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Designing a Policy Implementation Model for Drug Control (A Collaborative Governance Approach)

Zahra. Amini[1], Yousef. Mohammadi Moghadam[2*], Mahmoud. Ahmadi Sharif[3]

1 Department Of Public Administration - Decision Making and Public Policy, KI.C., Islamic Azad University, kish Island, Iran
2 Department of strategic Management, University of Judicial Sciences and Administrative Services, Tehran, Iran
3 Department of Business Management, ShQ.C., Islamic Azad University, Tehran, Iran

Corresponding author email address: y.mohammadi@ujsas.ac.ir

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ABSTRACT

Participatory approaches provide a basis for the presence of citizens alongside governments in policy implementation and in the resolution of social problems. Because drug control is rooted in a deeply social context, it has substantial potential for the use of participatory approaches. Accordingly, the present study aimed to design a model for implementing drug control policies through a collaborative governance approach. The research used both qualitative and quantitative procedures and combined inductive and deductive reasoning. In terms of purpose, it was applied; in terms of nature and method, it was descriptive-survey. The statistical population consisted of 18 experts and informed specialists on the subject who were selected through purposive sampling. Data were collected through semi-structured interviews in the qualitative phase and through a questionnaire in the quantitative phase. Qualitative data were classified using grounded theory, and the quantitative phase validated the model through the fuzzy Delphi technique. Transferability in the qualitative phase was supported through systematic coding, and confirmability was strengthened through documentation and archiving of different coding stages, including initial coding. In the quantitative phase, reliability was assessed by the test-retest method and validity was examined through content validity. The qualitative findings produced 140 initial codes, 38 concepts, and 17 categories, which were positioned within the Strauss and Corbin grounded theory paradigm model. Based on the findings, the study recommends promoting civic demand-making in educational settings, emphasizing problem-oriented, legally aware, and contemporary civic education, conducting workshops on associational life, teaching principles of fairness, intergenerational responsibility and respect for human dignity, and implementing small-scale civic projects.

Keywords: Implementation; Policy; Drug control; Collaborative governance

Introduction

Governments formulate policies in economic, socio-cultural, political, technological and other domains in order to fulfil their obligations toward citizens. However, what leads to citizen satisfaction, appropriate responsiveness to public demands and movement toward development is the effective implementation of formulated policies (Gholami et al., 2023). Policy implementation is as important and consequential as policy formulation for achieving policy objectives. A policy may be well designed and coherently formulated, yet if it is implemented poorly, its goals will not be realized (Hosseinpour et al., 2023).

Governments around the world increasingly seek to activate citizens through collaborative governance and encourage them to participate in policy implementation (Verloo, 2023). Collaborative governance has been proposed as an alternative to competitive and command-oriented modes of policy adoption and implementation. The distinguishing feature of this approach is the leadership and engagement of stakeholders from the public sector, the private sector and civil society through group meetings, consensus-oriented decision-making and participatory implementation across all phases of policymaking (Pourghaderi et al., 2023). In this view, policy implementation is shaped by institutional arrangements, coalitions, networks, values, symbols and implementers with different preferences, all of which can affect policy effectiveness (Silva, 2023).

Collaborative governance reflects changed practices among governmental organizations around the world in policymaking and policy implementation. Governments use this approach because they are increasingly aware of the limits of their capacity to govern effectively on their own (Ahmadi et al., 2022). Scholars of collaborative governance argue that complexity and uncertainty can be addressed when the parties directly responsible for, or affected by, a problem participate in solving it. Under such conditions, maximum public satisfaction and minimum dissatisfaction with policy outcomes may become more visible. Nevertheless, social management systems must take the necessary steps to operationalize this approach.

One policy area that particularly requires this approach is drug control. Substance use disorder is a global public health problem that affects the physical and mental health of members of society and places substantial pressure on economies and communities. The World Drug Report 2022 indicated that approximately 284 million people aged 15-64 used drugs worldwide, representing a 26 percent increase over previous levels (Sun et al., 2024). In Iran, several decades of economic crises have generated multiple social problems, and the country now faces a growing range of social harms, especially addiction. Studies suggest that drug use imposes nearly 11.7 billion dollars of direct and indirect costs annually on the national economy (Mahmoudi et al., 2025).

Iran's proximity to one of the world's largest drug-producing regions, easy access to narcotics and a young population require intelligent and appropriate policies for drug control. Yet state monopoly in this field, without participation by non-governmental sectors, cannot produce adequate outcomes. A country located in the midst of major drug production and transit routes must not only use governmental mechanisms against drug producers and traffickers but also employ public participation and the capacities of non-governmental actors as a core component of policy implementation. Therefore, the present study seeks to design a model for implementing drug control policies through a collaborative governance approach.

As a general term, governance refers to the act of governing, whether in the public or private sector. Within the framework of collective action, Ostrom (1990) considers governance to be a dimension of shared norms and rules designed to regulate individual and collective behavior. O'Leary (2006) defines governance as a means of guiding processes that affect decisions and actions in private, public and civic sectors. More specifically, governance is a set of coordination and monitoring activities that makes the survival of a partnership or collaborative institution possible (Bryson et al., 2006).

The concept of governance has undergone extensive transformations throughout history and has evolved alongside political, social and economic changes in societies. In ancient societies, governance was mainly based on concentration of political power and divine legitimacy. In civilizations such as Egypt and Mesopotamia, rulers were considered representatives of God and governance had an authoritarian character (Bashiriyeh, 2006). In ancient Greece, especially in Athens, forms of direct citizen participation in political decision-making emerged for the first time and may be considered among the earliest forms of governance (Pierre & Peters, 2020). Barclay (2006) regards governance as a concept widely used in development

literature with diverse meanings and interpretations. Different contributions to democratic governance debates have produced varying, and sometimes contradictory, definitions of governance. While some define governance narrowly as a positive force for strengthening economic growth, Fukuyama (2013) defines governance as the ability of the state to make and enforce rules and deliver services, regardless of whether the state is democratic (Fukuyama, 2013).

Given the many forms of governance, including corporate governance, good governance, digital governance, multi-level governance, global governance and collaborative governance, using the appropriate form in each context is important. Collaborative governance, or shared governance, is a newer approach that focuses on deep and democratic participation (Cameron & Green, 2019). One of the most important contemporary developments in policymaking and public management is the emergence of collaborative governance innovations that seek to increase the effectiveness and legitimacy of public organizations and policymaking through public participation and deliberation (Elstub & Escobar, 2019).

Collaborative governance can be defined as participation based on accountability and justice, a dynamic relationship among leadership, stakeholders and staff, empowerment and shared decision-making aimed at improving service quality (Boswell et al., 2017). It also refers to a specific form of interaction that is deliberative, multilateral, community-oriented and directed toward co-producing outcomes and solutions. Although the terms governance, interactive governance, network governance and collaborative governance are often used interchangeably, they have different scopes and meanings (Ansell & Gash, 2008). Collaborative governance includes a strategy through which different stakeholders work together to advance policy or decision-making processes based on consensus around public issues (Longenecker et al., 2021). Ansell and Gash (2008) define collaborative governance as a governing arrangement in which one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented and deliberative and that aims to make or implement public policy or manage public programs or public assets (Ansell & Gash, 2008).

Implementation consists of a set of directed activities designed to put programs into practice and achieve their intended effects (Kraft & Furlong, 2020). The most important stage after policymaking is implementation; for this reason, some scholars consider implementation to be the center of the policymaking process (Rangriz & Moazzeni, 2018). Contrary to the common view that implementation is separate from policy design and approval, recent literature considers implementation an intertwined part of the policy cycle that is closely connected to all other stages. Policy implementation is not the end of policymaking; rather, it is the point where policy design, available resources, institutional capacities, actors' roles and the social context meet in practice to generate tangible outputs and outcomes.

In recent theories of policymaking, implementation is understood less as a merely technical process and more as a complex social and interactive process. This perspective emphasizes that implementation includes network management, interaction with multiple stakeholders, interpretation of formal decisions by implementers and continuous feedback mechanisms (Bullock et al., 2021). Recent research also shows that an in-depth understanding of public policy implementation requires attention to contextual, cultural, institutional and executive factors. Successful policy implementation depends not only on clear goals and well-designed instruments but also on organizational capacities, coordination among levels of government, effective interaction with society and accountability capacity (Bullock et al., 2021; Purtle et al., 2023). In practice, the place of policy implementation can be analyzed through four dimensions: the institutional dimension, the human and managerial dimension, interaction with stakeholders, and feedback and learning.

Ghadimzadeh et al. (2025) presented a grounded theory model of collaborative governance for comprehensive protection of historical buildings and urban fabrics (Ghadimzadeh et al., 2025). Their results showed that causal conditions revealed the multidimensional nature and identity values of cultural heritage and the need for active participation by social actors. Contextual conditions included institutional-managerial, socio-economic, cultural-identity, legal-property and sustainable tourism development capacities. Intervening conditions included the conflict between tradition and modernity, facilitating and constraining factors in legal structures, social participation, public awareness, conflicts of stakeholder interests and barriers to trust-building. Strategies included knowledge-based management, empowerment of civil society, education and awareness-raising, integrated specialized-participatory management, conservation, revitalization and sustainable use, institutional synergy and transparency and trust-building.

Rahmani (2024) examined participatory governance tools from the perspective of the Holy Quran. The study first analyzed the concepts of people and government in Quranic thought and then designed a set of participatory governance tools (Rahmani, 2024). Using thematic analysis and consultation of Al-Mizan exegesis, the author identified relevant themes and concluded that the Quran views people as servants of God and assigns government an active and continuous guiding role toward human perfection. Asadollahi et al. (2024) designed a model of environmental collaborative governance by examining participation contexts, drivers and problems, the design of regulatory institutions, facilitative leadership conditions and the participation process, and then integrated expected outcomes into a proposed model (Asadollahi et al., 2024). Moradi and Mazoochi (2024) studied mechanisms of participatory and public governance using open government data and identified six influential factors in public organizations' participation in open data provision: the need to comply with higher authorities, reduction of operational sensitivity, financial resources, transparency, human resources and information technology resources (Moradi & Mazoochi, 2024).

Zoula et al. (2023) reviewed participation in cultural heritage governance and management, evaluating the advantages and disadvantages of public-civic, public-private and public-private-community partnerships. Their findings showed that public-civic and public-private-community partnerships have similar advantages and disadvantages, while public-private partnerships are more oriented toward functional goals. Coelho et al. (2022) investigated citizen influence on public policymaking by examining three models: social health insurance in Shanghai, nursing insurance in Qingdao and an experimental model in Nanjing (Coelho et al., 2022). Iaione et al. (2022) proposed a multi-actor governance model for participatory governance of culture and cultural heritage based on shared resources and argued that this model is best realized through public-private-community partnerships using diverse legal instruments (Iaione et al., 2022).

Methodology

The present research is based on qualitative and quantitative methods. In terms of purpose, it is applied; in terms of nature and method, it is descriptive-survey. Because the research is mixed-methods, the methodology is presented separately for the qualitative and quantitative phases.

The statistical population consisted of experts and informed specialists on the subject. Using purposive sampling, 18 individuals were selected as participants. In purposive sampling, those whose knowledge and understanding of the topic are extensive and deep are selected as the sample. Accordingly, participants were chosen based on their knowledge, expertise

and experience related to the phenomenon. Data collection continued until theoretical sufficiency and saturation were achieved.

The qualitative data collection tool was a semi-structured interview. Similar questions were asked of respondents, who were invited to express their opinions freely about the phenomenon under study. The interview data were analyzed using MAXQDA and the Strauss and Corbin grounded theory coding approach, through which components and indicators were identified. In the quantitative phase, the data collection tool was a questionnaire.

Grounded theory, according to Strauss and Corbin, is philosophically rooted in symbolic interactionism. In symbolic interactionism, people act and interact based on how they interpret symbols such as clothing and verbal and non-verbal expressions. The key elements of grounded theory, including theoretical sampling, constant comparison, open coding, axial coding, selective coding, memo-writing and theoretical saturation, have been described by Strauss and Corbin.

Open coding is the process through which data are broken down, compared, named, conceptualized and categorized. In this stage, data are divided into discrete parts and examined for similarities and differences. Axial coding is the second stage of grounded theory analysis, aiming to establish relationships among categories produced during open coding. It is called axial because coding takes place around the axis of one category. Selective coding integrates and refines the categories. At this stage, the core category is selected and linked with other categories to form the paradigm model. A paradigm model consists of causal conditions, contextual conditions, intervening conditions, strategies and consequences.

In the quantitative phase, the model was validated using the Delphi approach. A Delphi questionnaire was developed and administered to experts. Validity and reliability in qualitative research differ from those in quantitative research. Therefore, qualitative methodologists often use transferability instead of validity and confirmability instead of reliability (Mohammadpour, 2018). In this study, transferability was supported by rich description and systematic coding, and confirmability was supported by documentation and archiving of coding procedures. In the quantitative phase, reliability was assessed using a test-retest method. Content validity was examined by asking experts to evaluate whether each factor was essential, useful but not essential, or not essential.

Research Findings

The results and discussion are presented in an integrated form. The qualitative findings explain the categories extracted through open, axial and selective coding, while the quantitative findings report the Delphi validation of the proposed model. Together, these findings show how collaborative governance can structure the implementation of drug control policies through causal, contextual, intervening, strategic and outcome dimensions.

In the qualitative phase, the interview transcripts were analyzed using the Strauss and Corbin grounded theory approach. Open coding generated 140 initial codes. These codes were then condensed into 38 concepts and finally organized into 17 categories. Table 1 presents the final open coding structure. The table title is placed above the table according to journal formatting conventions.

Table 1. Open coding results

Category	Concepts
Promotion of a post-development approach	Changing the view of human beings; Community-centered governance
Increasing breadth and complexity of the drug field in the country	Increasing social harms of drugs; Interweaving of drug consumption and supply with different conditions of society
Collaborative implementation of drug control policies	Implementation approach; Implementation tools
Appropriate institutional and structural arrangement	Appropriate institutional arrangement; Appropriate structural arrangement

Legal-economic infrastructure	Legal foundations; Economic conditions
Collective culture	Collectivist orientations; Resource sharing
Appropriate policymaking	Policy transparency; Policy implementability; Shared formulation
Social convergence	Sense of belonging to the community; Social agreement
Strengthening participation structures	Aligning implementers; Building trust in governmental implementers; Diversity and inclusion of policy implementers
Collaborative anti-drug mobilization	Use of social elites; Use of media and cyberspace capacity; Development of participatory platforms
Social empowerment	Psychological empowerment; Financial empowerment
Empowerment of the non-governmental sector in drug control	Empowering the private sector in drug control; Empowering civil society in drug control
Positive experience of social actors	Positive experience of the private sector in drug control; Positive experience of civil society and citizens in drug control
Social intelligence of implementers	Social awareness; Social skills
Improving social quality of life	Reducing social harms; Improving community health and well-being; Improving economic livelihood
Successful policy implementation	Improving the position of the governmental authority; Implementation efficiency
Increasing social capital	Formation of collective identity; Institutionalism

The categories in Table 1 show that the implementation of drug control policies cannot be reduced to a purely administrative or governmental process. The extracted categories cover human, institutional, legal, economic, cultural, social and strategic dimensions. This confirms that drug control is a complex policy domain requiring coordination among governmental agencies, civil society, the private sector and community-level actors.

Axial coding was used to establish relationships among the categories obtained from open coding. In this stage, the category of collaborative implementation of drug control policies emerged as the core phenomenon. This category refers to the organized participation of governmental and non-governmental actors in the implementation of drug control policies. The core phenomenon was repeatedly linked to other categories in the interview data and therefore provided the organizing axis of the model.

The causal conditions consisted of the promotion of a post-development approach and the increasing breadth and complexity of the drug field in the country. These conditions indicate that the growth of drug-related social harms, the interweaving of supply and consumption with broader social conditions, and the limitations of state-centered interventions create pressure for a more participatory implementation model.

The contextual conditions included collective culture, social convergence, legal-economic infrastructure and appropriate institutional and structural arrangements. These conditions define the environment in which collaborative implementation becomes possible. Without collective orientations, social belonging, legal support, economic foundations and clear institutional arrangements, participation remains symbolic rather than operational.

The intervening conditions included social intelligence of implementers, positive experience of social actors and appropriate policymaking. These conditions may facilitate or constrain the relationship between the causal and contextual conditions and the strategies. For example, positive experiences of civil society and private-sector actors can increase willingness to participate, whereas negative experiences may reduce trust and weaken collaboration.

The strategic categories consisted of strengthening participation structures, collaborative anti-drug mobilization, social empowerment, empowerment of the non-governmental sector in drug control, and institutional integration and synergy. These strategies represent practical actions through which the core phenomenon can be operationalized. Finally, the outcomes included improving social quality of life, successful policy implementation and increasing social capital.

Table 2. Paradigm model of collaborative implementation of drug control policies

Paradigm element	Extracted categories
Causal conditions	Promotion of a post-development approach; Increasing breadth and complexity of the drug field in the country

Core phenomenon	Collaborative implementation of drug control policies
Contextual conditions	Collective culture; Social convergence; Legal-economic infrastructure; Appropriate institutional and structural arrangements
Intervening conditions	Social intelligence of implementers; Positive experience of social actors; Appropriate policymaking
Strategies	Strengthening participation structures; Collaborative anti-drug mobilization; Social empowerment; Empowerment of the non-governmental sector in drug control; Institutional integration and synergy
Outcomes	Improving social quality of life; Successful policy implementation; Increasing social capital

Based on selective coding, the conceptual model of the research was developed. The model shows that causal and contextual conditions shape the collaborative implementation of drug control policies. Intervening conditions affect how strategies are selected and implemented. The strategic actions then lead to three outcome domains: improved social quality of life, successful policy implementation and increased social capital.

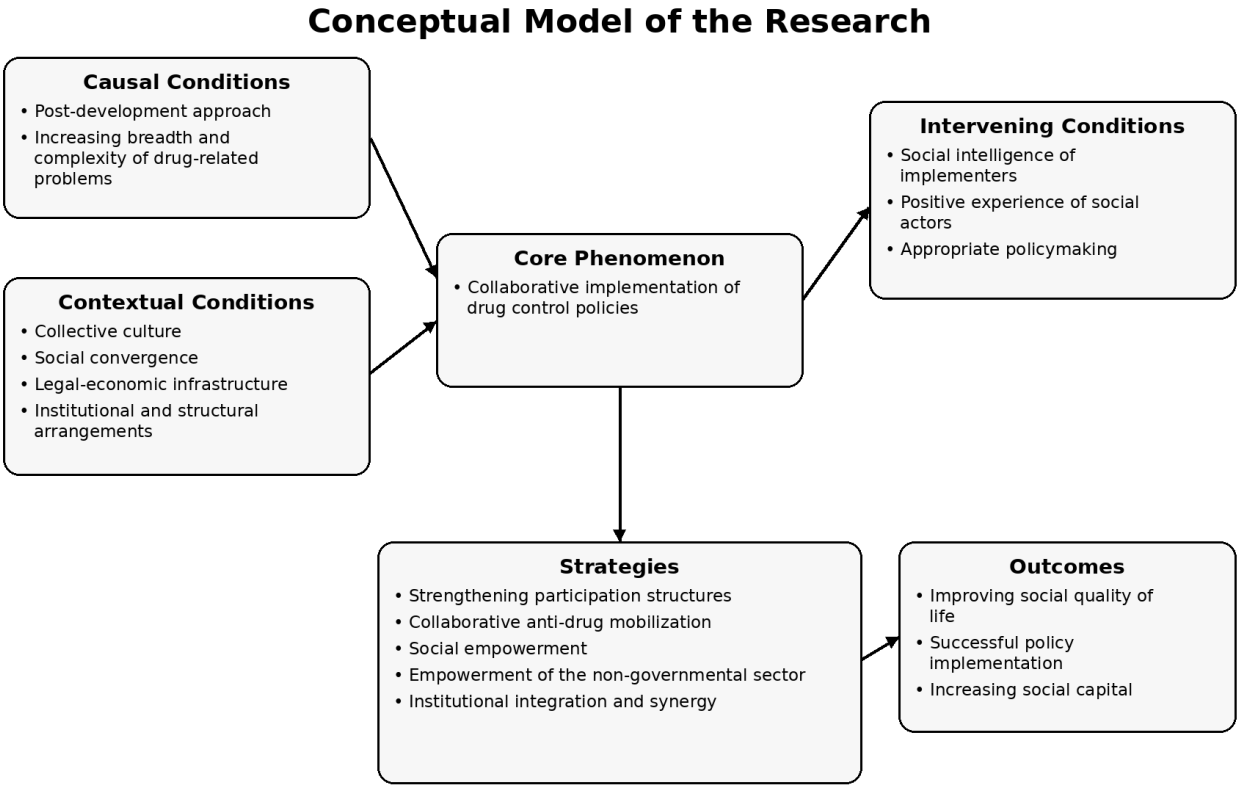

Figure 1. Conceptual model of the research

The quantitative phase was conducted to validate the model extracted from the qualitative phase. For this purpose, the Delphi method was used. The expert panel consisted of 18 specialists who evaluated the extracted dimensions and components across three Delphi rounds. After each round, the experts were provided with the group mean and their own previous response so that they could reconsider their views in light of collective feedback.

Kendall's coefficient of concordance was used to examine the level of agreement among panel members. The coefficient ranges from zero to one, where values closer to one indicate stronger agreement. The results of the three Delphi rounds are presented in Table 3. The table title is placed above the table.

Table 3. Consensus indices across the three Delphi rounds

Dimension	Component	Round 1	Round 2	Round 3
Causal	Promotion of a post-development approach	0.389	0.517	0.833
Causal	Increasing breadth and complexity of the drug field in the country	0.347	0.552	0.889

Contextual	Collective culture	0.409	0.571	0.722
Contextual	Social convergence	0.356	0.626	0.858
Contextual	Legal-economic infrastructure	0.397	0.500	0.835
Contextual	Appropriate institutional and structural arrangement	0.448	0.681	0.790
Outcome	Improving social quality of life	0.375	0.583	0.822
Outcome	Successful policy implementation	0.355	0.667	0.778
Outcome	Increasing social capital	0.302	0.556	0.813
Strategic	Strengthening participation structures	0.471	0.533	0.820
Strategic	Collaborative anti-drug mobilization	0.417	0.640	0.747
Strategic	Social empowerment	0.397	0.552	0.735
Strategic	Empowerment of the non-governmental sector in drug control	0.409	0.571	0.789
Intervening	Social intelligence	0.444	0.626	0.889
Intervening	Positive experience of social actors	0.463	0.667	0.834
Intervening	Appropriate policymaking	0.377	0.615	0.762
Total	All components	0.361	0.554	0.730

The results show a clear increase in consensus across the three Delphi rounds. The total Kendall coefficient increased from 0.361 in the first round to 0.554 in the second round and finally to 0.730 in the third round. This pattern indicates that the expert panel moved toward a substantial level of agreement regarding the extracted model.

At the component level, the strongest third-round consensus was observed for increasing breadth and complexity of the drug field in the country and social intelligence, both with a Kendall coefficient of 0.889. Social convergence also received a high third-round coefficient of 0.858. These results indicate that experts viewed the complexity of drug-related problems and the social competence of implementers as central elements in collaborative policy implementation.

The third-round coefficients for the causal conditions ranged from 0.833 to 0.889, indicating strong agreement on the necessity of moving toward a post-development and socially grounded approach to drug control. Contextual conditions also showed strong consensus, particularly social convergence (0.858) and legal-economic infrastructure (0.835). These findings confirm the importance of legal, economic, institutional and cultural foundations for collaborative implementation.

The strategic components were also validated by the expert panel. Strengthening participation structures reached 0.820 in the third round, while empowerment of the non-governmental sector reached 0.789. These coefficients show that experts supported the strategic role of participation mechanisms, civil society, private-sector engagement and institutional synergy in drug control policy implementation.

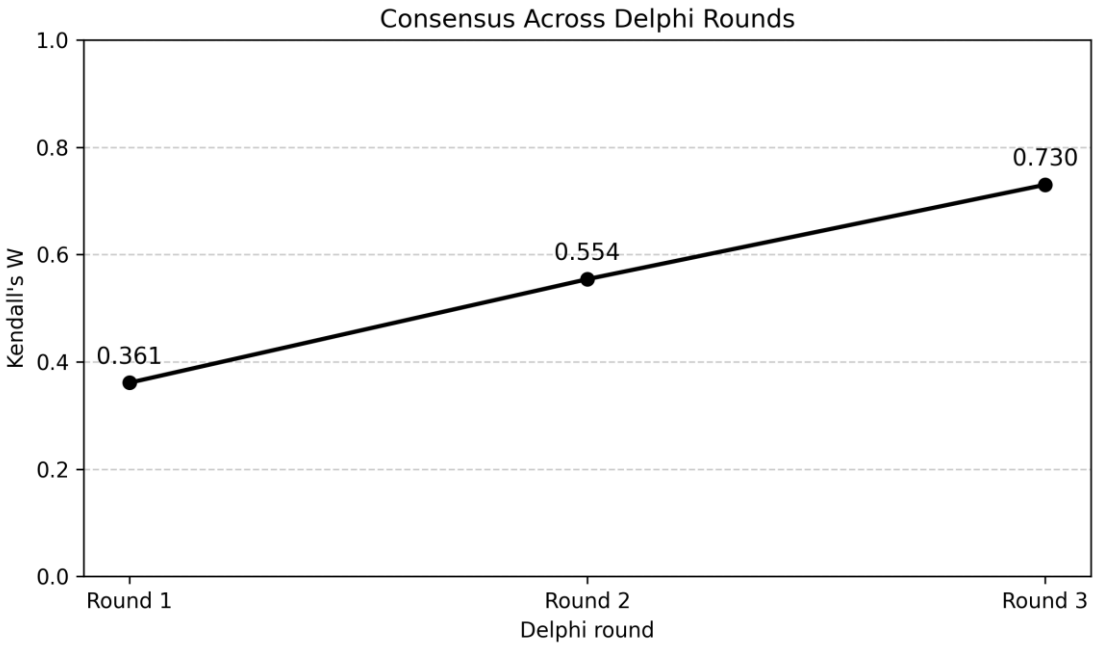

Figure 2. Comparison of consensus indices across the three Delphi rounds

Discussion and Conclusion

Overall, the qualitative and quantitative findings support the proposed model. The qualitative phase identified the internal structure of collaborative implementation, while the Delphi phase confirmed the relevance and consistency of the extracted components. The final model therefore provides an empirically grounded framework for implementing drug control policies through collaborative governance. Drug use is a chronic and long-standing social problem throughout the world (Greaves, 2020; Lo et al., 2020). Despite increased public awareness, treatment measures and rehabilitation activities, substance use continues to increase, and statistics indicate growing drug-related social harms. This issue has therefore become a public problem. Governments formulate policies to solve public problems, and drug control is no exception. Different governments in Iran have formulated various policies to combat drugs; however, if these policies are not implemented properly, the intended results of the formulation stage will not be achieved. Early implementation approaches were state-centered and top-down, placing the government at the top of the implementation hierarchy. A review of social development and policy implementation approaches shows a movement away from state-centered approaches toward social and participation-oriented approaches. Participatory approaches enable citizens to stand alongside governments in implementing policies and solving social problems. Because drug control is deeply social in nature, it has strong potential for using this approach. The scientific and research community is therefore expected to recognize this potential and help generate scientific studies that support more effective collaborative implementation.

The study identified 140 indicators, 38 concepts, and 17 categories during open coding. During axial coding, the collaborative implementation of drug control policies was selected as the core phenomenon, while the other dimensions were positioned within causal, contextual, strategic, intervening, and outcome categories through selective coding. The causal conditions included the promotion of a post-development approach and the increasing breadth and complexity of the drug field. The contextual conditions consisted of collective culture, social convergence, legal-economic infrastructure, and appropriate institutional and structural arrangements. The strategic categories included strengthening participation

structures, collaborative anti-drug mobilization, social empowerment, and empowerment of the non-governmental sector. The intervening conditions included social intelligence, positive experiences of social actors, and appropriate policymaking. Based on the findings, it is recommended that civic demand-making be promoted in educational environments and that problem-oriented, legally aware, and contemporary citizenship education be emphasized. Educational institutions should also organize workshops on associational life and teach principles such as fairness, intergenerational responsibility, and respect for human dignity. In addition, small-scale civic projects should be implemented to provide citizens with practical experiences of participation and collective responsibility.

The findings also suggest that media institutions can play an important role in strengthening collaborative drug control by presenting role models of honest and courageous individuals who have contributed to social change and by narrating inspiring stories of collective impact. At the institutional level, detailed studies should be conducted to understand the typology of implementer networks, determine appropriate structures among implementers, and develop protocols for sharing information and resources. Existing laws related to community participation in drug control should be reviewed, and localized laws, regulations, instructions, and circulars should be developed to support such participation. Particular attention should also be given to personal data protection and confidential reporting by non-governmental policy implementers. Furthermore, cultural diversity should be managed through the creation of public spaces for participation, constructive dialogue platforms, and consultative meetings among implementers. A shared vision and operational alignment among implementers should be developed to reduce fragmentation and improve coordination. Educational and workplace settings should be required to assess psychological and behavioral conditions and provide appropriate empowerment workshops. Media, mosques, and other public forums can also be used for psychological and behavioral education.

Finally, the public sector should provide emotional and instrumental support to non-governmental implementers and avoid punitive responses to their unintentional mistakes. Active non-governmental participation should be ensured in the formulation and evaluation of drug control policies. Public trust in the private sector and civil society should be increased, and the non-governmental sector should be granted access to information and legal roles beyond merely advisory functions. The specialization and competence of non-governmental actors should be improved, public budgets should be allocated to qualified non-governmental implementers, and principled networks should be created among them with clear accountability mechanisms. Sports, artistic, and scientific elites can also be used in anti-drug campaigns, while scientific, artistic, and sporting events centered on collaborative drug control should be encouraged.

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Zahra Amini contributed to conceptualization, data collection, analysis and drafting of the manuscript. Yousef Mohammadi Moghadam contributed to supervision, conceptual guidance, validation and revision. Mahmoud Ahmadi Sharif contributed to advisory support, review and final approval of the manuscript.

Authors' Contributions

Authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

AI use statement

None.

Ethical Considerations

Participation in the study was voluntary. Participants were informed about the purpose of the research, and informed consent was obtained before data collection. The confidentiality of participants' responses was maintained, and the data were used only for research purposes.

Transparency of Data

Reasonable requests for research materials should be directed to the corresponding author, subject to university policies and participant confidentiality.

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