

**Royal Government of Bhutan**



**National Policy and Strategic Framework To  
Reduce Harmful Use of Alcohol**

**2015-2020**

*(The document is approved by the 90<sup>th</sup> session of the Lhengye Zhungtshog held on  
December 2, 2015)*

**(FINAL APPROVED COPY)**

## Contents

FOREWORD .....	6
ACKNOWLEDGEMENTS .....	7
ABBREVIATIONS .....	9
SECTION I: BACKGROUND .....	10
1. Introduction .....	10
2. Alcohol-related situations in Bhutan .....	10
Prevalence and consumption pattern .....	10
Availability and accessibility .....	10
Alcohol related harms.....	11
Costs and economic implications .....	12
SECTION II: THE LEGAL & POLICY FRAMEWORK .....	13
2.1 Legal Instruments and existing policies .....	13
2.2 Current practices and compliance with alcohol rules .....	14
2.3 The guiding principles .....	14
SECTION III: GOALS AND STRATEGIES.....	15
3.1 VISION .....	15
3.2 MISSION .....	15
3.3 OBJECTIVES .....	15
3.5 STRATEGIES.....	15
3.5.1 Area 1: Leadership, awareness and commitment .....	15
3.5.2 Area 2: Health Service response .....	16
3.5.3 Area 3: Community Response.....	16
3.5.4 Area 4: Drink-driving policies and countermeasures .....	17
3.5.5 Area 5: Regulating physical availability and quality of alcohol.....	17
3.5.6 Area 6: Regulating alcohol promotion and advertising .....	18
3.5.7 Area 7: Taxation and Pricing Policies .....	18
3.5.8 Area 8: Reducing the negative consequences of drinking and alcohol intoxication...	19
3.5.9 Area 9: Reducing health impacts from illicit alcohol and informally produced alcohol .....	19
3.5.10 Area 10: Monitoring and surveillance .....	19
SECTION IV: ACTIONS AND ACTIVITIES.....	21
<b>4.1 Government.....</b>	<b>21</b>
<b>4.3 Local Government .....</b>	<b>21</b>
<b>4.4 Health Sector .....</b>	<b>22</b>

<b>4.4 Ministry of Economic Affairs</b> .....	23
<b>4.5 Ministry of Finance</b> .....	24
<b>4.7 Bhutan Information Communication &amp; Media Authority (BICMA)</b> .....	24
<b>4.8 Road Safety and Transport Authority</b> .....	25
Key activities .....	25
<b>4.9 Ministry of Education</b> .....	25
<b>4.10 Academic Institutions (Schools, Colleges, Training Institutes)</b> .....	26
<b>4.11 Bhutan Narcotic Control Agency</b> .....	26
<b>4.12 Ministry of Agriculture and Forest</b> .....	26
<b>4.13 Religious Bodies</b> .....	27
<b>4.14 Civil Societies</b> .....	27
<b>4.15 Mass Media Organizations</b> .....	27
Actions: Comply with BICMA “Rules on content” and “film guidelines” by not printing, advertising or glamorizing scenes that promote alcohol use or may be used as a tool to protect commercial interest at the cost of public health and advocate on harms related to alcohol use .....	27
<b>4.16 Alcohol Industries</b> .....	28
<b>4.17 National Statistics Bureau</b> .....	28
<b>SECTION V: IMPLEMENTATION FRAMEWORK</b> .....	29
<b>5.1 National Alcohol Harm Reduction Committee (NAHRC)</b> .....	30
<b>5.2 Dzongkhag and Dungkhag Alcohol Harm Reduction Committee</b> .....	30
<b>5.3 Gewog Alcohol Harm Reduction Committee</b> .....	30
<b>5.4 Thromde Alcohol Harm Reduction Committee</b> .....	30
<b>5.6 Mechanism and key implementation milestones</b> .....	30
<b>5.6 Performance audits</b> .....	32
<b>SECTION VI: INDICATORS</b> .....	33
<b>REFERENCES:</b> .....	35
<b>Annexure 1: LIST OF NOTIFICATIONS AND RELATED ALCOHOL POLICIES</b> .....	36
<b>Annexure 2: DEFINITIONS</b> .....	37

<b>Annexure 3: Number of alcohol outlets in 2014 .....</b>	<b>38</b>
<b>Annexure 4: Meetings and consultations .....</b>	<b>39</b>



## FOREWORD

Consuming and offering alcohol is deeply rooted in the Bhutanese culture and tradition, yet alcohol use is causally linked to more than 200 medical conditions, youth crime, domestic violence, and road traffic injury. The adverse health and economic consequences of excessive alcohol use to individuals, families and society are well documented. For example, our Ministry of Health data show that alcoholic liver disease is the leading cause of death in Bhutan's health facilities. The prevalence of alcohol consumption is increasing and poses a serious threat to our collective wellbeing.

Fortunately there is a range of policy strategies shown to be effective in reducing alcohol-related harm in populations. These include making alcohol less affordable and accessible, and deterring drink-driving. Reducing alcohol consumption and related harm will require a concerted whole-of-government approach, including substantial improvement in the implementation of existing alcohol regulations in all 20 Dzongkhags.

Approaches defined in this strategic framework provide opportunity for all stakeholders to exercise their responsibility and contribute to reducing the burden of alcohol. Towards this end, the Royal Government of Bhutan is pleased to endorse the National Strategic Framework to Reduce Harmful Use of Alcohol (2015-2020). I am hopeful that we will see our commitments bear visible outcomes by saving lives, protecting our youth, reducing crime and violence, and preventing road traffic injury making our nation a happier place to live.

Tashi Delek!

(Tshering Tobgay)  
**PRIME MINISTER**

## ACKNOWLEDGEMENTS

The document has been prepared with the technical and financial support of the World Health Organization.

The following agencies have participated in the development of this document:

1. Ministry of Home and Cultural Affairs
2. Gross National Happiness Commission
3. Department of Trade, Ministry of Economic Affairs
4. Department of Industry, Ministry of Economic Affairs
5. Department of Revenue and Customs, Ministry of Finance
6. Department of Youth and Sports, Ministry of Education
7. Ministry of Health
8. Faculty of Nursing and Public Health, Khesar Gyalpo University of Medical Science of Bhutan
9. Ministry of Agriculture and Forest
10. Bhutan Narcotic Control Agency
11. Road Safety and Transport Authority
12. Traffic Division, RBP
13. National Drug Law Enforcement Unit, RBP
14. Bhutan Information Communication and Media Authority
15. Chithuen Phendhey Association
16. Army Welfare Project
17. National Statistics Bureau

### Taskforce

1. Pema Bazar, Research Officer, GNHC
2. Tenzin Norbu, Regional Director, RRCO, MoF
3. Kunley Tenzin Legal Office, RBP
4. Prem P. Adhikari, Sr. Transport Officer, RSTA, MoIC
5. Kuenzang Dorji, Legal Officer, DoI, MoEA
6. Rinchen Nidup, Industry Officer, DoI, MoEA
7. Ugyen Tshewang, Head, AFD, BICMA
8. Ugyen Tshering Jt. Collector, DRC, MoF
9. Mindu Dorji, Planning Officer, MoEA
10. Lham Dorji, Sr.Statistician, NSB
11. Dr. Gampo Dorji, DoPH, MoH
12. Tshering Wangdi APO, PPD, MoH
13. Tandin Chogyel, Sr. Program Officer, DoPH, MoH
14. Sonam Tshering, Counsellor, CPA
15. Sonam Peldon, Program Officer, DYS, MoE

### **Health Sector Core Group**

1. Dr. Nima Wangchuk, Lecturer, Royal Institute of Health Sciences
2. Dr. Gampo Dorji, Dy. Chief Program Officer, NCDD, DoPH, MoH
3. Tandin Chogyel, Dy. Chief Program Officer, Mental Health Program, DoPH, MoH
4. Tshering Wangdi, Planning Officer, PPD, MoH
5. Tandin Dhendup, Planning Officer, PPD, MoH
6. Ugyen Norbu, Communication Officer, HPD, DoPH, MoH
7. Tashi Tshering, Information Officer, HPD, DoPH, MOH

### **Lead writers**

1. Dr. Gampo Dorji, Department of Public Health, MoH
2. Dr. Nima Wangchuk, Lecturer, Royal Institute of Health Sciences

### **Reviewers**

1. Dr. Dorji Wangchuk, DG, MoH
2. Dr. Ugen Dophu, DG, DMS, MoH
3. Phintsho Choden, DG, DYS, MoE
4. Dr. Pandup Tshering, Director, MoH
5. Sonam Phuntsho, Director, BICMA
6. Tenzin Norbu, Regional Director, RRCO, MoF
7. Kuenzang Dorji, Legal Officer, DoI, MoEA
8. Kunzang Dorji, Research Officer, MoHCA
9. Tandin Dorji, Chief Program Officer, NCDD, DoPH, MoH
10. Dr. Tandi Dorji, Centre for Research Studies, Thimphu
11. Kunzang Lhamu, Chief Research Officer, Research and Evaluation Division, GNHCS
12. Tshering Penjor, Research Officer, Research and Evaluation Division, GNHCS

### **Special reviewers**

1. Professor Kypros Kypri, School of Medicine and Public Health, University of Newcastle, Australia
2. Dr. Thaksaphon Thamarangsi, Southeast Asia Regional Office of WHO, New Delhi, India
3. Dr. Wesley Chodos, Clinical Assistant Professor, Drexel University College of Medicine, Philadelphia, USA

### **Secretariat**

1. Tandin Chogyel, Deputy Chief Program Officer, Mental Health Program, DoPH, MoH
2. Mindu Dorji, Deputy Chief Program Officer, Mental Health Program, DoPH, MoH
3. Dil Kumar Subba, Assistant Program Officer, Mental Health Program, DoPH, MoH

## ABBREVIATIONS

ACR	Alcohol Control Regulation
AWP	Army Welfare Project
BAC	Blood Alcohol Content
BNCA	Bhutan Narcotic Control Agency
CBO	Community Based Organization
CPI	Consumer Price Index
DIC	Drop in Center
DRC	Department of Revenue and Customs
DT	Dzongkhag Tshogdu
GNHC	Gross National Happiness Commission
GT	Gewog Tshogde
ICB	Information Communication Bureau
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
LG	Local Government
MoEA	Ministry of Economic Affairs
MoH	Ministry of Health
MoHCA	Ministry of Home and Cultural Affairs
MPA	Minimum Purchasing Age
MSTF	Multi-Sectoral Task Force
MNS	Monitoring and Surveillance
NAHRCC	National Alcohol Harm Reduction Committee
NCD	Non-Communicable Disease
NFE	Non-Formal Education
NGO	Non-Governmental Organization
RBP	Royal Bhutan Police
RENEW	Respect Educate Nurture and Empower Women
RIHS	Royal Institute of Health Sciences
RRCO	Regional Revenue and Customs Office
RSTA	Road Safety and Transport Authority
CBO	Community Based Organization

## SECTION I: BACKGROUND

### 1. Introduction

Consumption of alcohol is widely accepted and ingrained in the Bhutanese society and culture; alcohol is served during the religious rituals and festivals. Alcohol is an addictive drug; it alters cognitive and psychomotor functions, and causes behavioral disinhibition causing severe risks to individuals and society. Globally, and in Bhutan, the basic nature of alcohol is underplayed to promote it as a socially acceptable commodity. Excessive use of alcohol can result in serious health problems; affect interpersonal relationships, increase violence, accidents and road crashes. Alcohol use also has adverse socio-economic consequences due to loss of productivity, premature deaths and disabilities. Considering these negative externalities, the perceived economic benefits of alcohol is much less than the actual trade returns.[1] In order to reduce the harms related to alcohol, the regulations and policies in existence must be diligently enforced through forging partnerships among multi-sector agencies and communities. "Alcohol is not an ordinary commodity"[2], and as such production, sale and promotion of alcohol has to be carefully regulated.

### 2. Alcohol-related situations in Bhutan

#### **Prevalence and consumption pattern**

Research from many countries shows that high per capita consumption and high density of liquor outlets are linked to harmful use of alcohol, violence, injury and deaths.[3][4][5][6] The per capita adult (>15 years of age) pure alcohol consumption among Bhutanese is much more than the global consumption (8.47 litres versus 6.2 liters) [7] [8] The South East Asian regional alcohol abstention rate is 80.4%, while only 64.7% of the Bhutanese abstain from alcohol.[9] Among Bhutanese, drinking is not only pervasive,[10][11][7][12][13] those who drink, mostly consume in a hazardous manner.[13] Every 2 in 5 (42.4%) currently drink alcohol, and among them, 1 in 5 (22.4%) engage in heavy episodic drinking ( 6+ drinks on any occasion).[13]

#### **Availability and accessibility**

Two common sources of alcohol products in Bhutan are homebrewed<sup>1</sup> and industrial distilled alcohol. Among rural people, *ara* is widely consumed.[11][10] However, industrial alcohol is quickly penetrating the rural areas as a consequence of the alcohol industry's effective marketing and distribution system.[14] Industrial alcohol is the chief source in urban areas. [11] Alcohol in Bhutan is cheaply available compared to neighboring countries. Over the years domestic production of alcohol has increased as have alcohol outlets; there are 5407 outlets comprising of retail, wholesale and bars, or 1 outlet for every 98 Bhutanese above 15 years of age.[15] Moreover, illegal(unlicensed) outlets are believed to be ubiquitous in the country;[14] [16]. The population outlet density is considerably higher with illegal outlets are included in the numerator.

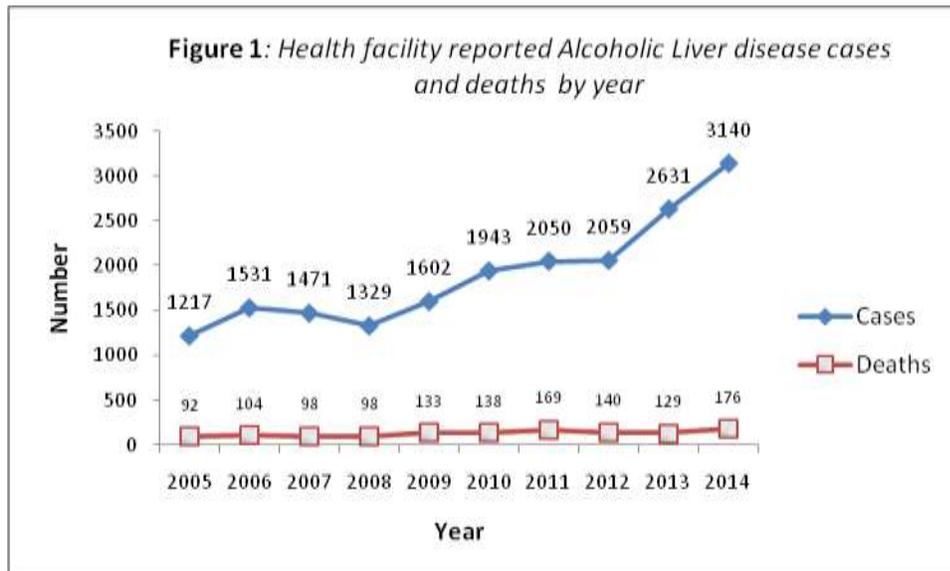
---

<sup>1</sup> Home brew consists of various fermented alcohol common forms are ara, bangchang, singchang and tongba

## Alcohol related harms

### (i) Effects on health

As shown in Figure 1, health facility reports of alcohol-related mortality and morbidity have steadily increased over the past decade from 2005-2014. The Jigme Dorji Wangchuck National Referral Hospital has recorded a fourfold increase in admissions for alcohol dependence.[17]



### (ii) Road safety, violence, crime and social disorder

Approximately, 7% of road traffic accidents in Bhutan were attributed to drink driving.[18] The police records and the Forensic unit of JDWNR Hospital in the past reported an increase of alcohol-related cases of domestic violence[19], however, from 2012 to 2014, the RBP recorded a 5% reduction in alcohol related crime in the country.[20] Alcohol was reported as a contributory factor to homicides in the country.[21] The report of the Royal Bhutan Police show an increasing trend in crime committed by adolescents, mostly under the influence of alcohol in urban areas.

### (iii) Family matters and domestic violence, and self harm

RENEW reports indicate that 70% of perpetrators of domestic violence were committed under the influence of alcohol.[22] Alcoholism, adultery, and domestic violence are also noted as the main reasons for the increasing trend of matrimonial court cases. A 2014 assessment of a five year suicide rates from 2009-2013 in Bhutan revealed its association to alcohol use.[23]

### (iv) Education and adolescence matters

Alcohol use is a predisposing factor for teenage pregnancy because of its negative effect on negotiation skills and use of contraception. Teenage pregnancy, occurring predominantly among rural women accounts for 11 percent of all births in Bhutan.[30] A report showed that

58% of high school students (15-20 yrs) were sexually active in 2000.[24] Alcohol can also aggravate the HIV/AIDS epidemic by its negative influence on ability to have safe sex. The continuing spread of HIV/AIDS can present a serious obstacle to Bhutan's development as more than 60 percent of the country's population is less than 25 years of age.[24]

### **Costs and economic implications**

Although a proper economic analysis of the alcoholic disease and injury burden has not been done, the cost may be hundreds of millions of ngultrum.[1] The annual hospital treatment cost of alcoholism alone, which represents a fraction of the total burden, was estimated at Nu. 29-30 million during the period 2005 - 2009.[7] Alcohol consumption and poverty is a reinforcing loop; a high level of poverty being present in the communities of Lhuentse and Mongar in East Bhutan where staple grains are used for producing home-brew.[12] Problems are compounded by the poor spending their meager cash income on commercially produced alcohol which is becoming popular in the rural areas.[12][14] While revenue from the sale of alcohol is substantial, alcohol revenues do not compensate for the economic losses incurred as a result of alcohol-related harm, loss of productivity, and premature deaths occurring in our society.

## SECTION II: THE LEGAL & POLICY FRAMEWORK

### 2.1 Legal Instruments and existing policies

The 7<sup>th</sup> session of the first parliament held on 6<sup>th</sup> June 2011 directed relevant agencies to strengthen alcohol use prevention programs focusing on demand and supply reduction policies to improve the well being of the people aspiring to GNH and free from alcohol related harm. Following Parliament’s directions, stakeholders coordinated by the Ministry of Health conducted a series of consultations to develop alcohol control strategies outlined in this document. After passing the GNH Policy Screening Test, the document was reviewed and approved after deliberations by the Cabinet Members in the three sessions of the Lhengye Zhungtshog: the 63<sup>rd</sup> (January 20, 2015), 82<sup>nd</sup> session (28 July, 2015) and 90<sup>th</sup> (December2,2015).

The strategy focuses on alcohol control through a holistic public policy approach. In addition to public health interventions, the strategy includes strengthening the enforcement of existing policies pertaining to the sale of alcohol to minors, hours of operation, places of sale, and advertisement and promotion of alcohol products. These policies were framed by a series of the National Assembly sessions (20<sup>th</sup>, 30<sup>th</sup> and 50<sup>th</sup>), executive orders of the ministries and other relevant acts which are summarized in Table 1 and Annexure 1.

Table 1: Sources of alcohol policies

Sources of Acts and Rules	Clause reference	Policy areas
The Child Care and Protection Act of Bhutan 2011	Chapter 14 section 217	Sale, serve and cause to serve alcohol to a child
Bhutan Penal Code 2004	Sections 383 and 390	Underage, timing of operation and public intoxication
Rules on Content, BICMA , 2010	Section 2.12 (c)	Advertisement and promotion of alcohol
RSTA Act 1999, Ministry of Communication	Sections 34 and 35	Limit of blood alcohol concentration while driving
Sales Tax, Customs and Excise Act 2000, Ministry of Finance	Chapter 4, clause 17	Fines, penalties and disposal
Local Government Act 2009	Chapter 2, clause 5, Chapter 4, clause 48 (a, e, i, l) , 50 (a, e), 53 (a), 61 (a), 62 (b, e,)	Roles and leadership of local governments ( districts and gewogs) in implementing alcohol policies
Rules and Regulations For Establishment And Operation of Industrial And Commercial Ventures in Bhutan 1995	Rule 3  Rule 17	Fronting and leasing of license  Minimum legal age for sale and gift of alcoholic beverages
Bhutan Civil Service Rules and Regulations 2012	Chapter 3, Code of Conduct and Ethics	Consumption of alcohol and drugs disallowed
Regulations On Places Of Entertainment 2009, Ministry of Information and Communications	Rule 6.1.4	Disallow children below 18 years in public houses and entertainment areas primarily used for alcohol consumption by license holders

## 2.2 Current practices and compliance with alcohol rules

Studies in Thimphu (2013) and Trashigang (2014) revealed a very low compliance with alcohol rules among sellers. [25][26] Alcohol service policies were violated 90% of the time in licensed outlets in Thimphu. Even on Tuesdays when compliance was greatest (43%), it is far below acceptable levels. Similarly, compliance was poor in all 35 outlets in Trashigang town. However, the studies illustrated that a single information session on alcohol control policies with a follow-up implementation check visit to outlet owners/managers significantly improved practices from a low base. Go Youth Go (GYG), a youth based organization, during the implementation of an education program among 437 alcohol outlets in Thimphu city in January 2015, noted many unlicensed outlets selling alcohol. [16] Poor practices are expected to be ubiquitous in the country due to minimal enforcement of existing alcohol control legislation.

## 2.3 Guiding principles

The guiding principles that underpin the development and implementation of the current National Strategic Framework to reduce harmful use of alcohol are:

1. Public policy and interventions to prevent and reduce alcohol-related harm are guided and formulated by public health interests and clearly set goals based on best available evidence;
2. Policies are equitable and sensitive to the values and principles of Gross National Happiness;
3. All involved stakeholders are responsible for acting in ways that do not undermine the implementation of policy and interventions to prevent and reduce harmful use of alcohol;
4. Protection of populations at high risk and vulnerable to alcohol-related harm and those exposed to the effects of harmful drinking by others are integral to policies addressing the harmful use of alcohol;
5. Individuals and families affected by the harmful use of alcohol have access to affordable and effective prevention and care services;
6. Children, teenagers and adults who choose not to drink alcohol have the right to be supported in their non-drinking behavior and protected from pressures to drink;
7. Policy and interventions to prevent and reduce alcohol-related harm encompass all alcoholic beverages and surrogate alcohol;
8. A balanced approach that adopts supply, demand and harm-reduction strategies concurrently, with emphasis on integrating alcohol related law enforcement and crime prevention into all health and other strategies aimed at reducing alcohol related harm; and

9. Evidenced-based practices where alcohol control strategies are formulated based on scientific evidence following rigorous research and evaluation, including assessment of the cost-effectiveness of interventions. Where evidence is not available, a commitment is made to undertaking or supporting evaluation of important innovation.

## 2.4 Policy Statement

Recognizing that alcohol is a major causes of ill-health, social disruptions and economic disadvantages to the nation, the Royal Government thus accords high priority in reducing the harm related to use of alcohol.

## SECTION III: GOALS AND STRATEGIES

### 3.1 VISION

BHUTAN: A nation free of alcohol-related harm

### 3.2 MISSION

To improve health, social and economic conditions in Bhutan by preventing and reducing the harmful use of alcohol

### 3.3 OBJECTIVES

1. To reduce morbidity and mortality from harmful use of alcohol by 50% by the end of 2020
2. To reduce social problems from harmful use of alcohol by 5% at the end of 2020<sup>2</sup>
3. To strengthen enforcement of existing alcohol policies and legal provisions
4. To empower communities to reduce the harmful use of alcohol

### 3.5 STRATEGIES

Strategies to reduce harmful use of alcohol are defined under *ten broad areas*<sup>3</sup>.

#### 3.5.1 Area 1: Leadership, awareness and commitment

Sustainable action for reducing harmful use of alcohol in Bhutan requires strong political leadership and commitment, and resources to implement comprehensive national and sub-national strategies by involving appropriate government, non-government, religious organizations, and other economic operators.

The interventions are:

---

<sup>2</sup> This goal is aligned with the Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases in Bhutan (2015-2020) which targets 5% reduction in harmful alcohol use in line with the global voluntary targets set.

<sup>3</sup> The ten broad areas of interventions have been adopted from the WHO recommendations to reduce harmful use of alcohol

- a) Integrate well funded, time bound comprehensive national and sub-national action plans to reduce the harmful use of alcohol.
- b) Enhance inter-sectoral coordination to implement alcohol policies at all levels by establishing a National Alcohol Harm Reduction Committee (NAHRC) at the national level, Dzongkhag committee, Thromde committee and Gewog Committee chaired by the Home Minister, Dzongdag, Thrompon and Gup respectively.
- c) Build partnership with mass media organizations to raise awareness of harms associated with alcohol use.
- d) Allocate adequate funds to implement alcohol policies including establishment of Alcohol Control Authority
- e) Seek active engagement of the religious bodies and faith based organizations for reduction of alcohol use and consumption during rituals and religious practices
- f) Institute and enforce the women and child protection measures as per the child care protection Act 2011, domestic violence prevention Act 2013,
- g) Encourage and promote alcohol free entertainment venues

### **3.5.2 Area 2: Health Service response**

The Health Service will focus on prevention, treatment and early intervention to support individuals, families and communities in their effort to reduce the harmful use of alcohol and coordinate the rehabilitation of chronic alcoholics. The interventions are:

- a) Enhance capacity of the health sector to deliver prevention, treatment and care programs including building self-help and detoxification programmes;
- b) Support initiatives for early identification of problem drinkers (including screening pregnant women and provide education about fetal alcohol distress syndrome) and provide brief interventions to address hazardous and harmful drinking at primary health care settings;
- c) Strengthen treatment, care and rehabilitation services for alcohol use disorders and other co-morbid conditions such as drug use disorders, depression, self-harm and attempted suicide, HIV/AIDS and tuberculosis; including victims of alcoholics;
- d) Establish a surveillance system to monitor alcohol related morbidity and mortality;
- e) Incorporate management of alcohol use disorders, identification of problem drinkers and design of community alcohol prevention programs in the training curriculum of Faculty of Nursing and Public Health and other relevant training institutes;
- f) Introduce workplace intervention through employee assistance programmes;
- g) Conduct awareness and education campaigns to inform the general public on the ill effects of alcohol; and
- h) Provide technical support to other organizations and capacity building.

### **3.5.3 Area 3: Community Response**

The impact of harmful use of alcohol on communities can foster local initiatives to generate solutions to local problems. Communities can be supported and empowered by government and other stakeholders, to use their local knowledge and expertise in adopting effective approaches to preventing and reducing the harmful use of alcohol within the context of their cultural norms, beliefs and values systems.

The interventions are:

- a) Conduct rapid assessments in order to identify gaps and priority areas for interventions at the community level;
- b) Facilitate community based education programs to increase awareness of alcohol-related harm at the local level and to promote appropriate, cost-effective responses to the local determinants of harmful use of alcohol and related problems;
- c) Strengthen capacity of local governments and authorities and encourage them to take coordinated and concerted community action to develop local action to reduce harmful use of alcohol;
- d) Motivate communities to prevent sales to minors and underage, and to develop and support alcohol-free environments especially for youth and other at-risk groups;
- e) Build community-based care and support services for affected individuals, their families as well as victims of alcoholics;
- f) Support community-based programs and policies that prevent and discourage production/distribution of illicit or informal alcoholic beverages and disallowing alcohol consumption at local events such as sporting events, festivals and rituals;
- g) Motivate and support family members in providing home care and rehabilitation of affected family members and for reducing the use of alcohol at home; and
- h) Design interventions to test home detoxification models and promote community involvement as a complimentary program for rehabilitation.

#### **3.5.4 Area 4: Drink-driving policies and countermeasures**

Driving under the influence of alcohol seriously affects a person's judgment, coordination and other motor functions. It is a significant public health problem that affects both the drinker and the public. Strategies to reduce harm associated with drink-driving should include measures that aim to deter a person from driving under the influence of alcohol and in creating a safer road traffic environment free from alcohol induced accidents.

The interventions are:

- a) Enforce Blood Alcohol Concentration testing for drink drivers as per the Road Safety Regulations of the Kingdom of Bhutan;
- b) Introduce rigorous and standard licensing procedures for novice drivers with a zero blood alcohol limit;
- c) Strengthen coverage of mandatory driver-education program involving Random Breath Testing and a social marketing programme to highlight the risk of apprehension and penalties for drink-driving.
- d) Conduct public awareness campaign involving on responsible driving behaviors in order to increase the deterrence effect of the alcohol regulations; and
- e) Streamline data sharing within traffic police and RSTA.

#### **3.5.5 Area 5: Regulating physical availability and quality of alcohol**

Physical accessibility to alcohol within a community increases, overall alcohol consumption and related problems. Regulations for controlling should address (3 A's) Availability, Accessibility and Affordability that include both commercially manufactured liquor and informal/home produced alcohol.

The interventions are:

- a) Strengthen enforcement of restriction of alcohol trading hours;
- b) Develop licensing policies to regulate outlet density of alcohol premises(3As);
- c) Restrict availability of alcohol at specific locations outlined in rules and regulations;
- d) Prohibition of alcohol services to individuals below 18 years of age;
- e) Designate “alcohol free zones” as determined by local governments and authorities;
- f) Develop policies to monitor establishment of new alcohol industries in the country;
- g) Enforce restriction of home brewed alcohol for commercial sale as determined by the local governments and national rules; and
- h) Explore and support alternative sources of income generation to replace the sale of homebrewed alcohol.

### **3.5.6 Area 6: Regulating alcohol promotion and advertising**

Reducing the impact of alcohol marketing particularly among young people is an important consideration to reduce the harmful use of alcohol. Manufacturers and retailers are known to use sophisticated marketing techniques that target young people by linking alcohol brands to sports, music, cultural activities and sponsoring mega events. They advertise their products through high tech communication techniques such as emails, SMS texting, Pod casting, and social media. The transmission of pro-alcohol messages across national borders via satellite television and internet which lack legal jurisdiction is emerging as a serious concern.

The interventions are:

- a) Enforce ban on any form of advertisement on alcohol as per the BICMA Act, including sponsorship;
- b) Implement entry restriction for underage teenagers in night entertainment venues as reflected in the license of entertainment venues prescribed by the BICMA;
- c) Introduce and enforce labeling requirements of health hazard messages of alcohol consumption on all types of alcohol products including the percentage volume of alcohol contents;
- d) Institute surveillance systems to monitor media information on alcohol; and
- e) Advocate restrictions on alcohol services at official functions.

### **3.5.7 Area 7: Taxation and Pricing Policies**

Consumption of alcohol is sensitive to price. The evidence also indicates that heavy drinkers and young people in particular are more affected by price changes. When increasing the tax on alcohol, it is important to monitor consumption of potential substitutes, in particular, homebrew or illegally imported products. Information and awareness building measures should be used to gain support from consumer groups, retailers and suppliers.

The interventions are:

- a) Raise revenues through volumetric taxation, i.e., a levy based on the alcohol content of products;
- b) Levy *hypothecated tax*<sup>4</sup> for the provision of alcohol health promotion and treatment services, and policy relevant research; and

---

<sup>4</sup> Dedicate a portion of revenue generated from alcohol tax for alcohol prevention control activities

- c) Tax any product with alcohol content, especially, sweet beverages with low alcohol content targeting younger groups

### **3.5.8 Area 8: Reducing the negative consequences of drinking and alcohol intoxication**

The volume and pattern of drinking determine the level of risks. In Bhutan alcohol is usually consumed during social, cultural and community events. Modifying socio-cultural aspects that promote excessive use of alcohol should be addressed. Such harm-reducing strategies are important elements of a sustainable alcohol control program as they are generally more socially and politically accepted.

The interventions are:

- a) Promote alcohol free social and community events;
- b) Strengthen enforcement of alcohol legislations in licensed premises such as bars, hotels, lodges, and drayangs where alcohol is sold;
- c) Prohibit the sale of alcohol to intoxicated persons; and
- d) Introduce monitoring and compliance check of alcohol service policies.

### **3.5.9 Area 9: Reducing health impacts from illicit alcohol and informally produced alcohol**

Commercial sale of home-brew is prohibited. In addition to homebrew, other forms of illicit or informal alcohol generally of dubious quality made up of inferior raw materials and made under unlicensed conditions are sold at cheaper price than commercially produced alcohol. As it is unregulated, illicit alcohol can contain high levels of toxic methanol. Good knowledge of the market and insight into the composition and production of informal or illicit alcohol are important for developing an appropriate regulatory framework and effective enforcement.

The interventions are:

- a) Develop specific local action plans to advocate prohibition of commercial production and sale of home brew and other illicit and informal alcohol;
- b) Build cooperation and exchange of relevant information on combating illicit alcohol among stakeholders at local and national level;
- c) Issue public warnings about contaminants and other health threats from informal or illicit alcohol;
- d) Promote income generation activities to reduce the sale of home brewed alcohol; and
- e) Control the sale of illicit alcoholic beverages by taking legal actions against sellers.

### **3.5.10 Area 10: Monitoring and surveillance**

Monitoring and surveillance systems are critical to track trends of alcohol related harms, strengthen advocacy, and formulate appropriate counter measure to assess the impact of interventions. Systematic collection, collation and analysis of data; timely dissemination of information and feedback to policy-makers and other stakeholders should be integral to the implementation of any policy and intervention to reduce harmful use of alcohol.

The interventions are:

- a) Establish a national monitoring and surveillance coordination unit and explore possibility of establishing Alcohol Regulatory Authority to monitor alcohol related policies;
- b) Build a set of valid indicators of harmful alcohol use;
- c) Conduct evaluation of alcohol harm prevention programs;
- d) Build capacity for monitoring and evaluation of intervention programs; and
- e) Conduct regular surveys on population alcohol consumption and alcohol-related harm including use of illicit and informally produced alcohol.

## SECTION IV: ACTIONS AND ACTIVITIES

### 4.1 Government

Action: Provide overall policy support and directions with the aim of reducing harmful use of alcohol and implement evidence based public policy.

Key activities:

- Ensure effective implementation of alcohol control policies among stakeholders;
- Allocate adequate funds to carry out alcohol harm reduction activities; and
- Promote engagement of academia, civil society, NGOs having no conflict of interest, in the process of alcohol policy formulation, implementation and evaluation.

### 4.2 Ministry of Home and Cultural Affairs

Actions: Coordinate with the Dzongkhag, Gewog and Thromde administrations to implement the national strategic frame work to reduce harmful use of alcohol

Key activities:

- Sensitize implementation of alcohol policies during meetings of gups, dzongdags and thrompons
- Send periodic notifications to LGs to implement alcohol policies
- Support the LGs to address alcohol policy implementation challenges

### 4.3 Local Government (Dzongkhag, Thromde, and Gewog)

Actions: Implement public education, perform regulatory functions and frame by-laws and rules consistent with the functions empowered by the Local Government Act 2009, of the Kingdom of Bhutan, Chapter 2, clause 5, Chapter 4, clause 48 (a, e, i, l) , 50 (a, e), 53 (a), 61 (a), 62 (b, e).

Key activities:

- Frame by-laws and rules considering the local context and in coherence with the Development Control Regulation of the local areas for assigning an appropriate distance and location of alcohol outlets from academic and religious institutions in Thromdes.
- Review location/site proposals for all types of alcohol outlet licenses (Stand alone bar licenses, bar licenses for hotels/lodges with more than 8 rooms, and retail license of AWP products) as a mandatory precondition prior to issuing new, renewal and/or relocation of licenses by the Department of Trade or any other licensing agencies.
- Take proactive measures to monitor and enforce illegal alcohol sales and service practices by introducing local administrative actions to:
  - Disallow Illegal and unauthorized (unlicensed) operation of alcohol outlets (bars, retailers) and other black market practices for industrial alcohol and home brew;
  - Enforce existing alcohol policies in licensed outlets, specifically, sales on Tuesday , underage alcohol sales, trading before 1 PM and after 10 PM, and sales to intoxicated customers; and

- Control direct or indirect promotion and advertising activities by the alcohol industry.
- Coordinate with the central enforcement authorities primarily the Department of Trade and BICMA and report incidents of illegal practices on:
  - Fronting of licenses;
  - Repeated offences or non-cooperative cases requiring the intervention of the central agencies
- Take a lead role in implementing community based alcohol prevention programs
  - Establish/initiate public awareness and alcohol programs in coordination with the community health workers and religious figures;
  - Implement urban as well as rural programs to educate alcohol sellers on the responsible trading practices; and
  - Prevent/control sale of home-brewed alcohol.

#### **4.4 Health Sector**

Actions Spearhead policy development and advocacy in addressing alcohol-related harms

Key activities:

- Conduct consultative meetings, workshops, seminars among the agencies to formulate policies and review the activities pertaining to reducing harmful use of alcohol;
- Be the Secretariat and conduct six monthly meetings of the National Alcohol Harm Reduction Committee and Dzongkhag, Thromde and Gewog Alcohol Harm Reduction Committees; and
- Collect and analyze reports of the Dzongkhag, Thromde and Gewog alcohol harm reduction committees and update the national implementation state of alcohol control policies

Actions: Provide screening services, detoxification, counseling and treatment facilities

Key activities:

- Establish detoxification facilities at the regional and district hospitals;
- Develop the standard treatment and detoxification guidelines for alcohol & drug use;
- Establish a national detoxification center; and
- Expand brief intervention and screening services up to the BHU level

Action: Build the capacity of health workers and support relevant sectors and NGOs to provide appropriate health care, advocacy related to alcohol use and dependency

Key activities:

- Train school-teachers, peer counselors, and outreach workers from NGOs;
- Train/advocate law enforcement inspectors from the relevant agencies;
- Develop and disseminate public education materials and conduct mass media campaigns on the harmful effects of alcohol; and
- Expand community based alcohol control programs in the priority districts.

Actions: Conduct studies to strengthen evidence-based alcohol use prevention program

Key activities:

- Conduct periodic surveys on alcohol consumption and its ill effects;
- Analyze health facility data on alcohol related diseases and deaths; and
- Conduct social and economic cost analysis of alcohol related violence, crime and accidents.

#### **4.4 Ministry of Economic Affairs**

Action: Regulate licensing of retail, wholesale, industrial, bar, import business to reduce physical availability of alcohol

Key activities:

- Enforce separation of bars from other businesses including grocery shops except in hotels and restaurants;
- Enforce licensed alcohol retailers and whole sale shops from selling alcohol for on-premise consumption;
- Conduct joint inspections with relevant stakeholders such as BICMA, Thromde to enforce the prohibition of sale of alcohol
- Develop a procedural manual for conducting field inspections for alcohol retailing practices among outlets;
- Monitor the sale of illegally imported alcoholic beverages;
- Monitor illegal ownership of bar licenses and develop procedures to identify fronting;
- Support LGs to implement restriction of alcohol outlet licenses in the vicinity of Dzongs, Dratsangs, Rabdeys, Gomdeys, Shedras and educational institutions;
- Enforce non-issuance of stand-alone bar licenses to minimize outlets;
- Suspend issuance of approval for alcoholic beverages project proposals for above 8% volume of alcohol in accordance with the resolution of the 8<sup>th</sup> session of the 1<sup>st</sup> parliament of Bhutan);
- Introduce pre-licensing mandatory education program for new license applicants or those applying for license renewal and require applicants to pass knowledge tests on alcohol rules; and
- Develop brief curriculum not exceeding a 1-2 hour session covering alcohol policies, penalties for violation, outlet policies and ways to orient staff for the pre-licensing mandatory education.

Action: Review the following policy issues and propose new measures:

Key activities:

- Review alcohol outlet licensing practices in the residential housing areas with the key stakeholders particularly Thromdes and Dzongkhags;
- Review licensing of alcohol outlets/bars on the national highways;
- Review import rules of alcoholic beverages to reduce volume of imported alcoholic beverages; and

- Review the penalty for violations related alcohol trading.

#### **4.5 Ministry of Finance**

Action: Support financial allocation to implement alcohol control and harm reduction programs at all levels

Key activities:

- Allocate adequate funds to support the alcohol harm reduction interventions;
- Enforce sales tax, customs and excise act of the kingdom of Bhutan 2000;
- Review alcohol taxes to decrease the affordability of alcohol.
- Review and propose the revision and increase of duties, fines and penalties on alcohol beverages from time to time;
- Enforce the vigilance on importing and smuggling of alcoholic beverages at the entry points as an annual work plan of the RRCO;
- Enforce the vigilance and inspection of the production and sale of illicit liquor within the urban areas and along the highways as an annual work plan of the DRC and RRCO;
- Cooperate and coordinate with MOEA in alcoholic control excises; and
- Share information on import of alcoholic beverages, sales in the domestic market and confiscation of illicit liquor and other alcoholic beverages.

#### **4.6 Royal Bhutan Police**

Action: Enforce alcohol rules such as underage alcohol services, sales to intoxicated customers, trading hours and drink driving

Key activities:

- Enforce prohibition of alcohol to underage children (below 18 years), and prohibition of sale to impaired customers;
- Enforce trading hours of bars (including Drayang, discotheques) and alcohol outlets in coordination with the relevant agencies;
- Enforce prohibition of drinking in public places and public intoxication;
- Conduct inspections on national highways to assess drink driving ;
- Enforce Blood Alcohol Concentration limit policies among drivers;
- Strengthen information systems to document alcohol related crimes, crimes emerging from entertainment centers; and
- Introduce alcohol related harm reduction program through Police Youth Partnership Program as a crime prevention strategy.

#### **4.7 Bhutan Information Communication & Media Authority (BICMA)**

Action: Enforce prohibition of advertisement and promotion alcohol beverages in print, broadcast media and films as per the “Rules on content” and “Filming Guidelines” of BICMA

Key activities:

- Conduct routine screening of contents of news papers, publications, TV and radio broadcasts;
- Conduct content review of the national and international films;
- Enforce the trading hours in entertainment centers (Drayang, discotheques);

- Strengthen adhoc monitoring visits in Drayangs and entertainment venues as an annual work plan through joint inspection with relevant agencies; and
- Conduct coordination meetings with the local governments to discuss licensing, enforcement and other regulations related to entertainment venues.

Action: Restrict entry of minors (below 18 years) into entertainment venues such as drayangs and discotheques exclusively promoting alcohol consumption (Entertainment Regulations, BIMCA 2009)

Key activities:

- Notify drayangs, night clubs and other places of entertainment where alcohol is sold to conduct age identification checks to restrict underage entry (below 18 years) and to observe trading hours; and
- Develop a joint enforcement implementation plan with MOEA to enforce the prohibition of sale of alcohol in entertainment venues after 10 PM.

#### **4.8 Road Safety and Transport Authority**

Action: Enforce alcohol-related provisions of the RSTA Act and regulations

Key activities:

- Impart education and awareness on legal provisions of drink-driving;
- Procure Breath Alcohol Concentration testing equipments and scale up random checks;
- Conduct driver-education, counseling and make referrals for appropriate treatment programs;
- Conduct Random Breath Testing and a social marketing programme to highlight the risk of apprehension and penalties for drink-driving.
- Conduct public awareness and social mobilization campaigns in support of policy to increase the general deterrence effect; and
- Enhance inspection of vehicles to monitor illegal transportation of commercial quantities in any form into or within the country.

#### **4.9 Ministry of Education**

Action: Ensure zero tolerance towards alcohol and drugs in school and academic institutions;

Key activities:

- Encourage schools and institutions to create awareness on regulations regarding the control of alcohol and its harmful effects amongst staff, students and parents;
- Collaborate with the enforcement agencies and LGs to advocate prohibition of the sale of alcohol within the vicinity of schools and institutions;
- Introduce topics on harmful effects of drinking alcohol as part of social studies at appropriate higher level curricula;
- Include lessons on effects of harmful use of alcohol in Non-Formal-Education classes;
- Render counseling services along with psychosocial support through school counseling and guidance programs for students of alcoholic parents & guardians;
- Include alcohol prevention policies and programs in school calendars;

- Conduct alcohol and surveillance assessment in the beginning of every academic year for early detection and counseling services;
- Conduct classes on the harmful effects of alcohol during value education;
- Provide counseling services to alcoholic youths and refer alcohol dependent youths for detoxification and treatment;
- Provide case history of alcohol dependent students while transferring them to another school; and
- Strengthen the School Parenting Education Programme (SPEA) to create awareness among parents on signs of alcoholism and to involve them in dealing with alcoholics.

#### **4.10 Academic Institutions (Schools, Colleges, Training Institutes including vocational training institutes)**

Action: Integrate policies to discourage harmful use of alcohol in institutions

Key activities:

- Develop institutional programs and policies to deter the use of alcohol among students;
- Inform students on rules, regulations and penalties on alcohol sales, consumption and use by underage children; and
- Conduct awareness programs on alcohol policies and promote positive social attitudes towards supporting alcohol control measures in the general public.

#### **4.11 Bhutan Narcotic Control Agency**

Action: Enforce provisions related to substance abuse

Key activities:

- Support counseling and education programs on drugs and alcohol abuse prevention;
- Identify alcohol dependents and provide early referral for detoxification; and
- Support rehabilitation service for alcoholics.

#### **4.12 Ministry of Agriculture and Forest**

Action: Explore and support alternative sources of income generation among local producers to replace commercial production of local brew

Key activities:

- Support post-harvest storage of grains to prevent alcohol brewing in rural areas;
- Support conversion of grains into other edible snacks & products; and
- Assist marketing of cereals.

#### **4.13 Royal Civil Service Commission**

Action: Enforce and monitor rules related to alcohol use to discourage harmful alcohol use of alcohol among civil servants

Key activities:

- Require government agencies to identify employees with alcohol use problems and recommend for referral and rehabilitation; and
- Notify civil servants on Rules 2012 (Chapter 3, Code of Conduct and Ethics 3.2.25.2) of Bhutan Civil Service Act to dissuade harmful alcohol use.

#### **4.14 Bhutan Narcotic Control Agency**

Action: Support de-addiction services for recovering alcohol addicts

Key activities:

- Provide de-addiction counseling and education in drop-in-centers;
- Support early referral of alcohol dependents for detoxification; and
- Provide rehabilitation services for recovering addicts.

#### **4.13 Religious Bodies**

Action: Conduct religious preaching and sermons to disseminate information on ill effects of alcohol

Key activities:

- Grant religious decree from His Holiness the *Jekhenpo* on ill effects of alcohol and discouraging alcohol use during community religious ceremonies and festivals;
- Conduct sensitization and awareness programme among the religious groups;
- Participate in community based alcohol prevention programs; and
- Conduct religious discourses and teaching for reducing harmful use of alcohol.

#### **4.14 Civil Societies**

Action: Collaborate with the public sector in addressing alcohol-related problems through provision of addiction rehabilitation and counseling programs

Activities:

- Establish community based projects to address alcohol addiction and dependence
- Conduct public awareness campaigns on harmful use of alcohol;
- Establish mid-way homes for recovering addicts;
- Support income-generating activities, job opportunities for recovering addicts;
- Generate funding support for rehabilitation and treatment through grant applications; and
- Expand alcoholic anonymous and narcotic anonymous groups and institutions.

#### **4.15 Mass Media Organizations**

Action: Actions: Comply with BICMA “Rules on content” and “film guidelines” by not printing, advertising or glamorizing scenes that promote alcohol use or may be used as a tool to protect commercial interest at the cost of public health and advocate on harms related to alcohol use

Key activities:

- Disseminate information on the harmful effects of alcohol and change social norms and attitudes to alcohol use; and
- Avoid advertisement and promotion of alcoholic beverages and refuse sponsorship by the alcohol industry.

#### **4.16 Alcohol Industries**

Action: Comply with national and local level alcohol policies, regulations and regulatory standards on production, distribution and marketing of products

Key activities:

- Maintain manufacturing standards of the products;
- Maintain quality standards of the products;
- Submit reports on production, sales & warehouse goods;
- Implement health warning labels to be embossed on the alcohol containers; and
- Demonstrate corporate social responsibilities by providing financial contributions exclusive of taxes.

#### **4.17 National Statistics Bureau**

Action: Generate evidence and information related to alcohol policy for the advancement of alcohol control and regulation

Key activities:

- Advance conceptual work on the GNH indicators accounting on alcohol consumption;
- Conduct periodic nationwide surveys on alcohol related problems; and
- Collect and compile alcohol related data and reports in annual statistical year book.

#### **4.18 National Commission for Women and Child**

Action: Mainstream social and economic costs of alcohol on women and children and advocate for policies to minimize alcohol use in the society

Key activities:

- Explore resources to provide means of livelihood to families at risk of alcohol dependency; and
- Mobilize resources to support for livelihood of victims from alcohol related problems.

## SECTION V: IMPLEMENTATION FRAMEWORK

Multiple agencies are involved in alcohol control addressing licensing, education and regulatory efforts. When multiple players are engaged, occasional confusions and disagreements can arise. A good stakeholder platform is required to ensure meaningful collaboration to promote a shared common understanding to ensure responsible alcohol business and good policies in alcohol use prevention programs.

Alcohol business and alcohol use occur in communities within the jurisdiction of LGs (Dzongkhags, Gewogs and Thromdes). The LGs have legal, moral and social responsibilities in alcohol control and ensuring prevention education for communities. At the same time, the central agencies including the Ministry of Economic Affairs and Trade Offices and BICMA have the mandate to ensure cohesive implementation of the national alcohol policies. The Central agencies and LGs have the same objectives in implementing alcohol control. The central agencies do not have adequate resources both in terms of money and human to conduct enforcement and education at frequent intervals. The LG should take an active role in monitoring, regulating and reporting alcohol violations in their jurisdictions in coordination with the central agencies. The central agencies and LGs will cooperate on the following two grounds:

- The central agencies in addition to providing technical assistance and capacity building of the LGs to implement alcohol control policies and legislations should conduct field inspections as and when required or when requested by LGs.
- The central agencies shall intervene if regulatory issues are beyond LG’s capacity to address.

Bhutan alcohol control policies will be implemented under the direction of the prime minister or an appointee<sup>5</sup> of the Prime Minister. The implementation of alcohol control program will be embedded within the roles of the Dzongkhags, Thromdes and Gewogs. As shown in Table 2, the National Alcohol Harm Reduction Committees will be instituted at different levels.

Table 2: The three-tier National Alcohol Harm Reduction Committee structure

	<b>National level</b>	<b>District level/Thromde</b>	<b>Gewog level</b>
<b>Chairperson</b>	Home Minister	Dzongdag/Thrompon	Gup
<b>Member secretary→</b>	Cabinet Secretary	Planning Officer/Executive Secretary	Geog Administrative officer
<b>Members→</b>	Members of BNCA and Health Secretary	Gups, Regional and sector in-charges, business/religious body , CBO and NGOs	Tshogpas, Mangmis, Sector in-charges, business/religious body representative

<sup>5</sup> The 74<sup>th</sup> session of the Lhengye Zhungtshog of the Royal Government of Bhutan approved Home Minister as the Prime Minister’s appointee.

The key functions of the alcohol control committees are as follows:

#### 5.1 National Alcohol Harm Reduction Committee (NAHRC)

- Frame appropriate alcohol control policies and review and re-strategize the policies as necessary;
- Monitor, assess and evaluate the policies and programs carried out by implementing agencies;
- Advise relevant stakeholders on the implementation alcohol harm reduction programs;
- Secure linkages with similar initiatives and reinforce strategic partnerships and alliances for implementing the national alcohol policies;
- Advise on research areas relating to alcohol consumption and abuse; and
- Liaise with government agencies, NGOs and international organizations on issues relating to alcohol.

#### 5.2 Dzongkhag and Dungkhag Alcohol Harm Reduction Committee

- Approve Dzongkhag/Dungkhag annual work plans related to alcohol control;
- Monitor the implementation of the national alcohol policy at Dzongkhag level; and
- Review and provide feedback to the implementing agencies at Dzongkhag level.

#### 5.3 Gewog Alcohol Harm Reduction Committee

- Approve gewog annual work plans related to alcohol control;
- Monitor the implementation of the local alcohol activities; and
- Review and provide feedback to the community groups implementing alcohol control activities.

#### 5.4 Thromde Alcohol Harm Reduction Committee

- Approve Thromde’s annual work plans related to alcohol control;
- Monitor the implementation of the alcohol control policies at Thromde level; and
- Review and provide feedback to the central or the Dzongkhags level.

#### 5.6 Mechanism and key implementation milestones

The implementation framework will be monitored against the key milestones described as short term, medium term and long term progress indicators. The progress indicators will include but not limited to the lists described in the following tables:

Table 3 National level mechanisms and Short-, Medium-, and Long-Term milestones in implementing the strategy

Key mechanisms	Short term (Years1-2)	Medium term (Years 3-4)	Long term (Years 4-5)
Engage during the annual Gup and Dzongdag conference	20 districts and major Thromdes advocated on alcohol policies	Revise penalties and rules regarding commercial production of home	Conduct national alcohol policy impact studies on crime, violence, road

<p>Form a national team comprising of MOEA, MOF, MOH and RBP to conduct the advocacy to the gups</p> <p>Formalize the MoH as the secretariat to the National Alcohol Control Committee</p>	<p>Alcohol control policies discussed in the 20 DT, 4 Thromdes meetings and 205 GT</p> <p>National alcohol control committees established</p> <p>Initiate six monthly review meetings of alcohol control committee</p> <p>Conduct annual meeting of stakeholders</p> <p>Annual reports published on: alcohol related harms from Police, Health, and other source, alcohol seizure, penalties and violations; compliance to regulations by establishments</p>	<p>brewed alcohol, renewal grace period for alcohol license, alcohol taxation, licensing policy, and approval of projects under 8% volume of alcohol</p> <p>→ Six monthly review meeting</p> <p>→ Annual meeting</p> <p>→ Annual reports</p>	<p>crashes, consumption pattern, health morbidities and mortalities and social productivity</p> <p>National Alcohol Control Projects established</p>
--	--	--	--

Table 4. Dzongkhag and Thromde level mechanisms and Short-, Medium-, and Long-Term milestones in implementing the strategy

Key mechanisms	Short term (Years 1-2)	Medium term (Years 3-4)	Long term (Years 4-5)
<p>Establish alcohol control committee</p> <p>Institute six monthly review meetings of the alcohol control committee</p> <p>Conduct annual</p>	<p>Policy framework advocated in the DT and Thromde meetings</p> <p>Business communities in all the townships educated on the</p>	<p>Responsible retailing service programs initiated in at least three major townships</p>	<p>Responsible alcohol retailing service programs in all townships</p> <p>Impact studies of alcohol control in the Dzongkhags and</p>

meeting of the stakeholders	alcohol service policies  Responsible retailing service programs initiated in at least one township		Thromdes
-----------------------------	---	--	----------

Table 5. Gewog level mechanisms and Short-, Medium-, and Long-Term milestones in implementing the strategy

Key mechanisms	Short term ( Years 1-2)	Medium term ( Years 3-4)	Long term (Years 4-5)
Establish alcohol control committee  Institute six monthly review meetings of the alcohol control committees  Institute annual community representative meetings  Include community members to control alcohol use in communities	Alcohol policies advocated in the GT meeting  Communities informed on the alcohol service policies and commercial production of home brew alcohol  Alcohol outlets in Gewogs informed on alcohol policies  Annual reports on geog enforcement of alcohol policies	Scale up community based alcohol harm reduction projects in the geog  Develop geog demonstration communities for alcohol control  Include alcohol control policies as performance indicators of a geog and generate annual geog reports	Sustain community based alcohol use prevention projects  Impact studies of alcohol policies in the communities

### 5.6 Performance audits

The implementation of the national response for the prevention of harmful use of alcohol will be subjected to yearly performance monitoring by the national alcohol control committee. An independent team will be instituted to conduct performance audit. Report of the performance audit will form the basis for providing directions for the stakeholders by the national alcohol control committee and other committees.

## SECTION VI: INDICATORS

The national response to harmful use of alcohol prevention over the five year period will be measured by the following indicators reflected in table 5.

Table 5: Area indicators

No	Area	Key Indicators	Responsibility
1	Leadership, awareness and commitment	<ul style="list-style-type: none"> <li>Alcohol control bill submitted to the parliament</li> <li>Lead agency identified or Alcohol Control Authority established</li> <li>Budget allocated for alcohol control programs at the national, Dzongkhags, Thromde and Gewog levels</li> </ul>	RGoB
2	Health service response	<ul style="list-style-type: none"> <li>Number of detoxification centers established</li> <li>Number of alcoholic patients treated</li> <li>Number of health workers trained on alcohol detoxification and rehabilitation services</li> <li>Number of outreach workers and peer counselors trained (NGO/BNCA)</li> <li>Number of awareness campaign on harmful effects of alcohol conducted</li> <li>Alcohol problem screening and brief intervention incorporated in the curriculum of Health Training Institute</li> <li>Number of patients received brief intervention on alcohol</li> </ul>	MoH
3	Community action	<ul style="list-style-type: none"> <li>Number of community alcohol control projects implemented</li> <li>Number of districts with community alcohol prevention projects</li> <li>Number of rehab centers and DICs established</li> <li>Number of community action plan receiving government budgetary support</li> <li>Number of towns enforcing responsible alcohol retailing programs through enforcement of minimum drinking age, trading hours and other establishment policies</li> </ul>	MoH, MoHCA Dzongkhag, gewog NGOs  MoH, Dzongkhag, Thromdes, NGOs
4	Drink driving regulation and counter measures	<ul style="list-style-type: none"> <li>BAC limit set for all drivers</li> <li>Number of random breath testing conducted</li> <li>Number of sobriety checkpoints established</li> <li>Number of driving licenses suspended or cancelled</li> </ul>	RSTA and RBP
5	Availability of alcoholic beverages	<ul style="list-style-type: none"> <li>Licensing on production and sale of alcohol regulation developed and implemented</li> <li>Enforcement reports published</li> <li>Approved and registered categories of alcoholic beverages in the country</li> <li>Number of standalone bar licenses</li> </ul>	DoI in MoEA, DRC in MOF
6.	Marketing of alcoholic beverages	<ul style="list-style-type: none"> <li>Number of alcohol labels reviewed and approved</li> <li>Number of establishments penalized for advertising alcohol</li> <li>Number of community events prohibiting alcohol use and promotion</li> </ul>	MoEA, BICMA
7	Pricing	<ul style="list-style-type: none"> <li>Trend in real price of alcoholic beverages relative to consumer price index (CPI) over the past five years studied</li> <li>Impact study on alcohol tax revision conducted</li> </ul>	MoEA & DRC
8	Reducing negative consequences of drinking and alcohol intoxication	<ul style="list-style-type: none"> <li>Health warning labels on alcohol containers displayed</li> <li>Number of responsible alcohol service trainings conducted for the bar tenders and owners</li> <li>Number of alcohol premise licensed holders oriented on responsible alcohol services during the licensing</li> <li>Number of inspection of entertainment venues conducted</li> </ul>	Alcohol industry  MoEA & MoH

9	Reducing public health impact from illicit alcohol and informally produced alcohol	<ul style="list-style-type: none"> <li>Monitoring system developed to prevent illegal productions &amp; sale of home brewed alcohol</li> <li>Number of Gewogs committed to implementing ban of home brewed commercial production</li> </ul>	MoEA & DRC  MOH/BNCA
10	Monitoring and surveillance	<ul style="list-style-type: none"> <li>Annual reports of outlet compliance with alcohol rules through mystery shopping</li> <li>Regular alcohol consumption report produced by NSB</li> <li>National data on alcohol consumption</li> <li>Number of people trained on M&amp;E capacity</li> <li>Number of surveys on home brewed alcohol</li> </ul>	MOH, DOI All stakeholders  National Statistical Bureau
11	Promote full and effective multisectoral engagement and coordinated strategic response to reduce harmful use of alcohol	<ul style="list-style-type: none"> <li>Number of Alcohol Control Committees formed</li> <li>Number of District/ Thromde/Gewog Alcohol Control coordination meetings conducted</li> </ul>	Secretariat for National Alcohol Control Committee

## REFERENCES:

- [1] G. Dorji, N. Wangchuk, P. Udon, M. S. Gurung, T. Chogyel, T. Choden, and K. Kypri, "Alcohol Control in Urban Bhutan-A Way Forward." May-2015.
- [2] T. Babor, *ALCOHOL NO ORDINARY COMMODITY research and public policy*, Second Edition. 2010.
- [3] N. Donnelly, S. Poynton, D. Weatherburn, E. Bamford, and J. Nottage, "Liquor Outlet Concentrations and Alcohol Related Neighborhood Problems," *Alcohol Studies Bulletin*, vol. 8, Apr. 2006.
- [4] T. P. Schofield and T. F. Denson, "Alcohol Outlet Business Hours and Violent Crime in New York State," *Alcohol and Alcoholism*, vol. 48, no. 3, pp. 363–369, May 2013.
- [5] S. Popova, N. Giesbrecht, D. Bekmuradov, and J. Patra, "Hours and Days of Sale and Density of Alcohol Outlets: Impacts on Alcohol Consumption and Damage: A Systematic Review," *Alcohol and Alcoholism*, vol. 44, no. 5, pp. 500–516, Sep. 2009.
- [6] S. Vaughan, "Harm in and around Licensed Premises: Industry Accords- A Successful Intervention." .
- [7] L. Dorji, "Alcohol Use and Abuse in Bhutan," 2012.
- [8] World Health Organization, "WHO Global Report on Alcohol 2004," in *WHO Global Report on Alcohol 2004*, Geneva, 2004.
- [9] "Global Status Report on Alcohol and Health, World Health Organization 2011." World Health Organization, 2011.
- [10] NSB, *Bhutan Living Standard Survey 2007*, National Statistical Bureau, Royal Government of Bhutan. 2007.
- [11] Ministry of Health, Royal Government of Bhutan, "National Health Survey 2012." 2012.
- [12] Mental Health Program, Ministry of Health, "Community Action Program on Reducing Harmful Use of Alcohol : A Pilot Study in Bhutan," 2015.
- [13] Ministry of Health, Royal Government of Bhutan, "Bhutan Noncommunicable Disease Risk Factor: STEPS Survey Bhutan 2014, Fact Sheet," 2014.
- [14] Ministry of Health, Royal Government of Bhutan, "Consultative meeting of Dzongkhag Thrizins on Alcohol Control and Licensing: The Role of Local Governments." Jun-2015.
- [15] Department of Trade, Ministry of Economic Affairs, "Number of Alcohol Outlets as of 2014," 2014.
- [16] Go Youth Go, "Report on Selling Alcohol Responsibly," Jan. 2015.
- [17] Ministry of Health, Royal Government of Bhutan, "Annual Health Bulletin 2011." .
- [18] Royal Government of Bhutan, "Decade of Action For Road Safety (2011-2012)." 2011.
- [19] JDWNRH, "2010 Record of Forensic Unit, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan," 2010.
- [20] Royal Bhutan Police, "Alcohol Related Crime, Royal Bhutan Police, Thimphu." 2015.
- [21] UNODC, "South Asia Regional Profile, United Nations Office of Drug and Crimes," 2005.
- [22] RENEW, "Annual RENEW Report 2010," 2010.
- [23] Royal Government of Bhutan, "A study on reported suicide cases in Bhutan." 2014.
- [24] Ministry of Health, Royal Government of Bhutan, "Adolescent and Health Development." 2008.
- [25] G. Dorji, *Promoting Responsible Alcohol Service Practices Among Licensed Establishments in Thimphu, Bhutan: A Pilot Intervention (Thimphu-RASP)*. 2014.

[26] Rinzin, "Alcohol Policy Implementation in Tashigang Town 2014 (Thimphu, Bhutan).," 2014.

#### **Annexure 1: LIST OF NOTIFICATIONS AND RELATED ALCOHOL POLICIES**

1. Tuesday is observed as Dry Day (MTI/III-71/274) dated 7 January,1999
2. All bars shall open for business only after 1pm-10pm every day. (MTI/III-71/274) dated 7 January, 1999 and (MoEA/DOI/PCD-1/2010/706) dated 21 December, 2010.
3. Not allowing sells or gift alcoholic beverages to a person below the age of 18 years. (Rules and regulations for establishment and operation of industrial and commercial ventures in Bhutan, 1995 (Rule 17))
4. Prohibiting sale of alcohol near premises of educational institutions, Dratshangs, Rabdeys, Gomdeys, Shedras, Dzongs, Hospitals, and Schools (MTI/III-71/274) dated 7 January,1999.
5. Control over issuance of bar license (MoEA/Dol/PCD-1/2010/136(B) dated 22 March, 2010
6. Bars to be separated from other business (MTI/III-71/274) dated 7 January, 1999
7. Bar licenses are issued to only tourist standard hotels with lodging facilities (MoEA/DOI-27/2014/331) dated 12 May, 2014
8. Bar license is not issued to stand alone bar(MoEA/DOI-27/2014/331) dated 12 May, 2014
9. Issuance of liquor retail license is discontinued (MoEA/DT/GEN-2/2014/1347) dated 5 December, 2014
10. Cancellation of bar license not renewed on time (MoEA/DOI-/PCD-1/2012/1446) dated 5 July, 2012
11. Location clearance for establishing bars (MoEA/JS/coon/12/13/48) dated 3 October, 2013

## **Annexure 2: DEFINITIONS**

### **Alcohol**

A colorless volatile flammable liquid which is the intoxicating constituent of wine, beer, spirits, and other drinks, and is also used as an industrial solvent and as fuel

Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. Alcohol is produced by the fermentation of yeast, sugars, and starches.

### **Illicit Alcohol**

Illicit or informal alcohol is a contaminated alcoholic beverage generally of dubious quality made up of inferior raw materials and made under unlicensed conditions and sold at cheaper price. As it is unregulated, illicit alcohol can contain high levels of methanol which is highly toxic. There have been incidents where chemicals like organo-phosphorus compounds have been added to illicit liquor. Methyl alcohol is extremely toxic — 10 ml can cause [blindness](#) and 30 ml can cause death within 10 to 30 hours.

### **Alcoholic**

A person who drinks in spite of repeated problems or alcoholism. An alcoholic is a man or a woman who suffers from alcoholism - they have a distinct physical desire to consume alcohol beyond their capacity to control it, regardless of all rules of common sense.

### **Harm Minimization**

Harm minimization, a term used to refer to policies and programs aimed at reducing alcohol-related harm for individuals and communities

### Annexure 3: Number of alcohol outlets in 2014

#### Alcohol Outlets per district and population above 15 years per outlet as of 2014

Dzongkhag	Whole sale	Retail	Bar (Operational)	Total Outlets	Population above 15 years per outlet
Thimphu	13	282	649	944	84
Paro	3	56	270	329	90
Wangduephodrang	1	24	232	257	100
Punakha	4	22	139	165	115
Gasa	1	1	53	55	46
Haa	2	8	42	52	178
<i>Regional (TOTAL)</i>	<i>24</i>	<i>393</i>	<i>1385</i>	<i>1802</i>	<i>92</i>
Chukha	33	53	537	623	97
Samtse	31	21	233	285	170
<i>Regional (TOTAL)</i>	<i>64</i>	<i>74</i>	<i>770</i>	<i>908</i>	<i>120</i>
				0	
Sarbang	6	60	404	470	66
Tsirang	3	29	74	106	141
Dagana	3	18	161	182	103
<i>Regional (TOTAL)</i>	<i>12</i>	<i>107</i>	<i>639</i>	<i>758</i>	<i>86</i>
Trongsa	2	87	160	249	44
Bumthang	1	31	178	210	62
Zhemgang	4	67	113	184	80
<i>Regional (TOTAL)</i>	<i>7</i>	<i>185</i>	<i>451</i>	<i>643</i>	<i>60</i>
S/Jongkhar	15	21	272	308	90
Pemagatsel	4	9	195	208	83
<i>Regional (TOTAL)</i>	<i>19</i>	<i>30</i>	<i>467</i>	<i>516</i>	<i>88</i>
Mongar	5	12	333	350	86
Lhuenste	3	4	107	114	106
Yangtse	2	7	75	84	170
Tashigang	6	10	216	232	212
<i>Regional (TOTAL)</i>	<i>16</i>	<i>33</i>	<i>731</i>	<i>780</i>	<i>136</i>
<b>Country (TOTAL)</b>	<b>142</b>	<b>822</b>	<b>4443</b>	<b>5407</b>	<b>98</b>

#### Annexure 4: Meetings and consultations

<i>Processes</i>	<i>Time frame</i>
First consultative meeting of the stakeholders	April 2011
Formation of core group from MoH to develop the document	May 2011
Received the National Assembly Resolution	June 2011
First draft developed by the core group	August- September, 2011
Second Stakeholders meeting facilitated by the Mental Health Program and WHO Consultant	October 2011
Further consultation and writing workshop by the core group	November – December, 2011
Review of the draft by national experts representing the stakeholders	January - February, 2012
Third Stakeholders workshop to finalize the draft document	April 2012
Writing workshop by the core group	May – June 2012
Final Review by the Mental Health Program of the Department of Public Health	July 2012
Presentation to the High Level Committee of Ministry of Health for in-house review	13 December, 2012
Presented in National Alcohol Symposium	22 -24 December, 2012
Taskforce Committee workshop to finalize the draft	16-18 January, 2013
Circulated documents and incorporated the final comments from the Taskforce committee members representing the stakeholders.	February 2013
Final Draft Ready	March 28, 2013
Presented to Advisor, Ministry of Health, Interim Government	8 April, 2013
Submitted to GNHC for policy screening	11 April, 2013
Discussed with GNHC	29 June, 2103
Incorporated comments and resubmitted to GNHC	July 2013
Second meeting with GNHC	16 April, 2014
Submitted again to GNHC	18 April, 2014
Draft presented to 6 <sup>th</sup> GNH meeting	29 August, 2014
<b>Final draft presented in the 63<sup>rd</sup> session of the Lhengye Zhungtshog</b>	<b>20 January, 2015</b>
Comments received from Lhengye Zhungtshog	18 February, 2015
Preparation of revised Lhengye Zhungtshog by incorporating comments from the MoE, MoHCA, Ministry of Information and Communication, comments from MoE, MoEA, MoIC & DLG	February to April, 2015

Stakeholder consultation meeting to discuss the roles of the Local Governments in alcohol control participated by Department of Trade, Department of Revenue and Customs, BICMA, Gups of Chang and Mewang gewogs, Thimphu, Ministry of Health	17April, 2015
Consultation meeting with 20 LG <i>Thrizens and other stakeholders</i> ( BICMA, MoHCA, MoH, MoEA, MoF, Go Youth Go)	19 June and 22 June, 2015
<b>Resubmission and discussion in the 82<sup>nd</sup> session of the Lhengye Zhungtshog</b>	<b>28 July, 2015</b>
<b>Resubmission and approved in the 90<sup>th</sup> session the Lhengye Zhungtshog</b>	<b>2 December, 2015</b>