

Royal Government of Bhutan



**The National Policy and Strategic Framework to
Reduce Harmful Use of Alcohol**

(2013-2018)

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FOREWORD

Alcohol is deeply rooted in our festivals, culture and tradition and its use is socio-culturally accepted. Increase access and use of alcohol has direct proven links to youth crime, domestic violence, road crashes. Furthermore, adverse health and economic consequences of excessive alcohol use to an individual, family and society is well documented. In 2010, there were 138 deaths, 118 vehicle accidents, 61 injuries and 296 cases of domestic violence, all related to alcohol use. The direct cost of treating one alcoholic patient is estimated at Nu1,22,000, contributing to the escalation of increasing health care costs. It is a deep concern that Bhutan is experiencing these downside implications of alcohol. Alcohol use therefore poses a serious threat to achieving our national vision of the Gross National Happiness.

Elimination of alcohol products and its consumption is neither desirable nor feasible. However, we must adopt sound measures to minimize consumption and reduce alcohol related harms in the population. Alcohol harm reduction policies must be carefully designed considering cultural sensitivities, political realities and economic feasibilities of the country. Our priority is to strengthen enforcement of the existing alcohol regulations in all the twenty dzongkhags.

Implementation of alcohol harm reduction requires a multi-sectoral coordination and response. Approaches defined in this strategic framework provide opportunity for stakeholders to exercise their responsibility.

Towards this end, the Royal Government of Bhutan is pleased to endorse the National Policy and Strategic Framework to Reduce Harmful Use of Alcohol (2013-2018). I am hopeful that we will see our commitments bear visible outcomes of saving lives, protecting youths, reducing crimes and violence, and preventing road crashes and injuries thus making our society a Happier place to live in.

Tashi Delek!

Prime Minister
March, 2013

ACKNOWLEDGEMENT

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

Gross National Happiness Commission

Department of Trade and Industry, Ministry of Economic Affairs

Department of Revenue and Customs, Ministry of Finance

Department of Youth and Sports, Ministry of Education

Ministry of Health

Royal Institute of Health Science, Royal University of Bhutan

Ministry of Agriculture

Bhutan Narcotic Control Agency

Road Safety and Transport Authority

Traffic Division, RBP

National Drug Law Enforcement Unit, RBP

Bhutan InfoComm and Media Authority

Chithuen Phendhey Association

Army Welfare Project

National Statistical Bureau

Core group members

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

LIST OF ABBREVIATIONS

ACR	Alcohol Control Regulation
BAC	Blood Alcohol Content
BNCA	Bhutan Narcotic Control Agency
CPI	Consumer Price Index
DIC	Drop in Center
DRC	Department of Revenue and Customs
GNHC	Gross National Happiness Commission
GT	Geog Tshogde
ICB	Information Communication Bureau
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
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
NACC	National Alcohol Control Committee
NCD	Non-Communicable Diseases
NFE	Non-Formal Education
NGO	Non-Governmental Organization
RBP	Royal Bhutan Police
RENEW	Respect Educate Nurture and Empower Women
RSTA	Road Safety and Transport Authority

SECTION I: BACKGROUND

1. Introduction

Alcohol use is deeply rooted in the Bhutanese tradition and culture. For instance, offering of *marching*¹ to begin an important task, or welcoming a guest at home begins with an offer of an alcoholic drink. 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 due to premature deaths and disabilities. Alcohol related harms pose a significant public health problem in Bhutan. 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 to ensure a sustained response to alcohol harm reduction.

2. Alcohol-related situations in Bhutan

A) Prevalence and consumption pattern

Public consumption of alcohol is high. Alcohol abstention rate among the Bhutanese population 15 years and older is 64.7%, notably lower than the South East Asian rate of 80.4%.⁽⁵⁾ A survey conducted in 2001 in eastern Bhutan found that more than 58 percent of the respondents were alcoholics; of which 50 percent of the males were the sole bread earners in their families.⁽²⁾ In urban Thimphu, of the 36.4 % of the adults who had consumed alcoholic beverages in the past year, 10.5% engaged in binge drinking ⁽³⁾. High school surveys showed that 37.3% among Grade 7-8 and 48.3% among Grade 9-10 and 59.1% consumed alcohol ⁽⁴⁾, indicating that underage drinking may be common. Studies by the Ministry of Agriculture and the Ministry of Trade and Industry point out that as much as 50 percent of the grain harvests of each household are used to brew alcohol each year. The home based alcohol production, such as *ara*, *bangchang*, *sinchang* and *tongba*, is estimated to exceed the amount produced by the alcohol manufacturers according to the Bhutan Living Standard Survey.

¹ Marchang is a symbolic offering of an alcoholic drink to the gods, goddesses and local deities to mark the beginning of an important event or an undertaking

B) Availability and accessibility

In Bhutan, there are two domestic sources of alcohol: homebrewed alcohol and commercially manufactured alcohol. Home brewed alcohol is the most widely consumed in the rural regions while industrially manufactured alcohol is available in alcohol outlet establishments. Yet another source of alcohol is imported liquor. Alcohol is cheaply available in Bhutan than in some of the neighboring countries such as India due to low taxation. Alcohol outlets have steadily increased over the years due to liberal licensing policies. There are more than 3,000 bars in Bhutan (6).

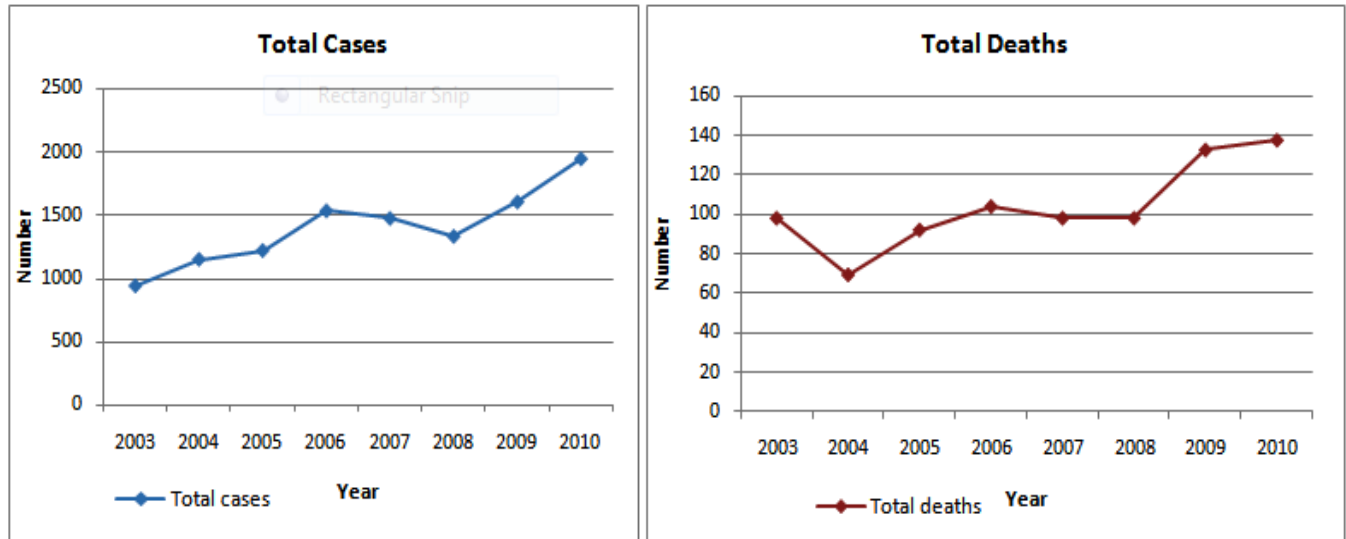
The exponential growth of alcohol market in Bhutan is demonstrated by increased production and increased domestic consumption of alcohol. The sale of alcohol in the domestic market has risen dramatically as compared to the export market. More than 63,000 cases of liquor were supplied to liquor outlets in the capital between 2003 – 2004 which increased to 67,000 cases between July 2005 and June 2006 (9). The production of popular Red Panda beer by the Bumthang Brewery Limited has increased from 300 litres a week to 1200 litres a week because of increasing demand(11).

C) Alcohol related harms

(i) Effects on health

Alcoholic liver disease was the leading cause of mortality in Bhutan from 2006 through 2010(refer to figure1).(13) There was a fourfold increase in admissions with alcohol dependence from 2004 through 2009 in the Jigme Dorji Wangchuck National Referral Hospital (14)

Figure 1: Alcohol related morbidity and mortality in Bhutan (2003-2010)



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

Approximately 7% of road traffic accidents in Bhutan were attributed to drink driving. (21) Police records reveal that alcohol related motor vehicle accidents increased from 112 in 2009 to 151 cases in 2010, and this increasing trend is predicted to continue through 2011 (120 cases till July 2011). The Forensic unit of JDWNR Hospital in 2010 reported 1,093 cases of domestic violence, majority of which were precipitated by alcohol consumption. (23) The United Nations Office of Drug and Crimes (UNODC) reported the homicide rate in Bhutan at 2.78 cases per 100,000 population in 1998 and cited alcohol as the aggravating factor in many of them. (24) The Royal Bhutan Police report corroborates this by showing an increasing trend in crime categorized as assault, battery and related offences, with an average of 485 cases between 2007 through 2009. The number of homicide cases was 48 over the same period. Alcohol was a contributing factor in most cases. (7) Incidence of crime related to drugs/narcotics observed a fourfold rise seen from 2001 to 2005. 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. (26)

(iii) Family matters and domestic violence

RENEW reported that there were 324 victims of domestic violence victims and 119 victims till July 2011 of which 70% of perpetrators were under the influence of alcohol(27). The Ministry of Labour and Human Resources reports 1.54 % of the population as being divorced and separated [32]. The number of matrimonial case in the Royal Courts of Justice increased sharply in 2010. For instance, 37% of the cases were matrimonial in Pema Gatshel Dzongkhag court. Alcoholism, adultery, and domestic violence were the three main reasons for divorce (28).

(iv) Education and adolescence matters

Alcohol use is a predisposing factor for teenage pregnancy because of its negative effect on negotiating or adopting contraceptives. Teenage pregnancy, many of them unwanted and occurring predominantly among rural women accounts for 11 percent of all births in Bhutan [35]. A report showed that 58% of high school students (15-20 yrs) were sexually active in 2000 (26).

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 (26).

D) Costs and economic implications:

The direct cost of providing medical and health care to one alcohol dependent patient was estimated to be as high as Nu 120,000 and a three month rehabilitation would cost another Nu 48,000 (15). Alcohol consumption and production could be one of the causes of rural poverty in Eastern Bhutan, where staple grains are used for home brewing of alcohol. This is further compounded by spending their meager cash income to purchase commercially produced alcohol such as whiskey and beer(29). While revenue from sale of alcohol is substantial, alcohol revenues do not compensate the economic losses incurred as a result of alcohol-related burden, loss of productivity and premature deaths occurring in our society.

SECTION II: THE LEGAL & REGULATORY FRAMEWORK

The 7th session of the first parliament held on 6th June 2011 directed to strengthen alcohol use prevention programs focusing on demand and supply reduction policies to improve the well being and happiness of the people to create a GNH nation, free from alcohol menace. (8) This document has been developed based on this directive of the parliament. The strategy will focus on strengthening the enforcement of existing alcohol policies pertaining to minimum legal drinking age, hours of operations, places of sale, and advertisement and promotion of alcohol products. These policies were framed by a series of the National Assembly sessions (20th, 30th and 50th), executive orders of the ministries and other relevant acts. The sources from which alcohol policies emerged are presented in the following table 1:

Table 1: Sources of alcohol policies

	Clause reference	Policy areas
Child Protection Act 2011, Bhutan		Sale and gifting of alcohol to underage
Bhutan Penal Code 2004	383 and 390	Underage, timing of operation and public intoxication
BICMA Act		
RSTA Act 1999, Ministry of Communication		
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,)	
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
Reinforcement circulars and notifications	Refer Annexure 1	

THE 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. Harm minimization, a term used to refer to policies and programs aimed at reducing alcohol-related harm for individuals and communities
2. 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.
3. Policies are equitable and sensitive to the values and principles of the Gross National Happiness
4. 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.
5. Protection of populations at high risk and vulnerable population of alcohol-attributable harm and those exposed to the effects of harmful drinking by others are an integral part of policies addressing the harmful use of alcohol.
6. Individuals and families affected by the harmful use of alcohol have access to affordable and effective prevention and care services.
7. Children, teenagers and adults who choose not to drink alcohol beverages have the right to be supported in their non-drinking behavior and protected from pressures to drink.
8. Policy and interventions to prevent and reduce alcohol-related harm encompass all alcoholic beverages and surrogate alcohol.
9. Balanced approach that adopts concurrent supply-reduction, demand-reduction and harm-reduction strategies with emphasis on integrating alcohol related law enforcement and crime prevention into all health and other strategies aimed at reducing alcohol related harm.
10. An evidenced-based practice where supply-reduction, demand reduction and harm-reduction strategies are formulated on scientific evidence following rigorous research and evaluation, including assessment of the cost-effectiveness of interventions.

SECTION III: GOALS AND STRATEGIES

3.1 VISION

BHUTAN: A nation free of alcohol menace

3.2 MISSION

To improve health, social and economic outcomes of Bhutanese society by preventing and reducing the harmful use of alcohol

3.3 GOAL

To reduce harmful use of alcohol and its related problems in Bhutan through an effective multi-sectoral response by 2025

3.4 OBJECTIVES:

1. To strengthen enforcement of all existing alcohol policies and legal provisions
2. To reduce morbidity and mortality from harmful use of alcohol
3. To empower communities in reducing harmful use of alcohol

3.5 INTERVENTION STRATEGIES:

Strategies to reduce harmful use of alcohol are defined under ten broad areas.

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 Governmental, Non Governmental agencies and other economic operators.

The interventions are:

- 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 Control Committee (NACC) at the national level,

Dzongkhag committee, Thromdey committee and Geog Committee chaired by Prime Minister, Dzongda, Thrompon and Gup respectively .

- c) Build partnership with mass media organizations to raise awareness on harms associated with alcohol use.
- d) Allocate adequate funds to implement alcohol policies.

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 in 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 programs
- b) Support initiatives for early identification of problem drinkers (including pregnant women and women of child bearing age) 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, suicides, HIV/AIDS and tuberculosis;
- d) Establish surveillance system to monitor alcohol related morbidity and mortality.
- e) Incorporate management of alcohol disorders, identification of problem drinkers and design of community alcohol prevention programs in the training curriculum of RIHS and other relevant training institutes.
- f) Introduce workplace intervention through employee assistance programme
- g) Conduct awareness and education campaigns to inform general public on ill effects of alcohol
- h) 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 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 the sale of alcohol to, and underage consumption, 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 and their families;
- 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 etc.
- g) Design interventions to test home detoxification model and promoting community involvement as a complimentary program for rehabilitation.

3.5.4 Area 4: Drunk-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 safe road traffic environment that is free from alcohol induced accidents.

The interventions are:

- a) Enforce Blood Alcohol Content testing for drink drivers and implement as per the Road Safety Regulations of the Kingdom of Bhutan
- b) Introduce sobriety checks and random breath-testing program
- c) Administer stricter driving licenses rules
- d) Introduce rigorous and standard licensing procedures for novice drivers that advocate zero-tolerance for drink-driving;
- e) Strengthen coverage of mandatory driver-education program
- f) Conduct public awareness and information campaigns on responsible driving behaviors in order to increase the deterrence effect of the alcohol regulations;
- g) Streamline data sharing within traffic police and RSTA

3.5.5 Area 5: Regulating physical availability and quality of alcohol

As physical accessibility to alcohol within a community increases, overall alcohol consumption and related problems also increase. Regulations for controlling access to alcohol should address both commercially manufactured liquor and illicit/informal/home produced alcohol.

The interventions are:

- a) Strengthen enforcement of restriction of alcohol sale timings
- b) Develop licensing policies to regulate outlet density of alcohol premises
- c) Restrict availability of alcohol at specific locations and events.
- d) Strengthen enforcement of prohibition of alcohol services on premises to underage children (below 18 years)
- e) Designate “alcohol free zones” as determined by local authorities
- f) Monitor establishment of new alcohol industries in the country
- g) No domestic market expansion both in terms of domestic and imports
- h) Control alcohol import by reducing import of foreign alcoholic beverages
- i) Institute public ownership of wholesale marketing mechanism that ensures distribution of alcohol through legal channels only
- j) Enforce restriction of home brewed alcohol for commercial sale

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 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 and cultural activities. They sponsor mega events that attract young people and advertise their products strategically through the use of mass media that are popular such as emails, SMS testing, Pod casting, social media and other high tech communication techniques. 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) Impose ban on any form of advertisement on alcohol as per the BICMA Act
- b) Enforce labeling requirements of health hazard messages of alcohol consumption on all types of alcohol products including the percentage volume of alcohol contents
- c) Monitor sponsorship activities that are promoted by alcohol beverage companies
- d) Institute surveillance systems to monitor media information on alcohol
- e) Monitor direct or indirect marketing of alcohol in all forms of media
- f) Advocate restrictions of alcohol services in official functions

3.5.7 Area 7: Taxation and Pricing Policies

Demand for alcohol consumption is sensitive to market price. Rise in price tends to decrease consumption. The evidence also indicates that heavy drinkers and young people in particular are more affected by price changes. When increasing the tax on alcohol extra vigilance must be paid on alternate sources of illicit marketing within and outside the country. Information and awareness building measures along with collaboration are crucial to getting support from consumer groups, retailers and suppliers.

The interventions are:

- a) Raise taxes, fees and charges for all alcohol products and impose appropriate taxation system to reduce the harmful use of alcohol considering income changes.

- b) Freeze the sanction of subsidies to business establishments dealing with alcohol trade

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

Different drinking behavior and culture determine the level of risks. In Bhutan drinking alcohol usually takes place during social, cultural and community events. Modifying certain aspects of this environment will prevent excessive use of alcohol and thereby avoid its harmful consequences. 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) Institute responsible alcohol service program in licensed premises such as bars, hotels, lodges, and *drayang*s where alcohol is sold.
- c) Provide appropriate care/shelter for severely intoxicated people;
- d) Enforce monitoring and compliance check of alcohol service policies

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

Consumption of illicit alcohol products has additional negative health consequences due to a higher ethanol content and potential contamination with toxic substances, such as methanol. Good scientific, technical and institutional capacity should be in place for the planning and implementation of appropriate local and national control measures. Good knowledge on the market and insight into the composition and production of informal or illicit alcohol are important for developing appropriate legislative framework and active enforcement.

The interventions are:

- a) Develop specific local action plans to advocate prohibition of commercial production and sale of home brewed 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 sale of home brewed alcohol
- e) Control sale of illicit alcoholic beverages by taking legal actions against defaulters.

3.5.10 Area 10: Monitoring and surveillance

Monitoring and surveillance data are needed to monitor the magnitude and trends of alcohol related harms, strengthen advocacy, and formulate appropriate programmatic plans and to assess impact of interventions. Systematic collection, collation and analysis of data; timely dissemination of information and feedback to policy-makers and other stakeholders should be an integral part of the implementation of any policy and intervention to reduce harmful use of alcohol.

The interventions are:

- a) Identify a national monitoring and surveillance coordination unit to monitor generate annual surveillance information
- b) Build a repository of data to track nationally and internationally agreed set of indicators on harmful use of alcohol
- c) Conduct evaluation of alcohol use prevention programs.
- d) Build capacity for monitoring and evaluation of alcohol-related programs
- e) Evaluate the impact on the drinking pattern of people following any intervention by different sectors
- f) Conducting periodic surveys on consumption of illicit and informally produced alcohol
- g) Conduct periodic national surveys on alcohol consumption and alcohol-related harm

SECTION IV: ROLES OF THE STAKEHOLDERS

Stakeholder roles are specified in the following section to promote an effective multi-sectoral coordination and response to reduce harmful use of alcohol.

4.1 Government

Comprehending the situation of alcohol consumption and its related problems, including associated factors as an essential component to formulate efficient and cost-effective alcohol control measures, the government shall:

- Exhibit commitment to support the national alcohol harm reduction policies and strategies
- Guarantee allocation of adequate funds to carry out alcohol harm reduction activities
- Ensure effective implementation of the policies among the stakeholders
- Promote engagement of academia, civil society, NGOs having no conflict of interest, in the process of alcohol policy formulation, implementation and evaluation.

4.2 Local Government

Consistent with the functions empowered by 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,) dzongkhags, geogs and thromdeys shall:

- Support the implementation of the national alcohol policy at local level
- Promote local interventions to discourage alcohol use relevant to local context and resources, identify alcohol free zones, endorse alcohol free events, and support alcohol responsible retailing programs among licensed premises
- Develop guidelines for tax and price interventions, retail licenses, identifying alcohol free zones in the locality and organize alcohol-free events
- Declare the prevalence of alcohol consumption in the community and its related problems as a performance indicator for the local government
- Monitor the situation on alcohol consumption and related problems in the locality
- Regulate advertisement and promotion of alcohol at local level in accordance with the BICMA Act (Local Government Act 2009, 50 (e))

4.3 Health Sector

- Spearhead policy processes and advocacy related to reducing alcohol related harms
- Provide alcohol screening services, detoxification, counseling and treatment facilities
- Build the capacity of health workers and support relevant sectors and NGOs to provide appropriate health care, and advocacy related to alcohol use and dependency.
- Conduct studies on alcohol related problem in the country to strengthen evidence-based alcohol harm reduction program

4.4 Ministry of Economic Affairs

- Implement regulations on licensing of retail, wholesale, industrial, bar, import business to reduce physical availability of alcohol

4.5 Ministry of Finance

- Allocate adequate funds to support the national alcohol harm reduction interventions
- Enforce sales tax, customs and excise act of the kingdom of Bhutan 2000.
- Review and propose revision and increase of duties, fines and penalties to Ministry of Finance on alcohol beverages from time to time.
- Regulate liquor vendor license to reduce physical availability of alcohol outlets based on relevant agencies recommendations

4.6 Ministry of Home and Cultural Affairs (Royal Bhutan Police)

- Enforce prohibition of alcohol services to underage children (below 18 years), prohibit alcohol sale to impaired customers
- Enforce trading hours of bars (including drayang, discotheques) and alcohol establishments.
- Enforce prohibition of drinking in public places and public intoxication.
- Enforce road safety and transport act provisions related to drink driving.
- Liaise with relevant agencies to implement the regulations.

4.7 Bhutan InfoComm & Media Authority (BICMA)

- Enforce prohibition of advertisement, promotion and sponsorship for alcohol beverages in print, broadcast media and films. (“Rules on content” and “Filming Guidelines”)
- Enforce alcohol trading hours in entertainment centers (drayangs, discotheques)
- Enforce entry restrictions for minors below 18 years into public houses and entertainment places exclusively used for supply of alcohol consumption (Entertainment Regulations, BIMCA 2009)

4.8 Road Safety and Transport Authority

- Enforce relevant provisions under RSTA Act and regulations pertaining to drunk driving.
- Impart education and awareness on ill effects of alcohol on driving.

4.9 Ministry of Education

- Develop policies to support schools and academic institutions to deter students from using alcohol
- Support restriction of operation of bars in the academic campus and immediate premises
- Promote alcohol regulation awareness and education on harmful effects of alcohol

4.10 Academic Institutions (Schools, Colleges, Training Institutes)

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

4.11 Bhutan Narcotic Control Agency

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

4.12 Ministry of Agriculture

- Explore and support alternative sources of income generation among local producers to replace production and sale of illicit and unlicensed alcohol

4.13 Religious Bodies

- Promote role-modeling by avoiding drinking and eschewing its use in society.
- Conduct religious preaching and sermons to disseminate information on ill effects of alcohol
- Support efforts to reduce alcohol consumptions during community religious ceremonies and festivals

4.14 Civil Societies and NGOs

- Support public sector in the process to address alcohol-related problems
- Establish organizations to deal with alcohol addiction and prevention
- Expand community based approaches to deal with alcohol addiction and alcohol control

4.15 Mass Media organizations

- 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
- Participate in dissemination of information on harmful effects of alcohol and alcohol policies to change social norms and attitudes to alcohol use

4.16 Alcohol Industries

- Comply with national and local level alcohol policies, rules and regulations
- Avoid alcohol marketing and advertisement through channels that are easily accessed by youth

- Support alcohol policy processes at national and local levels
- Demonstrate corporate social responsibilities by providing financial contributions exclusive of taxes to promote responsible alcohol retailing programs

4.17 National Statistical Bureau

- Advance conceptual work on the GNH indicators accounting on alcohol consumption
- Contribute to development of information system on alcohol consumption and related problems

SECTION V: IMPLEMENTATION FRAMEWORK

At the central level, Bhutan alcohol control policies will be implemented under the direction of the prime minister or an appointee of the prime minister. The national implementation of alcohol control program will be embedded within the roles of the dzongkhags, thromdeys and geogs. Alcohol control committees will be instituted at different levels as shown in table 1.

Table 2: The three-tier National Alcohol Control Committee structure

	National level	District level/Thromdey	Geog level
Chairperson	Prime Minister	Dzongdag/Thrompon/DTs	Gup
Member secretary	Cabinet Secretary	Planning Officer/Executive Secretary	Geog Administrative officer
Co-member secretary	Health Secretary	District Health Officer/Urban Health Officer or Environment Officer	Health Assistant
Members	Ministers and Secretaries, head of the relevant agencies, NGOs & CBO	Gups, Regional and sector in-charges, business/religious body , CBO and NGOs	Tshogpas, Mangmis, Sector in-charges, business/religious body representative

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

5.1 National Alcohol Control Committee (NACC):

- Frame appropriate alcohol use reduction policies and review and re-strategize the policies as necessary
- Monitor, assess and evaluate the policies and programs carried out by implementing agencies
- Advice 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
- Advice on research areas relating to alcohol consumption and abuse
- Liaise with government agencies, NGOs and international organizations on issues relating to alcohol

5.2 Dzongkhag and Dungkhag Alcohol committee:

- Approve dzongkhags/dungkhag annual work plans related to alcohol control
- Monitor the implementation of the national alcohol policy at dzongkhag level
- Review and provide feedback to the implementing agencies at dzongkhag level

5.3 Geog Alcohol Committee:

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

5.4 Thromdey Alcohol Committee:

- Approve thromdey annual work plans related to alcohol control
- Monitor the implementation of the alcohol control policies at thromdey level
- 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 key milestones

Key mechanisms	Short term (within 1 year)	Medium term (less than 3 years)	Long term (4-5 years)
<p>Engage during the annual gup and dzongdag conference</p> <p>Form a national team comprising of MOEA, MOF, MOH and RBP to conduct the advocacy</p> <p>Formalize the secretariat to the National Alcohol Control Committee</p>	<p>20 districts and major thromdeys advocated on alcohol policies</p> <p>Alcohol control policies discussed in the 20 DT, 4 thromdey 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>Revise penalties and rules regarding commercial production of home 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>Conduct national alcohol policy impact studies on crime, violence, road crashes, consumption pattern, health morbidities and mortalities and social productivity</p> <p>National Alcohol Control Projects established</p>

Table 4: Dzongkhag and thromdey level mechanisms and key milestones

Key mechanisms	Short term (within one year)	Medium term (less than 3 years)	Long term (4-5 years)
Establish alcohol	Policy framework		Responsible

control committee Institute six monthly review meetings of the alcohol control committee Conduct annual meeting of the stakeholders	advocated in the DT and Thromdey meetings Business communities in all the townships educated on the alcohol service policies Responsible retailing service programs initiated in at least one township	Responsible retailing service programs initiated in at least three major townships	alcohol retailing service programs in all townships Impact studies of alcohol control in the dzongkhags and thromdeys
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Table:5: Geog level mechanisms and key milestones

Key mechanisms	Short term (within one year)	Medium term (less than 3 years)	Long term (4-5 years)
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 the geog 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 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: ACTION PLAN FOR STAKEHOLDERS

6.1 Ministry of Health:

Spearhead policy processes and policy advocacy related to reducing alcohol related harms

- Conduct consultative meetings, workshops, seminars among the agencies to formulate policies and review the activities pertaining to reducing harmful use of alcohol
- Conduct National Alcohol Control Committee six monthly meetings as the secretariat to the National Alcohol Control Committee
- Collect and analyze the reports of the dzongkhag, thromdey and geog level alcohol harm reduction committee and update the national implementation state of alcohol control policies

Provide screening services, detoxification, counseling and treatment facilities

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

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

- Train school teachers, peer counselors, and outreach workers from the 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
- Expand community based alcohol use reduction program in the priority community districts

Conduct studies on alcohol related problem in the country to strengthen evidence-based alcohol use prevention program

- Conduct periodic surveys on prevalence and patterns of alcohol consumption and its ill effects.
- Analyze alcohol related disease and deaths from the health facility records.
- Conduct social and economic cost analysis of alcohol related violence, crime and accidents

6.2 Ministry of Economic Affairs:

Implement regulations on licensing of retail, wholesale, industrial, bar, import business to reduce physical availability of alcohol

1. Enforce separation of bars from other businesses including grocery shops except in hotels and restaurants
2. Enforce licensed alcohol retailers and whole sale shops from selling alcohol for consumption on their premises
3. Enforce bar operation timings and participate in joint inspection programs with the relevant partners
4. Monitor the sale of illegally imported alcoholic beverages
5. Enforce monitoring of change of ownership of bar licenses and develop procedures to identify fronting
6. Enforce restriction of bar licenses in the vicinity of dzongs, dratsangs, rabdeys, gomdeys, shedras and educational institutions
7. Develop procedural manual to conduct inspections to enforce field inspections for alcohol retail practices among establishments
8. Enforce non-issuance of stand-alone bar licenses
9. Stop issuance of approval for alcoholic beverages project proposals for above 8% volume of alcohol(8th session of the 1st parliament of Bhutan)
10. Enhance responsibility of establishments through education on alcohol policies and requiring signing of undertaking to abide by the rules
11. Develop a joint implementation plan with BICMA to enforce the prohibition of sale of alcohol in entertainment centers by 10 PM

Conduct the review the following policy issues and propose new measures:

12. Issuance of bar licenses in the residential houses

13. Alcohol production projects of alcohol content below 8% volume
14. Licensing alcohol outlets/bars policies on the national highways to decrease outlet density
15. Import rules of alcoholic beverages to reduce volume of import
16. Reduction of grace period for bar license renewal
17. Increase of penalty for violations

6.3 Department of Revenue & Customs (Ministry Finance):

- Enforce vigilance on import and smuggling of alcoholic beverages at the entry points as an annual work plan of the RRCO
- Enforce vigilance and inspection on 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
- Regulate liquor vendor license to reduce physical availability of alcohol outlets based on relevant agencies recommendations
- Share information on import of alcoholic beverages, sales in the domestic market and confiscation of illicit liquor and other alcoholic beverages
- Review and propose revision and increase of duties, fines and penalties to Ministry of finance on alcohol beverages from time to time
- Review alcohol taxes to decrease the affordability of alcohol

6.4 Ministry of Home & Cultural Affairs:

Department of local government will coordinate with the dzongkhag administration and geog administration to implement the national strategic frame work to reduce harmful use of alcohol

1. GYT members implement alcohol control regulations and promote responsible alcohol services
2. Local governments spearhead innovative community based actions to reduce harm from alcohol use.
3. District administration enforce regulation & support of community based activities

6.5 Ministry of Home and Cultural Affairs (Royal Bhutan Police):

1. Enforce prohibition of alcohol to underage children (below 18 years), and prohibition of sale to impaired customers
2. Enforce trading hours of bars (including drayang, discotheques) and alcohol establishments in coordination with the relevant agencies
3. Enforce prohibition of drinking in public places and public intoxication
4. Conduct national highway patrol and other road safety inspections to assess alcohol use while driving
5. Enforce Blood Alcohol Concentration limit policies
6. Strengthen information system to document alcohol related crimes, crimes emerging from entertainment centers
7. Introduce alcohol related harms and harm reduction in the Police Youth Partnership Program as a crime prevention strategy
8. The Crime and Operations branch shall liaise with other relevant agencies to include alcohol harm reduction as a crime prevention approach

6.6 Bhutan InfoComm & Media Authority (BICMA):

Enforce prohibition of advertisement, promotion and sponsorship for alcohol beverages in print, broadcast media and films. ("Rules on content" and "Filming Guidelines")

1. Conduct routine screening of contents of news papers, publications, TV and radio broadcasts
2. Conduct content review of the national and international films

Enforce the trading hours in entertainment centers (drayang, discotheques)

1. Conduct adhoc monitoring visits to drayang and entertainment venues as an annual work plan
2. Develop joint inspection plan with relevant agencies
3. Conduct coordination meetings with the local governments to discuss on the licensing, enforcement and other regulations governing places of entertainment

Enforce entry restrictions for minors below 18 years into entertainment places such as night clubs and drayang exclusively used for supply of alcohol consumption (Entertainment Regulations, BIMCA 2009)

1. Send notification to 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 timing of operation
2. Develop a joint implementation plan with MOEA to enforce the prohibition of sale of alcohol in entertainment centers by 10 PM

6.7 Road Safety and Transport Authority:

1. Procure BAC equipment and scale up alcohol random checks
2. Enforce relevant provisions under RSTA Act pertaining to drunk driving.
3. Conduct driver-education, counseling and refer for appropriate treatment programs
4. Conduct public awareness and information campaigns in support of policy to increase the general deterrence effect
5. Provide support for inspection and seizure of alcohol beverages transported in commercial quantities in any form of vehicles into or within the country

6.8 Ministry of Education:

1. Include alcohol prevention policies and programs in school calendars.
2. Appoint specialized alcohol abuse counselors in all training institutes
3. Conduct awareness and education program on ill effects of alcohol for in and out of school youths
4. Conduct alcohol and surveillance assessment in the beginning of every academic year for early detection and counseling services
5. Conduct classes on harmful effects of alcohol during value education
6. Refer alcohol dependent youths for detoxification and treatment
7. Provide counseling services to alcoholic youths
8. Provide case history of alcohol dependent students while transferring them to another school
9. Strengthen the School Parenting Education Programme (SPEA) to create awareness among parents on signs of alcoholism and to involve them in dealing with alcoholics
10. Conduct awareness program on ill effects of alcohol through NFE program

6.9 Ministry of Agriculture (Department of Agriculture):

1. Support post-harvest storage of grains to prevent alcohol brewing in rural areas
2. Support conversion of grains into other edible snacks & products
3. Assist marketing of cereals
4. Promote diversification of cultivation

6.10 Royal Civil Service Commission:

1. Identify employees with alcohol use problems and recommend for referral and rehabilitation
2. Enforce discouragement of use of alcohol as per the Bhutan Civil Service Commission Rules 2012 (Chapter 3, Code of Conduct and Ethics 3.2.25.2)

6.11 Bhutan Narcotic Control Agency:

1. Create awareness about ill-effects of alcohol in co-ordination with other stakeholders.
2. Provide counseling and education through drop in centers
3. Identify and early referral of alcohol dependents for detoxification.
4. Provide rehabilitation service

6.12 Religious Bodies:

1. Grant religious decree from His Holiness Jekhenpo on ill effects of alcohol.
2. Conduct sensitization and awareness programme among the religious groups
3. Participate in community based alcohol prevention programs
4. Conduct religious discourses and teaching for reducing harmful use of alcohol

6.13 Media Organizations:

1. Participate in addressing harm reduction from alcohol use
2. Participate in awareness campaign on harm reduction
3. Disseminate messages on ill effects of alcohol
4. Avoid advertisement of alcoholic beverages

6.14 Alcohol Industries:

1. Maintain manufacturing standards as set
2. Maintain quality as per prescribed standard set from time to time
3. Submit reports on production, sales & warehouse goods
4. Ensure correct labeling of goods and health warning labels to be embossed on the alcohol containers

6.15 Civil Societies and NGOs:

1. Participate in public awareness and information campaigns in support of strategy and in order to increase the general deterrence effect
2. Participate in education, counseling and rehabilitation of alcohol dependence.
3. Establish and expand anonymous groups: Narcotic Anonymous (NA) and Alcoholic Anonymous groups (AA)
4. Establish mid-way homes for recovering addicts
5. Support income-generating activities, job opportunities for recovering addicts
6. Generate funding support for rehabilitation and treatment by applying grants to other agencies
7. Support capacity developing and skills for recovering addicts
8. Participate in-and-out country training programs for outreach and peer workers
9. Advocate the services provided by alcoholic anonymous and narcotic anonymous groups and institutions
10. Develop activity information system related to alcohol harm reduction activities

6.16 National Statistical Bureau:

1. Develop template on data collection from individual stake holders
2. Conduct periodic nationwide survey on alcohol related problems.
3. Collect and compile alcohol related data and report in annual statistical year book

INDICATORS BY AREAS AND RESPONSIBLE AGENCIES

The national response to harmful use of alcohol prevention over the five year period will be measured by the following process 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"> Alcohol control bill submitted to the parliament Lead agency for alcohol prevention identified and proposed Amount of budget approved for alcohol control programs at the national, dzongkhags, thromdey and geog levels 	RGoB
2	Health service response	<ul style="list-style-type: none"> Number of detoxification centers established Number of alcoholic patients treated Number of health workers trained on alcohol detoxification and rehabilitation services Number of outreach workers and peer counselors trained (NGO/BNCA) Number of awareness campaign on harmful effects of alcohol conducted Alcohol problem screening and brief intervention incorporated in the curriculum of Health Training Institute Number of patients received brief intervention on alcohol 	MoH
3	Community action	<ul style="list-style-type: none"> Number of alcohol harm reduction pilot projects in the community implemented (including schools) Number of districts with community alcohol prevention projects Number of rehab centers, DICs established Number of community action plan receiving government budgetary support Number of towns enforcing responsible alcohol retailing programs through enforcement of minimum drinking age, timing of operation and other establishment policies 	MoH, MoHCA Dzongkhag,geog NGOs MoH, Dzongkhag, Thromdeys, NGOs
4	Drunk driving regulation and counter measures	<ul style="list-style-type: none"> BAC limit set for all drivers Number of random breath testing conducted Number of sobriety checkpoints established Number of driving licenses suspended or cancelled. 	RSTA and RBP
5	Availability of alcoholic beverages	<ul style="list-style-type: none"> Licensing on production and sale of alcohol regulation developed and implemented Enforcement reports on existing regulation Approved and registered categories of alcoholic beverages produced in the country Number of standalone bar licenses 	MoEA
6.	Marketing of alcoholic beverages	<ul style="list-style-type: none"> Number of alcohol labels reviewed and approved Number of establishments penalized for advertising alcohol 	MoEA, BICMA

		<ul style="list-style-type: none"> Number of community events prohibiting alcohol use and promotion 	
7	Pricing	<ul style="list-style-type: none"> Trend in real price of alcoholic beverages relative to consumer price index (CPI) over the past five years studied Impact study on tax revision conducted 	MoEA & DRC
8	Reducing negative consequences of drinking and alcohol intoxication	<ul style="list-style-type: none"> Health warning labels on alcohol containers displayed Number of responsible alcohol service trainings conducted for the bar tenders and owners Number of alcohol premise licensed holders oriented on responsible alcohol services before issuing the new license Number of inspection of entertainment venues conducted 	Alcohol industry MoEA & MoH
9	Reducing public health impact from illicit alcohol and informally produced alcohol	<ul style="list-style-type: none"> Monitoring system developed to prevent illegal productions & sale of home brewed alcohol Number of geogs committed to implementing ban of home brewed alcohol for commercial sale 	MoEA & DRC MOH/BNCA
10	Monitoring and surveillance	<ul style="list-style-type: none"> Annual reports of compliance level of establishments based on decoy shopping Regular alcohol consumption report produced by NSB National baseline data on alcohol consumption Number of people trained on M&E capacity Number of prevalence surveys on home brewed alcohol 	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"> Number of Alcohol Control Committees formed Number of district/ Thromdey/geog Alcohol Control coordination meetings conducted 	Secretariat for National Alcohol Control Committee

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Annexure 1: LIST OF NOTIFICATIONS AND RELATED ALCOHOL POLICIES

Prohibition of alcohol sales to under-age children younger than 18 years-*(Rules and regulations for establishment and operation of industrial and commercial ventures in Bhutan (1985) and Notification issued vide no. KHA (12)-7/89/5070 dated August 24, 1989)*

Prohibition of alcohol sales before 1 pm-*(Circular issued by the then Ministry of Trade and Industry vide letter No. MTI/111-71/274 dated January 7, 1999)*

Observe Tuesday as an “alcohol free” day-*(Circular issued by the then Ministry of Trade and Industry vide letter No. MTI/111-71/274 dated January 7, 1999)*

Enforce the prohibition of sale of alcohol in entertainment centers by 10 PM (BICMA)

Alcohol is prohibited to be sold near premises of educational institutions, Dratsangs, Rabdeys, Gomdeys, Shedras and Dzongs, hospitals and schools-(*Circular issued by the then Ministry of Trade and Industry vide letter No. MTI/111-71/274 dated January7, 1999*)

The sale of home brewed alcohol is banned-(Section 17, *Rules on the Sales Tax, Customs and Excise Act of the Kingdom of Bhutan 2000*)

Process of developing this National Policy and Strategic Framework to Reduce Harmful Use of Alcohol

<i>Process/Statges</i>	<i>Time frame</i>
<i>First consultative meeting with the stake holders</i>	<i>April 2011</i>
<i>Formation of core group to work on the policy strategic framework</i>	<i>May 2011</i>
<i>Received National Assembly Resolution</i>	<i>June 2011</i>
<i>First draft developed by core group</i>	<i>August- September 2011</i>
<i>Second Stakeholders meeting facilitated by the Program and WHO Consultant</i>	<i>October 2011</i>
<i>Continuation of work by core group to make changes as per the recommendation by WHO consultant</i>	<i>November – December 2011</i>
<i>Review of draft by National Experts both within the MoH and other relevant organizations</i>	<i>January - February 2012</i>
<i>Third Stakeholders workshop to finalize the draft</i>	<i>April 2012</i>
<i>Incorporation of comments and feedback by core group</i>	<i>May – June 2012</i>
<i>Final Review and fine-tuning of document by program & Department of Public Health</i>	<i>from July 2012</i>

<i>Presented to high level committee of Health Ministry.</i>	<i>13 December 2012</i>
<i>Presented in National Symposium for developing partnership on reducing harmful use of alcohol</i>	<i>22 -24 December 2012</i>
<i>Taskforce Committee workshop to finalize the draft</i>	<i>16-18 January 2013</i>
<i>Circulated documents and Incorporated final comments from Taskforce committee members from stakeholders.</i>	<i>February 2013</i>
<i>Final Draft Ready</i>	<i>28 March 2013</i>
<i>Sought approval from Ministry of Health</i>	<i>8th April 2013</i>
<i>Submitted to GNHC</i>	<i>11th April 2013</i>