

Alcohol and substance use disorders and the current scenario in Bhutan

Introduction:

Alcohol is a socially and culturally accepted beverage in Bhutan, and in many regions of the country people brew alcohol at home and use it routinely. Commercially produced alcoholic beverages came only around 1976 but today there are a number of different preparations both imported and locally produced are available. Therefore, Alcohol use disorder (AUD) is very common and more people are addicted to alcohol than other substances.

Worldwide, harmful use of alcohol is a causal factor in more than 200 diseases and injuries and 5.1% of the global disease burden is due to the harmful use of alcohol. It is estimated 3.3 million people die from alcohol related conditions.

In Bhutan the per capita adult (>15 years of age) pure alcohol consumption among is much more than the global consumption (8.47 litres versus 6.2 litters). Alcohol liver disease is thus the leading cause of deaths in Bhutan. According to latest reports, deaths related to alcoholic liver disease (ALD) has decreased from 167 cases in 2017 to 113 in 2018, but it is still the leading cause of all deaths in the country. The prevalence of ALD per 10,000 population was 37.5 in 2018 and percentage of deaths due to alcohol related problems is 4.8. New cases of Mental and behavioural disorder due to alcohol was recorded to be 236 (AHB 2018)

Bhutan's drugs abuse problem is less compared with that of other countries. It is estimated that less than 7 percent of youth abuse drugs on a daily basis. Even though 'hard drugs' such as Heroin, amphetamine, methamphetamine etc., have not been very prevalent, we have been seeing a typical pattern of drug use in Bhutan. Teenagers start experimenting with drug by using volatile substances, later progressing to cannabis (marijuana) and pharmaceutical products like smasmoproxyvon (SP), relipin (RP), cough mixer (Corex), and Nitrazepam (N10).

We have been witnessing a steady increase in number patients with SUD especially among the younger generation even though many are still in the experimental stage. Since over 60% of our youths are below 25 years of age and that the drug and alcohol problem are mostly among this age group, it is a great concern to the government.

Policies and laws:

- a. Alcohol policy: National Policy and Strategic Framework to Reduce Harmful Use of Alcohol 2015-2020 was approved by the 90th session of the Lhengye Zhungtshog held on December 2, 2015)
- b. The Bhutan Narcotic Control Agency (BNCA) was established in 2006 following the enactment of the Narcotic Drugs Psychotropic Substances and Substance Abuse (NDPSSA) Act in 2005. The NDPSSA Act of Bhutan was revised in 2015 and again amended in 2018. BNCA functions as the secretariat to the Narcotic Control Board and is the nodal agency of the Government for all matters related to narcotics drugs, psychotropic substances and substance abuse. After the new act 2015 came into force in July 2015, Bhutan Narcotic Control Agency became Bhutan Narcotic Control Authority though the mandate and functions remains largely the same.

Professional services:

BNCA is now the education provider for the Colombo Plan Drug Advisory Program (CPDAP). CPDAP in one of the oldest programs of the Colombo Plan and was established in 1973. Beyond its other mandates, CPDAP also advocates for the use of evidence-based practices in substance use disorder (SUD) treatment and prevention and empowers SUD professionals through provision of technical assistance.

Bhutan's first batch of National Trainers were trained between 2012-2015 in Universal Treatment course and three of them are now the Global Trainers. The Universal Prevention Course for School Principals was also initiated in May 2015 and the certification was done in 2018.

Through the initiatives of BNCA, national trainers took forward the UTC training and have trained a number of Health workers (mostly doctors and nurses), School Counsellors and peer counsellors many of whom took the international certification test and have been successfully certified as International Certified Addiction Professionals I (ICAP I).

RENEW initiated the process of bringing Counselling profession together through establishment of Bhutan Board of Certified Counsellors in collaboration with the National Board of Certified Counsellors from the United States of America (USA). In August 2013, the Royal Civil Service Commission, Royal University of Bhutan, Ministry of Education, Ministry of Health, Ministry of Labour and Human Resources, Gross National Happiness Commission, Bhutan Narcotics Control Agency, Royal Bhutan Police, National Commission for Women and Children and RE-NEW endorsed the proposal to establish Bhutan Board for Certified Counsellors (BBCC) in Bhutan and an memorandum of understanding was signed in presence of the President of the Board, Her Majesty Gyalum Sangay Choden Wangchuck. So far, the board has developed professional standards and procedures for certification of counselling professionals to practice in Bhutan. Over the last couple of years, the Board has reviewed applications for certification and certified many counsellors. Further, the Bhutan Medical and Health Council has accepted to register those counsellors who provide clinical counselling services.

Ministry of Health, Mental Health Program, with assistance from faculties of National Drug Dependence Treatment Centre – All India Institute of Medical Sciences, New Delhi initiated training of medical doctors on deaddiction of drug and alcohol. Later in 2014, the Mental health Program developed the Standard Treatment and Counselling Guidelines for Alcohol and Drug Dependence and several medical doctors are now trained using the guidelines.

The Khesar Gyalpo University of Medical Sciences started the Bachelors in Clinical Counselling at the Faculty of nursing and Public Health in 2015 and the first batch of graduated recently.

Treatment for patients with alcohol and substance use disorders are treated in different settings. Drop-in-centres (DIC) established by BNCA and Youth Development Fund (YDF) provide counselling services at the community level. The doctors who got the training on deaddiction at district hospitals are capable in providing detoxification especially for alcohol use disorders

Jigme Dorji Wangchuck National Referral Hospital in Thimphu is the only Hospital that can provide psychiatric services to clients with co-occurring mental disorders. It has a ten bedded detoxification ward and provides detoxification for both SUD and AUD. It also provides pharmacological treatment for opioid addiction by oral substitution of using Buprenorphine and gives aversion therapy for alcohol use disorder with disulfiram.

Chithuen Phendey association of Bhutan is a Civil Society Organization, a brain child of the first psychiatrist of Bhutan with focuses primarily on relapse prevention and advocacy. It also runs a retreat centre at Paro in lieu of a rehabilitation centre.

There are two other rehabilitation centres, one run by the YDF called Royal Institute of Wellness and the other managed by BNCA for catering to the clients referred from judiciary for compulsory treatment.

There are few Self-Help groups such as Narcotic anonymous and Alcoholic anonymous (NA/AA) mostly only in urban area.

References:

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