financial aid received from the Japanese Government. Channel 11 is now operated by the National Broadcasting Services of Thailand (NBT) which is a division of the PRD. Channel 11 has relatively low ratings because it broadcasts mostly educational programs including long distance learning classes from Ramkhamhaeng University and Sukhothai Thammathirat University, the two open universities in Thailand.

In about 1996, the Thai government leased the broadcast licence for iTV to the Siam Infotainment Company Ltd (SICL) for 30 years. iTV is the newest free-to-air television station in Thailand, it began broadcasting in July 1996. In 1998, SICL changed its name to iTV Public Company Ltd and its shares became listed on the Stock Exchange of Thailand. iTV has 40 relay broadcast stations in Thailand and a viewer coverage ratio of 97% of the population.

In the period from 1996 to 2000, iTV became noted for broadcasting independent and high quality news and current affairs programs. However, in about 2000, iTV Public Company Ltd encountered financial difficulties and Shin Corporation Public Company Ltd (a company owned and controlled by interests associated with the
Thai Prime Minister, Mr Taksin Shinawatra, and his family) took a controlling interest in iTV Public Company Ltd. As a result, iTV’s programming has undergone significant change. iTV’s programs are now principally entertainment-oriented rather than information-oriented as they were before.\textsuperscript{16}

In general terms, the market leaders and the most popular television stations in Thailand are Channels 3 and 7. These channels have the largest broadcast coverage and broadcast the most popular entertainment programs in Thailand. Advertising slots during their prime-time broadcasts (from 6.00pm to 10.00pm each day) are in high demand among advertising agencies and command relatively high prices (around 250,000 to 450,000 Baht per minute).\textsuperscript{17} By contrast, other Thai television stations operate subject to bureaucratic government policies (particularly those which are run by the Royal Thai Army) and are much less popular with viewers. Some of these stations are not profitable.

\textbf{Impacts of the ONCB’s television advertising campaigns}

For the ONCB’s 2001 drug abuse prevention campaign, its advertisements were broadcast during prime-time on Channels 5 and 9, 60 times over a six week period (1 August – 15 September 2001).\textsuperscript{18} This level and frequency of broadcasting was

\textsuperscript{16} In March 2007, the Public Relations Department (PRD) of Thailand has taken over and operated iTV, the station which has failed to pay more than 100 billion Bath ($US 2.9 billion) in debts to the Thai Prime Minister’s Office. The Thai governments announced that 100 billion Bath fine is the result from iTV had failed to keep the contract to the government in broadcasting 70% of News, current affairs and education programs and 30% of entertainment programs. Source: http://www.nationmultimedia.com, viewed on 7 March 2007.

\textsuperscript{17} Source: www.ch7.com

\textsuperscript{18} “ONCB annual report for the financial year 2544 BE (2001AD)”, Bangkok, The Office of Narcotics Control Board.
limited by the ONCB’s budget. In addition, the ONCB sought and received cooperation from other television networks on a ‘community service’ basis. Consequently, the ONCB advertisements were also screened throughout 2001 on each of Channels 7, 11, iTV and UBC (a Thai satellite television station). Of these, the ONCB advertisements were screened most frequently on Channel 11 because it is a non-profit Channel operated by the Thai government. The ONCB’s advertisements were infrequently on each of Channels 7, iTV and UBC. Channel 11 has fewer viewers and is much less popular than the other Thai television channels. It follows that it may be assumed that the number of viewers of the ONCB’s advertisements in 2001 was limited. Ms Areepak Ngernbumrung, the ONCB’s Public Relations Officer explained to me on 6 August 2004 that:

It is because of the availability of budget. We have a very little amount of money to spend on buying air-time for television advertisements. And usually, we just have enough budget to buy air-time to broadcast the advertisements for just sixty days which is not enough to make an impact.

Private agencies’ campaigns

Apart from the ONCB, various private sector parties take part in efforts to prevent drug use and abuse in Thailand. Among those parties are two major music industry firms, the GMM Grammy (Public) Co Ltd and the RS (Public) Co Ltd. GMM Grammy has a number of projects designed to prevent drug abuse in Thailand including campaigns which use the slogans ‘Just Say No’, ‘To be Number One’, and ‘Quit Smoking’.¹⁹ Perhaps the most well-known campaign produced by

¹⁹ Source: [www.gmmgrammy.com](http://www.gmmgrammy.com)
GMM Grammy is its ‘Just Say No’ campaign. In this campaign, GMM Grammy uses famous singers to deliver a “just say no to drugs” message to the Thai public using various forms of mass media advertising including television, radio, and print advertising. GMM Grammy’s strategy is to use celebrities to tell young viewers, listeners and readers that the only way to avoid the dangers of drugs is to say ‘No’.

RS Public Co’s most well known drug abuse prevention campaign is ‘Rong Rean See Khao’ which (loosely translated) means ‘Help make schools drug-free’. This project is targeted at school students and teachers around Thailand. The message is conveyed to the audience using various forms of mass media advertising including television, radio, and print media. The campaign is designed to reduce the availability of illicit drugs in Thai schools and, thereby, prevent school children (a group which has been identified as being most vulnerable to the temptations of drugs) from becoming users of illicit drugs. The overall strategy of the campaign is similar to that which is used in GMM Grammy’s ‘Just Say No’ campaign. As part of the project, RS Public Co encourages each school to declare itself ‘a drug-free school’.

Despite their efforts, these private campaigns have proved generally unsuccessful because they have failed to contribute meaningfully to target audiences’ knowledge of drug abuse issues. A cynical view is that these private firms are more concerned to promote the pop stars and singers who ‘feature’ in the campaigns, and to build corporate goodwill, than they are to make effective contributions to the Thai government’s efforts to inform audiences of the risks and dangers of drug abuse. In addition, the advertisements produced by such firms
have been broadcast and printed only occasionally. Mr. Songwit Jirasopin, the former CEO of GMM Grammy, expressed his opinion in respect of GMM Grammy’s ‘Just Say No’ campaign in the following terms:

Any projects can make impacts. Any projects can build up audience awareness … but the problem is what is the content … what is the right message? Put it this way, … think about ‘Just Say No’. In that project we just copied the phrase from an American campaign because we thought it was a trendy phrase. In fact, we didn’t do much, apart from keep repeating the phrase, ‘Just Say No’, in television advertisements. Everyone knows that using drugs can cause health problems. But in our ads there was nothing new to tell the audience, and so I don’t think anyone was really interested in watching them.20

A number of studies have considered the effectiveness of health promotion campaigns in Thailand. In the following section, I provide evidence to support my argument that there is a real need to consider an alternative approach to health communication, particularly drug abuse prevention campaigns, in Thailand. This includes research findings from studies concerning the effectiveness of past health communication campaigns in Thailand and comments about the reasons why such past health communication campaigns have been unsuccessful.

---

20 This quote is synthesised from parts of an interview of Mr Songwit Jirasopin reproduced in Sathapitanond et al (2003). Only the main elements of the interview have been translated into English and reproduced in this thesis.
Thai health communication and audience research

Sathapitanond et al (2003) reviewed the status of the body of knowledge in health communication research in Thailand in 2003. This review was part of a study entitled *The Potential of Mass Media in Health Promotion*. The literature and relevant materials canvassed by this review included health communication research articles published in books, health communication research reports and theses in the field of health communication research. These were collected from libraries located in the educational institutes and government organisations listed below:

- The Faculty of Communication Arts, Chulalongkorn University, Bangkok;
- The Central Library, Chulalongkorn University, Bangkok;
- The Faculty of Journalism and Mass Communication, Thammasat University; Bangkok;
- The Faculty of Nursing, Chiang Mai University;
- The Central Library, Chiang Mai University
- The Faculty of Public Health, Mahidol University, Bangkok;
- The Library of the National Research Council of Thailand, Bangkok; and
- The Library of the Office of the Narcotics Control Board of Thailand, Bangkok.

The findings of *A Review of the Status of the Body of Knowledge in Health Communication Research* by Sathapitanond et al (2003) reveal that most pieces of health communication research generally, and particularly in Thailand, fall into the category of quantitative, rather than qualitative, research. The findings also reveal that most pieces of health communication research are conducted using survey
research methods employing survey forms or questionnaires. The most popular research topic is the effectiveness of a given health promotion campaign. Such research generally seeks to measure the percentage of the media messages broadcast or published which are received by viewers, or the target audiences of the health promotion campaign with which the research is concerned. Examples of such research are referred to below.

Chansuwan (1992) conducted audience research concerning the HIV/AIDS campaigns produced by Ministry of Public Health, Thailand, in the period from 1981 to 1991. The study focused on message design, the distribution of messages and their impact on the public. Chansuwan’s findings suggest that audiences often ignore health-related messages contained in mass media campaigns. More importantly, Chansuwan’s findings also suggest that there was audience misinterpretation of the health communicators’ intended messages. Cherdwongsook (1996), established that drug abuse prevention campaigns (in her case study, in respect of amphetamines or ‘yaa baa’) have been weak in terms of their effectiveness. The result of this study is similar to Pitakgosol (1997). Pitakgosol conducted audience research concerning knowledge of, and attitudes towards, amphetamines among industrial workers in Nonthaburi province, Thailand. The findings of this research suggested that television advertisements used in drug abuse prevention campaigns before 1997 had had little or no effect on their audiences’ knowledge and behaviour.

Additionally, Boonlue et al (2000) conducted surveys to evaluate attitudes and knowledge concerning the ONCB’s drug abuse prevention campaigns among university students in Thailand. The participants of the surveys were 100 students
from private universities and 100 students from government universities in central Thailand (Bangkok and Nakonprathom). The survey findings revealed that the students nominated television as their principal source of information about the ONCB’s drug abuse prevention campaigns. However, the survey findings also showed that a high percentage of the survey participants had limited knowledge of both the harmful effects of drug abuse and the ONCB’s drug abuse prevention campaigns.

In 2002, Pankaw et al. conducted a further study to evaluate the effectiveness of the ONCB’s drug abuse prevention campaigns. The survey participants were young Thai people aged between 12 and 25 years of age. 600 people were selected to be survey participants using a purposive sampling method. The survey findings revealed that the ONCB’s drug abuse prevention campaigns had produced little or no change to the audiences' attitudes concerning drug abuse. In addition, more than half of the participants said that they had never seen the ONCB’s television advertisements.

In 2002, the Market Wise Co Ltd conducted survey research concerning the effectiveness of, and audience responses to, the ONCB’s drug abuse prevention advertising campaign. According to Market Wise’s Report of 2002 Baseline Research, after the launch of the ONCB’s advertising campaign, the majority of participants of the survey still had limited knowledge about the ONCB drug abuse prevention campaigns. In addition, audiences’ knowledge involving harmful effects of drug abuse remained at a low level. More importantly, the survey findings reveal

---

21 Since 1990 the ONCB has produced a series of television advertisements for their drug abuse prevention campaigns. Television advertisements is the major genre for the ONCB drug abuse prevention campaign.
that the ONCB drug abuse prevention campaigns did not build up audience awareness towards drug use and abuse in Thailand.

The studies mentioned above add to the considerable evidence that Thai health promotion campaigns, and drug abuse prevention advertising campaigns, have failed to produce intended and desired outcomes.

The drug abuse prevention campaigns which for some time have been conducted continuously in Thailand have been unsuccessful. Despite them, there has been a dramatic increase in the number of drug users in Thailand. And drug abuse remains a cause of serious and widespread health problems for Thai people.

The health communication research which has been conducted in Thailand has generally used the survey method for collecting data. I argue that two major reasons exist for Thai health communication researchers to prefer using the survey method for their research. First, as Lupton (1994, p 57) explained:

Health communication scholars, researchers, and practitioners are often hampered in their project by their close links with health promotion agencies largely funded by the state. Consequently the tendency of health communication scholars, researchers, and practitioners has been to accept the prevailing orthodoxy of health promotion ideology, focusing on the planning of health education campaigns, cost effectiveness, and the evaluation of measurable effects ....
Second, quantitative method survey research is popular among Thai health communication researchers because of its perceived advantages. Wimmer (2000, pp 161-162) stated that the advantages of survey research were as follows:

Surveys have certain well-defined advantages. First, they can be used to investigate problems in realistic settings. Newspaper reading, television viewing, and consumer behaviour patterns can be examined where they happen rather than in a laboratory or screening room under artificial conditions. Second, the cost of surveys is reasonable considering the amount of information gathered. In addition, researchers can control expenses by selecting from four major types of surveys: mail, telephone, personal interview, and group administration. A third advantage is that a large amount of data can be collected with relative ease from a variety of people. The survey technique allows researchers to examine many variables (demographic and lifestyle information, attitudes, motives, intentions, and so on) and to use multivariate statistics to analyse the data. Also, geographic boundaries do not limit most surveys. Finally, data helpful to survey research already exist. Data archives, government documents, census materials, radio and television rating books, and voter registration lists can be used as primary sources (main sources of data) or as secondary sources (supportive data) of information. With archive data, it is possible to conduct an entire survey study without ever developing a questionnaire or contacting a single respondent.

I argue that survey research may be useful for measuring or examining audiences’ knowledge of health care messages delivered to them via mass media advertising
campaigns. However, as Wimmer (2000, p 187-188) observed, the following problems attend survey research:

1. Subjects or respondents are often unable to recall information about themselves or their activities. This inability may be caused by memory failure, nervousness related to being involved in a research study, confusion about the questions asked, or some other intervening factor. Questions that are glaringly simple to researchers may create severe problems for respondents. …

2. Due to a respondent’s feelings of inadequacy or lack of knowledge about a particular topic, he or she may often provide “prestigious” answers rather than admit to not knowing something. This is called prestige bias. …

3. Subjects may purposely deceive researchers by giving incorrect answers to questions. Almost nothing can be done about respondents who knowingly lie. A large sample may discount this type of response. However, there is no acceptable and valid method to determine whether a respondent’s answers are truthful; the answers must be accepted as they are given, although one way is to ask the same question two or three times throughout the survey (using different question approaches).

4. Respondents often give elaborate answers to simple questions because they try to “figure out” what the purpose of a study is and what the researcher is doing. People are naturally curious, but they become even more curious when they are the focus of a scientific research project.

5. Surveys are often complicated by the inability of respondents to explain their true feelings, perceptions, and beliefs - not because they do not have any, but because they cannot put them into words. …
I argue that in health communication research, there is significant information that
survey research can not provide to health communicators and mass media
campaigners. Survey research is not useful for ascertaining how an audience
member, or an audience generally, has constructed meaning for themselves from
the message which has been delivered. In other words, survey research is of
limited use in ascertaining what interpretation or meaning an audience member, or
audience generally, has attributed to or associated with the message conveyed.
Information concerning an audience’s construction of meaning is crucial because it
is necessary for health communicators to understand properly the impact or effect
(not in the sense of a short term behaviour change but also in building the
subject’s longer-term repertoire of knowledge) a given message has had upon
members of an audience or an audience generally. I argue that if health
communicators’ understandings of their audiences is improved, this will result in
improvements in, and greater success generally in, health promotion campaigns.

In the following section, therefore, I discuss historical limitations in Thai health
communication research. I also discuss the potential for a cultural studies
approach to health communication research to add significantly to the body, and
utility, of Thai health communication research.

**Historical limitations in Thai health communication research**

Using Sathapitanond *et al* (2003) as a major source of data in respect of Thai
health communication research, I found that none of the research which
Sathapitanond et al identified and reviewed paid attention to, or otherwise analysed, the ways in which audiences make sense of mass media products in the contexts of their everyday lives.\(^{22}\) I argue that the theories and methods used in Thai health communication research is limited to individualistic models of knowledge and behaviour. For example, Thai health communication research has often been focused upon which medium has, or has had, the greatest coverage for delivering health messages to an audience, or which medium has been most noticed by an audience in delivering health messages (Wangtira-umnuay 1987; Mani 1993; Poowichitsuthin 1990; Fu-inlong 1991; Posee 1991; Teppawan 1993; Panlamjeak 1993; Rajakit 1993; Tongtai 1994; Boonchaluk 1995, Somtawin 1995; Chawanungkool 1995; Sittipol 1996; Toowasin 1991; Tanabat 1991; Arnomasiri et al 1996; Plichareonsook 1996; Inthornwichai 1997; Patoomchart 1999).\(^{23}\)

Focusing particularly upon the ONCB television advertising campaigns, at least three particular studies have been conducted.\(^{24}\) They include Boonlue (2000), Pankaw (2002) and the MarketWise’s report (2002). Although each of these was expressed to be a study of the ‘effectiveness’ of particular campaigns, in fact each of them was limited to measuring the coverage of particular media and or the distribution or ‘penetration’ of particular health promotion messages. I argue that the research methods used in each of these three studies were, although traditional, capable of producing results of only limited value to health communication researchers or campaigners. By their nature, these studies are

\(^{22}\) Sathapitanond et al (2003) is contemporary and detailed in its review of the published literature relating to health communication research in Thailand.

\(^{23}\) All of the Thai health communication research referred to is cited in Sathapitanond et al (2003, pp 38-75).

\(^{24}\) See more details in Chapter Two.
limited to providing health communicators with limited information as to which media, and kinds of health messages, are most likely to deliver material to an audience. However, they say little, if anything, about how that material is or was understood, construed or otherwise interpreted by the audience. My contention is that to enable health communication researchers to better understand details of audience reception of health communication messages, including those delivered as television texts, health communication researchers should consider embracing a new approach to health communication research.

While Thai health communication researchers generally pay most of their attention to measuring the coverage of particular media and or the distribution or ‘penetration’ of particular health promotion messages using traditional research methods, in western society there is an emergent trend in the field of health communication research. As Lupton (1994, p 55) has observed:

The field of research and practice that is generally incorporated under the rubric of ‘health communication’ is currently dominated by social psychological models of behaviour and theoretical perspectives informed by the stimulus-response school of communication. … [T]he field needs to incorporate critical cultural and political theory into its scholarly inquiry and informed practice to a greater extent than it currently does.

Consistently with Lupton’s (1994) suggestion that in western society there is a need to incorporate critical cultural and political theory into the field of health communication research’s scholarly inquiry, I argue that there is equally a need to incorporate such concepts into the body of knowledge comprising Thai health communication research. If, as the review of Thai health communication research
conducted by Sathapitanond et al. (2003) reveals, Thai health communication researchers are predominantly interested in assessing the ‘effectiveness’ of particular health communication campaigns, they may have much to gain from adopting a cultural studies approach to analyse audiences’ constructions of meaning within their political and cultural contexts.

Seal (2002) suggested that if media audiences were conceived as ‘active’ rather than ‘passive’, and if it were recognised that audiences pursue a variety of different readings according to their particular life circumstances or personal preferences, then the study of media health would undoubtedly require a more open and exploratory research methodology for its investigation than the traditional hypodermic model of effects. In other words, if such a view of audiences were adopted, there would be reason to adopt qualitative measures of the ‘effectiveness’ of, among other things, health communication campaigns. This would permit researchers to examine the ways in which audiences make sense of health messages in the contexts of their everyday lives. Seal (2002) suggested further that:

[A]udience members - perhaps grouped according to their position in social structure – [may be] subjected to qualitative interviews or focus groups in which they are invited to surprise the media analyst with their responses to [texts] (Seale 2002, pp 10-11).

Thai health communication researchers may have much to gain from following this suggestion in Thai health communication research. The reasons for the trend, among media researchers and research commentators, in Western societies to
embrace qualitative as well as quantitative research methods are also to be found in Thailand. In fact, the reasons for following this trend in Thailand may be more powerful because Thai audiences are socially and culturally diverse, comprising different ethnic and religious groups (speaking a variety of native languages). And so the social and cultural contexts of Thai audiences are crucial for Thai health communication researchers to consider when endeavouring to assess or predict the ‘effectiveness’ of health communication campaigns. Proper consideration may only be given to these social and cultural contexts if Thai health communication researchers adopt qualitative research methods in addition to the quantitative research methods which they have long employed.

As Sathapitanond et al (2003) state, the major reasons for the failure of health promotions, including drug abuse prevention campaigns in Thailand, are, firstly, that health professionals and media producers of health promotion campaigns do not fully understanding how media work. They ignore audience perceptions and interpretations. Secondly, policy makers decide how to use media in the campaigns using their own limited views. The finding of Sathapitanond et al (2003) is similar to the argument made by Tulloch and Lupton (1997). Tulloch and Lupton (1997) state that health communication which uses the resources of television and advertising as a pedagogy to deal with risk culture, must have more sophisticated Cultural Studies derived tools if it is to begin to deal effectively with matters of life and death or any important health issues. The argument of Peretti-Watel & Moatti (2006) is similar. The work of Peretti-Watel & Moatti (2006, p. 675) argues that in health promotion campaign, in particular, the case of drug-taking prevention,
socio-cultural dimension can be used to improve our understanding of some difficulties and unintended effects of health-promotion interventions designed to change risk behaviour. Health promotion is likely to be quite ineffective if it remains wedded to the dominant risk culture and de facto contributes to the spread of it.

**Conclusion**

As drug abuse is a serious problem in Thailand, the Thai government has tried to address it in several ways including by legislation, law enforcement and the use of mass media campaigns. However, the number of drug users in Thailand is still increasing.

One of the major causes of drug abuse problem in Thailand is the unique combination of complex social and cultural identities found among Thai people. In the past, Thai health communicators, and health communication researchers have overlooked commonalities and differences in how Thai people construct, understand and experience drug abuse. I argue that a cultural studies discipline and research methods may assist health communicators to gaining a better understanding of the difficulties, faced by, and unintended effects of, health-promotion interventions designed to change drug taking behaviour in Thailand.

In the next two chapters, therefore, using a cultural studies approach to health communication, I demonstrate a cultural studies-informed critical analysis of the practices through which the mass media, television in particular, present meanings involving drug abuse to audiences. The ways in which the meanings are taken up,
negotiated or ignored by audiences in differentiated contexts in which such experience and act in their everyday lives will be followed in the last chapter of this thesis.
Chapter Three

Drug abuse prevention TV advertisements
In the last section in Chapter Two, I explained that quantitative survey research is the major tool employed by Thai health communication researchers to investigate the effectiveness of health communication campaigns. Also, the research discussed in Chapter Two, has shown that previous health communication campaigns have been less effective than the producers of the campaigns expected them to be. Consequently, there is a need for Thai health communicators to improve the effectiveness of their campaigns and to understand and adopt better ways to communicate health care message to their audiences.

To improve the effectiveness of health promotion campaigns, health communicators need to understand the complexity of the ways in which audiences construct and experience risk in post-modern society. Health professionals, in particular, need to understand well how different health communications or media texts convey meanings to audiences, in order to fully control and exploit the potential of the media texts they use in health communication (Tulloch and Lupton 1997).

Therefore, in this chapter, I employ a research method derived from a cultural studies to analyse the complexity of meanings constructed in television portrayals of drug abuse broadcast in Thailand as part of the National Drug Prevention campaigns. My objective is to identify discourses used in, and meanings produced by, television advertisements which form part of health promotion campaigns, in particular, drug abuse prevention campaigns in Thailand.\(^{25}\) The principal focus of

\(^{25}\) In this thesis, the term ‘discourse’ refers to a source of meaning, systems of knowledge and practices (including speaking or writing about, or visually representing, social or material phenomena) that serve to shape and constitute individuals’ perceptions of reality and self (Tulloch and Lupton 1997, p 10).
the discussion in this chapter is upon what discourses are used, and meanings are circulated, in drug abuse prevention television advertisements, and what production elements have been used by media producers to convey such discourses and meanings to viewers.

An established research method, textual analysis, is adopted for examining television advertisements used in the campaigns which were conducted by the Office of the ONCB. The concept which guides the following analysis of media texts, is that of program construction. In the textual analysis that follows, the construction of a television advertisement will be considered in terms of two aspects: formal codes and technical codes. Formal codes include the setting, props, codes of non-verbal communication, codes of dress and narrative elements. The technical codes include shot size, camera angles, lens types, composition and lighting. Attention to such codes enables the textual analysis to identify the material constituents of the particular discourses at stake and the meanings produced. Additionally, the analysis of the ONCB’s advertisements in this chapter is supplemented by information gained from interviews with media producers and ONCB officials.

The chapter begins with a brief overview of the use of television advertisements in health promotion campaigns in the United States of America and Australia. The following section, the major part of this chapter, is an investigation of the construction of meanings involving drug use or abuse in the ONCB’s drug abuse prevention advertisements.

Construction refers to ‘the idea that all media text is constructed using a media language and that the codes which are chosen also convey certain cultural information’ (Selby and Cowdery, 1995, p 13).
Television advertisements in health promotion

TV’s entertainment programs and commercials, with potential health messages embedded in them, reach tens of millions of viewers each day. More importantly, these messages reach viewers who would otherwise not expose themselves to such information and do not fully realise that messages may impact upon them (Signorielli 1990, p 96).

Television advertisements are among the most popular media commonly used as part of health promotion campaigns. Health communicators use television advertisements not only to raise public awareness of risk but also to change the attitudes and behaviours of their target audiences.

Ellis (1982, p118) describes characteristics of television advertisements:

The ‘spot’ advertisement is a segment of about thirty seconds, comprising a large number of images and sounds which are tightly organised among themselves. This segment is found accompanied by other similar segments: coherent within themselves, they have no particular connection with each other. Meanings are discrete and separate; their interrelation lies in the fact that they belong to a similar class of segments, or, occasionally, in the way that they proudly produce puns upon each other.

In the United States of America in 2005, the Office of National Drug Control Policy (ONDCP) launched a new National Youth Anti-Drug Media Campaign which included 22 television advertisements for parents and another 20 television
advertisements for young people. The campaign aimed to deliver anti-drug messages to America’s youth, their parents and other influential adults.

In Australia in 2005, the Commonwealth Government’s National Drug Campaign included at least five television advertisements. The advertisements were targeted at both parents of children aged eight to seventeen years and youths aged thirteen to twenty years. Australia’s Department of Health and Ageing produces television advertisements to inform and educate target viewers about the negative consequences of drug abuse. The advertisements also model positive alternatives to drug abuse and provide information about where to gain access to support services.27

**The ONCB television advertisements**

The study of television advertisements in this research was commenced by identifying media texts commissioned by Thailand’s ONCB and broadcast on Thai television during the last two decades.28 Video tapes of twenty-six selected television advertisements were obtained from the ONCB’s head office in Bangkok, Thailand. The advertisements were used in the ONCB’s national drug abuse prevention advertising campaigns in the period from 1990 to 2004. My choice of this period as the focus of this study enables me to explore changes over time of the ONCB’s advertisements.

The selected advertisements in this study are:

---
27 http://www.drugs.health.gov.au
28 The study was commenced in 2004.
1. Advertisements which were broadcast between 1990-1996
   The Peun (เพื่อน)advertisement
   The Ka kon thang aom (คุณทหารเอง)advertisement
   The Cheewit dub sin meu dom thinner (ชีวิตดับสิ้นเมื่อดมทินเนอร์) advertisement

2. Advertisements which were broadcast in 1997
   The Fi keela plaan yaa sebtid (ไฟกีฬาผลาญยาเสพติด)advertisement

3. Advertisements which were broadcast in 1998
   The Patiyarn (ปฏิญญา)advertisement
   The Nee (หนี)advertisement

4. Advertisements which were broadcast in 1999
   The Reau daungjai (รีดวงใจ)advertisement
   The Neau tammachad (เหนือธรรมชาติ)advertisement

5. Advertisements which were broadcast in 2000
   The Saton kwam tangjai (สะท้อนความตั้งใจ)advertisement
   The Kleew sampan (เกลียวสัมพันธ์)advertisement
   The Ruampalang Raat-Rad (รวมพลังราษฎร์-รัฐ)advertisement

6. Advertisements which were broadcast in 2001
   The Jom ding (จอมดิ่ง)advertisement
   The Krai nor (กระทะเหนือ)advertisement
   The Rak lae kawjai (รักแล้วทักษ์ใจ)advertisement
   The Yeau (เหี้ยม)advertisement
   The Baa taworn (บ้านหวี่)advertisement
7. Advertisements which were broadcast in 2002

   The *Yaang ni si teh* (อย่างนี้สิ) advertisement
   The *Palang pandin* (พลังแแผนดิน) advertisement

8. Advertisements which were broadcast in 2003

   The *Palang* (พลัง) advertisement
   The *Poo mee ittipol* (ผู้มีอิทธิพล) advertisement
   The *Ruamkan pua chaichana* (รวมกันเพื่อชัยชนะ) advertisement
   The *Ruam lueard nuar* (รวมเลือดเนื้อ) advertisement

9. Advertisements which were broadcast in 2004

   The *Talaw* (ทะเลาะ) advertisement
   The *Waela* (เวลา) advertisement
   The *Suesarn tungkan* (สื่อสารถึงกัน) advertisement
   The *Kit cha kam* (กิจกรรม) advertisement

From 1990 to 2004, the number of ONCB television advertisements broadcast in Thailand each year varied considerably. In the period from 1990 to 1997, there were very few television advertisements used in the ONCB’s annual campaigns. The number of television advertisements used in the campaigns began to increase in 1998. There were only two advertisements used in the 1998 campaign, three advertisements were used in 1999. Since 2000, each of the ONCB campaigns has used no less than four television advertisements (four advertisements were used in 2000 and 2002, eight advertisements were used in 2001, six advertisements were used in 2003 and five advertisements were used in 2004). The reason for this is that in the period from 1990 to 1996, according to the ONCB’s policy at that time, television advertisements were not viewed as a major tool to be used by the
ONCB in its annual campaigns. In this period, the ONCB used other media relatively more, including printed media and radio spots. From my interview with an ONCB official, it emerged that the ONCB began to spend relatively more of its budget on the production of television advertisements in and after the ONCB campaign of 1997. And, at the same time, the ONCB’s television advertisements began to be produced by advertising agencies external to the ONCB. Since 1997, the number of the ONCB advertisements produced and broadcast on Thai television each year has depended on the budget that the ONCB has obtained from the Thai government.

Political context of the ONCB’s campaigns

The political context in which the ONCB’s campaigns were devised and pursued should be discussed and understood for it is critical to a proper understanding of the campaigns themselves. Two important events lay behind the creation of the ONCB’s campaigns. First, the revered Thai King’s speeches on the Thai drug problem and, second, Thai Prime Minister Taksin’s ‘war on drugs’.

The King’s speeches

The King of Thailand, King Bhumibol Adulyadej, was crowned in 1946 and is now the world’s longest serving monarch. He is universally lauded and admired by the Thai people for his commitment to assist all Thai people to attain a better life. Since he became the King of Thailand, King Bhumibol has spent much effort in research for, and the development of, his royal projects. These projects are many and varied.  

people, particularly, hill tribes in northern Thailand, resources with which to improve their quality of life. Many of the King’s royal projects may be seen as part of the King’s strategy to reduce the cultivation of opium poppies and the production of opium, and thereby alleviate the drug problem, in the north of Thailand. The King’s royal project website explains that the King’s objectives are as follows:  

1. Offer a helping hand to all humankind;  
2. Ensure natural resources for conserving a sustainable future;  
3. Eradicate opium poppy cultivation and opium derived addiction problems;  
4. Encourage a wise and proper balance in utilising and conserving land and forest resources.

In 2535 B.E., the King of Thailand gave a speech to his director of royal projects in the north of Thailand, and to a group of royal project donors, at the King’s palace in Chiang Mai. In his speech, the King said that the major problem in the north of Thailand involved the trade and use of illicit drugs and the production of raw materials for making drugs. The cultivation of opium poppies by hill tribe people was, until relatively recently, wide-spread in the highlands of northern Thailand. However, since the King’s royal projects were introduced to the hill tribe peoples, the production of opium poppies has been reduced dramatically.

The King’s royal projects in the north of Thailand, and the King’s speech in which he expressed his concern about the illicit drug problem in northern Thailand, had a major effect on the production of the ONCB’s campaigns until at least the 2000 campaign. One of the principal messages of the ONCB’s advertisements was that 

---

Thailand’s drug problem could be solved with the co-operation of all Thai people. And, solving the problem was a mission and a duty for the whole Thai nation. Each campaign has used a patriotic approach in the production of the advertisements. The ONCB campaigns in 1999 - 2003 used slogans which emphasised a nationalist or patriotic focus by using words such as ‘nation (ชาติ), ‘king (ในหลวง), ‘together (ร่วมกัน), ‘come together and be united (ร่วมใจ).

The King and his royal projects were shown in the Neau tammachad (เหนือธรรมชาติ) advertisement. Additionally, a patriotic strategy was a major concept in the ONCB’s 2000 campaign comprising the Reau daungjai (รั้วดวงใจ) advertisement, the Saton kwam tangjai (สะท้อนความตั้งใจ) advertisement, the Kleew sampan (กลิ่วสัมพันธ์) advertisement and the Ruampalang Raat-Rad (รวมพลังราษฎร์รัฐ) advertisement.

**Taksin’s ‘war on drugs’**

The advent of Prime Minister Taksin Shinawatra’s ‘war on drugs’ policy was another event which had a significant effect upon the form of the ONCB’s campaigns. In 2003, Mr Shinawatra who, by that time was Prime Minister of Thailand, announced a ‘War on Drugs’ policy. One of the so-called principles of this policy was that ‘drug traffickers must be punished’. Accordingly, the ONCB’s advertisements were changed dramatically from those which had gone before. Before the inception of the ‘war on drugs policy’, for example, in the Reau Daungjai (รั้วดวงใจ) advertisement (2001), viewers were told that ‘we don’t need weapons to fight drugs’ (drug abuse prevention just needs the co-operation of all
Thai people not to be involved with illicit drugs). Later, however, after the inception of the ‘war on drugs’ policy, more militant advertisements advocated the use of weapons. See, for example, the Poo mee ittipol (ผู้มีอิทธิพล) advertisement (see pp 149-150). In this advertisement, Mr Shinawatra is a presenter. Speaking to the camera, he is shown saying solemnly that anyone who breaks the law is ‘Poo mee ittipol’ (ผู้มีอิทธิพล) (Mafioso). He also said that the police officers should arrest ‘mafia members’ and should not be scared of drug mafia. At the end of the advertisement, he said that anyone who is breaking the law by being involved in drug trafficking should stop immediately, otherwise they will be punished according to Thai law. On one view, this advertisement was little more than a political message by which the Thai Prime Minister sought popular acclaim. Another view is that it showed Mr Taksin expressing his resolve to threaten both government officials and drug mafia members involved in drug trafficking.

Discourses in the ONCB television advertisements

In analysing production elements of the ONCB television advertisements, three major discourses were found in the ONCB advertisements. Discussion of each discourses are as follow;

Risk discourse

As I have mentioned earlier in the first chapter, according to Lupton (1995, p 77), risk discourse in public health can be viewed as a consequences of the ‘lifestyle’ choices made by individuals, and thus places the emphasis upon self-control. Lupton (1995, p 77) also states that:
Risk in this sense is *internally* imposed, a function of the individual’s ability to manage the self. Individuals are subsequently exhorted by health promotion authorities to evaluate their risk of succumbing to disease and to change their behaviour accordingly.

I argue that the ONCB television advertisements are produced based on the notion of risk discourse which is individuals have their choice of lifestyle. The ONCB television advertisements, therefore, portray health risk which could occur to individuals who chose to involve themselves with drug abuse. I argue this is for reinforcing or threatening viewers of health risk caused by drug abuse. In addition, some of the ONCB advertisements show viewers the desirable lifestyles suggested by the ONCB to viewers to avoid drug abuse.

Risk discourse is used in the following ONCB television advertisements:

- The *Peun* (เพื่อน) advertisement (1990-1996 campaign),
- The *Cheewit dub sin meu dom thinner* (ชีวิตดับสิ้นเมื่อดมทินเนอร์) advertisement (1990 – 1996 campaign),
- The *Fi keela plaan yaa sebtid* (ไฟกีฬาผลาญยาเสพติด) advertisement (1997 campaign),
- The *Yeau* (เหยื่อ) advertisement (2001 campaign),
- The *Krainor* (เพื่อนหาด) advertisement (2001 campaign),
- The *Rak lae kawjai* (รักแล้วเข้าใจ) advertisement (2001 campaign),
- The *Yaang ni si tae!* (รักนี้สำหรับคุณ) advertisement (2002 campaign),
- The *Talaw* (ทะเลาะ) advertisement (2004 campaign),
- The *Suesarn tungkan* (สื่อสารถึงกัน) advertisement (2004 campaign),
- The *Kit cha kam* (กิจกรรม) advertisement (2004 campaign) and
- The *Waela* (เวลา) advertisements (2004 campaign)

My analysis of the ONCB television advertisements conveying risk discourse appears below.

**The *Peun* (เพื่อน) advertisement**

In 1990, a high and increasing number of people in Thailand were, or were becoming, addicted to inhalant abuse. Inhalant abuse refers to the intentional inhalation of fumes or vapours from substances including solvents, fuels, glues, nail polish removers and paint thinners. Inhalant abuse was a serious and widespread problem because the substances used by inhalant abusers were and are relatively inexpensive and easy to obtain.

Consequently, in 1990, the ONCB launched a mass media campaign to raise public awareness of the dangers of inhalant abuse. The campaign ran from 1990 to 1996. The *Peun* (เพื่อน) advertisement is one among three advertisements in the period from 1990–1996 that contained major themes involving the harmfulness of inhalant abuse. The other two advertisements, *Ka kon thang aom* (ฆ่าคนทางอ้อม) and, *Cheewit dub sin meu dom thinner* (ชีวิตดับสิ้นเมื่อดมทินเนอร์) concerned diagnosis of inhalant abuse, how to prevent children from obtaining and abusing inhalants and what penalties may be given to those prosecuted for and found guilty of inhalant abuse.

The *Peun* (เพื่อน) advertisement focuses on a victim of the adverse effects of inhalant abuse. The advertisement was calculated to convey to the audience a
stark message concerning the nature and seriousness of those effects. The victim is shown to be suffering from very serious brain disorder caused by inhalant abuse. The advertisement tells of how inhalant abuse has affected the victim’s life. The advertisement commences with a picture of a young man sitting on a chair in a hospital on the top right hand corner of the screen. Captions then appear on the screen which give details of his name, age, and symptoms. These contribute to an effect of realism in the advertisement (by giving specific ‘facts’, the opposite of the fairy-tale’s vagueness, ‘once upon a time’...). His symptoms are memory loss, loss of physical co-ordination, loss of hearing, loss of sense of smell and slurred and changed speech. The victim is identified as a 24 year old man. He tells his story in a shaking voice:

   My friend, it was my friend who got me into drug abuse. Don’t try inhalants if you don’t want to suffer from a brain disorder like me.

A caption then appears on the screen under another picture of the victim which says: ‘inhalants destroy your life’. The advertisement then fades out.

This advertisement occupies 30 seconds of screen time and adopts a ‘fear approach’ to the representation of inhalant abuse. The advertisement is set in a hospital. The victim is sitting in a dark corner. He tells his story with a weak and shaking voice. These formal codes constitute a mise-en-scène with strongly emotional connotations of a fearful outlook for survivors of inhalant abuse.

Medium shots are used to build a personal relationship between the audience and the subject of the advertisement. There is a long shot in the advertisement to show
context and setting. The choice of lighting and colour are in low key and dark tone. These technical codes heighten the sombre feeling and realistic manner in which the victim’s story is told. They help to make the telling of the victim's story more compelling. Moreover the captioning technique produces a realism-effect (by specifying name and other details) familiar to audiences from the realist genres of news, documentaries and crime series, to maximize the ‘truth effect’ of the advertisement.

*Fig 1a:* A long shot of an inhalant addict in a hospital. He is shown struggling to walk.
The Cheewit dub sin meu dom thinner (ชีวิตดับสิ้นเมื่อดมทินเนอร) advertisement

This advertisement was launched after the screening of the Peun (เพื่อน) and the Ka kon thang aom (ฆ่าคนทางอ้อม) advertisements. The major concept of this advertisement was to encourage young people, particularly school-aged youths, to say ‘no’ to inhalants. The advertisement was about a young boy who refused to take inhalants offered to him by his friend. He was once addicted to inhalant sniffing. However he has given up inhalant sniffing and has a new life. He is now back at school, continuing his study and hoping for a better life.

The advertisement opens with an image of a school boy walking past a group of teenaged inhalant abusers. A member in the group of inhalant abusers asks the school boy to stop and offers him a cotton ball soaked with inhalant for sniffing. The school boy takes the cotton ball but does not inhale from it. A conversation between the two boys follows:
School boy: I am not going back to inhalants anymore, I am on my way to school.

Inhalant addict: If you are my friend, why don’t you take it with me?

School boy: I am your friend. But I wouldn’t offer drugs to any of my friends. Why don’t you come back to school with me?

The school boy then throws the cotton ball soaked with inhalant to the ground. The following shot is a medium shot of the school boy’s foot stepping on the cotton ball. The final shot is a long shot depicting the school boy walking away from the group of inhalant abusers.

Fig. 2a: inhalant abusers
This advertisement was designed to convey information about the health risks associated with inhalant abuse. Information about those risks was conveyed using images of, and dialogues between, a school boy and his friends. One of images shown in the advertisement is a medium shot of a teenaged girl addicted to inhalants. This shot aims to illustrate the harmful effects of inhalant sniffing. The
The Yeau (เหยื่อ) advertisement

The Yeau (เหยื่อ) is one of the ONCB’s advertisements launched in 2001. In Thai, the word ‘yeau’ means victim. The advertisement has its focus on the effect of ‘yaa baa’ or methamphetamine abuse. Shocking images of people suffering from paranoia and brain damage were used to frighten the audience into an awareness of the dangers of drug abuse.

This advertisement commences with a close-up shot of a victim in low key light. A caption appears on the screen telling the viewer ‘drug addicts are victims’. The next four shots are images of four different drug addicts, each suffering from paranoia and self-inflicted physical injuries. The meaning of this sequence, including intense desperation, ‘craziness’, and victim-hood, is produced through the poetic technique of repetition, the depiction of one victim after another. The narrative, a chain of cause and effect, is provided by the captioning. The final shot is a blurry image of a paranoid drug addict which carries the caption ‘yaa baa destroys your life’. 

girl in the shot is skinny and unhealthy looking. The dialogue between the school boy and his friend, referred to above, conveys the representation that the only way to avoid the risks associated with drugs is to ‘say no to drugs’. In addition, the advertisement suggests that young people should choose positive activities (for example, studying) instead of taking drugs.
Fig. 3a: The opening shot shows captions in Thai say ‘drug users are victims’.

Fig. 3b: A bloody image of a paranoid drug addict in the advertisement.

The *Krai nor* (ปราณ) advertisement

This advertisement warns parents that drugs are never far from their children. The advertisement suggests that strong family relationships are among the best ways for parents to prevent their children from falling prey to drug abuse.
The opening shot of the advertisement shows a close-up shot of a hand offering drugs and a needle to a young boy.

The voice-over then says:

Take good care and keep an eye on your children.

**Fig. 4a:** Drugs are offered to a young boy.

The connotation is that drugs are close to your children.

**Fig. 4b:** The final caption.

“Don’t let your bad temper damage relationships with your children and family”
The final shot is a black and white image of a young boy with red captions which say, in substance:

Don’t let your bad temper damage relationships with your children and family.

The production technique used to convey the meaning that drugs are close to your children is a close-up shot of a hand offering pills and a needle to a young boy whose face is in the background. The captions in the final shot are large and in red colour, to emphasise their importance.

**The Rak lae kawjai (รักแล้วเข้าใจ) advertisement**

The opening shot of this 30 second advertisement is a medium shot of a burning match. This cuts to a long shot of a house on fire. The next three shots are images of a drug abuser suffering from paranoia caused by ‘yaa baa’ or methamphetamine. A news footage image shows a man taking a hostage and pointing a big sharp knife at the hostage’s throat. The camera then cuts to a medium shot of former Thai Prime Minister, Mr Anan Panyalachoon. Mr Panyalachoon looks at the camera and talks directly to the viewers. He says ‘drugs and drug abuse are critical problems in our country’. The camera then zooms in to a medium close-up shot of Mr Panyalachoon. Then he says, ‘nobody wants to be drug addict, we have to take good care of our children. Let’s do it now’.
The final shot is a medium shot of happy children, over which the caption ‘united, we fight the war on drugs’ then appears. A voice over says ‘ruam kan torn ya sep tid’.

![Fig. 5: Mr Anan Panyalachoon, the former Thai Prime Minister, as presenter.](image)

The image of a burning house is a metaphor used to represent the crisis engulfing the Thai nation, which is facing crisis of drug abuse. The advertisement uses the former Thai Prime Minister, Mr Anan Panyalachoon, as a presenter. As source of credibility, Mr Panyalachoon informs audiences about the drug problem in Thailand and seeks to persuade viewers to take help to fix the drug problem for the benefit of all of Thailand.

Apart from telling the audience about health risk caused by drug abuse, the ONCB television advertisements also suggest the desirable lifestyles to its audiences. In giving information concerning the desirable lifestyle, the ONCB used a ‘positive

An accurate translation for this slogan is ‘together we will resist narcotics’. However, the ONCB has selected ‘united, we fight the war on drugs’ as the English version for its campaign’s slogan.
approach to persuade audiences by combining positive images and sounds to deliver messages about desirable behaviours. The advertisements generally depicted a drug-related problem at the beginning and then proceeded to suggest positive means of avoiding or solving the problem. The positive suggestions included images of parents and children spending time together and a group of young people having fun, playing football together on a football ground. Mr Boonlerd Gongpermpoon, creative director of Nova Inter Ad advertising agency, who created four of the advertisements in the ONCB’s 2004 television advertising campaign, explained to me on 10 August 2004 the object of his advertisements:

I think most people know of the dangers of drug abuse and of what happens to people who are addicted drugs. Parents are among the people best placed to prevent their children from falling prey to those dangers and becoming addicted to drugs. Therefore, my advertisements were designed to promote family ties and remind parents of the importance and influence of their roles in preventing their children from becoming victims of drug abuse. The object of the advertisements was to encourage positive behaviour.

The ONCB television advertisements which encourage the audience to avoid drug abuse and to engage in positive behaviour are as follow.

**The Fi keela plaan yaa sebtid (ไฟกีฬาผลาญยาเสพติด) advertisement**

In 1997, the ONCB launched a campaign to encourage young people to play more sports. It was based on the idea that the more young people spent their free time playing sport, so the opportunity and risk of them becoming involved with drugs and drug abuse would be reduced. In 1997, the Thai government spent very large
sums of money developing and improving sports grounds, particularly football
grounds, and facilities around the country.

The ONCB produced one 60 second advertisement to support this aspect of the
Thai government’s drug abuse prevention advertising campaign. The
advertisement begins with an extreme long shot and a bird’s eye view camera
angle of a long and winding road on a mountain in Northern Thailand. The
following shot is an overhead long shot from a top view that allows the audience to
see a young boy running along the road carrying a torch in his right hand. On the
side of the road, there are groups of hill-tribe people and truck drivers behaving as
his supporters. The next image has him arriving in Bangkok, the capital of
Thailand. The boy runs through slum communities in Bangkok and then he arrives
at a stadium. As he enters the stadium and begins to run up an aisle into the
grandstand, he falls over. He then stands to cheers of support from the crowd.
Finally, he reaches the top of the grand stand and ignites a fire in a cauldron which
is reminiscent of the lighting of the Olympic flame.
The voice-over then says
“Lets play sports and stop drug abuse”.

The settings in the advertisement are a hill-side in northern Thailand, a slum
district of Bangkok and a sports stadium filled with spectators. The long and
winding road on the hillside represents the difficult task which lies ahead of the
young boy. The slum community in Bangkok represents a place in the Thai
community where drug abuse is particularly common and problematic. The young
boy’s journey out of the slum community and into the adoring gaze of the
spectators filling the stadium represents the path which others are encouraged to take out of the slum communities and away from problems caused by drug abuse. Lastly, the stadium is shown as a place where the young boy is free to enjoy sports and the support of others far away from the risks of drug abuse.

The three settings used in the advertisement have connotations which tell viewers about a principal route used by those in the drug trade. Commonly illicit drugs are, in fact, delivered across the border and into Thailand from the Golden Triangle and then sold in the slum communities of Bangkok. The slum communities in Bangkok are widely known as centres of the drug trade and drug abuse. The stadium represents a place away from the problems of drugs where young people can spend their free time and play sports together.

Three main settings of the advertisement are:

Fig. 6a: A hill side area in northern Thailand
The particular selection of the characters who appear in this advertisement—a young boy; a group of hill-tribe people; a group of truck drivers; and the people who live in a slum community—also convey meanings. The young boy represents youths / young males, one of the major targets of drug dealers. The hill-tribe people and the truck drivers are people involved in the manufacture or transport
and trade of illicit drugs. The people who live in the slum community are among those who in Thailand are most likely to become addicted to drugs and suffer from the harmful consequences of drug abuse.

The **Yaang ni si tae!** advertisement

This 30 second animated advertisement is targeted at young people. In the advertisement three young people are shown opening doors, each of which leads to a variety of activities. Some of the doors lead to activities involving drugs and drug abuse. Another door leads to desirable activities including a youth summer camp, physical activities and studies. The animated sequence of events begins with one or other of the children opening a door leading to activities involving drugs and drug abuse. In each instance, the other children restrain the child who opened the door from passing through it. Finally the children find and open the door which leads to the desirable activities. All three of the children then pass through this door and are shown enjoying healthy activities. A caption then appears on the screen which says: “The young generation can be cool without drugs”.


Fig. 7a: One of the children enjoying a youth summer camp

Fig. 7b: Another of the children enjoying sport and recreation
The *Talaw* advertisement

The *Talaw* advertisement attempts to persuade parents to control their tempers and avoid quarrels because such behaviour might lead to problems, for example depression and isolation, for their children. As Chouvy & Meissonnier (2004) describe, drug use, it is said, is children’s recourse against the anxiety generated by quarrels between parents. Quarrels between parents can lead children to drug abuse because the children might not want to be at home. Also, children may try to forget bad experiences at home by consuming drugs.

This advertisement uses a positive approach to deliver its message in situation comedy style. The opening shot is a medium shot of a couple who are in classic argument pose, fingers pointed, hands on hips, arguing. This domestic scene cuts to a medium shot of a young boy, shown by his facial expression as unhappy about his parents’ arguing.
Fig. 8a: The opening shot: Family argument

Fig. 8b: A boy is watching his parents. He is shown to be unhappy with the situation occurring in his family.

A voice-over tells viewers,

Each time you have a quarrel, your kids are watching you.
Stop arguing and take good care of your children.
The following shot is a medium shot of the same couple stopping their quarrel and changing their expressions and mood. Cut to a medium close-up of a young boy with a big smile. We infer his happiness is the result of his parents ceasing their quarrel and treating each other well.

*Fig. 8c:* The turning point: domestic harmony

*Fig. 8d:* The result!
It is plain that the advertisement is targeted at parents who live in slum areas by the choice of *mise-en-scène*: the setting is a city slum district. Through existing knowledge about drug use in Thailand, audiences will associate this *mise-en-scène* with drug abuse of critical proportions. The lesson is that, in such locales, parents have to take good care of their children by providing them with lots of love and understanding to avoid a future of drug problems for their kids.

### The *Suesarn tungkan* (สื่อสารถึงกัน) advertisement

The *Suesarn tungkan* (สื่อสารถึงกัน) advertisement entails psycho-social expertise. It presents knowledge about the role of good communication and loving relationships in health. The advertisement encourages young people, particularly, young boys, to play sport in their free time. It also suggests that communication technologies in today society are convenient tools for children to keep in touch with their parents. This advertisement is targeted at young people living in slum areas (the same target audience as in the *Talaw* (ทะเลาะ) advertisement). The advertisement suggests to young people what they should do if their parents have no time to look after them. The title of the advertisement identifies the problem represented by distance between members of the family. They can become closer by means of communication technologies such as telephones. Therefore, images in the advertisement show a few shots of a boy keeping in touch with his father by telephone from the time that he was little until the time he becomes a teenager.
Fig. 9a: A little boy is talking on the phone to his father.

Fig. 9b: From a little boy to a teenager, telephone is still the only way for him to keep in touch with his father.

The fact that young people may take drugs for pleasure among the group of their friends is the major reason that this advertisement offer alternative activities for them to do. Not only benefits for good health, being good at sport is something for the parent to be proud of. Consequently, this advertisement provides an idea of
doing positive activities such as play football to young people. Images of props and dress on the screen tell audience that the boy likes playing football. He tells his father on the phone that he won the trophy. The meaning here is positive, sporting activities help young people avoid involvement with drugs and drug abuse.

**The Kit cha kam (กิจกรรม) advertisement**

This advertisement shows parents engaged in activity with their children. The advertisement shows images of members of a family gardening together.

The advertisement begins with a medium shot of a description in a book about how to plant a tree. The following shot is a long shot of the front yard of a family’s house scattered with gardening equipment. The camera cuts to a medium shot of a boy and a girl. They are thinking about something.

The voice-over then says;

Do we need any more equipment for gardening?

The following shot is a medium shot of their father and mother.

The voice-over then says;

You need mum and dad.

Then the camera cuts to a medium shot of a father helping his son to plant a tree in the garden. The final shot is a long shot of all members of the family enjoying gardening together.

The voice-over then says:
United, we fight the war on drugs.

![Fig. 10: The final shot of the advertisement](image)

All members of the family are joining family activity-gardening.

**The Weala (เวาลา) advertisement**

This advertisement suggests that fathers should spend time with their families. Thus here we see a strategy emerging across the advertisements — each demographic is catered for. By the images depicted in the advertisement, fathers are encouraged to go home to their families after they finish work instead of going to drink with friends in public bars.

The *Weala* (เวาลา) advertisement is targeted at middle class people who live in the city. Images in the advertisement are intended to communicate directly to middle class fathers about responsibilities they have for their families. The story revolves around a man finishing his day at work and driving home. He is depicted as thinking of going to a public bar to have a drink with his colleagues. Then he is
shown thinking of his daughter and wife waiting for him at home. After thinking about his options, he decides to drive straight home and spends the rest of the day with his wife and daughter.

The opening shot of this advertisement is a long shot of a traffic jam in a street of Bangkok. This shot represents a familiar situation confronted by people living in a big city. The next shot is a medium shot of a man sitting in his car. His facial expression shows that he is thinking of doing something instead of going home. This shot uses the well-established filmic techniques of psychological realism. This cuts to a long shot of him in a public bar. Surrounded by his friends, he is drinking, dancing and singing. Then the camera cuts to a medium shot of the man still sitting in the traffic. The conventions of psychological realism enable the viewer to understand he has been thinking of doing something instead of going home. Suddenly, he realises that he had better go home, for his wife and daughter are waiting for him there. The following shot is a medium shot of the man driving home. The final shot is a medium shot of a man with his wife and his daughter.

Then the voice-over says

United, we fight the war on drugs.
Medical discourse

In analysing the ONCB’s advertisements, I found that medical discourse is presented to viewers using a fear effect. The advertisements sought to persuade viewers by inducing fear. Illnesses and harmful effects caused by drugs are a major content of the advertisements. The advertisements present drug-induced health problems such as brain disorders and paranoia to the viewers. They also included depictions of extremely anti-social and violent behaviour caused by drug-abuse.

The aesthetic techniques used to produce a fear-effect include the use of lighting, shot size, camera angle and composition. A common technique was the use of personal testimony from presenters who had each suffered from health problems caused by drug abuse. In some advertisements, a presenter such as a doctor is used as source of credibility. Some of the advertisements presented ‘realistic’
images of the broader social impacts of drug abuse and drug addiction. These included images of innocent bystanders threatened, harmed and sometimes killed by drug abusers.

Medical discourse was found in the following advertisements:

- The *Baa taworn* (บ้าถาวร) advertisement (2001 campaign),
- The *Jom ding* (jom ding) advertisement (2001 campaign)

This discourse was also found in the *Friends* advertisement which I have already discussed in the risk discourse section. My analysis of the advertisements conveying medical discourse appear below.

**The *Baa taworn* (บ้าถาวร) advertisement**

This advertisement uses a doctor as a presenter to tell the audience what will happen if you consume ‘yaa baa’ or methamphetamine. Dr Kampanat Tansitabootkul, of the Nitiwaj Hospital, Bangkok, is introduced as an expert in treating patients suffering from the effects of ‘yaa baa’ abuse. Dr Tansitabootkul informs the audience of the dangers and effects of methamphetamine abuse. In particular, he explains the reasons for the victim’s paranoia and tendency to self-inflict physical injury, both of which are graphically depicted in the advertisement. Dr Tansitabootkul also explains that harmful effects of methamphetamine abuse can be permanent and untreatable.

In this advertisement, it is notable that the ONCB uses medical expertise, namely that of Dr Tansitabootkul, to construct and include technically informative parts of
the advertisement. However, the overall tenor or mood of negativity prevails through the opening horrific images.

The advertisement opens with a series of horrific images, a crying child with a machete held near its throat. The opening images are aimed to capture and hold the audience’s attention. The images and sounds in this advertisement are from news footage. The crime situations they depict occur frequently on streets of Thailand. The realism of horrific images and sounds taken from news footage are used to convey a ‘realistic’, and in some ways familiar, message about risks and dangers of drug abuse.

![Fig. 12a: The opening shot of ‘Baa taworn บ้าตาวรน’](image)

The caption asking ‘Will the effects of yaa baa stop when you stop using it?’

Then images cut to direct address from Dr Tansitabootkul, appearing on the screen to explain the effects of methamphetamine on the human brain. Dr. Tansitabootkul speaks to the audience directly by warning about what happens to
anyone who consumes *yaa baa*. The use of direct address in television advertisements, on both the sound and image tracks, produces particular effects for viewers. In this case, it makes Dr Tansitabootkul’s warning more powerful and creditable.

*Fig. 12b:* Dr Kampanat Tansitabootkul, Nitichittawate Hospital: a presenter

The advertisement closes with an image of a young man carrying a child in his arm as a hostage. He appears to be a paranoid drug addict. His mental illness is the result of consuming *yaa baa*. Over the image there is superimposed a caption, in upper case, which states that ‘your brain will be damaged permanently.’
The *Jom ding* (จมดิ่ง) advertisement

In this advertisement, the ONCB suggests a solution for drug addicts to quit using drugs. The opening shot of the advertisement is an image of a young boy drowning. He may die if there is no one to rescue him. This image has connotations which tell viewers about the life of drug addicts. The life of drug addicts is being endangered by harmful effects of drugs. Then the voice-over reinforces this meaning for viewers.

A male voice-over says:

Everyday, young people are getting involved with drugs. They are drowning. These people may survive if we rescue them from drowning.

The final shot of this advertisement is an image of two hands, each gripping the other, with the caption: ‘Forgive, and give them a chance to resume normal life’

‘Call 1165 for a consultation’
**Fig. 13a:** A young boy drowning —

A metaphorical representation of what happens to young people who become involved with drugs.

**Fig. 13b:** The final shot.

The captions say ‘Forgive, and give them a chance to resume normal life’

‘Call 1165 for a consultation’

The advertisement informs viewers that each day, in Thailand, the number of young people who become involved with and addicted to drugs is increasing. The advertisement conveys this meaning through metaphor by using the image of a
young boy drowning and a voice-over. The image of the young boy drowning represents the harmful effects of illicit drugs (that is, drug addiction may lead to death). The final shot, an image of a hand rescuing the boy from drowning represents support being given to a victim of drug abuse. The ‘Quit line 1165’ telephone number is supplied for those seeking assistance or advice.

**Discourse of patriotism**

In the recent campaign, the ONCB used a ‘patriotic’ strategy to persuade the viewer or all Thai people to take steps to prevent drug abuse. The appeals used in advertisements of the campaign, therefore, were made to the patriotic or nationalist sentiments of the Thai people. The main concept was to persuade the Thais that a common goal and responsibility of all Thai people was to combat the drug trade and drug-abuse.

The patriotic discourse draws on notions similar to the concepts of comradeship and nationalism referred to by Anderson (1991).

It is imagined because the members of even the smallest nation will never know most of their fellow members, meet them, or even hear them, yet in the minds of each lives the images of their communion….It is imagined as a community because, regardless of the actual inequality and exploitation that may prevail in each, the nation is always conceived as a deep, horizontal comradeship (Anderson 1991, pp 6-7).
Anderson argued that a ‘nation’ is an ‘imagined community’. A construction of national identity assembled through symbols and rituals in relation to territorial and administrative categories (Baker 2004, p.253).

The ONCB’s television advertisements used a ‘patriotic’ discourse to address the viewer as part of a ‘national people’ in a community, real or imagined. The production elements and techniques of the advertisements depict symbols of the Thai nation.

Since 2000, the ONCB’s drug abuse prevention campaign has used the slogan ‘United we fight the war on drugs’. This was also the theme of a series of advertisements in the ONCB’s advertising campaigns in the period from 1999 to 2004. In respect of these advertisements, Ms Parichat Utok, the ONCB’s Audio-Visual Technical Officer explained to me that:

…drug abuse is now a major problem, one which is too big for any particular group of people in the country to fix. There are many reasons why drug abuse has become a serious problem in Thailand. It is not only the young people’s problem. We decided that our campaign should address all Thai people because all Thai people must share the responsibility for solving the problem (Utok 2004, pers. comm., 6 August).

Discourse of patriotism is shown in the following ONCB television advertisements:

- the Reau daungjai (รั้วดวงใจ) advertisement (1999 campaign)
- the Neau tammachad (เหนือธรรมชาติ) advertisement (1999 campaign)
- the Saton kwam tangjai (สะทองความตั้งใจ) advertisement (2000 campaign),
the Kleew sampan (เกลียวสมพันธ์) advertisement (2000 campaign),

- the Ruampalang Raat-Rad (รวมพลังראษฎร์รัฐ) advertisement (2000 campaign),

- the Palang pandin (พลังแผ่นดิน) advertisement (2002 campaign) and

- the Ruam lueard nuar (รวมเลือดเนื้อ) advertisement (2003 campaign).

My analysis of the advertisements conveying discourse of patriotism appear below.

The Reau daungjai (รั้วดวงใจ) advertisement

The main concept of the ONCB’s drug abuse prevention campaign in 1999 was that drug abuse prevention is a public mission. The advertisements in the ONCB’s 1999 campaign, therefore, set out to inform people that nothing could better prevent drug trafficking and abuse than the cooperation of everyone in the country.

This advertisement runs for 30 seconds. The opening shot is a long shot of a Thai community. This shot was taken using a fish-eye lens. A wide-angle image of a Thai community in this shot represents the whole Thai nation. The camera then cuts to a medium shot of a Thai family sitting on the balcony of a small house. The caption ‘Fence’ appears on the screen.

The voice–over then says:

‘Sometimes, a strong fence doesn’t have to be made of steel’.

---

32 A fish-eye lens is a wide-angle lens that takes in an extremely wide image. Originally developed for use in astronomy and called “whole-sky lenses”. Fisheye lens is often used by photographers shooting broad landscapes to suggest the curve of the Earth” (Source: http://en.wikipedia.org/wiki/Fisheye_lens).
The next shot is a long shot of an old lady looking after her grand-daughter. The following shot is a close-up view of her face. The caption ‘security guard’ then appears on the screen.

The voice-over then says:

‘Anybody can be a guard.’

Next, the advertisement shows a close-up shot of a football and a foot. The following shot is of a group of young children playing soccer at a football ground. The caption ‘weapons’ then appears on the screen.

Then a voice-over says:

‘And we don’t need any weapons to fight drugs.’

The following shot is a medium shot of a group of young children walking hand-in-hand.

A voice-over then says:
‘There is nowhere safer than a place where everyone takes good care of their children. For our King and for our children, united, we fight the war on drugs.’

The final shot in the advertisement is a medium shot of a group of people standing together. There is a Thai national flag in the background. This is a sign connoting ‘community’. Standing together is a metaphor for the nation. It means co-operation from everyone in the community can help defeat the curse of illicit drugs.

![Image](image.png)

**Fig. 14b**: The final shot shows a caption
‘The Office of Narcotics Control Board’ is on the bottom of the screen

The *Neau tammachad* (เหนือธรรมชาติ) advertisement

*Neau tammachad* (เหนือธรรมชาติ) is a 30 second animated advertisement. The advertisement tells the audience about a project developed by the King of Thailand, King Bhumibol Adulyadej, to encourage the hill tribes of northern Thailand to stop growing opium. The hilly areas of Northern Thailand have for
many years been occupied by hill-tribe people who have cultivated opium poppies as a means of economic sustenance. King Bhumibol’s project involved encouraging hill-tribe people, instead of cultivating opium, to cultivate high value economic crops such as Arabica coffee beans, macadamia nuts, orchids, and highland crops such as strawberries and apples.

![Fig. 15a: The advertisement begins with a medium shot of blossoming opium poppies.](image)

The first shot of this advertisement is a medium shot of an artistic rendition of a field of poppies. Then it dissolves into a medium shot of an opium poppy changing into a strawberry fruit. The next shot is once again a medium shot of an opium field. It then dissolves to show opium poppies changing into other highland fruits such as apples and plums.
The final shot in this advertisement is an image of His Majesty King Bhumibol Adulyadej visiting local villagers in northern Thailand. The voice-over then says:

‘For our King and for our children, united, we fight the war on drugs.’

The animation in this advertisement shows viewers the essence of King Bhumibol’s development project for the hill-tribe villagers in northern Thailand. Apart from making this advertisement interesting to watch, the aesthetic beauty of the animated images shown in the advertisement gives the audience reason to think that projects designed to address Thailand’s drug problem can be both worthwhile and successful. The images of a beautiful Thai hillside area are also likely to result in Thai people being more interested in visiting Thailand’s northern hillside region which, in turn, is likely to further assist the King’s project to steer the hill-side people away from illicit opium cultivation and toward legitimate endeavours.
The *Saton kwam tangjai* (สะท้อนความตั้งใจ) advertisement

This advertisement begins with an extreme long shot of a group of people standing in a field. Each person holds a mirror in their hands.

![Image](image_url)

*Fig. 16a: A group of Thai people holding mirrors in their hands*

The following shot is a medium shot of a school girl in her school uniform. The mirror in her hands reflects a picture of her in her classroom, enthusiastically raising her hand to answer questions. A sequence of five medium shots follows, each showing, respectively, a teacher, a policeman, a singer, a public servant and a football player. Each character holds a mirror in which we see pictured the individual involved in some action or task which symbolises his or her social role and responsibilities.

A male voice over then says:

‘Everybody has their own mirror to reflect their responsibilities. If everyone is doing their best in their job, drug problems cannot damage our society.’
Fig. 16b: The mirror reflects a responsibility

The last shot returns the viewer to the field and shows an image of everybody bringing their mirrors together to join them into one huge mirror, on which appears the caption “For our King, for our children, united, we fight the war on drugs”.

Fig. 16c: The unified mirror
The Kleew sampan (เกลียวสัมพันธ์) advertisement

This 30 second advertisement begins with a medium shot of a piece of rope. Then follows a medium-long shot of a group of Thai villagers. The next shot is a medium shot of another piece of rope becoming entwined with the first piece of rope. Then follows a medium long shot of a group of Thai students and a teacher. The next shot is a medium shot of yet another piece of rope becoming entwined with the first two pieces of rope. Then follows a medium-long shot of a group of Thai policemen. Next all three pieces of rope are shown becoming entwined to form one thick strong rope. Each piece of rope represents people in Thailand. The first piece of rope represents Thai villagers. The second represents Thai students and teachers. The third represents Thai police officers.

A male voice-over then says:
‘Everyone can help prevent drug problems. Lets bind 60 million Thai people together to prevent drug problems for our King.’

Fig. 17a: The piece of rope in the opening shot.
**Fig. 17b**: The Thai villagers shown in the second shot. The sign says ‘This house is free from drugs’.

**Fig. 17c**: Individual strands of rope becoming intertwined to form one thick strong rope
Fig. 17d: The final shot carries the caption;

‘For our King, for our children, united we fight the war on drugs’

The Ruampalang Raat-Rad (รวมพลังราษฎร์) advertisement

The opening shot of this 30 second advertisement is a medium shot of a portrait image of King Bhumibol Adulyadej, the King of Thailand.

Fig. 18a: The opening shot: an image of King Bhumibol, the King of Thailand.
The image is held aloft by a man who is the leader of a parade. The next image shows the parade walking through a Thai community. The following shot shows Thai people joining the parade. The parade becomes a big and long parade. The following shot is a long shot of the parade walk through different location. Then an image of former Thai Prime Minister, Major General Prem Tinsulanonda appears on the right hand side of the screen. Major General Prem Tinsulanonda is also the president of the King’s Privy Council of advisors.

Major General Prem says:

‘Drugs not only harm our children, drugs also damage our country.’

Fig. 18b: Former Thai Prime Minister, Major General Prem Tinsulanonda.

As the crowd is still walking, an image of another former Thai Prime Minister, Mr Chuan Leekpai then appears on the left hand side of the screen.

Mr Leekpai continues the story by saying that:
‘Therefore, it is our responsibility for all Thai people to fight the war on drugs for our King.’

Fig. 18c: Former Thai Prime Minister, Mr Chuan Leekpai.

The advertisement finishes with images of a big crowd walking with a man who appears to be the leader of the parade holding an image of King Bhumibol Adulyadej in his hands.

A male voice-over then says:

‘For our King, for our children, united, we fight the war on drugs.’
The leader of the parade is holding an image of the revered King of Thailand above his head. The connotation is that ‘cooperation to prevent drug problems is a mission for all Thai citizens’.

It is notable that an image of King Bhumibol Adulyadej appears both at the beginning and at the end of the advertisement. The advertisement seeks to persuade all Thai people that ‘to join the national mission to prevent drug abuse is also to do something for the King of Thailand’.

To appreciate the significance of the images and references to King Bhumibol Adulyadej, one must understand that His Majesty ascended the throne of Thailand in 1946 AD and celebrated the 60th year of his reign in 2006. King Bhumibol Adulyadej is both the world’s longest reigning monarch and revered by his people as a living Buddha (Handley 2006).

King Bhumibol Adulyadej commands extraordinary respect from his subjects, not least of all because he has long and widely been seen to initiate and undertake a range of philanthropic projects designed to help the Thai people to achieve a
better quality of life. He has established and conducted many projects including medical aid projects and agricultural projects for poor Thai people in remote rural areas. Such is the respect and reverence afforded King Bhumibol by his subjects that any suggestion of disrespect towards him is regarded by the Thai people with the utmost seriousness. Criticism of King Bhumibol is illegal in Thailand. Anybody who criticises King Bhumibol in Thailand may be arrested and punished.

The *Palang pandin* (พลังแผ่นดิน) advertisement

This 30 second animated advertisement represented drugs and drug abuse as a critical problem for Thailand. The opening shot is an image of piles of ‘yaa baa’ or methamphetamine tablets. The following shot is a long shot of the piles of ‘yaa baa’ burning. The voice over says “Drugs and drug abuse is a crucial problem.”

![Fig. 19a: Yaa baa burning](image-url)
Fig. 19b: Power of the Thai cooperation can stop drugs problem
Thai flag and a group of people standing in front of the burning yaa baa.
Thai flag is a symbol of the Thai nation.
The connotation is the power of nation can prevent drug abuse problem.

Fig. 19c: The Thai flag transforms into the campaign logo

The Ruam leard nuar (รวมเลือดเนื้อ) advertisement

The advertisement begins with a medium shot of animated images of scattered drops of blood. This shot represents Thai people in different parts of the country.
The next shot is a medium shot of animated images of the blood drops forming a shape which resembles the shape of Thailand. At the same time, the viewer hears the Thai national anthem played by a lone bugle player.

![Fig. 20a: Scattered red liquid or blood in the opening shot.](image_url)

While the Thai national anthem is played, the animated image in the shape of Thailand is transformed into an image of a group of people. A caption then appears which displays words taken from the Thai national anthem meaning "Thailand is a combination of (different) flesh and blood".
In the following shot, a Thai flag occupying the entire backdrop is shown behind a group of Thai people. The diversity of Thai citizens is represented by differences of dress, indicating recognisable Thai occupations, roles and home towns: their unity is signified by the backdrop of the flag, and by their pose — all standing together in harmony and addressing the camera and, thereby, the viewer. This representation
of ‘unity in diversity’ is an established technique for summoning up meanings about ‘the nation’.

The images, words and sounds in this advertisement are combined to appeal to Thai people’s patriotism and national identity. The advertisement conveys the message that the prevention of illicit drug problems is a national mission.

**Other discourses**

Apart from the major discourses discussed above, there are two other discourses found in the ONCB advertisements. However, the advertisements in this group were targeted at drug dealers and public servants such as police officers, instead of young people and their parents as usual. In some years, the ONCB produced television advertisements telling drug dealers the punishment for selling drugs. The discourse found in these advertisements is a legality / illegality discourse. In
some years, the ONCB television advertisements were targeted at public servants, telling them not to become involved in the drug trade. A morality discourse may be found in these advertisements. The legality / illegality discourse is used in the Ka kon thang aom (ฆ่าคนทางอ้อม) advertisement, the Palang (พลัง) and the Poo mee ittipol (ผู้มีอิทธิพล) advertisements. The morality discourse is used in the Patiyarn (ปฏิญาณ) advertisement and the Nee (หนี) advertisement. The following section is my discussion of those ONCB television advertisements.

The Ka kon thang aom (ฆ่าคนทางอ้อม) advertisement

This advertisement conveyed information about punishments which may be imposed by a court to sellers or suppliers of inhalants to children aged under seventeen years of age. The advertisement is about a man who owns a hardware shop who is prosecuted and sentenced to prison for selling paint thinner to a child. In his prison cell, he meets another prisoner who has been convicted of murder and has been sentenced to death.

Fig. 21a: The setting
Fig. 21b: The convicted murderer already in prison.

Fig. 21c: A medium shot of the hardware shop owner in handcuffs. This reinforces the message that ‘selling inhalants to children is illegal’.

The advertisement begins with a medium shot of the iron bars of a cell and then cuts to a long shot of two men behind bars.

The prison cell is the setting for the following conversation:
The first prisoner: What are you guilty of?

Shop owner: I am a hardware shop owner.

I sold paint thinner to a young boy.

I didn’t know that selling paint thinner to children is illegal. What about you?

The first prisoner: I am guilty of murder.

Then a close-up shot appears of the hardware shop owner’s face (which is shocked and surprised).

Shop owner: Why do they put me in here with you?

I am not a criminal.

The first prisoner: (a close-up shot of him shows that he is smiling)

You are a criminal too.

You are killing young people by selling drugs to them.

To reinforce the point, a caption then appears which says:

*If you sell inhalants to young people, you are a criminal.*

In this advertisement, the choice of shot size — mainly medium and close-up shots — helps convey this simple message with the intensity of psychological realism — the construction of and focus on the expressive reactions of the characters.
The Palang (พลัง) and the Poo mee ittipol (ผูมีอิทธิพล) advertisements

These two advertisements delivered messages from Thailand’s Prime Minister, Mr Taksin Shinawatra, concerning his anti-drug policy to which he referred as the ‘War on Drugs’. This policy was launched in February 2002. It gained widespread publicity for its harsh nature and the aggressive means by which it was enforced. From my interview with an ONCB official in August 2004, it emerged that, for these advertisements, the ONCB’s media producers were directed to create particular discourses and meanings by government policy makers. Because the ONCB’s budget for the production of the advertisements was provided by the Thai government, the content of the advertisements was directed and devised to promote what the government was doing to reduce the high level of drug abuse in Thailand.

Fig. 22a: In ‘Poo mee ittipol’ Thai police are depicted as acting aggressively in accordance with the Thai government’s policy.
In the advertisements, Mr Shinawatra as presenter talks directly to the viewer announcing his policy objectives as:

- “Prevention before suppression”; and
- “Drug traffickers must be punished”.

Mr Shinawatra also tells the audience that the Thai police have been authorised to deal aggressively with drug traffickers and others responsible for the scourge of drug abuse.

Fig. 22b: Former Thai Prime Minister, Mr Taksin Shinawatra, as presenter
Thai police are depicted or denoted as restraining a civilian; the connotation is of ‘decisive action ’in accordance with the Thai government’s policy.

The *Patiyarn* (ปฎิญาณ) advertisement

In 1998, the major target audience of the ONCB’s anti-drug campaign changed from school-aged children and young adults to government officers and public servants. One of the main reasons for this was that methamphetamine or ‘yaa baa’ abuse had become widespread across all groups of people, particularly school-aged children and young adults. This was, in part, because of corruption among government officials such as police. These corrupt officials are an integral part of the drug trade in Thailand. They allow drug traffickers to traffic and deliver drugs from Myanmar and the ‘Golden Triangle’ into Thailand. Moreover, the rapid and wide spread of ‘yaa baa’ in schools across Thailand is due in part to the presence of teachers who are drug sellers or agents for drug sellers. Therefore, the ONCB produced two advertisements, ‘Patiyarn’ and ‘Nee’, for and as part of its 1998
campaign to encourage public servants to eschew corruption and the illicit drug trade and be loyal to their occupations.

The first shot of ‘Patiyarn’ is a long shot of public servants, recognisable by their uniforms (i.e. nurses, police, school teachers and other officials), standing, looking ahead and swearing an oath:

We promise that we won’t become involved in the drug trade.

We will do our jobs with honour.

Fig. 23a: Public servants swearing an oath
The camera then zooms in to the face of one officer in the group and holds it in a close-up. The advertisement then cuts to a long-shot of a group of mafia and drug dealers. The next shot is a medium shot of a gun and ‘yaa baa’ (methamphetamines) on a table. The audience next sees a medium shot of the officer, of whom the close-up had earlier appeared, receiving money from the mafia. The pay-off shows the duplicity and corruption of the officer, his dishonesty and dishonourable character being shown by the contrast between the earlier image of him swearing the oath – saying that he would not become involved with the illicit drug trade – with his involvement now shown.
The narrative and the advertisement finish with the officer shown standing alone, his fellow public servants gone from the screen. The advertisement then cuts to the same man standing behind bars. Building the drama, the screen first fades to black before the appearance of the caption:

The nation needs servants who;

don’t think of selling,
don’t sell and don’t get involved with drugs.

*Fig. 23e:* The final shot of *Honourable.*

**The *Nee* (หนี) advertisement**

In the *Nee* (หนี) advertisement, a man sees a public officer involved in the drug trade and is, in turn, seen by drug traffickers. In the next shot, the man is shown running to escape from them. He succeeds in escaping and the final scene shows the man writing to the ONCB to report the corrupt public officer.
Fig. 24a: The man sees a government officer involved in drug trade

Fig. 24b: The man on the left is a corrupt government officer
In this advertisement, the ONCB intended to convey to the audience the simple message of ‘do the right thing by reporting corruption’. The advertisement showed the audience how to do so by writing to the ONCB at its postal address. Writing such a letter, as suggested in the advertisement, is convenient, none too onerous and permits the sender to remain anonymous.

**Conclusion**

In analysing textual elements of television advertisements used in drug abuse prevention campaigns in Thailand, several discourses were found. The ONCB used risk discourse, medical discourse and the discourse of patriotism in the advertisements targeted to all Thai people. Additionally, legality / illegality discourse and morality discourse were used in the advertisements targeted to drug dealers and also public servants.
In the advertisements, the ONCB used several approaches and a variety of production elements to convey meanings to viewers. At the beginning of its national campaign, the ONCB adopted a negative approach which was designed to affect audiences’ perceptions of drug abuse. Over time, the approach used in making the ONCB advertisements changed toward a positive approach. The later advertisements no longer aimed to scare viewers with horrific images but rather direct viewers to see the positive side of life without drugs. Later advertisements were heavily based upon a patriotic approach, that is the ONCB advertisements adopted an appeal around ‘national-ness’ and sought to construct the concept of ‘good citizens’ to help prevent their communities from using drugs. In other words, the advertisements were designed to suggest that everybody in the country has a responsibility for drug abuse prevention.

In the next chapter, I turn to an analysis of the representation of drug abuse in a form of popular culture, television dramas. The major analysis focuses the ways in which drug abuse narratives are produced in this popular television genre.
Chapter Four

Drug (ab)use narratives
in Thai Television Dramas
In the previous chapter, I analysed textual elements of Thai television advertisements used as part of Thailand’s national drug abuse prevention campaigns. In this chapter, I continue using a cultural studies informed approach to investigate representations of drug abuse in Thai television dramas.

Television drama is chosen to be examined in this study for three major reasons. Firstly, it is observed by Treichler (1993, pp 166-167) that this television genre is credited with serving a number of cultural functions. Treichler states that television drama can engage viewers imaginatively in contemporary social and ethical issues. Secondly, the reception of health and illness narratives on television has been neglected by researchers (Davin 2004, p 143). Davin (2004) also argues that how televised representations of health and illness contribute to spectators’ knowledge needs urgent attention. Lastly, in Thailand, researchers in health communication pay most attention to the study of television advertisements. The study of television dramas in providing knowledge involving drug use and abuse to viewers has received no attention from Thai health communication researchers.

Therefore, in this chapter, I analyse representations of health and illness in Thai television dramas. Specialist knowledge around a particular issue concerning drug ab(use) via narrative conventions of entertainment television genre will be investigated.

Discussion is focused on the representation and narratives of drug use and abuse in two well known television dramas broadcast on Thailand’s Channel 7, namely,
The research methods which I employ are a combination of textual analysis and in-depth interviews with the script writers of KSTD and NP. My textual analysis of all of the episodes of the two dramas, KSTD and NP involves considering televisual aspects of the dramas, such as shot analyses of exemplary scenes, narrative sequencing and the construction of characters. Major focus is on the narrative’s construction and the portrayal of the principal characters.

I conduct this research on the basic assumption that television contributes meaningfully to the ongoing constitution of particular social and cultural understandings of drugs, health, and illness. Put another way, television remains a significant media form that contributes to audience awareness of these issues. The construction of meanings around drug abuse is commonly seen on television through the representation of negative effects caused by drug abuse such as illness and death.

Based upon evidence from the plot lines of KSTD and NP, I found that representations found in KSTD and NP can be productively analysed through the following five major themes: the ‘heroin body’; dynamics of social exclusion/inclusion (and their relation to drug use); medical expertise and treatment; parenting (and vulnerability to addiction); and ‘traditional’ (Buddhist-informed) forms of drug treatment.

NP was first produced as a movie in 2527 B.E. (1984 A.D.). It was directed by Mr Yuttana Mukdasanit, a well known Thai film director. The movie was entitled The story of Num Poo. The character of Num Poo (lead character) was performed by Mr Umpol Lumpoon who gained fame from his portrayal and also won the Thailand National Film Association Award for ‘Best Actor’ for this role.
This chapter begins with a general discussion concerning health in television drama. The second part of the chapter deals with an overview of the respective production histories of KSTD and NP. My analysis of the two dramas then follows in the final part of the chapter.

**Health in television drama**

Even though education is not a major objective in the making of television drama for broadcast on free-to-air networks (Treichler 1993, Lupton 1995, Tulloch & Lupton 1997, Gavin 2001, Davin 2004) television drama can provide specialist knowledge around particular issues to their viewers. It could be said audiences that are not likely to pay attention to news or public health media may engage with health-related messages conveyed via entertainment television, or drama.

Treichler 1993 (pp 166-167) states that;

Medical dramas on TV are typically credited with serving a number of cultural functions; they give disease a “human face”; they portray the world of medicine and disease realistically; they educate viewers; they allow the television industry to claim that entertainment has a serious social edge; and they engage the viewer imaginatively in contemporary social and ethical issues.

In western countries such as the United States of America and Australia, there are some well known dramas, which I argue, are good examples of the entertainment
television genre that can provide specialist knowledge around particular issues to their viewers. Such dramas include an American drama, *ER* (1994) and two Australian dramas; *A Country Practice: ACP* (1981-1993) and *G.P* (1989-1996).

*ER* (1994), the American medical drama with its story of the lives and loves of a group of health professionals working on an emergency ward in Chicago, is a source of medical knowledge and social information for the public. In one study, *ER's* viewers described soap operas as efficient pedagogic tools because they reach massive audiences, they are ‘easy to take’, and they allow identification and repetition which enhanced learning (Davin 2004, pp 154-155). Similarly, the storyline of the Australian medical drama, *A Country Practice*, focuses on the town's medical clinic, hospital, veterinary practice and the residents of the small country town of Wandin Valley, New South Wales, Australia. This drama was one of Australia's most popular primetime television programmes. 1058 episodes were produced between 1981 and 1993 in NSW and screened on the Seven Network. A *Country Practice* was devised as a ‘realist’ drama, attempting to canvass a wide range of contemporary medical and social issues from a ‘responsible’ and ‘realistic’ position (Tulloch & Lupton 1997). Similarly, *G.P.* helps to convey a complex view of biomedicine to its audience (Lupton 1995). This drama is the story about the professional and private lives of the staff at the frenetic Ross Street Surgery, encountering the delights, the dedication and the dilemmas of life in general practice. This long-running series highlighted many contemporary medical

---

34 Source: [http://www.australiantelevision.net/acp/acp.html](http://www.australiantelevision.net/acp/acp.html)
issues while putting the spotlight on powerful human emotions, conflicts, loves and hopes.\(^{35}\)

Building on the studies of the representation of HIV/AIDS carried out by Treichler (1993) and Tulloch and Lupton (1997), I set out my argument that televisual representation and narratives of drugs on television dramas serve to constitute drug abuse as a socio-cultural phenomenon and as a reality, intertwined with medical and scientific discourses and practices.

**Making TV dramas: *Kan See Tan Don* and *Num Poo***

*Kam See Tan Don (KSTD)* is based on a novel entitled *Kam See Than Don* (คามสีทันดร)\(^{36}\) written by Krisana Arsoksin.\(^{36}\) In 1999, *KSTD* was produced for broadcast television by the Dara Video Production Company Ltd. The television scripts for *KSTD* were written by a well known Thai television drama script writer, Ms Sullaya Sookaniwat. A series of eleven 90 minute episodes was made and the episodes were broadcast on Channel 7 during prime time on Friday, Saturday and Sunday evenings. This series became one of the most well known ground breaking television dramas to be broadcast in Thailand.\(^{37}\) Its story prioritises an engagement with complex moral and social issues in its telling of the stories of characters who become seriously addicted to heroin. More broadly *KSTD*'s

\(^{35}\) Source: [http://www.australiatelevision.net/gp.html](http://www.australiatelevision.net/gp.html)

\(^{36}\) Krisana Arsoksin is a well-known female novelist in Thailand. In a career spanning more than 45 years, she has written more than 100 short stories and 110 novels. Her novels portray a variety of themes including romance, family relationships, current social affairs and politics.

\(^{37}\) More production details, characters and plot synopses of *KSTD* are given in Appendix A
narrative also represents the reasons for young children becoming drug users and the difficulties involved in giving up heroin.

In the year of its broadcast, KSTD won the Thai Television Industry Award for the ‘Best Quality Television Drama’ program. This drama has implicit significance for its support of the Office of Narcotics Control Board of Thailand (ONCB) drug abuse prevention campaign. Consequently, it is credited by the ONCB with being Thai television drama which assists in promoting drug abuse prevention campaigns to the Thai nation.\(^\text{38}\)

\textit{NP} is adapted from an ‘autobiographical novel’ entitled \textit{Prachan See Num Ngern: (Blue Moon)} written by Suwannee Sukhontha.\(^\text{39}\) In 2002, \textit{NP} was produced for broadcast television by the Click Television Company Ltd. The television scripts for \textit{NP} were written by Ms Danaya Subying. A series of thirty-four 45 minute episodes was broadcast on Channel 7, Monday to Friday at 5.00 pm-6.00 pm.\(^\text{40}\) \textit{NP} can be described as a ‘quality’ television drama. It was also one of the most popular television teen dramas to be broadcast in Thailand.

The title of the drama, \textit{Num Poo} refers to the name of the lead character, the author’s only son. When he was about fifteen years of age, Num Poo began using

\(^{38}\) As part of its ‘Kingdom’s Unit’ strategy, the ONCB encourages and urges every sector in the Thai society, including private sectors, to take actions in ‘War on Drugs’. According to this strategy, individuals and organisations who actively participate in the National Drug Abuse Prevention Campaign, or take any actions to support the ONCB missions, will be presented with a plaque and rewarded.

\(^{39}\) An autobiographical novel refers to a fictional story that contains many of the writer’s own experiences.

\(^{40}\) More production details, characters and plot synopses of \textit{NP} are shown in Appendix B.
drugs and, subsequently, became addicted to heroin. He died prematurely from a heroin overdose when he was eighteen years of age. Adapted from a real story, the ‘truth’ status of Num Poo’s life is used in the drama to instruct the audience about: firstly, the reasons that lead teenagers to become drugs users; secondly, the harmful effects of drug abuse; and, thirdly, to inform viewers that children need understanding from their parents more than anything else. A key inference of the program is that strong family relationships can prevent children from becoming the victims of drug abuse.

Both *KSTD* and *NP* were broadcast by Thailand’s Channel 7. This channel promotes itself as a leading provider of news and information to Thai television audiences. It seeks to be a leading source of entertainment and has a policy of addressing social issues in its drama and entertainment programs. Each year, Channel 7 engages television production companies to produce television dramas which address social issues (e.g. drug use and abuse, family relationship problems and environmental conservation issues) that it perceives to be of concern to its audiences. Channel 7 commissioned the production, and broadcast *KSTD* and *NP* in pursuit of its policy of seeking to entertain and inform its audiences and, at the same time, addressing contemporary social issues. For making television series portrayals of drug abuse, Channel 7 was subsequently credited by the ONCB as a television network demonstrating responsibility for the Thai nation and for supporting the official drug abuse prevention campaign. In their turn, *KSTD* and *NP* writers endeavoured to produce scripts containing useful information which not only educated but also gave pleasure or entertained. When interviewed on 26 July

41 See relevant information about Channel 7 in Chapter 2 and, also at [www.ch7.com](http://www.ch7.com).
2004, Ms. Sookaniwat, the script writer of *KSTD*, described her concerns about making *KSTD* series broadcast on Channel 7 as follows:

The most important concern was that we were going to produce a series broadcast on an entertainment focused channel. Accordingly, it was important that the entire series entertain the audience. I had to think about how to make the audience enjoy watching the show. Because this drama was intended to be good quality drama, we had a lot of information and important messages to convey. But if the audience did not enjoy watching it, or nobody watched it, then we would fail to convey our information. And, of course, the audience would not get our messages. In that case, there would be no impact on an audience and we would not produce any change in the views and behaviour of the audience. It would mean nothing.

As I discussed earlier in Chapter Two, according to its coverage and the variety of the programs which it broadcasts, Channel 7 can be said to be the most popular television station in Thailand. As a consequence, screening during prime-time indicates that these programs were expected to be a success, were seen by a large audience, thus strengthening the likelihood that they assisted in educating and/or raising awareness of these health and social issues among audiences. Additionally, two major reasons that make these two dramas interesting to watch are; firstly, their groundbreaking style, due to their confronting and non-conventional subject matter, which centrally addresses issues of drug abuse. Secondly, the two dramas attract an audience to the programs at least partly ensured by having famous Thai actors/actresses playing central characters.
The original novels of *KSTD* and *NP* were a major source for the producers of the series in their construction of meanings around drug use and abuse. At the same time the producers also relied on the generic conventions and structures of television dramas to craft messages concerning health risk and health care issues within the entertainment format. For instance, each of the two dramas chose a narration technique that they thought would capture the audience’s attention. It is important that the audience enjoyed watching the series from the beginning of the first sequence of the first episode. As is evident from the dramas’ plot synopses, however, the entire story in the original novel does not necessarily have to appear in the television drama in chronological order. For instance, the ways in which *KSTD* sought to get the audience’s attention in the first five minutes of the first episode was to make Tiengwan’s (the lead character) problems the focus of attention in the first moments and scenes of the program. The first episode also focuses upon introducing main characters (i.e. Tiengwan and Duan) and showing the conflicts that lead the main characters to become heroin addicts, the difficulty for Tiengwan in resuming his old life, and the conflict between Duan and his father (which is suggested to be a key reason that leads Duan to meet Seng and Eak for drugs).

Interestingly, this is similar to the narrative construction in *NP*. The first scene of *NP* is in a sense where the plot ends, that is, with the boy’s (i.e. Num Poo – the lead character) death. This is the effect of establishing a narrative interest or question ‘how did this happen?’ established in the audience’s mind. The second scene of *NP* takes the audience to the narrative present (his high school years, two years before his death), and within this narrative present the audience sees
Num Poo ‘having’ a flashback (this is how we make sense of the editing to scenes from his early childhood). In my interview with the NP script writer, Ms. Supying on 15 July 2004, she explained what the calculations and decisions of the scriptwriters were:

I thought it would be boring to tell the story in simple chronological order. Also, an important selling point of NP is the presence of the lead actor, Tawan. So I wanted him to get the audience’s attention at the start. If I had chosen to tell the story in chronological order, Tawan would not have appeared on the screen until the third or fourth episode. Therefore, using the flash back technique enabled me to use Tawan in the first scene of the first sequence of the first episode. That is the main reason why the first scene in NP shows Num Poo injecting himself with heroin and collapsing.

A significant narration technique used in KSTD and NP to make the audience enjoy watching them is the use of flash back. This technique locates a scene within the mind or psyche of a character – thus it is used to intensify the viewer’s ‘access’ to the psychological state of a character.

The narrative construction of KSTD and NP is similar. Much of this narrative is concerned with ways of showing the audience (particularly parents) the types of behavioural trajectories that lead to young people becoming involved with drugs and its potentially disastrous consequences. The objective in this sense is to show the progress of drug abuse among teenagers. In both series the main character’s

---

42 Mr Tawan Caruchinda is a teenage actor who plays Num Poo character.

43 Flash back is a story telling technique used in film and television dramas. A ‘flash back’ is a part of a film or television drama which shows a scene that happened earlier in time than the main story.
first involvement with drugs is smoking cigarettes. Each of the main characters then moves to drinking alcohol, smoking cannabis, and finally using heroin. So one meaning about drugs that is presented is the implicit one of how different forms of addiction are linked in a cause and effect chain of drug abuse.

It can be said that KSDT and NP contain an implicit connection to the ONCB drug abuse prevention campaign. That is, broadcast on free-to-air network in the television series formats, KSTD and NP make drug use issue an available and allowable topic for household/family viewing. As Ellis (1982, p 113) notes, the television set, an essential domestic object, is predominantly used for home entertainment among members of the family (broadcast television assumes that family consists of parents and children, and this is considered to be the basis and heart of its audience). Parents and children frequently watch television together and by being broadcast in the evening, the television drama series I am examining make drug abuse, a serious and sensitive topic, something that parents can potentially discuss with their children and inform them about. KSTD and NP, as television drama series, are a cultural form that not only serves to entertain the audience but also constructs meanings involving drug use and abuse issues, presenting them entertainingly to the audience.

44 Even though cigarettes are not an illicit drug, in Thai society, they are seen as part of a continuum of drug addiction. According to Thai values, smoking at school age is unacceptable. In general, young children who begin smoking in early age, presumably will somehow desire to experience other kinds of drugs, such as cannabis or ‘gan ja’. There were many cases of young children who, consequently addicted to heroin in Thailand, began their addiction from smoking cigarette and cannabis. Chouvy & Meissonnier (2004, p 121) state, in Thai culture, cigarettes are identified as the first step leading to consumption of more serious drugs, a sequence that may end in eventual imprisonment or death.
It is important to note that in the making of *KSTD* and *NP*, the producers required and obtained expert advice in respect of specific areas of knowledge and expertise including medicine, psychology and health communication. This was done to particularise the way that they used the generic conventions in these shows. This was an explicit calculation on the media producers’ part which was driven by a desire for the television programs to make a positive intervention in this health problem. The *NP* script writer, Ms. Danaya Subying, undertook research and gained information while writing the *NP* script by going to Baan Metta and Wat Thamkrabok (the places where the lead character in *NP* went for detention, drug detoxification and rehabilitation). In fact, this is a common feature of the production of Thai quality drama that research is undertaken (and that there are budgets to support this) into major issues the show is dealing with (compared to low budget soaps and entertainment). This allows the inclusion (in setting, dialogue, acting, narrative and so on) of details that help secure a heightened realism effect. It can also produce the accuracy and ‘informativeness’ that will be sought after from an educational or social responsibility or explicit health communication motivation.

Despite this sophistication, both *KSTD* and *NP* contain one of the most common storylines found in Thai television dramas, that is, first, at the beginning, the dramas establish a strong emotional link between a lead character (e.g. a young boy) and the viewer. Normally, a young boy is shown as the character who is good-natured, friendly, physically attractive and with a pleasant outgoing nature. Second, the drama reveals that the character has a tragic or unfortunate background, which arouses considerable sympathy from the viewing audience (e.g. his parents are divorced or disadvantaged), and underneath his brave
exterior, the boy is faced with an emotional problem or dilemma. The character is then involved in some traumatic incident wherein his life hangs in the balance. At the end, when the plot resolves, the drama has a happy ending. By adapting the standard storyline found in Thai dramas, the writers of KSTD and NP used the generic convention of Thai dramas to help direct their audiences to a single conclusion and a single interpretation of the dramas.

In addition, I argue that KSTD and NP rely upon a particular kind of plot line of edutainment drama. The advantage of using an edutainment drama plot line is that the audiences can supposedly learn behavioural norms by observational learning or modelling. Additionally, the lesson learned by the lead character can also be learned by the audience without the latter having to directly face or deal with the same problem, dilemma or strife experience by the former. Accordingly, the audience’s views and/or behaviour may change in the same way as the lead character’s views or behaviour are changed in the course of the drama (Davern 1990 quoted in Egger 1993, Satapitanon et al 2003).

Therefore, based on the plot line of edutainment drama, viewers see, in KSTD, Duan is introduced in the first episode as a lovely, physically attractive young boy from a happy and wealthy family. Then he becomes addicted to drugs. Duan’s dilemma is resolved by Duan seeing the deaths of his two friends (Eak who is killed by a drug addict in the slum where he lives and Seng who dies from a heroin overdose). As a result, Duan discovers by himself that the use and abuse of heroin

---

45 Television edutainment programs are television programs designed to be educational in a form of entertainment.
never leads to a good ending. Consequently, Duan comes home and tells his parents that he has decided to go cold turkey and give up using heroin. The plot is similar in *NP*. Before Num Poo becomes addicted to heroin, he is shown to be a lively happy little boy. At the end of the show, Num Poo’s dilemma is resolved when he meets a girl who is his classmate at art college, Pawkaew. Pawkaew encourages Num Poo to give up using heroin by telling him to go to Wat Thamkrabok for detoxification and rehabilitation.46

Like many other dramas, the story of *KSTD* has a conventional ‘happy’ ending. All problems are solved by the final episode as Duan returns home and gives a strong commitment to his father to quit heroin completely. However, unlike *KSTD*, the plot of *NP* is developed to the tragic incident foretold in the opening scene of the first episode. There is no successful recovery of the lead character. The audience sees the death of Num Poo caused by a heroin overdose. The message to the audience is straightforward and punitive; that the only ending for those who are involved in serious drugs is a premature death.

**Key sub-themes and narrative conventions represented in *KSTD* and *NP***

In watching and analysing the narratives of *KSTD* and *NP* plot lines, I have identified three sub-themes represented in *KSTD* and two sub-themes represented in *NP*. The sub-themes are;

1. Social exclusion/inclusion (and its relation to drug addiction)

46 Wat Thamkrabok is a Thai Buddhist temple, located in Saraburi province, Thailand. This temple is famous for its drug rehabilitation program. The program is conducted by the Buddhist monks. Native medicinal herbs are used as a medicine for detoxification.
2. The ‘heroin body’
3. Medical expertise and treatment
4. Parenting (and vulnerability to addiction)
5. Buddhist-informed drug treatment

Discussion of each sub-themes in more detail via a close ‘reading’ of the programs follows.

Social exclusion/inclusion (and its relation to drug addiction)

A central theme and organising narrative trope in KSTD concerns the ways in which dynamics of social exclusion/inclusion relate to drug use. For the most part, drug users are shown to be excluded from the social body. However, social inclusion is shown in the drama to be an important factor to assist drug users in breaking their addiction and resume their normal life after giving up using drugs.

Social exclusion

This is a good example of how values and norms in Thai society are represented in the drama. Drug addicts or even former drug addicts have long been socially sanctioned in Thai society. Statements in which users admit to experiencing drugs is shown by the shame character. And the shame of being a drug-addict not only affects the abusive users; it noticeably involves the rest of his or her family as well (Chouvy & Meissonnier 2004). An example of the social sanctioning of drug addicts and their family members is discussed below.

Tiengwan: the lead character of KSTD
In the first episode of *KSTD*, Tiengwan’s mother encourages her son to join a tour group for a short holiday vacation at the beach. After Tiengwan’s rehabilitation treatment is complete, joining a group tour for a holiday is a therapeutic practice for him. As suggested by the psychiatric practice at Baan Phi Chit Jai, socialisation is important for Tiengwan in the process of resuming his normal life. This activity will assist him in being confident to live and interact with other people. However, after one of the members of the tour group reveals to other members that Tiengwan was a former heroin addict, Tiengwan is shown being shunned by the others. This sequence is a significant example of a reflection which draws on Thai cultural values. Antoine (cited in Chouvy & Meissonnier 2004) observes that in Thailand a drug addict is considered ‘dirty’…so he is somewhat despised. For Thai people, drug users are not victims of drugs but rather, a culprit if they consume drugs. They have only themselves to blame. In Thai culture, drug addicts are stigmatised. Society’s judgements for drug addicts are harsh and unforgiving and they are denied a second chance. There is no exception, even for former drug addicts (Chouvy & Meissonnier 2004). In *KSTD*, consequently, Tiengwan begins to lose his confidence as the tour group members treat him in a way that makes him feel he is a very bad person. He is also shown isolating himself from the group.

Tiengwan is shown attempting to give up heroin many times in *KSTD* over a period of approximately ten years. Many obstacles confront him in his attempt to overcome his drug addiction. For example, he finds it difficult to be strong walking along the street when everybody who looks at him knows that he was a drug

---

47 Baan Phi Chit Jai is a drug addict rehabilitation centre in Bangkok. It is a place that lead characters in *KSTD*, Tiengwan and Duan went for their treatment.
addict. This meaning is established in the first episode of the drama when Tiengwan returns home after his rehabilitation program, his car slowly turns into the narrow street where his house is located. People alongside the street see him and recognise him. There is a sequence of images showing those people coming closer to the car, looking at Tiengwan and then telling each other that the bad boy, heroin addiction, returns to their street. There is also a close-up shot of Tiengwan’s face, showing his expression. He is upset as well as losing his confidence when people look at him as if he is a criminal. However, when in a later episode, Tiengwan describes this experience to Duan’s parents, he says that, he discovered that if he was not strong, it was easy for him to begin using drugs again.

Episode 4 of *KSTD*, I would say, provides for the viewer, a powerful lesson of identification with the position of the drug user in Thai society. The audience may identify themselves as ‘other’ to Tiengwan but in *the sense of shared experience and knowledge*. In this episode, the audience experiences difficulties of attempting to quit heroin as well as being asked to sympathise with Tiengwan. This occurs in the scene where he explains and describes his experience of attempting to quit using heroin to Duan and Duan’s family. Tiengwan tells others that quitting using drugs is a difficult task. It was like attempting to swim across an ocean (metaphorically rejoining society). He says that addicts may not succeed at their first or even subsequent attempts to quit – and likens this to being at risk of a swimmer drowning in the ocean at any time. Many drug addicts who manage to quit using drugs later return to using them because they feel isolated from and unsupported by other people. Tiengwan tells Duan’s family that drug addicts need
help from other people in society to rescue them from drowning – that is to help them to keep trying in their endeavours to quit and stay clean.

**Deunsib: the supporting character**

*KSTD* series suggest that it is not only drug addicts who might be shunned by society but the members of the addict’s family as well. In *KSTD*, this is highlighted via the experiences of the support characters who are members of Tiengwan and Duan’s families. The parents of Tiengwan and Duan, for example, are seen being insulted by other people. People are clearly uncomfortable being associated with a drug addict’s family. They also insult parents of drug addicts as unable to take good care of the children. However, the most obvious victim in this case is Deunsib, a sister of Duan.

Deunsib is portrayed as a ‘victim’ of Duan’s heroin addiction. Her lover, Tan, who intended to marry her, wants to end their relationship when he discovers that Duan is addicted to heroin. Additionally, Tan’s mother is against the marriage for the same reasons.

Tan’s reason for ending relationship with Deunsib is shown in episode 4 of the drama. Tan’s mother, Yeesoon, is shown as eager for Tan to end the relationship. In addition, she introduces Mituna, the daughter of one of her friends, to Tan. Yeesoon makes it plain that she does not want Tan to meet Deunsib anymore. She prefers Tan dating with Mituna. In episode 8, Deunsib is shown meeting and speaking with Tan much less often than before. On the other hand, Tan begins to spend more time with Mituna, the girl to whom he was introduced by his mother.
Tan’s mother continues to encourage Tan to break up with Deunsib. Deunsib is upset for she misses Tan. In the final episode, Tan comes to visit Deunsib. Deunsib tells Tan that she knows that Tan’s mother doesn’t want Tan to see her. She says that she understands that Tan’s mother wants Tan to marry another girl. Deunsib tells Tan that she thinks they should end their relationship completely.

I summarise here, before moving forward to the next section, that KSTD uses conventional narrative deployment of characters to provide the audience with knowledge of the dynamics of social exclusion and its relation to drug use. Both Tiengwan and Deunsib are two main characters in conveying this meaning, they are shown to be effected by social exclusion.

**Social inclusion: a major factor for breaking addiction**

One of the most important factors that assists drug addicts in quitting drugs, as represented in KTSD, is that of ‘social inclusion’. The drama shows that sympathy, understanding, encouragement and support from family, friends and also other people in society is important in assisting addicts to quit using hard drugs and begin new, ‘normal’ lives.

The title of the drama, Kam See Than Don, which translates to ‘across the ocean’, also indicates to viewers the positioning of drug addicts on the periphery of the social order. The title of the drama is a metaphorical description of the difficulties faced by a drug addict attempting to conquer drug addiction. The difficulties are

---

48 The word ‘see than don’ is an old fashioned Thai word for gigantic ocean. This word usually is used only in Thai literature.
likened to those faced by a person attempting to swim across an ocean. The story of KSTD is focused on the difficulties associated with attempting to give up using drugs. It conveys meanings that quitting heroin is difficult. However, quitting is possible if drug addicts receive sympathy, understanding, encouragement and support from people around them.

In the drama, both Tiengwan and Duan receive massive support to quit using heroin from their family members. For example, Tiengwan’s mother, Sawart, is shown as a devoted mother who encourages Tiengwan to give up heroin. In the first episode, she appears to be the only person who continues to look after Tiengwan when he suffers from withdrawal symptoms. Also she encourages and gives lots of support to her son to quit heroin. Finally, Tiengwan succeeds in breaking his addiction. However, to complete heroin addiction treatments, a former drug addict, basically, need to attend a rehabilitation program. Consequently, Sawart takes her son to the rehabilitation centre, Baan Phi Chit Jai. She also encourages Tiengwan to take a holiday as part of his recovery process.

The ‘heroin body’

In this section, I discuss the use of the ‘body’ in narrative convention of television drama. The object is to prove that the ‘body’ represented in the drama is made as Haraway described (1989, p 10 cited in Lupton 2002 p.22) and is the product of certain kinds of knowledge which are subject to change (Lupton 2002, p22).

Before analysing narrative convention of the ‘heroin body’ represented in KSTD, it may be useful to briefly consider the notion of the ‘body’ from a post-structuralist
view. Haraway (1989, p 10 cited in Lupton 2002 p.22) argues that the body may be viewed as ‘an admixture of discourse and matter, one whose inseparability is a critical, though complex, attribute.’ In Medicine as Culture (2002, p 22) Lupton describes the notion of the ‘body’ in western societies as follows:

The human body, in the wake of post-structuralism, is considered as the product of certain kinds of knowledge which are subject to change...For contemporary poststructuralist theory, the body is conceived of as a collection of practices, of ‘body techniques’ which represent and regulate bodies in time and space. Bodies are regarded as not simply shaped by social relationships, but as entering into the construction of these relationships, both facilitated and limited by historical, cultural and political factors.

*KSTD* is the portrayal of the ‘heroin bodies’ or people consuming or involved with heroin. The producer of *KSTD* constructs meanings around the ‘heroin body’ as one major way the show presents information and knowledge about heroin to viewers. The bodies of Tiengwan, Duan and Seng are central to all the episodes, discussed in detail below.

The drama graphically shows viewers the health hazards of consuming heroin. In *KSTD*, health hazards occurring to heroin addicts are shown to the audience via the two main characters, Tiengwan and Duan, and a supporting character, Seng. In episode 1, a sequence of images shows Tiengwan injecting himself with heroin. Soon afterward, Tiengwan experiences some of the typical short term effects caused by the drug. He is shown having warm flushing of the skin, dry mouth, and heavy extremities, passing into an alternately wakeful and drowsy state.
Tiengwan’s central nervous system was depressed and his mental functioning becomes clouded as a result of heroin injection. Taking heroin effects users’ appearances, health and leads to death. This meaning is coded by a sequence of images of Tiengwan’s and Duan’s appearances (e.g. Duan changes from a lively, healthy looking young boy to a skinny boy with long hair and unhealthy). In the final episode, episode 12, the most critical health hazard of taking heroin is shown, when Seng, a person who introduces Duan to heroin, dies from a heroin overdose.

Addiction, one of the most significant effects of heroin abuse is shown via the performances of Tiengwan, Duan, Seng and Eak. With regular heroin use, tolerance to the drug develops. Once this happens, the abuser must use more heroin to achieve the same intensity or effect that they are seeking. As higher doses of the drug are used over time, physical dependence and addiction to the drug develop. Several episodes of KSTD show all characters mentioned above having to inject themselves to relieve the effect of heroin addiction. The example includes episode 1, when the viewer sees a sequence of images of Tiengwan injecting himself with heroin in his bedroom.

Within a few hours after the last administration of heroin, withdrawal may occur. This withdrawal can produce effects such as drug craving, restlessness, muscle and bone pain, and vomiting. Major withdrawal symptoms peak between 48 and 72 hours after the last dose and subside after about a week. This is represented in episodes 4 and 5 as Duan is locked in his bedroom by his father. He is forced to quit heroin cold turkey.
Fig. 25a: Duan is shown having withdrawal symptoms.

Fig. 25b: Image of Duan (vomiting), suffering from heroin addiction.

*KSTD* tells the narrative of two young boys who are addicted to heroin. It is obvious that the producer of this drama intended to uses the human body as a primary site to communicate and educate viewers about the use of heroin. The representation of *KSTD* also details illness and difficulties of heroin addicts.
The ‘heroin body’ in KSTD is written around two main characters, Tiengwan (aged in his 20s) and Duan (aged around 15). When the younger of the two, Duan, becomes addicted to heroin, the older, Tiengwan, has broken his addiction to heroin. In the show, Tiengwan is shown using his experience to assist Duan break his heroin addiction. Tiengwan becomes addicted to heroin because of the curiosity of a teenager. In the first episode the drama uses the narrative technique of flash back to show the audience a situation that lead Tiengwan, a teenaged boy from a wealthy family, to become addicted to heroin.

It seems that the producer of KSTD intended to show viewers the significant reason for young people to becomes using drug via Duan who is implied to have been driven to use drugs by conflicts within his family. He is introduced in the first episode with a conflict that caused him to a big turn in his life. In the first episode of the drama, the audience experiences the main reason that caused Duan to become depressed and desire to become a rebel child to his father, Dumgeung. The producer chose to deliver this story using a sequence of emotional scenes of Duan and Dumgeung. Duan’s father is shown returns home from work. Upon arrival, he sees Duan surrounded by friends. They are in Duan’s birthday party. Dumgeung is shown angry because he already told his son that there will be no birthday party for Duan this year. He told his son this after he is told that Duan failed his school examination.

Frustrated after a meeting at work, Dumgeung’s anger at Duan becomes massive. He immediately walks into a group of young teenagers. He speaks with loud voice that there is no party. And he wants Duan’s friends to get out of his house. After
Duan’s friends leave the house, Dumgeung then turns his bad temper to his only son. In this sequence, an emotional scene between Duan and his father is shown to the audience. Dumgeung slaps Duan on the back a few times. He then complains about Duan’s study. At the end of this sequence, one of the significant scenes in *KSTD* is shown to the viewers. Dumgeung is shown smashing Duan’s beloved guitar into the ground. He also says he wants to see Duan good at study, not singing or playing guitar. Duan says nothing but looks at his badly damaged guitar and cries. After his father has left, Duan says, he would try to do everything to upset his father.

The ‘heroin body’ in the drama also is shown to cause social problems. Addiction to heroin leads heroin addicts to commit crimes. In episode 9, for example, after escaped from a rehabilitation hospital, addiction makes Duan think and wants to take heroin again. However, he has no money. Consequently, in the show, he is shown stealing money from an old man in the market. He is caught by a police officer at the end. Additionally, in episode 11 and 12, a support character, Eak was shown to lose his life when he was killed by one of heroin addict in the mafia gang when he was joining them, taking heroin.

Character and the position of the performer are important factors to get viewers deep-seated emotions and long-standing empathies (Butler 1995). In *KSTD*, the writer intended audience to experience the heroin body using ambiguity of the actor. Audience knowledge of, and the fact that Mr Jakkrit Kacharat, the actor who plays Duan’s character, once in his real life was a heroin addict also helps here to
constitute the realist aesthetic of the program. Ms Sookaniwat, the writer of KSTD spoke of Mr Kacharat and Duan character as follows:

Using Mr Kacharat to perform the Duan character was an appropriate decision. Everything he performs, it comes from his real life and his experience. Mr. Kacharat had experiences in consuming heroin, quitting heroin cold turkey, stealing money, escaping from the rehabilitation centre, and even attempting suicide. The audience knows the fact that he was a heroin addict. And this is, I think, what people want to see. The audience wants to watch Mr Kacharat experience of heroin addiction. Also, this is what we want the audience to watch...(Sookaniwat 2004, pers. comm. 26 July).

Yet despite the heroin body being such a central focus in this drama, there are limits applied in terms of its representation (which, paradoxically, heighten its significance via its absence). The role of regulation and censorship of television programs in Thailand in terms of portrayals of drug use must be noted here. Each time the show commences it is framed by captions telling viewers the classification of the series. The series convey this meaning using captions:

Fig. 25c: Duan (a man on the right) is locked in his bedroom because his father wants him to go ‘cold turkey’ in order to quit the drug.
This series aims to show the audience harmful effects of drug abuse experienced by drug abuse victims. It contains drug abuse and violent scenes. Children viewers are recommended to watch under parental guidance.

Images of drug abuse such as heroin injection are not allowed to appear too obviously on the screen as this might lead audiences to copy what they have seen on the screen. Consequently, when it comes to drug taking scenes, production techniques are used to help convey a sense of that which cannot be directly represented. The techniques include camera angles, camera shots and lighting techniques. For example in episode 1, the scene of Tiengwan injecting himself with heroin is shown by a sequence of images of Tiengwan, sitting alone in his room with all the equipment for heroin taking. Instead of showing a close-up shot of Tiengwan’s arm, an area where he is going to inject himself and a needle, a medium shot of Tiengwan’s face is shown on the screen. Expression and feeling of addiction and relief after inject heroin is shown to the viewer on Tiengwan’s face. Also, in episode 4, Duan is shown sitting in his bedroom. He is going to take heroin. But because of regulation and censorship of television programs in Thailand, there is a sequence of images of Duan in his bedroom and quick insert of a medium shot of a needle. Then the last image of this scene is Duan after the injection (See image below).
Medical expertise and treatment

Medical expertise and treatments employed to break heroin addiction feature prominently throughout the entire series of *KSTD*. As confirmed by my interviews with key production personnel it was the deliberate intention of the makers of the program to present to the audience medical and psychological/psychiatric treatments for heroin addiction.

*General knowledge and information*

The process of breaking heroin addiction includes a medication treatment. Heroin addicts have to take methadone, a synthetic opiate medication that helps to block the effects of heroin, for a certain period of time. The information about this medication treatment is dealt with in episode 3 of the drama. Duan is taken by Tiengwan and Duan’s sister, Deunsib, to the hospital to begin a course of methadone. Usually, a patient needs to take methadone continuously for 45 days.
in order for the treatment to be effective and complete. However, Duan’s medication treatment is not completed and he abandons going to the hospital for methadone drinking. Drinking the methadone is clearly an unpleasant treatment for Duan but he also appears motivated to resist the treatment because it has been forced upon him by his father.

The set of meanings involving knowledge around ‘youth psyche’, mental health, risk behaviour among young people, role family and peers group is shown in the first episode of *KSTD*. Duan is shown having serious stress when he is forced to study hard by his father. His tension occurs and this effects his mental health. Then he decides to rebel and to take risks by trying heroin. This sequence of the episode constructs cultural meaning that young people naturally are at an age of experimentation. Young people can take risks of various sorts with their health. *KSTD* shows the viewers the sorts of risk behaviour engaged in by young people, such as smoking and taking drugs, particularly, heroin. A conversation between Tiengwan and Deunsib in episode 3 shows that Tiengwan, the main character of *KSTD* becomes addicted to heroin because he wants to experience something new. He also wants to be accepted in his group.

*KSTD* shows various aspects of parenting and peer groups that have strong influences on young people’s behaviour. Duan blames his addiction to heroin on his father. Pressure from Duan’s father who tries to force Duan to study hard makes him rebel. Duan is initially shown living his study. Then he meets Seng and Eak who offer Duan good company. Finally, Seng and Eak are one of the reasons that Duan becomes addicted to heroin. However, in the last episode, Duan
decides to quit heroin cold turkey because he can feel love and affection that his parents give to him, particularly his father. This meaning is constructed through a sequence focusing on conversation between Duan and his family. There is an emotional scene where Duan’s father gives Duan a hug and a warm welcome when he returns home. His father apologises to Duan saying that he pressures Duan too much. The writer of *KSTD* aims to have parents who view this scene understand the role of family to young people.

*Behavioural therapies: Baan Phi Chit Jai* (บ้านพิชิตใจ)

Medical and psychological knowledge/expertise concerning heroin treatments is used to code or construct the conventional narrative deployment of character in *KSTD*. Tiengwan and Duan, two lead characters, are both shown as heroin addicts who receive substance abuse counselling, psychosocial therapy, and other support services to enhance successful outcomes in methadone maintenance treatment programs at Baan Phi Chit Jai.

In the first episode, information concerning the rehabilitation treatment program at Baan Phi Chit Jai is introduced to viewers via a conversation between Tiengwan, his mother and a psychologist. In this dialogue, for example, a psychologist presents the philosophy of the rehabilitation centre as based on the belief that treatment of the being as a whole - mind, body, and spirit- is necessary to successfully confront and arrest the progressive diseases of drug addiction. Anyone who adopts the rehabilitation program at Baan Phi Chit Jai has to complete the four stages of the program. The first stage is the therapeutic training routines course which extroverts the student and gets him into better
communication with others and the environment. The second stage is the communication and perception course which helps to increase awareness and helps the student control and be in better communication with the world. The third and fourth stages are the skill development course and the post treatment care respectively. Each stage is an approach that combines treatment of the mind, body, and spirit with education and skills development. From the conversation, a psychologist says, this is the key to the lifelong journey of recovery for a former drug addict.

Later in episode 6, Tiengwan suggests to Duan’s parents to send Duan to this rehabilitation centre. When Duan arrived at Baan Phi Chit Jai, he is interviewed by a psychologist. In this sequence, the viewer is informed of the major causes that could lead young people to drug abuse. The conversation proceeds:

The psychologist: How long have you been using heroin for?
Duan: Around four years.

The psychologist: What made you come to use drugs?
Duan: I…Uh..

The psychologist: Are you good at studying? What is the highest scores?
Duan: No, I am not very good at that. I don’t like it. Very boring.

The psychologist: What brings you here?
Duan: I want to quit.

The psychologist: But how do you know this place can help?
Duan: Tiengwan told me.

The psychologist: Could you please tell me, what makes you become using drug?
Duan: I don’t like my father. He always forces me to do things that I don’t like. I just want to make him crazy. He is disappointed with my study, so he forces me to study hard. But I don’t like it. Even come to this place, I don’t want to quit. …But everybody wants me to come. Before I came here, my dad locked me up in my bedroom for seven days. I suffered so much from what my dad did to me. I thought, I may die in that room.

For his behavioural therapies at Baan Phi Chit Jai, Duan in episode 8, is assigned the tasks by the hospital’s officers. His tasks include sweeping the floor, gardening and taking lessons from the Buddhist monks. However, Duan appears bored and tells his friends that he misses his mother. He also says he wants to go home.
Parenting (and vulnerability to addiction)

Parenting is one of the significant reasons which may make young people vulnerable to drug addiction. In this section, I discuss how the narrative conventions in NP relay this argument or proposition to its audience. Before starting, it is useful to describe the initial intention of the scriptwriter in producing the NP series. In an interview with Ms Danaya Supying, the scriptwriter of NP on 15 July 2004, Ms Supying explained to me that the drama was produced and intended to show the audience that the relationship between parents and children is important. Ms Supying explained;

I kept what I thought was the main concept of the novel. That was that it is difficult to show your children how much you love them. In NP, Suwannee works hard and tries to give her children a better life. However, her son, Num Poo, has the impression that his mother doesn’t care about him. He also thinks that his mother doesn’t want to spend time with him. It may be a gap between you and your child, so please be careful.

From the interview, perhaps, I could summarise that the most significant theme found in NP is parenting (and vulnerability to addiction). And this major theme is portrayed and is ordering developed around three major events discussed below.

Broken family conflict

I argue that drugs (in Thailand), it is said, are children’s recourse against the anxiety generated by quarrels between parents, mothers who are compulsive gamblers, or fathers who drink or come home late because they have mistresses.
In the case of *NP*, the drama begins by showing Num Poo as a young boy with his happy family. Later in the first episode, family conflict is revealed.

The first episode of *NP* establishes a focus on the family background of a central character. It also establishes a central question which drives the audience’s narrative interest. It sketches the central character’s childhood and draws a connection between his early family life and experiences to the narrative ‘present’ – Num Poo’s high school years and his psychological state and what preoccupies him now. In this episode, Num Poo recalls images of when he enjoyed going fishing with his father in a canal near his house (the audience sees a flashback to that time). Num Poo also recalls images of when his parents took him and his sisters beach camping during the school holidays (the audience then sees another flashback).

Conflict is introduced to the drama when a problem occurs with his parents. In another scene, Num Poo recalls images of his mother working late at night correcting students’ assignments and his father coming home late and drunk. Followed by Num Poo’s mother, Suwannee, and father, Tawee, arguing and fighting. The audience learns through these narrative flashbacks that when Num Poo was around five years old, Tawee brought his mistress home to live in the family house. Tawee’s mistress was a young lady, much younger than Num Poo’s mother, Suwannee. That night Suwannee, immediately gathered her children, including Num Poo, and together they left Num Poo’s father and the family home. Later, Suwannee was divorced from Tawee.

---

49 At that time, Suwannee is a university lecturer.
Suwannee as a ‘single mum’

In the drama, Num Poo’s mother, Suwannee is shown to be a devoted mother. She is also a hard working single mother. After her divorce with her husband, Suwannee could not afford to buy a new house and still has to work. Therefore, she sends her children to live with her relatives. Noi, the eldest daughter, goes to live with her aunt in Chiang Mai, a province located in northern Thailand. Num Poo goes to live with his uncle in Bangkok. The other daughters, Mod Dum and Noo Na, go to live with their grandparents in Phitsanulok Province, Suwannee’s birthplace in northern Thailand.

Some time later, Suwannee is able to rent a house. She is then able to arrange for all of her children to return and live with her. Suwannee tries to do everything she could to make her children happy. However, this results in her children becoming dependent upon her. This was particularly so in the case of Num Poo. Num Poo is presented as a ‘mother’s boy’, dependent upon his mother and eager for his mother’s attention. The use of narrative convention to show Num Poo’s passion for his mother is emphasised in the final episode of the drama. After Num Poo passes away, Suwannee finds, in Num Poo’s bedroom a piece of an essay written by Num Poo entitled Members of My Family. Num Poo’s feelings and dependency are made explicit through the device of Suwannee reading the essay to Num Poo’s sisters and Na Pat.

My family is consisted of five people. The first person I would like to introduce here is my mother. …I can say that no one else could understand me, the way I am, better than my mother. And this is the reason why I love and adore
my mother so much. Mum was a university lecturer, therefore she is an
intelligent person. I am so proud of her. She can teach me to do homework
and also teach me some other things. She teaches me to do artworks …Mum
always does everything for my sisters and myself. Mum does everything for
us…

Showing a scene in which Suwannee wins the SEATO literary award for her novel
*Khao Chue Karn (Dr Karn)* and a subsequent scene in which of Num Poo joins a
drugs party, episodes 15 and 16 are centrally concerned with the effect of the
roles and responsibilities of a working and single mother like Suwannee. To be
good in both positions, is difficult. In her career, Suwannee works hard as a writer.
She is so successful in her career. However, in her real life as a single mother,
Suwannee fails at being a mother who can bring up her son in the way he should
be. In episode 15, the contrast in the situations of mother and son is dramatically
made. The mother wins the award, and is surrounded by journalists, taking her
photos and interviewing her about how she has achieved this ultimate novelist
award. At the same time, the son is shown having a drugs party with girls and
other friends. As mentioned earlier, the story in this scene is based on the real
author’s award winning, therefore, this is something that would be known to the
viewers and thus help activate the ‘real-story’ status of the show and heighten its
realism.

**New member of the family: Suwannee’s new partner**

Suwannee and her family seemed perfectly happy until she introduced Na Pat,
Suwannee’s new partner, to her children. Soon afterwards, Na Pat came to live
with Suwannee and her children in their house. From about that time, Suwannee began to devote more of her time, attention and affection to Na Pat with the result that she directed less of her time, attention and affection to Num Poo. Num Poo began to feel like he was losing his mother. Consequently, Num Poo came to resent Na Pat and feel neglected by his mother.

Over time, Num Poo began to isolate himself from his mother, his sisters and Na Pat. Rather than going to school as he should have done, Num Poo and two of his friends, Berm and Od, began to skip school and spend their afternoons in a public bar, drinking and smoking. Berm and Od later introduced Num Poo to ecstasy, cannabis and heroin. So, from about the time when he was 15 years of age, Num Poo began a journey of drug abuse involving cigarettes, alcohol, cannabis, ecstasy and heroin. Num Poo died when he was 18 years old from a heart attack which he suffered while trying to inject himself with heroin.

The depression which afflicts Num Poo is caused by an emotional dilemma or the conflict between Num Poo and his mother and other members of the family (i.e. his sisters and his mother’s new partner). Num Poo believes that his mother prefers her female children and so he is the unwanted child in the family. The development of this plot is shown in episode 6, when Num Poo is told by his mother that his bedroom in their new house will be on the ground floor while Suwannee’s and his sister’s bedrooms are upstairs. The conversation between Suwannee and Num Poo shows the audience that Suwannee wants Num Poo’s bedroom to be away from the other bedrooms.
This results in Num Poo beginning to seek an activity that helps him forget what he has to experience at home. He chooses to take drugs which are introduced to him by Berm and Mai, two friends from school. Num Poo begins smoking cigarettes, then drinking alcohol, then smoking cannabis before beginning to use heroin.

In the last episode of *NP*, however, there is narrative deployment of dialogue to show youth psychology to parent viewers. At Num Poo’s funeral, Suwannee looks at a stack of pocket books, published to give away for people who attend Num Poo’s funeral. Contents of the book include Num Poo’s biography, letters written by Num Poo when he was at Wat Thamkrabok, Num Poo’s essay, entitled *Members of my family* and articles about illicit drugs. The picture on the book cover was also painted by Num Poo a few days before he died. The dialogue between Pat and his mother follows:

Suwannee: They are beautiful books.

Pat: If we had published Num Poo’s story, the one which he wrote when he was at Wat Thamkrabok, maybe his life would not have ended up like this.

Suwannee: Why?

Pat: Because he wanted to be a hero. He wanted to be famous just like all other teenagers. If he had become famous for writing, he probably would not have gone and gotten heroin and injected himself until he died.

In addition, in the last segment of this final episode, Suwannee is shown sitting at the beach, writing her diary to Num Poo who has passed away. Entries in the diary
are conveyed using a voice-over of Suwannee. The voice-over appears along with a sequence of images of Suwannee writing in the diary and walking along the beach. This example of a diary entry is representative:

I keep asking myself whether I spent enough time to take good care of Num Poo. And I know that I could do better than I did, but I didn’t do it. Sometimes Num Poo was lonely because he was the only son among my four children. He struggled at getting along with the girls when they wanted to do cross stitching or sewing. Num Poo would come for a look but most of the time he was sent off by the girls. One day, the girls were trying on new bras which I had bought for them. Num Poo accidentally came into the room, we were angry with him and told him to go away. He must have been lonely. He shut the door and quietly walked down the stairs. Often he was forced to entertain himself by listening to music alone in his bedroom.

This was my fault alone, not anyone else’s. And now I deserved what I did to him.

May you live in peace. Between you and me, you are always on my mind.

Mum

31 May 2517 BE

The poignant voice-over drives the message that relationships among family members are sensitive but important. The dramatic tragedy is that Suwannee did not realise the importance of this until she had lost her son. This use of the narrative voice-over particularly addresses parent viewers. It is a good explanation of what to be concerned about and how to deal with teenaged children.
Buddhist-informed drug addiction treatment

It is evident from the plot synopses of *NP* that the storylines of *NP* constitute a cultural understanding of drug abuse as a problem for the audience. The central message is about consequences of drug abuse and addiction. These are graphically illustrated by the decline and death of Num Poo.

Episode 32 of *NP* serves as a device to inform viewers about how to defeat heroin addiction according to Buddhist principles and practices. It shows viewers how Buddhist monks try to help drug addicts to confront and overcome withdrawal symptoms. Also, this episode depicts the rehabilitation practices used at a famous temple, Wat Thamkrabok. In short, this episode suggests the way to quit drugs based upon the values and beliefs of Thai-Buddhist society. Watching episode 32, the audience see Num Poo experience a unique detoxification treatment conducted by Thai Buddhist monks using native medicinal herbs. And most of all, a philosophy of Buddhism mind and self control, is also illustrated to the viewers via the storyline of this episode.

Num Poo decides to go for treatment at Wat Thamkrabok, a place suggested by his close-friend, Pawkaew. Short description of treatment at Wat Thamkrabok is described in a conversation between Num Poo and Pawkaew. Later in the episode, more in-depth details of treatment at Wat Thamkrabok are conveyed using a voice-over as Num Poo explains his routine at Wat Thamkrabok to his mother (via a letter he sent to her). The voice-over appears along with a sequence of images of Num Poo and the treatment at Wat Thamkrabok. The voice-over works, for example, in this way:
Day 1

Dear Mum,

“I arrived at Wat Thamkrabok safely. The first thing I had to do here is to see the monk. Other drug addicts and I were asked whether we came here voluntarily and whether we truly want to give up heroin. If anyone hesitates or answers ‘no’ to either question, then he will be told to leave the Wat. Once accepted as a patient, I have to hand over all of my belongings and put on a uniform of white t-shirt and loose red trousers…..

.......The monk also explained to me and other drug addicts about treatment procedures and said we have to stay here for 10 days to complete the treatment. If anyone wants to stay longer, it's ok. The maximum stay here is one month....

.......I was asked to promise to the Buddhist monk, in front of big Buddha statues, not to take any kind of drugs and not to be involved with or possess drugs.......”

Love,

Num Poo
Num Poo explains that prior to commencing detoxification treatment, drug addicts will be required to speak ‘Sajja’: an oath in which drug addicts give their personal commitment to complete the treatment and to forego drugs and alcohol for their future life. Spoken ‘Sajja’ in front of Buddha statues, the oath is purely symbolic in that it requires Num Poo and other drug addicts to give a personal, spoken commitment, witnessed by the attending monk.
Fig. 27b: Sala Rub Sajja (ศาลารับสัจจว)  
A place where Num Poo and other drug addicts speak ‘Sajja’ ⁵⁰

Fig. 27c: ‘Taking Sajja’: a major activity of Wat Thamkrabok treatment.

⁵⁰ Source: http://www.thamkrabok.org.au
Fig 27d: Num Poo (third from the left) and other drug addicts take a commitment to the Buddhist monk in front of the Buddha statues not to use intoxicating substance.

(2) Day 2

Dear Mum,

“……The thing that I don’t like about the treatment is a medicinal herbal drink. It is part of the treatment. I have to drink one glass each day, everyday for five days. The drinks make me vomit a lot. I know it is detoxification. But I don’t like it, it makes me sick in my stomach…..”

……I had the herbal drink at 10 am this morning. The monks came and gave us a drink one by one. The monk chanted before he poured the drink into my glass. I drank it immediately, as fast as I could, followed by lots and lots of water. This helped to relieve the pain and a funny feeling in my stomach. Then I started to vomit,
vomit and vomit. Had to drink more water,…feel better now,…but then I vomit again…”

Love,

Num Poo

Fig. 27e: A medium shot of Num Poo vomiting after drinking herbal remedy.

As described in Num Poo’s letter, the medical treatment at Wat Thamkrabok includes drinking a herbal remedy. The treatment and herbal drink recipe have been developed over forty-seven years (since 1959), by the Abbot of Wat Thamkrabok and herbalists. The herbal drink is, in fact, a substance that induces projectile vomiting. The medical treatments also include the ‘black pills’ and herbal steam sauna.\textsuperscript{51}

\textsuperscript{51} Source: http://www.thaivisa.com/forum/
Not only a medical detoxification, drug addicts who undergo treatment at Wat Thamkrabok, will obtain basic instruction for meditation from the Buddhist monks. Located in a country side of Thailand, the isolation of Wat Thamkrabok location provides drug addicts a desirable place for meditation and rehabilitation. Meditation, a major philosophy of Buddhism, is a way of producing a state of perfect mental health, equilibrium and tranquility (Rahula 2001, p 67). Meditation practices benefit drug addicts for mind and self control practice. Consequently,
meditation practice at Wat Thamkrabok assists drug addicts to enlighten their will-power and develop forbearance and endurance. Meditation at Wat Thamkrabok also offers drug addicts a chance of confronting themselves, in order to reorganise their life. As Luangpaw Charoen, the abbot of Wat Thamkrabok, states, the medical detoxification is only five per cent of the healing process. Drug addicts must do themselves the remaining 95% of rehabilitation. According to Buddhism, ‘man’s position, is supreme. Man is his own master, and there is no higher being or power that sits in judgment over his destiny’ (Rahula, 2001, p 1). Therefore, as part of the treatment, a principle of Buddhism that one is totally responsible for one’s actions and their consequences, is taught to drug addicts by the monks at Wat Thamkrabok.

Given the narrative convention of presenting the Buddhist drug addiction treatment above, one might consider whether this is an adequate treatment for drug addiction as Num Poo, the character undergoing treatment does eventually die in the final episode of the drama. I argue, according to Thai culture and values, that the drama clearly reflects a severe punishment to Num Poo. This is because Num Poo failed in keeping his word given before the Buddha statues at Wat Thamkrabok. The first day at Wat Thamkrabok, Num Poo gave ‘Sajja’: the oath by which he gave a personal commitment to forego opium, cannabis and heroin for his future life. And he said before the Buddha statue, ‘if he failed to keep his commitment, let something bad happen to him’. It did when Num Poo took heroin again and died.

See also: [http://www.thamkrabok.org](http://www.thamkrabok.org)
Conclusion

Media producers - particularly, in the case of making dramas, script writers - have a major role in transforming the reality concerning drug abuse into images and sounds in the drama programs (with assistance from health professionals in providing facts concerning medical issues). Major issues concerning health and social impacts caused by drug abuse are constructed using various narrative techniques such as the ‘flash back’ technique and metaphors to affect audience perceptions. Both KSTD and NP arrange for their lead characters to appear at the beginning of the first episode and then introduce their problem or conflict. The conflicts then develop later in the show. This technique has the benefit of capturing the audience’s interest at the beginning of the series and engaging them with the narrative outcomes of their characters.

In KSTD, the phrase ‘Kam See Than Don’, which means ‘across the ocean’, is a trope to represent difficulty in trying give up using drugs. In NP, the fact that the story of Num Poo and his family is a true story helps gain the audience’s attention. The story of Num Poo is suggests to the audience that what viewers can see in NP could happen to everyone. The lack of strong family relationships may lead children to drug abuse. And, drug addicts may die prematurely from the harmful effects of drugs. The storylines of NP also construct cultural understanding of drug abuse as a problem for the audience. The central message of NP is about the consequences of drug abuse and addiction. These are graphically illustrated by the decline and death of lead character, Num Poo.
The question remains as to whether audiences actually take up the meanings in these narratives that the producers (through their employment of different aesthetic devices, and the focus on various sub-themes) direct them to. Accordingly I turn to audience research in the next chapter. I will explore audience responses to both the television portrayals of drug abuse including the advertisements used in the national drug abuse prevention campaign directed by the Thai government (which I called ‘the ONCB campaign’) analysed in Chapter Three and the Thai dramas, analysed in this Chapter. I will demonstrate the ways in which audiences make sense of media discourses in terms of what kinds of meanings particular audiences attached to specific advertisements. For the dramas, I will examine how well Thai television dramas have or may not have engaged with their audiences.
Chapter Five

Audience responses to
TV advertisements in
Thai National Drug Abuse Prevention Campaigns
and Drug (ab)use TV dramas
In Chapters Three and Four, I applied a cultural studies approach to health communication research by analysing textual elements used by media producers in promoting drug abuse prevention in Thai TV advertisements and TV dramas. In this chapter, I continue using cultural studies concepts to investigate audience interpretations of the television texts which I analysed in Chapters Three and Four. I draw major concepts from the new agenda of reception studies in media and cultural studies and use them as the framework of my audience research. This new agenda is sometimes described as the third generation of reception studies and called ‘a constructionist view’ by Alasuutari (1999, p 6). The third generation of reception studies marks a shift from the study of an encoded text to be decoded by a particular ‘interpretive community’, in the first and the second generations, to a particular study of the role of media in everyday life. The role of media in everyday life can be seen as both a topic and as an activity structured by, and structuring, the discourses within which it is discussed (Alasuutari 1999, pp 6-7). Media messages are also seen in a broader sense in this generation. In this third generation of reception studies, an ‘audience’ is constructed and addressed by media text.

In this chapter, I shall be concerned to investigate how effective the televisual materials presented in Chapters Three and Four are. In other words, to what extent may they be used by young viewers to position themselves in relation to anti-drug abuse knowledge. In addition, I shall examine how audiences interpret media text within their social context, and the role of television genres in young viewers’ understandings of anti-drug abuse message in television texts.
My aims in this chapter are, first, to illustrate the benefits of adding cultural studies approaches to the existing body of knowledge in Thai health communication research and, in particular, to Thai audience reception studies. Second, to provide media producers with specific findings as to, and significant evidence of, how audiences interpreted particular television texts. This may assist media producers to develop better means of, and perhaps a wider dimension for, conceptualising their audiences when conducting health communication campaigns.

My intention in conducting this research and writing this thesis is not to disparage or disprove the bases for the traditional methods of assessment used in Thai health communication campaigns. Also, I do not intend to disprove the traditional way of thinking about ‘audiences’ in media studies. Instead, I hope that the audience studies in this chapter may provide useful material for use in developing future health communication campaigns in Thailand. That is to say, I hope that my research will illuminate considerations which may be added to the body of knowledge in health communication research commonly referred to and applied in Thailand. Having said that, it is beyond the scope of this research to produce any single or definitive answer to the question of how television advertisements or television dramas for use in health communication campaigns in Thailand should be made.

This chapter is my case study. I approach audience research using a cultural studies approach by conducting focus group interviews with young audiences. The transcripts from the focus group interviews are examined as texts. The chapter consists of two minor studies. In the first study, I apply discourse analysis method
to analyse language used in the participants’ conversations concerning the selected ONCB advertisements. I seek to illustrate the ways in which meaning is produced in a particular social context. In addition, I seek to illustrate the ways in which the participants used language to position themselves and others. In the second study, I examine the role of genre in audience understandings of drug abuse. The discussion of the participants in this part is on various topics concerning the selected drug abuse Thai television drama. I shall be concerned to examine the process of audience construction of meaning, particularly, the ways in which audiences understand drug abuse-related television messages.

In the following audience study, like Buckingham (1993), I examine the ways in which an audience may make meaning from particular television texts, namely selected Thai television advertisements, in the context of group talk. Then, like Gavin (2001), I focus on the ways in which audience understandings of a programme’s genre, in my study a Thai television drama, provide the audience with a framework for understanding messages which may be found within that programme. Transcripts from focus group interviews with my correspondents will be analysed. My major object is to examine the relationship between the conversations of the correspondents and the meanings which they construct, on the one hand, and the social situations in which the conversation and meanings are produced, on the other.

**Young audiences interpret television advertisements in their social contexts**

In the research which follows, I use a qualitative research method, namely focus group interviews, to examine audience understandings of television portrayals of
drug abuse. In so doing, I engage in an audience reception study which conceives of audience members’ understandings, or constructions of meanings, as a collective activity arising out of shared cultural practices.

Hansen et al (1998, p 257) called for research of the kind which follows to be conducted by the use of focus group interviews in the following terms:

For examining the dynamics of what experiential knowledge and frames of interpretation audiences bring to bear in their use of media content, what role media use has in everyday life of audiences, or how audiences use the media as a resource in their everyday lives, it is necessary to turn to more qualitative methods, which allow us to observe in a more ‘natural’ setting than that of the survey or the laboratory experiment how audiences relate to media (both as technologies and as content).

In addition, Hansen et al (1998, p 283) described some of the advantages of using focus group interviews in the following terms:

- Focus group interviewing generates a potentially much richer and more sensitive type of data on the dynamics of audiences and their relations to media than the survey.
- Unlike individual interviews, focus group interviews more closely approximate the ‘naturally’ social activity of generating meanings and interpretations in relation to media use and content. Through group dynamics they also offer ways – not available in the individual interview – of eliciting, stimulating and elaborating audience interpretations.
Even so, focus group interviews are not the only research method I apply. In addition, I apply discourse analysis as a method for analysing spoken texts, that is, the conversations between my correspondents in the focus group interviews. Buckingham (1993, p. 61) described the practices of discourse analysts, that is, the practices of those who have adopted the research method first outlined by Fairclough (1989), in the following terms:

In analysing texts, including spoken texts, discourse analysts have … sought to relate the formal properties of the text to the specific social situation in which it is produced, and in turn to the broader social context.

Writing of Fairclough’s work, Buckingham (1993, p. 61) said further that:

Fairclough distinguishes between three sets of constraints, which operate in discourse, namely contents (what is said or done), relations (the social relations people enter into) and subjects (the subject positions they can occupy). He argues that the formal features of texts - vocabulary, grammar and large-scale textual structures - have three types of value, which correspond to these three constraints. Thus, ‘experiential’ values reflect the way in which the speaker/writer represents his or her experience of the natural or social world. ‘Relational’ values indicate the social relationships that are being enacted via the text; and ‘expressive’ values reflect the way in which the speaker/writer evaluates the aspect of reality to which the text refers.
Eight focus group discussions were undertaken in my audience study. There were a total of 42 individuals who participated in the discussions. Each focus group consisted of a combination of 5-6 male and female students. The participants in the focus group interviews were young people aged between about 17 and 21 years of age who, at the time of the group interviews, were attending government universities in Bangkok, Thailand.

A purposive sampling method was employed. Selection of participants was done on a non-probability basis, that is, it did not involve random selection. Potential participants for the focus group interviews were selected from a predefined group of viewers of the relevant ONCB advertisements. And potential participants were pre-tested before the focus group interviews began. The object of pre-testing was to select desirable participants for the focus group interviews. To select desirable participants, 80 university students were asked whether they could recall viewing the ONCB television advertisements. Those who answered 'no' were excluded. The potential participants were also asked whether they could recall details of the advertisements, such as contents and production elements including images and sounds which appeared in the relevant television advertisements. Those who could not recall any such details were excluded. Consequently, 42 students were selected to attend a group discussion of approximately 60-90 minutes' duration.

The discussion at each focus group interview was divided into two sessions. In the first session, there was a general discussion concerning the ONCB advertisements. My initial questions concerned whether the participants could recall seeing particular ONCB advertisements. Then, I proceeded to ask questions
concerning what content or messages the respondents could recall in selected ONCB advertisements.

In the second session, as moderator, I explained to the participants that the selected ONCB advertisements contained instances of content and messages being conveyed by means of the four approaches. As a part of this process, I explained the nature of each of the four approaches or categories to the participants before proceeding. Then, the focus group participants were shown two advertisements from each of the four approaches or categories. The selected ONCB television advertisements which were shown to the participants include:

1. the *Yeau* advertisement from the ONCB’s 2001 campaign;
2. the *Poo mee ittipol* advertisement from the ONCB’s 2003 campaign;
3. the *Neau tammachad* advertisement from the ONCB’s 1999 campaign;
4. the *Talaw* advertisement from the ONCB’s 2004 campaign;
5. the *Nee* advertisement from the ONCB’s 1998 campaign;
6. the *Rak lea kawjai* advertisement from the ONCB’s 2001 campaign;
7. the *Palang pandin* advertisement from the ONCB’s 2002 campaign; and
8. the *Ruam lueard nuar* advertisement from the ONCB’s 2003 campaign.

---

53 I explained to the participants that four approaches are a negative approach; a positive approach; an informative approach; and a patriotic approach. The ONCB TV advertisements in a negative approach category sought to persuade audiences by inducing ‘fear’. The harmful effects and social impacts of drug abuse are major issues of the advertisements in this category. In contrast, the ONCB TV advertisements in a positive approach category persuade audiences by combining positive images and sounds to deliver messages about desirable behaviours. The advertisements in an ‘informative approach’ provide target audiences with information about drug-abuse. The information included facts and statistics relating to drug abuse and related problems in Thailand. The advertisements in the fourth category, a ‘patriotic approach’, persuade the audience to take steps to prevent drug abuse by using the patriotic appeals or nationalist sentiments of the Thai people.
After viewing the two advertisements in each category, the participants were then asked to discuss several topics concerning production elements of the ONCB television advertisements. The questions were aimed to serve as a starting point to encourage the participants to talk about and discuss generally the selected ONCB advertisements. In the discussion, I posed, among others, the following principal questions:

(a) what elements of the advertisements drew the participants' attention most;
(b) did the participants think that the advertisements were effective; and, if so
(c) what made the advertisements effective?

I should mention that my questions concerning the participants’ subjective perceptions of the effectiveness of the advertisements were not in any way intended to assess, objectively, the effectiveness of the ONCB advertisements. Instead, I used these questions as ‘discussion starters’, to induce the participants to discuss the advertisements generally. My major objective was to observe and to gather information from the participants, particularly data as to how the participants responded to the questions when they were in a group of their friends.

My research findings reveal that when the participants talked about the selected ONCB drug abuse prevention advertisements, the participants’ social situation(s), and the topics given to them, appeared to determine what they said and how they acted. The evidence in support of these findings is discussed further below:
Relations: Defining the Situation

The Focus Group Interview as a Social Event

In the focus group interviews, participants gave two kinds of responses to questions posed of them: formal and informal responses. The following extracts provide an example of a formal response from a number of participants.

Extract 1

Interviewer: Could anybody tell me what the ONCB advertisements in the ‘negative approach’ category were about?

Student 1: About harmful effects of drug abuse. I remember seeing images of drug addicts in the ONCB advertisements.

Student 2: Yeah, I think they were about the harmful effects of drugs such as ‘yaa baa’.

Student 3: The advertisements show horrific images of paranoid drug addicts hurting themselves.

Student 4: The advertisements contain stories and images of victims of drug abuse and paranoid drug addicts.

Student 5: Yeah, I can recall watching images of paranoid drug addicts in the ONCB advertisements. I think those advertisements were in the ‘negative approach’ category.

Student 6: They shows images of drug addicts. They scare viewers by showing images of drug addicts and their health problems.
Interviewer: Could anybody tell me what the ONCB advertisements in the ‘negative approach’ category were about?

Student 1: The ads show negative effects of drug abuse.

Student 2: Yeah, the advertisements educate us as to the harmful effects of drugs.

Student 3: The ads scare viewers by showing images of horrific incidents caused by drug abuse.

Student 2: Yeah … the ads teach us about the harmful effects of drugs by showing horrific images.

Student 4: They showed images of drug addicts attacking people or taking hostages on the street.

At the beginning of the focus group discussions, the participants seemed to hesitate before answering the questions posed of them. They appeared to spend time thinking about their answers before answering the interviewer’s questions carefully. The participants appeared to be striving to supply ‘correct’ answers. There were sometimes gaps in the conversation as no one wanted to talk. It was notable that the participants all answered the interviewer’s questions in the same manner. They told the interviewer that they knew what contents and production elements were presented in the ONCB advertisements in the ‘negative approach’ category. All of the participants gave short and clear answers about the harmful effects of drug abuse and spoke of seeing images of people affected by drug abuse. None of the participants in the group gave a ‘wrong’ answer to the interviewer. Given the nature and brevity of the participants’ answers, I argue that the participants considered that the interview was a test and not an informal
discussion. It could be said that the respondents were intimidated by the focus group interview. This occurred at the beginning of every focus group interview.

However, as the focus group interviews continued, the participants appeared to become more relaxed and, consequently, began to engage in a more informal kind of conversation. Extract 3 and Extract 4 below are examples of more informal responses elicited from focus group interview participants:

*Extract 3*

**Interviewer:** Can anyone recall seeing His Majesty King Bhumibol Adulyadej in any of the ONCB advertisements?

**Student 1:** Yes.

**Student 2:** Me too.

**Student 3:** Yep, I remember seeing that advertisement.

**Interviewer:** What does the advertisement tell you?

**Student 4:** I’ll tell you. There is one advertisement which shows the King’s development projects for hill tribe villagers in northern Thailand. One project is a project that encourages hill tribe villagers to cultivate highland fruits. The project aims to get hill tribe villagers to stop cultivating opium.

**Student 5:** And the advertisement tell us to be good citizens for the King by supporting drug prevention projects.

**Student 4:** And don’t get involved with drugs.
Interviewer: Can anyone recall seeing His Majesty King Bhumibol Adulyadej in any of the ONCB advertisements?

Student 1: Yes, the King and his projects.

Student 2: And the slogan from the advertisements said ‘For Our King For Our Children, United We Fight the War on Drugs’.

Interviewer: What does that advertisement tell you?

Student 1: I think the advertisement tells us to be part of the drug prevention campaign by trying in every way we can to prevent the drug problem in our country.

Student 2: No, I think it tells us to help the King in drug prevention.

Extracts 3 and 4 above show that as the focus group interviews continued the conversation, and discussion among the participants, tended to become more informal. One of the interview participants referred to in Extract 3 above (i.e., Student 4) had no hesitation in seeking to answer the question about His Majesty King Bhumibol Adulyadej and the ONCB advertisement. She told the interviewer that she wanted to answer the question. She answered the question confidently and her answer was rich in detail and correct. Additionally, she seemed confident in expressing her view.

Extract 5 below illustrates another set of informal responses from focus group interview participants. It shows an example of disagreement among the participants. The disagreement, or difference of opinion, occurred after they were shown two ‘patriotic approach’ ONCB advertisements, the Ruam lueard nuar and
Palang pandin advertisements, and were asked what elements of the advertisements drew their attention most.

Extract 5

Student 1: I think that the animated style of the Ruam lueard nuar advertisement is interesting. I think it will inspire Thai people to think about what they can do to fix Thailand’s drug problem.

Student 2: The sound of the national anthem is good. The song is a symbol of the Thai nation. I think the advertisements tell the audience that the drug abuse problem is a problem for the whole Thai nation. I think the advertisements encourage Thai people to take part together in preventing the drug problem in Thailand.

Student 3: I don’t get it. After watching the advertisements, I’ve got no idea what I could do to help.

Subjects: Defining the self and Others

Buckingham (1993, p 73) observed that:

…talk about television can serve as an arena in which the self and its relation to others are defined. In talking about the programmes we like and dislike, we are inevitably ‘positioning’ ourselves - although these positions are likely to be multiple and contradictory. From this perspective, the ‘self’ is not a singular entity, whose ‘true nature’ can be revealed or keep hidden. On the contrary, it is inevitably constructed in and through discourse.
As mentioned earlier, the participants involved in this research were pre-tested before they were selected to participate in focus group interviews. They were from different backgrounds and did not know each other well before participating in the research. As the focus group interviews proceeded, differences of opinion between various of the participants began to emerge. This is a reflection of social and cultural distinction among the group participants. This is evident in the following extract:

*Extract 6*

**Interviewer:** Did watching the ONCB advertisements change your opinions in respect of drugs?

**Student 1:** No, I am old and mature enough to make my own judgements. Watching the ONCB advertisements did not make any difference to me.

**Student 2:** I will never get involved with drugs anyway. So, I don’t care about it. You know. I have a happy life. There are lots of interesting things to do. I like coming to school and enjoy studying. And my parents look after me very well so I don’t need to use drugs for any reason.

**Interviewer:** So viewing the ONCB advertisements did not cause you to change your opinions?

**Student 2:** That’s correct.

**Interviewer:** What about you?

**Student 3:** When I was a high school student, nearly half of my classmates used drugs. They took ‘yaa baa’. In our school, it was easy to get drugs because the school
was located in the area of ‘yaa baa’ suppliers. However, I didn’t ever touch drugs. The other half of the students in my class didn’t ever take drugs either. I don’t think that this had anything to do with watching the ONCB advertisements. We just didn’t want to get ourselves into trouble.

Buckingham (1993, p 75) argues that;

[T]alking about television necessarily involves defining or positioning oneself to others. While this can occur in a variety of ways, the categories of age, social class, gender and ‘race’ are unavoidably significant, since it is largely in these terms that power and social identity are defined.

The exchanges which are the subject of extract 6 above are consistent with Buckingham’s argument for they show that at least some of the focus group participants used their responses to distinguish their positions from those of other participants.

As mentioned above, the focus group participants were asked questions concerning their subjective perceptions of the effectiveness of the ONCB advertisements. And, these questions were used as ‘discussion starters’ to induce the participants to discuss the advertisements generally. My observation of the discussions which ensued led me to conclude that as all of the participants were in the same age group, the participants were not able to use age as a factor with which to position themselves and thereby distinguish themselves from the others. However, the discussions did show that the social identity of each of the participants was positioned by class and gender. One of the participants, from a
working-class background (student 3), told his focus group about his experience with drugs as a high school boy. In doing so, he told the group that he knew more about drugs than any of the other participants in it. By contrast, a participant from a middle-class background (student 2) told her group that her life was filled with good things. She described herself as happy and said that, therefore, she did not want to use drugs. I argue, between student 3 (male) and student 2 (female), gender emerged as a noticeable category of defining self and others in this conversation. The female respondent tells the group that she is kind of a good person and a good student from a good family. In contrast, the male respondent shows the group that he has more real life experience outside classroom more than other students.

**Contents: Knowledge and Beliefs**

According to Buckingham (1993, p 99), what children choose to talk about, and the ways in which they choose to do so, need to be understood in terms of the context in which the talk occurs. He states that ‘relations’ and ‘subjects’ appear to determine ‘contents’. Social contexts and also social identities play major roles in what people choose to say. Consequently, I argue, the way the participants choose to talk about the ONCB advertisements does not necessarily reflect the way they read them. Extract 7, which follows, is an example of general discussion among focus group participants of the selected ONCB advertisements. The discussion group consisted of male and female participants.
Extract 7

Interviewer: Did it scare you to see horrific or shocking images of drug addicts suffering from paranoia and brain damage in the ONCB advertisements?

Student 1 (female): For me, TV is a powerful medium. When I watched the ONCB advertisements on TV, I was scared. The advertisements made me think that drugs are very bad. When I saw drug addicts suffering from brain damage in the ads, I thought to myself I don't want that to happen to me. It is bad.

Student 2 (male): The images are so real. Some of my friends are addicted to drugs. The images in the advertisements depict people in circumstances which are similar to those which beset my friends. I am quite familiar with the things which are the subjects of the ads.

Student 3 (female): It didn’t affect me. Since I was a little girl, I have been told and known of the harmful effects of drugs.

Student 4 (female): I think you just use your self-judgement. The advertisements didn’t affect me. Use your common sense. C’mon, we all know that drugs are dangerous.

Student 5 (male): I don’t think advertisements can stop people from taking drugs. If they want to take drugs, they just take them. One of my friends, his father drinks alcohol heavily everyday. He also lives in an area where there
are lots of drug dealers. My friend never smokes cigarettes or drinks any alcohol.

Student 6 (male): A friend of mine, his father is a policeman. His father arrested a ‘yaa baa’ dealer and seized some ‘yaa baa’. My friend’s father took the ‘yaa baa’ home and my friend took some of it. His father told him ‘you can take it but don’t get addicted to it’. My friend told me he wants to be a drug dealer.

Student 3 (female): A friend of mine, his father is a policeman too. When his father found out that his son was a ‘yaa baa’ dealer, he arrested him and put him in jail.

Student 2 (male): I took ‘yaa baa’ once when I was at high school. I wanted to be a member of a group of friends who took ‘yaa baa’. I didn’t want to be the black sheep among them. Also, ‘yaa baa’ at that time was easy to get. It was only 25 Baht a tablet. I think it is now 100 Baht a tablet.

It is noticeable that responses from male participants are dominant in this extract, even though the numbers of male and female participants were equal in the group. At the beginning of the discussion, the first female respondent (student 1) answered the question from her point of view. Her answer expressed her opinion in respect of the ONCB advertisements. Similarly, the other two female participants (student 3 and student 4) answered the question briefly and directly. By contrast, it is noticeable that the male participants (student 2, student 5 and student 6) were more interested in telling the group about their experiences with
drugs. Student 5 and student 6 told the group about how they had become familiar with drug abuse. They had learned from their friends. Student 2 gave one answer to the interviewer, before the other male participants began talking about their experiences involving drug abuse. Then, after he had heard the other two male participants’ answers, he chose to speak again in an effort to show the group that he had more experience with drugs than anyone else had. He said, in substance, that he had not only learned about the harmful effects of drugs from his friends, but from his own experience. He was even able to tell the group how much it would cost to buy drugs. At this stage, the female participants were mere observers of the conversation.

My study, using focus group interviews, suggests that it is difficult to establish precisely what understandings audiences construct upon viewing advertisements, such as those used in the ONCB’s television advertising campaigns, when relevant questions are asked of, and answers given by, audience members in the context of social group discussions. It appears likely that at least some of the audience members’ statements made during the focus group interviews did not reflect their opinions. Instead, at least some of the focus group participants appeared to make statements, and use language, principally to position themselves within the group. This is a significant issue about which health communication researchers should be concerned when conducting audience research, particularly, in respect of topics which are commonly the subject of social discussion or debate, such as drug abuse. This is because researchers must take care to consider critically the value of information derived from qualitative research such as focus group interviews. Arguably, some form of
analysis or ‘filtering’ may be necessary to ensure that genuine statements of
construction of meaning are distinguished from mere ‘positioning statements’
induced by the social setting in which the research is conducted.

In any event, the focus group interviews I conducted did provide evidence that by
assembling a group of interview participants a ‘cultural unit’ was thereby
established. Each of these ‘cultural units’ allowed audience members, that is the
focus group interview participants, to construct meanings of the relevant media
texts within an ‘interpretive community’.

The focus group interviews also provided participants with an opportunity to share
their understandings and interpretations of the relevant media texts.

In the next section, I draw upon my observations of, and use data obtained from,
the focus group interviews to explore audience constructions of meaning of two
television genres involving drug abuse. The two genres are television dramas and
television advertisements. The ways in which audiences construct shared
understandings and assign functions to the selected television genres will also be
analysed. In addition, I shall consider how well the selected television drama
engaged with the audience in comparison to how well the selected television
advertisements did so.
The role of genre in audience understandings of drug abuse

In this section, I examine the role of television genre in the construction of meaning by young viewers of television texts involving drug abuse. The word genre is French and means ‘kind’ (or gender) (Berger 1992, p 3). Huisman (2005, p 168) explained that:

The usual term for a recognisable media text type is ‘genre’, for example, the soap opera genre. So if a viewer is told in pre-advertising that a particular new program is a ‘soap opera’ then the viewer will bring generic expectations to that program. They will, for example, be very surprised if the episodes turn out to be about a lone man’s courageous battle to climb a lonely mountain: that is, about a single individual struggling with nature rather than a social group agonising about their relationships. [I]f the program does in fact turn out to have a soap opera subject matter (field) but its camera shots are mostly long shots, with very few close-ups of the face, the technical construction of the program will be generically unusual, and the new viewer will probably find it a rather unsatisfactory program in terms of usual generic expectations … .

The genre, or category, of a television programme enables an audience to build up generic expectations of the programme they are going to watch. Huisman (2005, p 167) explained that genre may give rise to audience expectations in the following manner:

The term ‘categorisation’ is sometimes used to refer to the prior experience of media texts a viewer is assumed to have. This previous experience, it is assumed, have led the viewer to have certain expectations about media texts,
including that media texts fall into certain categories with fairly predictable characteristics.

Berger (1992, p xiii) said that:

Genres shape our expectations of what films, television shows, or videos we will be seeing or what the radio stations or songs we will be listening to will be like. Genres are also important because they enable us to talk about the relationship of texts to other texts in terms of form as well as content.

One study concerning television genre is Gavin’s (2001) study entitled “Television teen drama and HIV/AIDS: the role of genre in audience understandings of safe sex”. The study was conducted in Australia and aimed to examine the ways in which audience understanding of the generic form of a programme provides a framework for organising the textual elements of a programme in constructing meanings. His study found that an audience’s understanding of genre may be a ‘common ground of interpretation’ in that interpretative community. In addition, Gavin said that shared understandings of genre were observed to call forth specific norms and expectations about a programme. And this allowed audience groups to assign functions to various elements of the text. These functions related to the positioning of the individual narratives in relation to the issue, understandings of ‘issue characters’ and expectations about the structure and content of issue-driven narratives (Gavin 2001, p 83).

In this part of my research, I draw upon the basic concepts of the role of genre in audience expectations and constructions of meaning of television texts, as
observed by Gavin (2001). In particular, I examine whether television genre plays an important role for Thai audiences in constructing meanings of television texts involving drug abuse. I hope that this part of my research will provide Thai health communicators and media campaigners with a better understanding of significance of genre when planning future Thai health promotion campaigns.

I begin with an analysis of audience constructions of meaning of television texts in the genre of television drama. Then I consider audience constructions of meaning of television texts in the genre of public health advertisements, namely the ONCB’s television advertisements. In this part of my thesis, I examine how audiences construct meanings and messages from a range of possibilities opened up by a programme.

In this part, I use my observations of, and data obtained from, the focus group interviews referred to above. I continue to treat audience understandings of television portrayals of drug abuse as a collective activity arising out of shared cultural practices. And I conceptualise young viewers as members of ‘interpretive communities’.

The participants in the focus group interviews which formed the basis of this part of my research were the students referred to under the heading “Young audiences interpret television advertisements in their social contexts” above.

The moderator encouraged all of the focus group participants to engage in a discussion concerning the selected television drama and the selected ONCB
advertisements rather than just simply answer questions. The conversations were audio taped and transcribed for analysis. Each group discussion lasted between sixty and ninety minutes.

**Study 1: Kam See Than Don, the television drama genre**

Montgomery (1999) (quoted in Gavin 2001 p 77) said that television drama has the advantage of being able to engage audiences that are not likely to pay attention to news or public health media. Television drama, therefore, is a television genre that health communicators may, and perhaps should, consider to be used to deliver health-related messages to target audiences. It is for this reason that I have chosen to include the television drama genre in my audience reception research.

I continue using *Kam See Than Don (KSTD)*, the Thai television drama I discussed in Chapter Four, as a topic for discussion. My aim is to examine the role of genre in providing a framework for audiences to organise textual elements, and construct meanings, of a Thai television drama.

*KSTD* is a Thai television drama broadcast on Thailand’s Channel 7 in 1999. The story of *KSTD* addresses issues of drug use and abuse. There are two main characters, Tiengwan and Duan. Tiengwan was once addicted to heroin. Eventually, he succeeded in giving up using it. In the drama, Tiengwan is shown using his experience and knowledge to help Duan overcome his heroin addiction and quit using heroin. *KSTD* depicts, among other things, reasons why children
and youths become drug users and the difficulties drug addicts face in attempting to overcome their addictions.

The reason I chose KSTD as a topic for discussion by the participants in the focus group interviews was that KSTD is an ideal example of the Thai television drama genre – and it concerns drug abuse. It was ideal because it was both popular and widely watched in Thailand. Although KSTD was broadcast some years before my audience research was conducted, the majority of the participants in each focus group interview said that they could remember clearly the story of the drama. The participants said the story of the drama was memorable. In the focus group discussions, the majority of participants agreed that KSTD was a groundbreaking, and good quality, television drama broadcast at prime-time on Thailand’s Channel 7.

In Thailand, the television drama genre has received no attention from Thai health communication researchers. And so, one of the aims of this research is to demonstrate to Thai health communication researchers that there is an alternative medium which may be used in health promotion campaigns. In addition, I aim to demonstrate to Thai health communicators and researchers how they may use Thai television dramas in their health promotion campaigns.

My focus group discussions enabled me to draw four significant research findings, namely:

- The majority of the focus group participants constructed a very consistent message which they also considered to be the main message of the drama.
- The majority of the focus group participants were able to identify the main issues of the drama.
- The majority of the focus group participants were able identify the ‘issue characters’ of the drama. That is, the characters that determined the main story, or “what the story was about”.
- The majority of the focus group participants said that they could predict what would happen at the end of the drama.

My conclusion is that each of these four major findings is, at least in part, the product of audience understandings of the generic form of Thai television dramas. That is, their expectations of the genre. In addition, it appears that the production elements associated with the genre, namely television dramas, may themselves be reasons for young viewers to pay attention to and be interested by the programme.

A discussion of the four findings outlined above and an analysis of the role of genre in audience understandings of drug abuse follow.

**Main message of the drama**

In the focus group interviews, the participants constructed a very consistent message from their viewing of *KSTD*. The majority of the participants constructed this message in terms of a common theme. For analytic purposes, the theme of *KSTD* has been labelled ‘quitting heroin is difficult but possible’. The theme of *KSTD* is evident in the following articulation of the message:
The drama depicts the difficulties involved in giving up using heroin. When teenagers are addicted to heroin, it is difficult for them to control themselves. However, one of the lead characters in the drama, who was once heavily addicted to heroin, succeed in giving up using it. So, the main message is that giving up using heroin is possible. Giving drug addicts lots of support and encouragement is one means to help drug addicts to quit their addictions (Female student Group 1).

Eight discussion groups also constructed a message that I have labelled ‘give them support and encouragement’. The program was understood as an illustration to general viewers that everyone could assist heroin addicts to quit. Do not blame heroin addicts, or regard them as bad people, but give them a chance. This is evident from the following articulation of the message:

This drama is telling us how young people become addicted to drugs. And that, if they want to quit, it is important to give them a lot of support and encouragement (Male student Group 2).

In both of the extracts presented above, the main message was constructed in relation to only one aspect of the program – ‘quitting heroin’. However, there was one discussion group which identified a message which may be labelled medical implications and harmful effects of using heroin. The respondents said:

*Extract 8*

Student 1: The main message of the drama is, I think, that it tells us how difficult it is to give up using heroin.
Student 2: Yeah, I agree, I think it tells us about the difficulties of trying to quit using heroin.

Student 3: In my view, the other important messages conveyed by the drama concern the harmful effects of heroin and also treatment for heroin addiction. I also learned about the nature of withdrawal symptoms from this drama.

From the given extracts, it could be said that, because the majority of participants constructed the same meanings, ‘quitting heroin is difficult but possible’ and ‘give them support and encouragement’, there was clearly a common understanding being produced and reproduced in the participants’ accounts of the programme. The constructed meanings were presented in the plot lines of the drama. It is also notable that the main constructed meanings, and the participants’ common understanding, are related to the three major themes of KSTD, which I identified in Chapter Four.

The main issues of the drama

From the focus group discussions, it emerged that there was a shared perception among the majority of the participants that every episode of KSTD explored a central issue of relevance to teenagers and drug abuse, namely ‘the perils of drug abuse’. The following extracts illustrate the focus group participants’ discussions of the main issues of the drama.

Extract 9

Student 1: It is about the psychological and emotional problems of teenagers.
Student 2: Mmm...parenting...I think we saw a lot about parenting in the drama.

Interviewer: What else?

Student 3: Yeah ... parenting, I agree. Drug abuse among teenagers caused by broken families.

Student 4: And what about the medical stuff? ... Rehab or treatment ...

Student 5: Teenagers’ imagery and perceptions concerning the use of heroin. I think the characters in the drama use heroin because they think it’s cool. They think it makes them look like heroes among their friends. And they think that heroin is a substance which helps to relieve their depression.

Extract 10

Student 1: Teenagers and drug abuse.

Student 2: It is about one of the most serious social problems in our country.

Student 3: The relationship between poverty and drug abuse. Some of the characters in the drama are from poor families. They become addicted to heroin and sell heroin to make money to live.

Student 4: We have seen a lot about treatments for giving up heroin.

Student 5: Yeah ... medical treatment and psychological treatment for heroin addicts.
The focus group participants had a shared perception that *KSTD* conveys specific issues of relevance to young people and drug abuse. The issues identified and addressed by the focus group participants included ‘psychological and emotional problems of teenagers’, ‘parenting’, ‘medical and psychological treatments for heroin addicts’, ‘teenagers and drug abuse’, ‘teenagers’ imagery and perceptions concerning the use of heroin’, ‘social problems’ and ‘the relationship between poverty and drug abuse in Thailand’. However, it is noticeable that the focus group participants agreed that ‘drug abuse’ was the main issue addressed by the programme.

**Drug abuse as the main issue**

The majority of the focus group participants said that the ‘drug abuse’ issue was synonymous with the story. In response to being prompted to ‘talk about the story of the drama’, one respondent replied: ‘the show reveals problems caused by using heroin’. The majority of the focus group participants said that each episode of *KSTD*, which is defined as issue-based (drug abuse) drama, included a message about drug abuse as the main issue. The following extract illustrates discussion by focus group participants of the main issue of the drama:

**Extract 11**

Student 1: There are many issues … because the drama is kind of issue-based. Drugs, heroin, social problems, teenagers’ psychology are all issues depicted in the drama.
Student 2: But I think there is one main issue. The major issue is drug abuse among young people.

Interviewer: What about other issues?

Student 2: They are issues, but not the main issue.

Student 1: They are related, all the issues are related to each other. And that makes the narrative of the story of KSTD coherent. They are cause and effect, I think. It shows you that if you do this, then this is what will happen.

Student 3: Yeah, I think the other issues are for making the story have more dimensions, but all of them give you information related to drug abuse among teenagers.

In another of the focus group interviews, one of the participants said:

... And in the drama we see several scenes showing the lead character suffering from withdrawal symptoms. I think that is the main issue, drug abuse and the dangerous effects of using drugs.

It is notable that among the focus group participants there were some arguments, or differences of opinion, about what the participants thought was the main issue of the drama. This is illustrated by the following extract:

*Extract 12*

Student 1: The difficulties involved in giving up is the main issue.

Student 2: But that is what happens after you become addicted to drugs. The main issue is drug abuse – including the
process of becoming addicted to them. In my opinion, the other issues are effects caused by becoming addicted.

Student 1: Yeah, but the whole story is about quitting.

Student 2: Not just quitting, quitting is what the lead character tries to do after he has become addicted to heroin and suffered from the harmful effects of drug abuse. He wants to give up. So only then we see the story of drug treatment and so forth.

The argument among the focus group participants reproduced in Extract 12 above may be placed in context by saying that, when all of the focus group discussions are considered, the majority of the focus group participants agreed that the drama was about the issue of drug abuse portrayed by two lead characters as the ‘heroin body’. Other issues addressed in the drama were understood to be filler aspects of the programme. They were created to facilitate the story of the drama.

**Identifying the Issue Characters**

The focus group participants were asked to discuss the characters in *KSTD*. From the discussion, it emerged that the one of the most significant aspects of the drama, which signalled to the audience the nature of the main issue, was the portrayal of the behaviour of the main characters. The attributes and behaviour of the main characters signalled to viewers what the story was about. Each plot in the drama involved at least one of the two ‘issue characters’, Tiengwan and Duan.

---

54 See Appendix A for a description of all of the principal characters in *KSTD*. 
The focus group participants said that they understood that Tiengwan and Duan represented the ‘heroin body’. In other words, these two characters were recognised by the focus group participants as being the ‘drug abuse characters’. As Tiengwan or Duan appeared in each episode, and in most scenes, of the programme, this led the audience to conclude that the issues concerning those characters were the main issues in the programme. The following extracts show a discussion by focus group participants of the ‘issue characters’ in *KSTD*:

*Extract 13*

Interviewer: Now, we are going to talk about the characters in *KSTD*. Could anyone tell me about characters in *KSTD*?

Student 1: The lead character is Tiengwan.

Student 2: And the young one is the lead character too.

Student 1: Yeah, both of them were addicted to heroin.

Student 2: And we always see them with drugs in the show.

*Extract 14*

Student 1: There is a contrast between the two lead characters. One tells you how to quit heroin. The other one shows you how young people become addicted to heroin.

Interviewer: So which one tells you about how to quit?

Student 1: Tiengwan. He is the good one. He was once addicted but then he quit. He uses his experience to teach Duan, the young one, to quit too.
Student 2: I think both Tiengwan and Duan are the drug abuse characters. Both were addicted to drugs. They both show you the bad things that could happen if you get yourself into drug abuse.

Student 3: Yeah … when we see Tiengwan and Duan, we see drug abuse-related issues.

Given the nature of the character discussions between the focus group participants, illustrated above, I argue that viewers of KSTD shared a common perception that Tiengwan and Duan were the characters who determined the main story of KSTD and what the story was about. These two characters were ‘issue characters’ of the kind expected by viewers of the genre, television drama, and their presence and portrayal constituted one of the most significant aspects of the text of KSTD.

Generic expectation of the drama

It was noticeable from the focus group discussions generally that many of the participants said that seeing Tiengwan and Duan in the programme led them to expect that they were about to see a story concerning drug abuse involving one or both of those characters. This is evident from the following extract:

Extract 15

Student 1: I could predict what would happen in the drama, particularly with the lead characters.

Student 2: Always problem isn’t there?
They show us problems they have experienced. All of the problems were caused by drug abuse.

Could anyone explain more? What are problems caused by drug abuse experienced by the two lead characters?

I remember that Duan was arrested by police officers. That was after he ran away from his rehab program. He needed money to buy heroin. So he stole money from an old man. Finally, he was arrested and put in jail.

Yeah, I remember that too, but I think that is only a little problem. From my point of view, the main problem caused by drug abuse is the health issue. Drug abuse can lead to death.

We saw that both Tiengwan and Duan suffered from heroin abuse. We also saw changes in their appearances. And we saw many scenes involving withdrawal symptoms.

That is what I expected in this kind of drama. It showed all of the bad things you may experience when you get involved with drug abuse.

Yeah, the drama tries to scare viewers as much as possible.
By watching *KSTD*, the focus group participants could not only predict what would happen to the main characters, but they said they could also recognise the reasons why the main characters became addicted to drugs.

**Extract 16**

<table>
<thead>
<tr>
<th>Student 1</th>
<th>I knew that the show would teach us the reasons why the lead characters in <em>KSTD</em> became drug addicts, and also the consequences of them using heroin were predictable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student 2</td>
<td>I knew, the drama would show us that poor family relationships, and poor communications among family members, may drive young people to become involved with drugs.</td>
</tr>
<tr>
<td>Student 3</td>
<td>I expected that we would see the parents try to stop the boy from using heroin and that they may try to do so in a variety of ways. I remember seeing the scene in <em>KSTD</em> which showed the father binding his son to the bed in his son’s bedroom using a chain and padlock because he wanted his son to give up using heroin ‘cold turkey’.</td>
</tr>
<tr>
<td>Student 4</td>
<td>Drama is something that represents people in real life. Watching this drama, was like watching real life. But in watching this kind of story you know that, one way or another, the main problems will all be resolved by the end …</td>
</tr>
</tbody>
</table>
My research findings lead me to say that a shared understanding of the main message of the drama is constructed as a result of audience expectations of a genre. An understanding of a genre allows an audience to assign functions to various elements of a programme such as a drama. Gavin (2001, p 83) discussed the reasons for an audience constructing a consistent message from a television drama in the following terms:

How did this programme invite such a consistent construction of the message? … The answer to this question lies in the functional properties that an understanding of ‘genre’ lent to the various sub-plots and related themes. … When one establishes the genre in which text participates, something is learnt about the hermeneutic strategy that must be employed to interpret the text. One begins to understand the kind of interpretation needed to make sense of the text. … A shared understanding of the genre was quickly negotiated as the common ground of the interpretive communities. … Once established as the common ground of interpretation, a shared understanding of genre called forth specific norms and expectations about the programme. It enabled the audience groups to assign functions to various elements of the text, thereby lending a determinate structure to a complex utterance. These functions related to the positioning of the individual narratives in relation to the issue, understandings of ‘issue characters’ and expectations about structure and content of issue-driven … narratives.

Gavin’s (2001) analysis, reproduced above, is entirely consistent with my findings in respect of audience constructions of the messages in KSTD. In other words, it can be concluded that the selected television drama was understood by the
audience as an educational programme or an education text, as well as a form of entertainment. In addition, viewers of KSTD understood that one of the functions of the main characters was to pass information to them (i.e. the viewers) about the dangers of drug abuse. This raises the question of whether messages from the genre of public health advertisements are constructed by audiences within the same interpretive frameworks as television dramas? The next part of my research addresses this question through an examination of audience constructions of messages from television advertisements used in national drug abuse prevention campaigns in Thailand.

**Study 2: The ONCB advertisements, the public-health genre**

As mentioned earlier, prior to the focus group discussion beginning, eight selected ONCB television advertisements were shown to the focus group participants. The television advertisements shown to the participants were: the Yeau advertisement, the Poo mee ittipol advertisement, the Neau tammachad advertisement, the Talaw advertisement, the Nee advertisement, the Rak lae kawjai advertisement, the Palang pandin advertisement and the Ruam lueard nuar advertisement. As I discussed in Chapter Three, the major discourses used in the selected advertisements include medical discourse and a discourse of patriotism.

After watching the selected ONCB television advertisements, the majority of the focus group participants constructed similar main messages which, I argue, are the product of a common understanding of the genre into which all of the ONCB advertisements fall. The main messages constructed by the participants were
‘Drugs cause serious health problems’; and ‘Drug prevention is a mission of the nation’.

In one of the focus group interviews, a participant gave the following articulation of the message ‘Drugs cause serious health problems’:

The dangers of drug-related health problems are the main message in the ONCB’s advertisements. The advertisements show us that using drugs may lead to many serious health problems. One of them is brain damage. You could become paranoid and later you may lose your memory. However, before you get to that point, you are likely to suffer from withdrawal symptoms too.

In another of the focus group interviews, a participant gave the following articulation of the message ‘Drug prevention is a mission of the nation’:

Drug abuse is one of the most serious problems in Thailand. There are so many reasons for drug abuse becoming a serious problem for the country. And there are many people affected by the problem. The ONCB intended to raise awareness of the reasons for the problem. Therefore, the ONCB advertisements urge all Thai people to take part in solving Thailand’s drug abuse problem together.

It was noticeable that throughout the focus group discussion, the majority of the participants mentioned, and compared the ONCB’s advertisements with, other sources of public-health information. For example, the participants mentioned that they were familiar with images of paranoid drug addicts hurting themselves and
taking a bystander as a hostage because these images are often show in television news reports. The participants also said that they were aware of the nature of the harmful effects of drug abuse because they had learned about these things from educational videos shown to them at school and from other news and documentary programmes.

The information which the focus group participants had received from other sources of public-health information allowed the participants to establish a common ground of interpretation and a common understanding of the health messages intended to be conveyed by the ONCB’s television advertisements. This common ground of interpretation and common understanding resulted in audience expectations of the ONCB’s advertisements which may be attributed to genre.

The audience expectations referred to above allowed the focus group participants to assign three functions to the ONCB’s advertisements and this result was similar to Gavin’s (2001) research finding.

The three functions assigned by the focus group participants were as follows. First, the ONCB’s advertisements were understood as texts which, in their generic form, contain simple health messages. Second, the ONCB’s advertisements were understood by the focus group participants to be educational texts. Third, production elements of the ONCB’s advertisements were viewed as tools used to impart the message to the audience.
The following extracts from focus group discussions identify functions of the ONCB’s advertisements established by audience expectations of the genre.

**Extract 17: the ONCB advertisements as texts whose generic form contain a simple health message**

Student 1: The message of the *Victim* advertisement is similar to what we have seen from other sources of information.

Student 2: It is similar to watching news or documentary programmes. The message is always short, simple and straightforward.

Student 3: Yeah, we were informed by a simple, direct message.

**Extract 18: The ONCB television advertisements as an educational text**

Interviewer: Some of you have said that you already knew about the harmful effects of drug abuse from educational videos you have seen at school or from watching documentary programmes. How would you describe the nature of the ONCB’s television advertisements?

Student 1: They are educational.

Student 2: But they are not education television programmes.

Student 1: I know, but you learn something from watching them, don’t you?

Student 3: I think that some of the ONCB’s television advertisements try to educate, not only teenagers like us, but also, discreetly, adult viewers or parents about
parenting. This makes adult viewers feel that they are not being taught formally.

Student 4: I think the Quarrel advertisement and the Understanding advertisement are a good examples of parenting. They could educate adult viewers.

Student 5: Parents have to look after their children and tell them that illicit drugs are dangerous.

Extract 19: Production elements as tools to impart messages to the audience

Student 1: The animated style of the Blood advertisement is interesting. I believe that it will inspire Thai people to think about what they can do to fix the drug abuse problem in Thailand.

Student 2: Yeah, in thirty seconds, the sound of the Thai national anthem works quite well in calling up a sense of patriotism.

Interviewer: What is the song in the advertisement for?

Student 3: Well, I suppose it was used to tell the audience that drugs are a problem for the Thai nation. The Thai people should be concerned about this matter and should take part in drug abuse prevention.

I conclude, from my study, that the participants in the focus group discussions used other sources of information, within the public health genre, in the arriving at a common ground of interpretation and constructing meanings from the ONCB’s
television advertisements. Once the discussion group, as the ‘interpretive community’, established a common ground of interpretation, specific expectations of the advertisements arose and were voiced by participants in the group. These expectations led to statements of understanding of the main issues in, and messages conveyed by, the ONCB’s television advertisements.

**Genre and audience resistance of drug abuse knowledge**

As shown by Extracts 17, 18 and 19, above, the focus group participants established three functions of the ONCB’s television advertisements as a result of their understandings of the public-health genre.

This is similar to my finding from the study of audience understandings of *KSTD*. The television drama was positioned by the focus group participants as an education entertainment programme. Audience members constructed the interpretive frameworks of the public health genre just as they constructed the interpretive frameworks of the television drama genre. Just as Gavin (2001, p 91) found, the audience members’ shared understanding of genre opened up their interpretation of all of the programmes as educational texts and closed off interpretations that might have construed the drama programme, in particular, as mere entertainment. Gavin (2001, p 91) concluded that audience understandings of genre may result in particular audience interpretations of television programmes and their intended messages. He observed that:

> Genre, as a hermeneutic device, focuses audience attention on the issue. It thereby shapes audience understandings of particular characters, privileges some story-lines over others, and points towards the message. In this way,
genre encourages audience reception of the intended message. However, this hermeneutic emphasis on the message works against audience engagement with this message. The message is so clearly signalled to viewers that they are able to prepare their defences against the message before it even arrives (Gavin 2001, p 91).

The findings of my audience research suggest that drug abuse-related messages in the television genres of drama and public health communications are perceived by audiences as educational lessons for them. The data of my audience study also reveals that young viewers understand that the programmes are designed to teach them both a certain correct way to deal with drugs and a way to assist or to support drug addicts in quitting using drugs.

In the discussion, interestingly, students did not consider the political context, or question how corruption, police complicity, or extra judicial killings are part of the drug problem in Thailand. The students only considered that ‘drugs cause serious health problems’ and ‘drug prevention is a mission of the nation’ were the dominant meanings of the texts. I argue that, using a cultural studies approach in the analysis of these audience responses, the ideology of the texts plays an important role in the students’ interpretations. Schirato & Yell (2000, p 85) state, ideology can be understood as the result of a particular kind of reading practice, a practice which naturalises the relationship between signs and meanings in an attempt to constrain and determine what can and can’t be thought. The ideology of the ONCB’s advertisements limits the students understandings to focus only health issues as the advertisements were used as part of the government’s heath
promotion campaigns. For TV dramas, the ideology of the text limits audience interpretations from other alternative meanings. This, therefore, leads audiences to watch the program passively and without critical engagement.

**Conclusion**

It remains the fact that the dominant theory of health communication in Thailand, the 'effects' model of communication, and the traditional way of assessing the effectiveness of health promotion campaigns in Thailand are still of benefit to health communicators in planning and conducting their campaigns. However, I suggest that Thai health communication researchers and health communicators could produce more effective campaigns if they were consider using a cultural studies approach to conceptualise their audiences.

Moving beyond the traditional methods used in Thai health communication research, it is possible to explore the richness inside audience constructions of meaning of health and drug abuse-related television texts. It may also be possible to devise health communications which are less predictable and, therefore, more interesting and effective.

By conducting focus group interviews, my audience study in this chapter provides evidence that in the situation of group discussion, it is the fact that what audience members choose to talk about, and the ways in which they do so, need to be understood in terms of the context in which that talk occurs. In other words,
content or what is said is forced by the situation the audience members occupy and also the social identities of the relevant audience members.

Apart from the social contexts in which audience members are asked about their constructions of meaning, television genre is another factor that plays a significant role in audience members making sense of television texts. As my study suggests, audience members commonly understand messages conveyed by selected television programmes in the framework of genre. In the study, the intended messages represented in sub-themes and narrative conventions are taken up by the audience within the framework of genre.

This study revealed that there is a shared interpretive understanding among audience groups. This occurs as a result of audience assumptions about and expectations of genre. Therefore, I argue, the study of genre brings a benefit to the field of health communication research. As generic expectation helps audience to learn quickly about intended message of the program. Therefore, it is crucial that, media producers and health communicators understand the “generic baggage” that various form of television text carry with them. This may assist media producers and health communicators to select the most effective genres to be used in health promotion campaigns. In the end, all of this may assist media producers and health communicators to have more control over the messages actually delivered to their audiences.
Conclusion
In this thesis, I have explored the ways in which television portrayals of drug use and abuse in Thailand are produced and interpreted. My aim is to contribute to a body of knowledge which will benefit not only health communication in Thailand but also, more extensively, academics in cultural media studies and public health.

I have drawn on a variety of research methods from social sciences and cultural studies to seek explanations as to how a cultural studies approach may benefit the field of Thai health communication research. This may provide us with a better understanding of television as a cultural form which helps to construct audience perceptions concerning health and illness. This may also provide health professionals and media producers with an illustration of how to analyse the ways in which meanings of health and illness are constructed for/by the audience.

The thesis began with a review of literature in Chapter One, showing criticisms around traditional health communication. It revealed both significant issues which arise in this field and showed why previous health promotion campaigns have been less successful than health communicators expected. It is evident in the review that health communicators have sought to make health promotion campaigns effective by carefully segmenting the audience, and using commercial marketing strategies to attract audiences’ attention. Health communicators have also identified audience responses to health promotion media in a linear way, underlies with a well-known model in health communication, the ‘KAB’ model. Researchers in this field have been interested in individual psychology and have endeavoured to determine how best to persuade their audiences.
However, in this thesis, in contrast to the traditional approach to health communication, I argue that individuals’ perception and construction of meanings involving health and illness are influenced by their social and cultural contexts. Accordingly, it is vital to consider how audience socio-cultural contexts may lead to ignorance or negotiation of health care messages conveyed in health communication media texts. Health communicators, therefore, need to access and understand as many cultural meanings in health communication as possible if they want to fully control media and engage audiences in health promotions.

I have undertaken this research using concepts drawn from cultural studies, textual practice and a constructionist view of audience reception, to theorise the ways in which meanings are constructed in television texts and interpreted by the audience. I have chosen as my case study an examination of health promotion in Thailand, as it represents an example of complex socio-cultural contexts which shape the representation of media texts and audience interpretation.

This thesis establishes the following benefits of using a cultural studies approach to health communication:

Firstly, it has shown, by using a cultural studies analysis, that representations of drug abuse on television have the potential to contribute to viewers’ understanding of drug abuse, and the ‘drug body’ and their consequences. In other words, both genres of television advertisement and television drama, can provide a sense of identity and a sense of shared experience to viewers.
Therefore, as illustrated in Chapter Three, it showed that Thai government-sponsored television advertisements, health professionals, and media producers have used certain kinds of rhetoric to deter the audience from using drugs. This included rhetoric around health and illness, and around socio-cultural contexts of Thailand. A familiar figure in the television advertisements was a paranoid ‘yaa baa’ addict. However, lately, rhetoric of nationalism or patriotism which has located His Majesty King Bhumibol Adulyadej as a centre of interest, has been used in the advertisements. This established that, television text in health promotion not only depicts health risk in its representation, but may also reflect society’s cultural values.

Similarly, in the case of the representation of popular culture, presented in Chapter Four, the study established that television drama, served a number of cultural functions. Television dramas, in my study, educate the Thai viewers by portraying the world of people who lived and experienced drug abuse realistically. The dramas also engaged viewers with social, ethical and moral issues. In addition, narrative structures of television drama served as a tool to stimulate audience sense of identity. The dramas provided a powerful lesson about identification. The audience, in my study, said that, they shared Duan in KSTD and Num Poo in NP s’ experiences and knowledge.

Secondly, cultural studies assists us to understand that, to make more effective health communication, major aspects of concern in making television text, are narrative form, identity, and textuality. This is because these characteristics will be significant determiners of viewer response. Television text can draw viewers in by
virtue of its own structure and its relationship to other texts: through language, linguistic patterning, dramatic and emotive associations, use of visual and verbal codes of television and television genres, metaphor, conventional inventiveness, and other elements of discourse.

The thesis suggests that health communicators can use television texts as a site of meanings in which they can observe and learn to interpret the dynamics of meaning production. However, a significant point is that health communicators must discover useful ways to formulate various agendas - intellectual, medical, political, cultural - for the communication of ‘health care messages’ on television. I would urge health communicators, in particular, to do this with a more intelligent and sophisticated understanding of all the ways that television texts produce meaning and of the diverse kinds of cultural work television narrative can do.

In addition, as I illustrate throughout the entire thesis, audience construction of meanings concerning television texts in Thailand ‘s health promotion are culturally determined. As a consequence, an ultimate benefit of a cultural studies in health communication is that it provides a research method for health communication research to understand the importance of culture in audience construction of meaning to the media text.
Appendix A

Production details, Characters

and Plot synopses of

*Kam See Tan Don* drama
Production details

Production staff and crew list

- Director: Mr Siam Sangwariboot
  Mr Suchat Tabpan
- Script writer: Ms Sallaya Sookaniwat
- Cameraman: Mr Sutee Wiwat
- Production co-ordinator: Ms Aurawan Sangwariboot
  Ms Nutsara Sangwariboot
- Costume: Mr Arnek Kanoontong
  Mr Googeat Chipanya
  Mr Wirot Onrot
- Music: Mr Boripat Joolaket

Cast

- Tiengwan: Mr Teerapat Satjakul
- Deunsib: Ms Suwanna Kongying
- Duan: Mr Chakkrit Kacharat
- Sagao: Ms Dungdow Charuchinda
- Dumgeung: Mr Wanchai Pawwiboon
- Sawat: Ms Daungta Tungkamanee
- Tan: Mr Songsit Roonnoppakunsee

Production company

Dara Video Production Co. Ltd
Characters in *KSTD*

**Tiengwan:** A man in his mid to late twenties and a former heroin addict. He succeeds in giving up heroin after ten years of addiction.

**Deunsib:** A young, beautiful lady whose brother, Duan, becomes addicted to heroin. She plays an important part in helping her brother to break his addiction.

**Duan:** A rebel child who has poor relationship with his father. He is Deunsib’s younger brother. Later, is introduced to drugs and, over time, becomes addicted to heroin.

**Sagao:** Mother of Duan and Deunsib. A housewife who is controlled by her husband. A devoted mother who tries her best to help her son quit his heroin addiction.

**Dumgeung:** Father of Duan and Deunsib. A rich man who succeeds in his business. He is the leader of the family and a dour person.

**Sawat:** Mother of Tiengwan. She is the leader in the family and is a confident person. She encourages Tiengwan to quit heroin.

**Tan:** A good looking, wealthy man. He is Deunsib’s boyfriend. After discovering that Deunsib’s brother is addicted to heroin, he asks Deunsib to end their relationship.

**Seng and Eak:** Two teenage boys who live in slum near Duan’s house. They are both heavily addicted to heroin. They introduce Duan to drugs.
Plot synopses

Episode 1

After being addicted to heroin for ten years, Tiengwan has completely quit heroin. He is taken by his mother, Sawat, to Baan Phi Chit Jai for rehabilitation treatment. After a year at Baan Phi Chit Jai, Tiengwan returns home and tries to resume a normal life.

Duan is a teenaged high school boy from a wealthy family. He meets Seng and Eak, two teenagers who are addicted to drugs and live in a slum near his house. Seng and Eak introduce Duan to heroin. Later, Duan becomes seriously addicted to heroin. He begins to steal money from everybody in his house.

Duan’s father, Dumgeung, discovers Duan’s absences from his classroom and that he was absent from his examinations. He pays for a private detective to follow Duan. Finally, he learns from the private detective that Duan has been taking heroin with Seng and Eak. Dumgeung tells all the family members that Duan is using heroin. Tan, Duan’s sister lover, is pressured by his mother, Yeesoon, to end his relationship with Deunsib.

---

Baan Phi Chit Jai is a drug addict rehabilitation centre in Bangkok, Thailand. It is the place that main characters in KSTD, Tiengwan and Duan went for their treatment.
**Episode 2**

Tiengwan struggles to resume a normal life. He has become somewhat reclusive. Sawat encourages him to socialise and persuades him to join her on a tour group to a beachside resort. By coincidence, Deunsib and her friend, Yupbara, are also members of the tour.

Tiengwan appears lonely and dejected. Deunsib wants to know what is wrong with Tiengwan. After a while, Tiengwan tells Deunsib that he was addicted to heroin for ten years. Deunsib asks Tiengwan to help her brother, Duan, to give up using heroin. Tiengwan agrees to help but tells Deunsib that it is difficult to quit using heroin and that it took him ten years of trying to do so.

**Episode 3**

After the tour has finished, Tiengwan endeavours to please Deunsib in the hope that she may accept him as a close friend. To please her, he is keen to help Duan to give up heroin.

Duan is locked up in his bedroom by Dumgeung. Dumgeung asks Deunsib to take Duan to a rehabilitation hospital for drug users to introduce him to a methadone program. On the way to hospital, Duan escapes and goes to see Seng and Eak, to get and take more heroin. Three days later Duan comes home. Out of frustration, Duan’s father binds Duan to his bed using a chain and padlock.

---

Methadone is a synthetic opiate medication that blocks the effects of heroin for about 24 hours. It has a proven record of success when prescribed at a sufficiently high dosage level to treat people addicted to heroin (Source: [http://www.nida.nih.gov/Infofacts/heroin.html](http://www.nida.nih.gov/Infofacts/heroin.html)).
Episode 4
Tan’s mother, Yeosoon, remains eager for Tan to end his relationship with Deunsib and so she introduces the daughter of one of her friends to Tan. Deunsib is struggling to concentrate on her work, for she is worrying about her brother, Duan.

Duan is padlocked to his bed and is forced to give up using heroin cold turkey. Duan is shown suffering from withdrawal symptoms.

Duan’s mother, Sagao, tells Tiengwan that she thinks that Duan became addicted to heroin because his father was too strict on him and so Duan chose to rebel. Tiengwan then tells Duan’s mother that, from his experience, drug addicts need inspiration, encouragement and understanding from their parents to give up using drugs. He says that trying to force, rather than encourage, the user to give up may be counterproductive.

Episode 5
Seng and Eak come to see Duan and try to prepare a fix of heroin for Duan to inject. However, Duan’s mother returns, sees what is about to happen and stops Duan from taking heroin before banishing Seng and Eak from her house.

Tiengwan is upset to have discovered that Deunsib has a lover. On the third day on which Duan is padlocked to his bed, Tiengwan refuses to visit Duan and Deunsib at their house.
At a meeting and dinner for members of their tour group, Tiengwan and Deunsib meet each other. Tiengwan is insulted and taunted by people in the group over his past as a drug addict. Deunsib asks Tiengwan to come to her house to visit Duan.

**Episode 6**

Tiengwan suggests to Deunsib that she should take Duan to Baan Phi Chit Jai, a drug rehabilitation hospital at which drug addicts learn and prepare themselves to resume ordinary drug-free lives.

Seng and Eak resolve to visit Duan to ask for money to buy more heroin. Tiengwan comes to visit Duan. He meets Seng and Eak. Tiengwan suggests Sagao to allow Duan to see his friends provided that Duan does not take heroin again.

After ten days of Duan being padlocked to his bed and unable to use heroin, Duan’s father unlocks him and agrees to send Duan to the rehabilitation centre, Baan Phi Chit Jai.

**Episode 7**

Duan is at Baan Phi Chit Jai. He introduces himself to the other patients and explains the reasons which led him to begin taking drugs. He says that he has a difficult relationship with his father and has had many problems at home.
Eak tells his uncle to padlock him to a post in their house because he wants to give up using drugs. Later, when Eak’s uncle is away, Seng comes to see Eak, gives Eak heroin and encourages him to take it.

Meanwhile, Tiengwan tries repeatedly to ring, speak with and see Deunsib. He has grown fond of her. Tiengwan goes to see Deunsib at her office. There, he meets Deunsib and her boyfriend, Tan. Tiengwan is disappointed to discover the closeness of Deunsib’s relationship with Tan. When Tiengwan returns home, he is visibly crestfallen. His mother begins worrying that if Tiengwan is depressed he may resort to using heroin again.

**Episode 8**

At Baan Phi Chit Jai, Duan is assigned tasks by the hospital’s officers. His tasks include sweeping the floor, gardening and taking lessons from the Buddhist monks.

Tiengwan continues to mull over his disappointment at discovering the nature of Deunsib’s relationship with Tan.

Meanwhile, Deunsib is meeting and speaking with Tan much less often than before. Tan begins to spend more time with Mituna, the girl to whom he was introduced by his mother.
Eak is still in the process of trying to quit using heroin. He is suffering from withdrawal symptoms. Again, Seng goes to visit Eak and gives him a dose of heroin.

Tiengwan goes to see Duan at Baan Phi Chit Jai. He tells Duan to be patient and strong. That night, Duan escapes from the rehabilitation centre.

**Episode 9**

Duan spends money he has stolen from an old man at the market to buy heroin. After buying and injecting himself with heroin, Duan is caught by the police and charged with stealing money and possessing heroin. That night, Duan is locked in the cells at the police station. Sagao is disappointed and upset to know that his son was arrested. By contrast, Duan’s father is angry with his son. He says that he will let Duan die in jail.

Tiengwan, Deunsib and Sagao go to get Duan from the police station. On the way home, Duan jumps out of the car and runs away. He goes directly to see Seng in the hope of getting more heroin.

**Episode 10**

Tiengwan goes to slum near Duan’s house to find Duan. Dumgeung realises that his treatment and discipline of Duan may have pushed Duan to drug abuse. Later, he tells himself that he loves his son, and that if Duan returns home, he will be more friendly and helpful towards Duan.
Duan and Seng go to the market. They need money to buy heroin. However, just as they are about to steal money the police come and Duan and Seng run away. They then go to see Eak and take Eak to the place where, together, they usually take drugs.

**Episode 11**

Duan discovers that Eak has been trying to quit using drugs but Seng has been encouraging him to keep using them. Duan is angry with Seng. Seng tells Duan to go home. Duan refuses to do so.

Meanwhile, Tiengwan is still trying to find Duan. Finally, Tiengwan finds Duan near the slum and tells Duan that he wants to take him home. Duan refuses to go and says that he wants to take heroin. Tiengwan wants to win Duan’s trust. Therefore, he offers to go and get heroin for Duan and his friends. When Tiengwan returns, Duan and his friends take the heroin and Tiengwan again tries to persuade Duan to go home. Again, Duan refuses to go.

A day later, Duan, Seng and Eak go to a different place in the slum to take drugs (so that Tiengwan will not find them). While there, they become embroiled in a fight with three or four teenage members of a mafia gang. Eak is stabbed and killed by one of the gangsters.

**Episode 12 : The final episode**

Tan comes to visit Deunsib. Deunsib tells Tan that she knows that Tan’s mother doesn’t want Tan to see her. She says that she understands that Tan’s mother
wants Tan to marry another girl. Deunsib tells Tan that she thinks they should end their relationship.

Sagao, Duan’s mother becomes sick from worrying about Duan. Meanwhile, Duan is still in the slum taking heroin with Seng. That night, Seng dies from a heroin overdose.

Finally, Duan decides to return home. When he meets his father, mother and sister, he realises that everybody in the family is worried about him. His father displays affection towards him and speaks quietly with him. He says that he loves Duan because Duan is his only son. Duan’s father asks Duan to give up taking drugs. Duan promises to give up using drugs cold turkey.
Appendix B

Production details, Characters
and Plot synopses of

*Num Poo* drama
Production details

Production staff and crew list

- Director: Mr Saranyu Wongkrachang
- Director’s assistants: Ms Chanjira Boonjai, Mr Patipan Rungrattawatchai, Mr Sompop Intaracanchit, Mr Nipon Potipaichit
- Script writer: Ms Danaya Supying
- Continuity: Ms Pimsup Pimsugree, Ms Chanlada Rojjanatanakul
- Editor: Mr Monsak Tassanapayak

Cast

- Num Poo: Mr Tawan Charuchinda
- Suwannee: Ms Sinjai Plengpanich
- Na Pat: Mr Jirayaut Wattanasin
- Gig: Ms Sherman Boonyasak
- Noi: Ms Nattasawat Mansub
- Pawkaew: Ms Arisara Wongchalee

Production company

Click Television Co. Ltd
Characters in NP

**Num Poo**: a teenage boy. The son of Suwannee Sukhontha, a famous Thai author. A ‘mother’s boy’, dependent upon his mother and eager for his mother’s attention.

**Suwannee**: Num Poo’s mother. She is a university lecturer, newspaper columnist and novelist. She is a self-confident and hard working person. She loves her children and works hard in an effort to ensure that her children have a good life.

**Tawee**: Num Poo’s father. He is a lecturer in fine arts at Silapakorn University in Bangkok. He does not appear to care much about his wife and children. He has a mistress and becomes separated and divorced from Suwannee.

**Na Pat**: a young man in his thirties. He is an artist who has a good sense of humour. He loves Suwannee and her children. He tries to be a good step-father of Suwannee’s children.

**Noi**: Num Poo’s eldest sister. She is a few years older than Num Poo, self-confident and strong-willed. She doesn’t get along well with Num Poo. She antagonises Num Poo and often insults him.

**Mod Dum**: Num Poo’s ‘middle’ sister. She is Num Poo’s closest sister. She and Num Poo share an interest in music and have a good relationship. She
endeavours to prevent Num Poo from becoming emotionally isolated from their family.

**Noo Na**: Num Poo’s youngest sister. She is ten or more years younger than Num Poo. She is an intelligent and talkative girl.
Plot synopses

Episodes 1 and 2
In 2515 BE, Num Poo, a teenage boy died as a result of injecting himself with a heroin overdose. A flash-back returns viewers to 2513 BE., Num Poo and his friend, Aun, skip school. They go to the train station and talk. Num Poo says that he is unhappy because his mother has deserted him to go overseas. Num Poo recalls images of when he enjoyed going fishing with his father in the canal near his house. Num Poo also recalls images of when his parents took him and his sisters camping during the school holidays. Next, Num Poo recalls images of when his mother worked late at night correcting students’ assignments. These images are followed by images of Num Poo’s father coming home late and drunk. Num Poo’s mother and father arguing and fighting. Finally, Num Poo’s father leaves the family’s house says he won’t be returning again.

Num Poo now lives with his uncle because his mother, Suwannee is going overseas.

Episodes 3 and 4
At school, Num Poo meets a new friend, Berm. Berm has a talent for playing guitar. Num Poo accidentally damages an old guitar he has borrowed from his uncle. Berm helps Num Poo by fixing the guitar for him. Berm has a part-time job, playing the guitar in a public bar. Berm seldom goes to school. Num Poo has to go to the bar if he wants to see Berm. There, Num Poo meets Berm and his friend, Od, and sees them drink alcohol and take drugs. Soon, Berm and Od invite Num Poo to smoke cannabis with them.
Suwannee returns from her newspaper work in Europe. On her return to work at Silapakorn University, she is sacked from her position as a lecturer because her boss at the University has discovered that she went to Europe to write articles for a Thai newspaper, although she had told him that she was absent from the University due to illness. Later, Suwannee secures a new job, as a marketing consultant for Shiseido, the Japanese cosmetics firm.

**Episodes 5 and 6**

Suwannee searches for a house to rent in Bangkok. Her search is frustrating and time-consuming because she has modest financial means. After much searching, she secures a two-storey house from one of her friends, another novelist, who agrees to lease it to her at a generous rent. Suwannee arranges for Num Poo to return to live with her in their new house. Num Poo is happy to rejoin his mother. Suwannee arranges for all three of her daughters to rejoin them. However, Num Poo is unhappy that his bedroom is isolated and located on the ground floor of the house.

**Episodes 7 and 8**

Noi, Suwannee’s eldest daughter passes an entrance examination to enable her to study at a famous art college in Bangkok. Noi’s sisters are happy for her and Suwannee is particularly pleased. Suwannee rewards Noi by giving her a new stereo, new painting equipment and promising to buy her a new car. Num Poo is very jealous of his sister.
Suwannee meets Berm and Od, whom Num Poo introduces to her as his close friends from school. In the car on the way home, Suwannee tells Num Poo to stay away from Berm and Od. She says they look like bad boys and one day they may lead him to take drugs. Later, Suwannee moves Num Poo to a new school.

Num Poo begins to attend his new school - Seevikorn High School, a well known private school in Bangkok. At his new school, Num Poo applies to be a member of the music club. Upon joining the club, he meets Jomkwan, his teacher’s daughter. Num Poo and Jomkwan become very close friends.

**Episodes 9 and 10**

Num Poo meets a new friend, Mai, at a meeting of the music club. Mai is a teenage boy from wealthy family. He is something of a ‘show off’ and is not well liked by the other members of the club. Jomkwan is a good looking girl who is the object of both Num Poo’s and Mai’s attention. One day, in the corridor at school, Num Poo and Mai argue and fight over Jomkwan. Their teacher punishes both Num Poo and Mai. Jomkwan is upset and angry with Num Poo for causing trouble at school. Jomkwan is so mad at Num Poo that she ends their friendship. After this incident, Num Poo and Mai become close friends.

Num Poo introduces Mai to Berm and Od. The four of them become good friends and begin to meet at the pub during school hours on a regular basis to drink and take drugs. Na Pat, Suwannee’s new partner, finishes his studies in Europe and returns to Bangkok. Suwannee invites Na Pat to come and live in her house.
Suwannee’s children are not happy with Na Pat’s arrival in their house. Num Poo appears particularly unhappy.

**Episodes 11 and 12**

Suwannee travels to Europe for a writers’ seminar. Na Pat is left to look after Suwannee’s children. Num Poo invites Berm and Od to come over to his house and together smoke cannabis in Num Poo’s bedroom. Noi discovers that Num Poo has invited his friends to the house to take drugs. She asks Num Poo’s friends to leave. Then she and Num Poo have a big fight. Num Poo is particularly upset with Noi for telling his friends to get out of the house.

Num Poo, Berm, Od and Mai continue to skip school and meet at the pub. Num Poo becomes more attached to his friends and more isolated from his family. When Suwannee returns from overseas, Num Poo tells her that he wants money to pay for private tuition after school. Suwannee does not give Num Poo any money but arranges for private tuition fees to be paid for him. Num Poo then begins to come home late every night and says that he has been to a tuition class after school. In fact, Num Poo spends his evenings at the public bar with Berm and Od.

**Episodes 13 and 14**

Num Poo takes Suwannee’s car without her permission to go to a dance party. That night Num Poo takes ecstasy for the first time.\(^{57}\) At the party, Num Poo meets

---

\(^{57}\) Ecstasy is an illegal drug, taken especially by young people at parties, that gives feelings of great energy and pleasure.
a girl called Gig. Gig is a girl from another province. She has stolen money from her mother and come to Bangkok for the dance party.

Suwannee is angry with Num Poo when he returns home the following morning. She criticises him for his misbehaviour. Num Poo tells Suwannee that he doesn’t care what his mother says because he knows he is unwanted by his family.

Suwannee goes to hospital for an operation, after which she has to stay in the hospital for a week to recover. While Suwannee is in hospital Na Pat and each of Suwannee’s daughters come to visit her every day. However, Num Poo does not visit his mother at all. Instead, he goes to meet his friends, as usual, and takes drugs with them.

Episodes 15 and 16

Num Poo and Gig meet each other every night at the pub. Gig tells Num Poo to steal things from Suwannee’s house and sell them for money. Num Poo does as Gig suggests.

One of Suwannee’s novels, Khao Chue Karn (Dr Karn) wins a literary award. As a result, Suwannee attracts much attention in Thailand and becomes more famous. However, Suwannee is unable to go to the award winners’ presentation ceremony because she is still recovering in hospital. Suwannee arranges for her

---

56 Khao Chue Karn (Bangkok, Klang Witthaya, 2513 BE (1970 AD)). In 2511 BE (1968 AD), the Southeast Asia Treaty Organization (SEATO) initiated a literary prize to promote literary activities among member countries. Annual literary awards were given to the best writers of fiction, prose and poetry of each country. During the four years of its existence, Thailand SEATO literary awards were given to poets, novelists and essayists, most notably were three women novelists, Kristsana Asoksin, Suwannee Sukhontha and Botan. In, 2513 BE (1970 AD) Suwannee Sukhontha was awarded a Thailand SEATO award for Khao Chue Karn (Dr Karn).
eldest daughter, Noi, to go to the ceremony in her place. At the hospital, Suwannee gives an interview to journalists concerning her novel, *Khao Chue Karn*, and her award.

Num Poo, Berm, Mai and Od are arrested by police officers as they are walking home from the nightclub. They are arrested on suspicion of having or taking drugs. Num Poo and his friends are taken to and locked up in the police station. Suwannee is forced to leave the hospital to go to the police station to secure Num Poo’s release. Suwannee is disappointed with Num Poo.

**Episodes 17 and 18**

After Mai is released from the police station, his father makes arrangements for a private detective to follow him and report where Mai goes, who he sees and what he does. Mai discovers that he is being followed and watched and immediately suspects that his follower has been sent by his father. Mai confronts his father and argues with him. Soon afterwards, Mai leaves his father and Bangkok to go to Ubon Ratchathani, a province in north eastern Thailand.

Gig can’t return home because her mother became angry when she discovered that Gig had stolen money to go to Bangkok for a dance party. Gig asks Num Poo to go with her to another province so they can start a new life together. Suwannee discovers that Num Poo smokes cannabis. She meets Gig in Num Poo’s bedroom. Suwannee is more disappointed with Num Poo. Num Poo again needs money to buy drugs, so he steals things from Suwannee’s house and pawns them for
money. The school holidays come. Suwannee takes her children for a holiday at the beach. Num Poo doesn’t want to go but he has to.

**Episodes 19 and 20**
At the beach, Suwannee has a chance to talk to Num Poo. She says she is concerned about him following his arrest by the police. She tells him that she wants him to stay out of trouble and to concentrate on his studies. She also tells him that she wants him stay away from Gig. Num Poo promises to do as his mother asks.

Soon after returning from holiday, Num Poo meets Gig again. This time Gig asks Num Poo to leave his family and rent an apartment with her. Num Poo agrees to do so.

A short while later, Num Poo and Gig travel to Pattaya, a resort town popular with western tourists located south east of Bangkok. Num Poo hopes to find a job playing his guitar in one of the many bars and clubs there. However, Num Poo cannot get a job. After a few days, Num Poo and Gig again run out of money. They then decide to go to Ubon Ratchathani, in north eastern Thailand, to find Mai. Num Poo knows that Mai is working in a pub in Ubon Ratchathani as a musician.

**Episodes 21 and 22**
Num Poo and Gig stay with Mai in a house which he shares with many people. Mai is seriously addicted to heroin. Mai tells Num Poo to go home and stay away
from him because he doesn’t want to see Num Poo become addicted to heroin like him.

After a few days, Num Poo and Gig decide to go back to Pattaya. Once back in Pattaya, Num Poo and Gig are despondent that they have no money and cannot find work. Num Poo suggests that the solution to their problem is to commit suicide. They try to commit suicide by taking sleeping pills together on the beach. They both fall asleep and are washed off the beach by the rising tide. Fortunately, passers-by see and rescue them before they drown.

Finally, Num Poo’s and Gig’s rescuers take Num Poo and Gig back to Suwannee in Bangkok.

Upon seeing Num Poo again, Suwannee does not appear angry and tells Num Poo that she has been worrying about him. Suwannee tells Num Poo that although Gig may stay with them, Num Poo must return to school because Suwannee wants him to be able to become a doctor. Num Poo says he does not want to study medicine, he wants to study art.

Num Poo asks Suwannee to send him to Chiang Mai, a province in Northern Thailand, to live with his aunty. It appears that Num Poo thinks this might be the best place for him to finish school and get away from Gig and Berm. Suwannee agrees with Num Poo and promises to send him to Chiang Mai when the new school semester starts.
Mai’s father has learned from the private detective that Mai is in Ubon Ratchathani. Mai’s father goes there to find Mai. Upon finding Mai, he forces Mai to return home and to school.

Episodes 23 and 24

Gig is staying in Suwannee’s house, but in a separate bedroom from that of Num Poo. Suwannee and her daughters seldom speak with Gig, and when they do they appear to treat Gig more like a house-keeper than as a member of the family or as a guest. Num Poo’s sisters regard Gig as one of the causes of Num Poo’s troubles. Gig is very depressed. One night, she attempts to commit suicide by drinking poison. However, Suwannee finds Gig unwell in her bedroom and takes her to hospital where she recovers.

On Suwannee’s birthday, Suwannee has a small party with members of her family at her house. However, Num Poo and Gig go to a dance party at Mai’s house. At Mai’s party, the revellers take drugs and become unruly. Mai’s father calls the police to come and arrest his son and his friends. Mai manages to get away before the police arrive. But Num Poo and Gig are arrested, taken to the police station and charged with drug-related offences. Suwannee comes to see her son at the police station. Suwannee is again very disappointed with her son and, this time, cannot secure his release. Num Poo and Berm are sent to Baan Metta and Gig is sent to Baan Prani.\footnote{Baan Metta and Baan Prani are juvenile detention centres for male and female offenders respectively located in Bangkok, Thailand.} They must wait to go to court.
Episodes 25 and 26

Suwannee and her partner, Na Pat, are invited to be the editors of a new women’s magazine called Lalana. Suwannee and Na Pat accept the invitation and work hard at their new roles. Even so, after work each afternoon, Suwannee makes time to go and visit Num Poo at Baan Metta.

On his birthday, Num Poo is still in Baan Metta. Suwannee visits him there and takes birthday presents to him from all of the other members of their family. She also gives Num Poo a birthday cake.

At Baan Metta, Num Poo and Berm discover that they can buy drugs from another detainee. Num Poo and Berm, therefore, buy and take drugs regularly at Baan Metta. Num Poo begins to use heroin.

After Num Poo is released from the juvenile detention centre, he again asks Suwannee to send him to Chiang Mai to live with his aunty. The final scene shows Num Poo having arrived in Chiang Mai.

Episodes 27 and 28

Num Poo finishes high school in Chiang Mai and returns to Bangkok. He tells Suwannee that he wants to continue his studies at ‘Paw Chang’, a famous art college in Bangkok.

After being released from Baan Prani, Gig’s mother sends Gig to the United States of America to continue her studies. Num Poo passes the entrance examination to
get into the art college. Also, Noi, Num Poo’s eldest sister passes the entrance examination to continue her studies at Silapakorn University in Bangkok. Suwannee is very happy with the success of her children.

At the art college, Num Poo meets two new friends, a teenage girl named Pawkaew and a teenage boy named Juk. Num Poo and Pawkaew become very close friends. Num Poo falls in love with Pawkaew and asks her to be his girlfriend.

After a while, Num Poo invites Juk to try smoking cannabis and using heroin with him. Some time later, Pawkaew follows Num Poo and Juk and sees them using drugs. She is upset to discover that Num Poo is using drugs.

**Episodes 29 and 30**

Num Poo falls ill. Suwannee takes him to the hospital. The doctor tells Suwannee that Num Poo has a kidney disease and has to stay at the hospital for at least a month for treatment. As a result, Num Poo has to withdraw from his course at art college.

After about a month in hospital, Num Poo returns home. He continues to take heroin occasionally with Juk. Pawkaew wants Num Poo to give up using drugs. She tells him that he should go to Wat Thamkrabok to get treatment and help to quit using drugs.
One day, Num Poo tells Suwannee that he is addicted to heroin. He asks for her permission to go to Wat Thamkrabok to get help to give up using heroin. Suwannee agrees to allow her son to go to Wat Thamkrabok for treatment but asks him to write to her everyday. Num Poo says he will write everyday if Suwannee promises to publish his letters in her magazine.

**Episodes 31 and 32**

At Wat Thamkrabok, Num Poo writes to Suwannee every day. In his letters, he describes his activities at Wat Thamkrabok. In particular, he describes the medicine, treatment and lessons he receives. After 10 days of treatment Num Poo returns home. He asks Suwannee whether she has published his letters in her magazine. Suwannee says she hasn’t done so yet but will look at them again and arrange for them to be published. Suwannee is busy at work and does not ever publish Num Poo’s letters.

Num Poo returns to his studies at art college. He meets Berm again. Berm gives one dose of heroin and a needle to Num Poo and says ‘you might need these’. Num Poo takes them and returns home.

**Episode 33: The final episode**

Num Poo uses needle and heroin given to him by Berm to inject himself with heroin. Soon after injecting himself, Num Poo collapses. Suwannee’s housekeeper finds Num Poo lying in bed unconscious on the following morning. Suwannee rushes Num Poo to hospital where he is taken to the emergency room. The doctor
who sees Num Poo emerges to tell Suwannee that Num Poo cannot be saved because he died before arriving at the hospital, probably from a heart attack.

In preparation for Num Poo’s funeral, Suwannee arranges for Num Poo’s letters to her to be published in a book to be given those people who attend Num Poo’s funeral. All of the letters that Num Poo wrote to Suwannee from Wat Thamkrabok are published in the book. The cover of the book carries a painting that Num Poo painted just a few days before he died.
Bibliography


*Kam See Tan Don*, 2003, television drama, Thailand’s Channel 7, Bangkok, 8 February.


