

Drug and Alcohol Abuse in Bhutan

By

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Introduction

Nestled in the remote eastern Himalayas, the tiny mountainous Kingdom of Bhutan is flanked by India to the south, and the Tibetan region of China to the north. Bhutan remains largely closed to the outside world, relying on its geographic isolation to protect itself from outside cultural influences. A sparsely populated country of under 700,000 citizens, Bhutan has long maintained a strict policy of isolationism, both culturally and economically, with the goal of preserving its rich cultural heritage and independence. Only in the last decades of the 20th century were foreigners allowed to visit the country, and only then in limited numbers. In this way, Bhutan has successfully preserved many aspects of a culture that dates directly back to the mid-17th century.

The government's policy of careful centralized case-by-case visa issue and allowing tourism to expand at only a slow rate is intended to protect the country's values. This point is relevant as we shall see in the context of a region that claims a strong association between increased tourism and a rise in the drug problem in the 1970s.

To this day, men wear a knee-length garment called "Gho" which resembles a Scottish Kilt. The women wear a long robe called a "Kira" which is wrapped around the body covering it from neck to ankle. Women usually wear heavy silver and gold necklaces with coral, turquoise and other precious stones. Rings and earrings decorated with pearls and turquoise are also popular.

Bhutanese architecture is quite unique, with characteristic style and colors in every building and house in the Kingdom. Patterns of rich colors adorn every wall, beam, pillar, and door in traditional splendor. Like its architecture, its art and painting are important aspects of the culture, depicting the spiritual depth of its Buddhist history. Bhutan boasts an unparalleled wealth in its cottage industry for a country its size.

Buddhist monasteries abound everywhere as Buddhism is the official religion of the country. Monks join the monastery at six to nine years of age and are placed immediately into the austere monastic life and under spiritual training under the discipleship of a head Lama.

Substance Use and Abuse in Bhutan

Currently there are no figures available on drug and alcohol abuse in Bhutan, but the government and National Assembly recognize the seriousness of the potential problem. Free and unregulated trade with India, open porous borders and the presence of Bhutanese, Indian and Nepalese refugees in each others' countries, make Bhutan

vulnerable to drug trafficking. Anecdotal evidence indicates rising abuse of drugs and alcohol in the capital city of Thimpu and in the South, particularly amphetamines and benzodiazepines smuggled from India. Geographical proximity to high intravenous drug use (IDU)-prevalence areas in Nepal and the northeast states of India, such as West Bengal and Sikkim, render Bhutan potentially vulnerable to IDU and its consequences. There are an increasing number of IDU deaths a year attributes to morphine. Alcohol abuse is reported in some 80% of domestic violence cases. Although drug abuse and related crimes appear, at present, to be a minor problem facing Bhutan, a systematic assessment of the nature and extent of the situation in the country is, however, hampering a true picture of the issues for Bhutan.

Overall, though, the trend of abuse is on the rise and the Royal Government has expressed its concern about the growing problem. Sporadic cases of abuse of cough syrups, sleeping pills, amphetamines, inhalants (gasoline, correcting fluids) are reported (Bhutan, 2003). Alcohol consumption seems to be a problem (WHO SEARO 2002) as alcohol use is extensive in Bhutanese society. Alcohol is served at all ceremonial and most religious occasions, and almost every family brews its own rice-based liquor. Bhutan's Health Secretary states that alcohol is one of the biggest killers of adults in Bhutan.

Substance users are typically male, students, under the age of 25. There is an increasing percentage of youth using multiple drugs including IDU. There is a gross under-reporting of drug use and abuse because of the stigma attached to publicly acknowledged addiction. As a result, as in most Asian nations, the full nature of the situation is not known.

A high percentage of Bhutan's population is adolescents and youth (63% is under 24 years of age), and this percentage is predicted to rise. This will add to risks of HIV/AIDS. The incidence of other STDs is high with annual rates of gonorrhea at 2% and syphilis only slightly lower (UNDP 2003b). Contributing to these issues are the spread of commercial sex workers coming into southern Bhutan from India and Bangladesh, less rigid sexual norms for both men and women, increasingly high mobility of the population, porous borders, and misconceptions among youth about STDs and drug abuse.

Despite limited available data, in June 2005, the National Assembly called for preventive education measures to be taken by the Government, civil society, local communities, schools, and the monastic community, and for effective treatment, rehabilitation and social reintegration when prevention fails. Appropriate legal frameworks for this have been carefully integrated into the Prevention and Control of Drug Abuse Act of 2005 and a "drug czar" was appointed in 2006.

Bhutan recently issued a ban on smoking in all public places. This follows a recent ban on the sale of tobacco products. These new laws mean that Bhutan now has the toughest anti-smoking laws in the world.

The government's approach to the growing concerns focus primarily on maintaining law and order, controlling the trafficking of illicit goods and narcotics, managing the increasing problems of refugees and immigrants.

Treatment Resources

In February-March 2007 I had the opportunity to provide training Bhutan to the few personnel in the nation addressing the abuse issues. Despite the increase in substance abuse, there is only one rehabilitation center in the country for men catering to drug addicts and alcoholics. Housing only fourteen or so men, REWA was established in December 2004 by Ugyen Dorji. The place is overcrowded and they often have to turn down clients in need of help. It is staffed by several recovering addicts, who themselves, have under three years of recovery and little to no training.

Dr. Chenchho Dorji is Bhutan's only psychiatrist and has seen more than 1,500 patients, with at least 10% of them alcoholic. He states that 30% of deaths in all hospital wards are due to alcoholism. In Thimpu, trendy bars and pubs have mushroomed with pub-hopping becoming chic. Dr. Dorji states that most substance abusers seek help for substance-related illnesses, such as conditions related to domestic violence or medical problems. They are often forced to come for treatment by family members.

Twelve Step programs have been developing in Bhutan. Regular A.A. and N.A. meetings are available. Bhutan, though, is in dire need of Twelve Step literature available in both English and native languages.

A bright note in recent days has been the establishment of a program for women, RENEW, which is advocated and established by Her Majesty the Queen Ashi Sangay Choden Wangchuck. RENEW offers health education, family and social services, shelter, and counseling to women for a wide range of concerns, including domestic violence, substance abuse, women's empowerment, and employment. RENEW is becoming the leading institution in Bhutan for shaping the future role of women in that society.

Conclusion

Bhutan remains a nation of mystery, with a rich cultural heritage, moving cautiously into modern times. With development might also come the usual ills of modernized nations. Bhutan needs trained professionals who are willing to volunteer their time and resources to train the small but growing number of Bhutanese in the prevention, intervention, and treatment of substance abuse and related issues. For further information, contact David Powell at djpowell2@yahoo.com