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DRUG USE SITUATION AND RESPONSES IN SCHOOLS AND COMMUNITIES

A Rapid Assessment in Phuentsholing, Bhutan

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A Rapid Assessment on the Drug Use Situation and Responses in Schools and Communities in Phuentsholing, Bhutan (2008)

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BNCA	Bhutan Narcotics Control Agency
BNCB	Bhutan Narcotics Control Board
CBA	Community Based Assessment
CBO	Community Based Organisation
DIC	Drop-in-Centre
FGD	Focus Group Discussion
FRSP	Female Regular Sex Partner
HISC	Health Information Service Centre
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
KII	Key Informant Interview
NGO	Non-Government Organisation
O-o-O	One-on-One Interview
RGB	Royal Government of Bhutan
RSRA	Rapid Situation and Response Assessment
SAARC	South Asian Association for Regional Cooperation
SBA	School Based Assessment
SD	Standard Deviation
UNODC ROSA	United Nations Office on Drugs and Crime, Regional Office for South Asia
YDF	Youth Development Fund

Preface

It is a great honour and pleasure for me to write the preface for the 2008 report on 'Drug Use Situation and Responses in Schools and Communities – A Rapid Assessment in Phuentsholing, Bhutan'. I would like to congratulate both the Bhutan Narcotics Control Agency and the United Nations Office on Drugs and Crime, Regional Office for South Asia for carrying out this initiative. I would also like to commend the technical experts and the rapid assessment team members for their laudable work in preparing this document.

As a land-locked country with mountainous terrain, remote and scattered settlements, the costs of social development have indeed been very high for Bhutan. However, under the enlightened leadership of our fourth King, His Majesty Jigme Singye Wangchuck, we have achieved remarkable progress with our development programmes. During the past four decades, we have accorded highest priority to the social sector with about 30% of our national budget earmarked for. Even the remotest corners of the country are being served with health, education and agriculture extension facilities. 'Bhutan 2020: A Vision for Peace, Prosperity and Happiness' has clearly shown our commitment to improve the quality of life of the people through improving health and education, preserving Bhutan's rich cultural heritage and maintaining its precious environment. The Xth five year plan (2008-2013) concretely states the long term health services objective as "To promote the health of the whole population so as to enable every citizen to lead a socially and economically productive life and within the broader framework of overall national development to enhance the quality of life of the people through better health care in the spirit of social justice and equity."

As a result, our goal of providing basic social services to the people has been largely achieved. There is a visible improvement in the quality of life of the people. Infant and maternal mortality rates have almost halved within the past few decades. Life expectancy has increased from 47 years to 66 years. We have achieved an overall child immunisation coverage of 90% and 85% of the Bhutanese rural population has access to safe drinking water and sanitation. Health coverage of our population is estimated to be around 90%. Diseases such as leprosy and iodine deficiency related disorders are on the verge of eradication.

Despite our successes, we continue to face many challenges and constraints in our efforts to ensure social development. An emerging concern is creating appropriate job opportunities to meet the rising aspirations of the younger generation. Use of psychotropic substances due to unemployment, poor academic performance, peer pressure, urbanisation and migration from rural areas to urban cities for employment and education is emerging as an additional health and social issue in Bhutan.

The current document therefore is timely and much needed. I would like to take this opportunity to thank the United Nations Office on Drugs and Crime, and seek their continued support and cooperation. In a spirit of partnership, we must ensure that we translate the pragmatic commitments made through this research document into concrete actions, informed planning and interventions to prevent drug use and HIV.



Lyonpo Zangley Drukpa
H.E Health Minister and Chairman
Bhutan Narcotics Control Board

Prologue

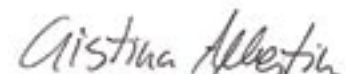
It gives me great pleasure to congratulate and express my gratitude to the Bhutan Narcotics Control Agency, Royal Government of Bhutan for partnering with UNODC Regional Office for South Asia on the project "Prevention of Transmission of HIV among Drug Users in SAARC Countries". I hope that our joint efforts towards developing preventive strategies for drug abuse and HIV will further contribute to greater health and happiness of the people of Bhutan.

This Rapid Situation and Response Assessment Report on drug use situation and responses in schools and communities in Phuentsholing, Bhutan seeks to expand the evidence and knowledge base on risk and vulnerabilities among school children, youth and adults to substance use, HIV, sexually transmitted infections and associated violence and crime.

The evidence and information from this report also highlights the drug and HIV related risk behaviour, adverse health consequences, knowledge and attitudes of drug users as well as their sex partners.

We hope that this report will also assist us in developing comprehensive policies and programme interventions to protect the lives of drug users and ensure the health of the society.

Finally, I express my sincerest appreciation to the technical experts and the rapid assessment team members for their creditable work in carrying out the assessment and preparing this scientific document.



Ms. Cristina Albertin
Representative
UNODC ROSA

Acknowledgements

'Rapid Situation and Response Assessment' (RSRA) is a survey methodology used to assess the drug use behaviour in a particular place within a short span of time. The environment of drug users, i.e. their friends, types of drugs they use, their sex partners and various other factors involved in their lives changes every now and then. Thus, in order to contain the spread of HIV and STIs due to drug use, the Bhutan Narcotics Control Agency in collaboration with UNODC ROSA, considered it important to carry out frequent RSRA in the most vulnerable places so that effective intervention programmes can be planned from time to time.

Phuentsholing town being the gateway to Bhutan for many different traders and business activities makes the town a hotspot for floating commercial sex workers, vibrant night life and drug and alcohol use. Illicit substances which are controlled in different parts of the country can be easily accessed in Phuentsholing. Keeping these vulnerability issues in mind, it was decided to conduct the first RSRA in Phuentsholing under this collaboration.

The RSRA in Phuentsholing took off with a one week capacity building workshop held in March 2008. The RSRA was conducted in two different settings – school and community. The school based assessment was aimed at studying the drug and alcohol use trend among students and their awareness on HIV/STIs. A total of 2,277 students out of 2,334 in Phuentsholing town who are above class six were reached. The school based assessment covered most of the youth from ages 12 to 18 residing in Phuentsholing town.

The community based assessment was conducted for individuals who were older than 18 years old who had used heroin, pharmaceutical medicines or sniffed glue for pleasure. Female drug users and female sex partners of male drug users were also included in the community assessment. To strengthen the quality of information, local community leaders known as key informants were also interviewed.

Finally, on behalf of the Agency and on my own self, I would like to thank the Honourable Chairman and the Narcotics Control Board members for their directives and support in carrying out the RSRA. I would also like to extend our appreciation and sincere thanks to UNODC ROSA, for their financial and technical support. Furthermore, my gratitude also goes to the Dungpa, Superintendent of Police, Thrompon and senior government officials of Phuentsholing Dungkha for their unwavering support. I would like to acknowledge the principals, teachers and students of the Phuentsholing schools for their cooperation.



Mr. Kinley Dorji

Executive Director

Bhutan Narcotics Control Agency

Executive Summary

Bhutan is situated on the south-east slope of the Himalayas, bordered on the north and east by Tibet and on the south, west and east by India (see Figure 1 map). The total population of the country is 637,000 (Population and Housing Census of Bhutan, 2005), with 111 males per 100 females and a density of 16 persons per sq. km area. The administrative divisions in Bhutan are zones, districts, sub-districts and groups of villages¹. Bhutan is a low income country having mostly an agrarian way of life, with about 80% of the people dependent on agriculture and livestock rearing for their livelihood. However, fast growing modern industries comprising manufacturing, energy and related services are gradually coming to dominate the economy in certain parts of Bhutan. Tourism is also increasingly regarded as an important sector due to its ability to strengthen the economic base. This transition is reflected in the changing lifestyle of the population and related health issues, one of which is psychotropic substance use.

The traditional form of substance use in Bhutan is consumption of *areca* nuts and alcohol. A piece of *areca* nut (locally known as *doma*), is folded in betel leaf (local term *pani*), to which lime (locally called *tsuni*) is applied. This assembled eatable is then chewed. The quid (*doma pani*) is also called *doma* in abbreviated form, the juice of which is either swallowed after chewing or spat out. While consumption of *doma* and alcohol has been generally discussed in relation to cultural practices in different texts, attention has recently been focused on the link between alcohol consumption and injuries and cirrhosis

of the liver (which were respectively the second and third highest recorded causes of death in Bhutan in the year 2000, WHO 2006). *Ara*, an alcohol distilled from locally produced rice, barley and maize is the traditional form of alcohol used in Bhutan.

Data on other types of psychotropic substance use in the country are sparse. The present report bridges this information gap by documenting a shift from traditional forms of substance use to non-traditional forms. Bhutan's porous borders with India and its geographical proximity to areas which exhibit significant drug use and injecting drug use, such as Nepal, the northern part of West Bengal (Sarkar 2006) and the north-eastern states of India (Panda 2006), render it vulnerable due to potential drug trafficking and movement of drug users across the borders. Therefore, in order to develop evidence based interventions

Figure 1: Political map of Bhutan



¹ Administrative zones (*dzongdey*) provide central government services at local levels; smaller administrative units are districts (*dzongkhag*), which are either divided into sub-districts (*dungkhag*) or village groups (*gewog*).

on drug use and HIV prevention, UNODC ROSA collaborated with the Bhutan Narcotics Control Agency (BNCA) to conduct a Rapid Situation and Response Assessment (RSRA) in 2008, the findings of which are presented here. The overall purpose of the assessment was to explore and understand the dynamics of drug use and related vulnerability of the local youth in Phuentsholing, so that informed intervention programmes could be developed. The RSRA conducted in Phuentsholing (field work from 1st April - 7th May 2008) started with capacity building trainings followed by assessments in two settings:

1. Schools (through self administered questionnaire)
2. The community (through observation, interview and focus group discussion)

Both primary and secondary data were collected for and in these settings. The importance of the current assessment lies in the fact that it describes the drug use scene in both school going and out of school youth.

School Based Assessment (SBA)

All the schools in Phuentsholing and the students in the respective classes present on the day of the assessment participated. Self administered and filled in questionnaires from 888 respondents (431 males and 457 females) from primary and lower secondary (VI-VIII) and 1162 (546 males and 616 females) from middle and higher secondary (IX-XII) schools were analysed. It was noted that only one-third of the respondents from lower and a little higher proportion in higher grades indicated that their teachers frequently talked to them about ill effects of drugs. On the other hand, about 20% of the students in lower grades and almost double the proportion of the students in higher grades reported having friends who use alcohol. It was of concern that 30% of the students themselves in lower grades and a higher proportion of students in higher

grades reported ever using alcohol, cannabis, pharmaceutical drugs or sniffing. Although everyday use of these substances was reported by very few students, occasional use was not uncommon (8% for alcohol and sniffing by male students in lower grades and 28% and 8% respectively for alcohol use and sniffing by male students in higher grades). Prevalence of self reported use of substances among female students was much less compared to males and was around 1% to 4%. Although self reported injecting drug use practice was recorded in the SBA, its prevalence was relatively low.

With regard to sexual intercourse, a significant difference was observed between male and female students from middle and higher secondary schools (sexual practice related questions were not included in the questionnaire used in primary and lower secondary schools). The mean and median age at first sex was 16yr for male students and higher at 18yr for females. While 31% (171/546) of the male students reported having experienced sex, only 1% of the females (8/616) indicated so. Condom use was abysmally low during first sex act in males (61/171; 36%). Contrastingly, five out of eight female students (63%) used condoms while having sex for the first time. The low knowledge of HIV and AIDS in students (with accompanying myths and misconceptions) was also an issue. Television was reported as the most common source of information on HIV and AIDS with the next most common sources being parents and teachers.

Community Based Assessment (CBA)

The CBA covered individuals aged 18yr or older who had ever used heroin, pharmaceutical drugs for pleasure or sniffed a psychotropic substance. Involvement of local drug users in the RSRA team, data quality control and interpretation of the data were some of the challenges faced.

The mean and median age of interviewed male drug users in the community was 21yr and that of the female respondents 21yr and 20yr respectively. A total of 91 male and 15 female drug users were interviewed in the community. Although the study was designed to reach out to the wives (female regular sex partners) of male drug users as well, this could not be achieved as only 10 out of 91 male drug users (11%) were married, of which five were divorced from their wives.

It is important to note that the mean and median age at onset of drug use was similar to that for alcohol (around 16yr). Of the 91 male drug users, 58 (64%) were currently using drugs; the proportion of current female drug users was comparatively less (5/15; 33%). The types of drugs used did not differ significantly between ever used and used in the last one month. All currently drug using respondents from the community except one reported poly-drug use in the last one month. The most common combinations used were glue sniffing, cannabis smoking, drinking alcohol, intake of nitrazepam tablet and tablets containing dextropropoxyphene, or similar combinations without glue sniffing or alcohol. Only one female drug user reported using heroin in the last one month. None reported using Yaba or Yama (amphetamine type substances) ever. None of the female drug users interviewed from the community had ever injected drugs. For those among the males who had ever injected drugs (9/91; 10%), the mean and median age at the onset of injecting among them was 19yr (range 15yr to 23yr) - a little higher than the age at the onset of non-injection form of drug use. Dextropropoxyphene was the most commonly injected substance, the next most common being heroin, diazepam and buprenorphine. Only two out of nine injecting drug users (IDUs) reported injecting within the last one month.

Data related to age at onset indicates that the window of opportunity for intervention is not

wide open in Phuentsholing to prevent a switch from one form of drug use to another.

Analysis of secondary data published by the BNCA revealed that while the trends of arrest of cannabis smokers and nitrazepam users have remained almost the same over the last seven years in Bhutan, there is an upward moving trend for glue sniffers and downward trend for opiate users, which might reflect trends in drug use patterns in the country. On the other hand, a different set of time series data from Phuentsholing Hospital (2002 to 2007) indicated a distinct rise in the indoor admission rate for liver diseases related to alcohol use.

It was of concern that more than half of the male as well as female drug users did not use a condom during their last sex act. This data needs to be examined keeping in mind that 89% of them were unmarried. Moreover, the mean number of sex partners in the last one year was seven (median 4; range 1 to 41) for male drug users and three for females (median 1; range 1 to 13). In contrast to the recently conducted general population survey (GPS) in Bhutan in 2006, in which about 5% to 6% men and 8% women had reported having a STD related symptom, occurrence of STD symptoms was five times higher among the drug using population covered under the current RSRA in the community.

Finally, drug treatment facilities are not as widely available as drugs are in the town of Phuentsholing. Outreach based risk reduction is also non-existent. Challenges for developing effective intervention are, therefore, many.

Phuentsholing being a border town, a trading hub and home to a significant migrant population, it was necessary to examine what proportion of drug users were living for shorter periods of time (less than one year) in the study area. While the median period of stay was three years

for females and five for males, only 18% of the respondents from both gender groups reported living in Phuentsholing for less than a year.

However, as a larger proportion of drug users in Phuentsholing are also long term residents, it is therefore possible to expose them to repeated intervention measures, which is essential for any behaviour change intervention.

The recommendations below are grounded in this context and draw upon the data presented in the report. We have grouped them in this section as pertinent to two areas:

- a) recommendations specific to schools, and;
- b) recommendations specific to the community.

Detailed recommendations and suggestions related to future nation wide drug use situation and response assessment can be obtained in Section 6 of the current report.

Recommendations Specific to Schools

1. Consult and engage students in planning, implementing and evaluating school based drug use prevention programmes.
2. Initiate structured school based drug prevention intervention at an early stage (V standard onwards) and cover students till the school leaving examination. Train teachers and also create peer leaders from students through organising regular training camps to facilitate attractive and effective programme development.
3. Integrate gender dimensions in all school based interventions and ensure participation of female students and staff in them. Widen the scope of these interventions by including

topics such as impact of drug use on women and children, health and social consequences of drug use, domestic violence and drug use and positive living rather than keeping them focused only on drug use by youth.

4. School based programming should go beyond the prototype of school based counselling and punishment for drug using students, to include creation of a supportive environment in which a student using drugs can seek care and impact mitigation services.

Recommendations Specific to the Community

1. Develop innovative youth friendly programmes on drug and HIV intervention through a competitive process of proposal writing by NGOs/CBOs and awarding the top three.
2. Enhance public education programmes focusing on the ill effects of drugs and include issues around problems of alcohol use as well. Forge multi-sectoral and multi-level partnerships, and engage speakers with a drug use background in such efforts.
3. Initiate behaviour change interventions through regular outreach activities by NGOs/CBOs covering drug use as well as unsafe sex related practices.
4. Make drug treatment and other harm reduction services available for drug users in the community in a non-coercive and non-stigmatising manner. Establish outreach activities coupled with user friendly community based Drop-in-Centre (DICs).
5. Conduct research that would help further programme development such as advocacy needs assessments, assessment of the needs of the regular female sex partners of male drug users and estimation of size of the drug using population in Phuentsholing.

1. Background and Rationale

While alcohol is commonly used in Bhutan, which has one of the highest per capita alcohol consumption figures in the South Asian region², there are also indications that drug use is on the rise, particularly in the capital city of Thimphu (INCB 2006). There is, however, a lack of precise information on the nature, extent, pattern and consequences of drug use in Bhutan.

Bhutan's porous borders with India and its geographical proximity to areas which exhibit significant drug use and injecting drug use, such as Nepal, the northern part of West Bengal and the north-eastern states of India, render it vulnerable to drug use due to potential drug trafficking and movement of drug users across borders. Concerns regarding youth resorting to drug use due to unemployment, poor academic performance, peer pressure, urbanisation, migration from rural areas to urban cities for employment, and education have been constantly raised by representatives from the highest legislative body – Gyalyong Tshogdu³ in the Royal Government of Bhutan (RGB). In response to this growing concern, the BNCA was established in 2006 as the nodal government agency to control and regulate the use of drugs in Bhutan under the Narcotics Control Board, RGB.

UNODC ROSA joined hands with the BNCA in 2007 to provide technical and financial assistance

for its drug supply reduction and drug demand reduction programmes. Under this collaboration, UNODC ROSA Project RAS/H13: 'Prevention of Transmission of HIV among drug users in SAARC Countries', developed a work plan for the year 2007-2008 in consultation with BNCA as the mentor agency to provide services to drug users and their families. It was decided that the project would focus on capacity building on HIV and drug issues, sensitisation of law enforcement officials, providing support to strengthen the BNCA and establishing DICs so that drug users would have a safe space to access information and primary healthcare. In addition, the project would support the BNCA in collaboration with the Ministry of Health to carry forward de-addiction and rehabilitation activities.

In order to carry out these activities, it was understood that scientific assessment of drug use patterns in some areas of the country would be necessary. Phuentsholing is located on the Indo-Bhutan border, and sees high rates of migration. It has also become a recreational and residential hub for many people and a transit point for trading. Moreover, it is home to a group of floating sex workers. These factors make the town vulnerable to drug use and HIV. Therefore, a rapid assessment to understand the nature of drug use and vulnerability to HIV among drug users was carried out by UNODC ROSA and the BNCA in 2008.

² The total recorded alcohol per capita consumption among those 15 years or older in litres of pure alcohol for Bhutan is 0.57. WHO Global Status Report on Alcohol 2004, WHO: Department of Mental Health and Substance Abuse, Geneva, 2004, page 11.

³ Status report on illicit drug trafficking and substance abuse scenario in Bhutan, Bhutan Narcotics Control Agency, June 2005, 1st Edition, page 17.

2. Purpose and Objectives of the RSRA in Phuentsholing

The overall purpose of the assessment was to explore and understand the dynamics of drug use and vulnerability of local youth to HIV due to drug use in Phuentsholing so that informed programming could be undertaken. The findings and recommendations will help develop interventions for prevention of HIV among drug users as well as building care and support services for drug users and their female regular sex partners.

The specific objectives of the assessment were as follows:

- To create baseline data on drug use among school students in Phuentsholing
- To conduct assessment of HIV and AIDS knowledge in school students of Phuentsholing
- To acquire a snapshot of the drug use pattern in the communities of Phuentsholing
- To generate information on the risk of HIV and other sexually transmitted diseases among drug users of Phuentsholing
- To incorporate lessons learnt and provide recommendations for multi-site national assessments on drug use and HIV in Bhutan in the future

3. The Process

The process of the RSRA in Phuentsholing began with a training workshop, followed by hands on capacity building activities, and ended with the final data cleaning, analysis and report writing. Apart from consensual participatory involvement of the team of officials from the BNCA, UNODC ROSA and technical experts in different stages of the RSRA, the involvement of drug users (ex and current) in all the phases of design and data collection was ensured.

3.1 Training

There were two trainings conducted on RSRA. The first training was a three day participatory workshop conducted by UNODC ROSA on the different tools to be used in the RSRA, the step-by-step process and the roles of each member of the RSRA team. Those participating in this training were officials from the Ministry of Health, the BNCA, the Department of Youth and Sports, peer counsellors from the alcoholics

anonymous network, school teachers, doctors and nurses from Health Information Services Centres (HISC) at both Thimphu and Phuentsholing.

The second training was a seven day in-depth workshop on development of the RSRA design with definite timelines for data collection, data entry and analysis. The RSRA field team was also formed during this training. Skill building of the team members with regard to administration of questionnaires and development and application of data collection guidelines was a key feature of this workshop. Here, the decision that the RSRA would have the following two components with distinct participant intake criteria was finalised:

- SBA involving all schools in Phuentsholing and students in Class VI-VIII and Class IX-XII
- CBA involving drug users and their female regular sex partners



3.2 Team Building

The RSRA team members were identified during the second training. The team comprised eight members as follows:

- One RSRA Project Coordinator (an official from BNCA)
- One Data Manager cum Analyst (an official from BNCA)
- Two Peer Outreach cum Field Coordinators (one male and one female from Phuentsholing)
- Four Peer Outreach cum Field Workers - two males (from Thimphu) and two females (from Phuentsholing, of which one was from the HISC and another from the local community)

3.3 Development of Tools

For the SBA, two separate self administered questionnaires for students in class VI-VIII and class IX-XII were developed. These were further refined through discussions with the RSRA team members.

For the CBA, it was decided that interviewer administered questionnaires with mostly closed ended questions would be used for One-on-One

(O-o-O) interviews, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs), and that observations would be carried out using open ended data collection guidelines. These were reviewed for cultural sensitivity and appropriateness.

3.4 Capacity Building and Quality Control

Role clarity and understanding of deliverables of each team member was achieved through hands on training experience and mock sessions.

The technique of administration of the O-o-O interview questionnaire for the CBA was demonstrated and rehearsed with the team during the second training. The team also further apprised the school authorities of the purpose and process of administration of the questionnaire at the schools.

For the CBA, each data collection guide and questionnaire was rehearsed in languages commonly spoken in Phuentsholing (Dzongkha, Nepali-Lhotshampakha, Sharchopkha and English). The RSRA project coordinator helped other team members in finding appropriate



words in these languages for certain technical terms. Quality control issues and a preliminary analysis plan were discussed during the second training. Data entry platforms were also prepared for both the SBA and CBA and a demonstration was made by analysing responses from 100 case records collected from schools.

On completion of interviews and data entry for both the SBA and CBA, a thorough data cleaning to identify and eliminate gaps was undertaken. Decisions regarding the inclusion of fields or variables for final analysis were taken together by a team of officials from the BNCA, UNODC ROSA and the technical experts.

3.5 Report Writing

The format for the current report was agreed upon through a participatory discussion among

the team of officials from the BNCA, UNODC ROSA and the technical experts. It was decided that the report would be generated by using primary as well as secondary data and applying quantitative and qualitative data analysis techniques. Also, it was felt necessary to describe the detailed process of the RSRA in Phuentsholing which could guide future multi-site national assessments. Additionally, it was discussed that the lessons learnt and recommendations in this report would serve as an important information base for programme development. There was a consensus that the responsibility for ensuring authenticity and validity of the report would rest with the team of officials from the BNCA, UNODC ROSA and the technical experts who would co-author the report. Table 1 gives a glimpse of the milestones that mark different stages of the current RSRA.

Table 1: Work-time milestones

Activities	Time frame
1. First round of training <ul style="list-style-type: none"> • Development of the RSRA plan with definite timelines • Formation of the RSRA team 	11-13 February, 2008
2. Second round of training <ul style="list-style-type: none"> • Final planning of the RSRA and formation of the RSRA team • Detailed dissemination of the roles and responsibilities of the RSRA team members • Development of the RSRA tools • Completion of data collection for the SBA • Data entry of 100 case records from the SBA and preliminary analysis 	26- 31 March, 2008
3. Conduct of the CBA	1 April – 7 May, 2008
4. Data entry of all case records (both SBA and CBA)	
5. Preliminary analysis and first draft report by Data Manager cum Analyst (DMA)	1-7 June, 2008
6. Quality control and data cleaning for the SBA by technical experts and UNODC ROSA	9-10 September, 2008
7. Analysis and report writing for the SBA by experts, UNODC ROSA and DMA	11 September, 2008
8. Quality control and data cleaning for the CBA by experts and UNODC ROSA	12 September, 2008
9. Analysis and report writing for the CBA by experts and UNODC ROSA	11-13 September, 2008
10. Final compilation of the SBA and CBA findings, further analysis and report writing by experts, UNODC ROSA and DMA	13-18 September, 2008
11. Final report generation after receiving inputs from various stakeholders	15 December, 2008

4. Methodology

The RSRA conducted in Phuentsholing was carried out in two different settings as follows:

1. Schools for the SBA
2. The community for the CBA

In the SBA, the questionnaires for quantitative data collection were of two types – one for primary and lower secondary level (Classes VI-VIII) and the other for middle and higher secondary level (Classes IX-XII). We have used the terms 'lower grade classes or lower classes' and 'higher grade classes or higher classes' to indicate these two groups respectively in the latter part of the current report. Although the questionnaire used for both the categories was the same, an additional section pertaining to sexual behaviour and safer sex practices was added in the questionnaire meant for higher grade students.

The CBA focused on individuals over the age of 18yr who had ever used heroin, pharmaceutical drugs for pleasure or sniffed a psychotropic substance. In addition to drug users, attempts were made to conduct O-o-O interviews in the community with female regular sex partners (FRSPs) of the male drug users. Male drug users were interviewed by male interviewers and female drug users and FRSPs were interviewed by female interviewers.

Ten KIIs, two FGDs and three observation guides were completed and these generated the qualitative data. Key Informants (KIs) comprised Chief District and Block Administrators, Deputy Mayor, School Principal, District Medical Officer, Customs Officer, Royal Bhutan Police Officer, an Officer from the Bhutan Chamber of Commerce and Industry, local NGO official and a businessman in Phuentsholing. Three brief observations

ranging from 1-2 hours were carried out (two at pubs and one on the street). It was through engagement with local people and drug users in the community that initial spots where drug users congregate were identified. Subsequent spots were then identified through the snowballing method and a spot map was thus prepared (Figure 2). Two FGDs were conducted with male drug users – each having four members. One FGD included male drug users from the age 16yr to 18yr and the other included male drug users from 18yr to 21yr.

SPSS Version 11.0 was used for data entry and analysis. A total of 2,277 respondents were reached through the SBA and 107 respondents through the CBA. Data gaps were identified during data cleaning and quality control and a total of 227 SBA case records were not included in the final analysis. This was necessary in order to obtain a complete data set and a consistent denominator throughout the analysis, and was based on a consensus among the team of officials from the BNCA, UNODC ROSA and the technical experts. Qualitative data were analysed through reading and manual colour coding. Triangulation was attempted wherever possible. Apart from the primary data (both quantitative and qualitative), secondary data on country specific HIV surveillance figures, general population survey data from Bhutan, population statistics on age and sex composition, migration and education, arrests due to drug related offense and hospital indoor admission data on alcoholic liver diseases were used.

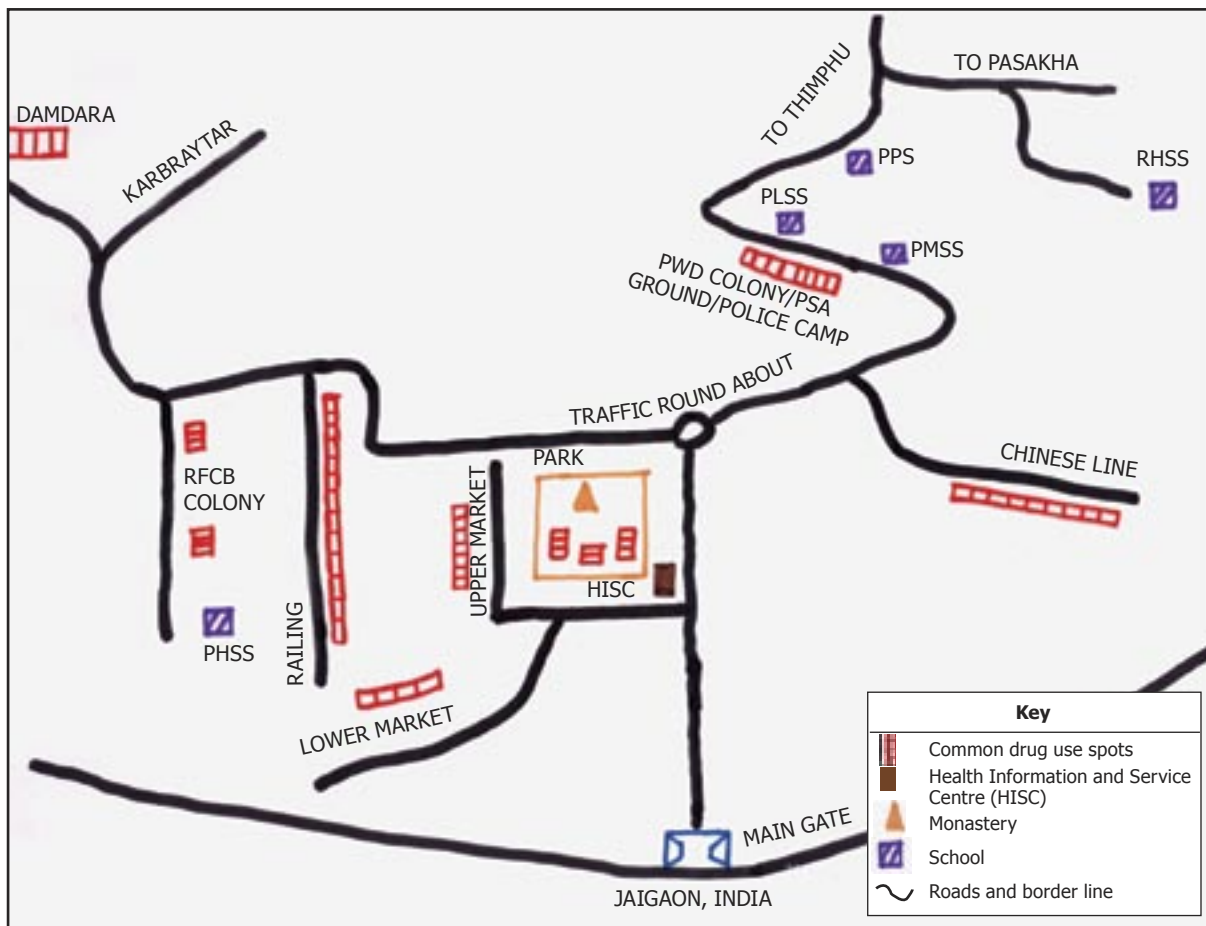
4.1 Limitations

As the team in Phuentsholing was conducting a RSRA for the first time, qualitative

data collection techniques posed a major challenge. Nevertheless, the team acquired an understanding of how to meaningfully and scientifically conduct a RSRA. This capacity building will ensure that conducting such assessments will be easier in the future. The RSRA coordinator faced difficulties in recruiting current drug users from Phuentsholing for the CBA as there was no existing outreach activity conducted by and for drug users in the town. It was important to have a good rapport with the current drug users of the locality in order to be able to engage them

in the team. Since there was no DIC for drug users in Phuentsholing and the BNCA did not have an office there, use of the facilities at the HISC was decided upon. However, the shared space was not big enough for both the agencies to work freely. Data entry was simultaneously carried out on two different computers which led to some data gaps and discrepancies in the questionnaire codes in the hard and soft copies. Non-uptake of HIV and other blood tests by most of the drug users contacted through the CBA precluded examining or matching biological indicators against behavioural data.

Figure 2: Spot map of Phuentsholing



5. Results

5.1 The Study Town

Phuentsholing, a small town in the kingdom of Bhutan, is located next to the Indian town of Jaigaon. With a modest population of 20,537 and a gender ratio of 119 males for every 100 females, it is home to 3% of the total Bhutanese population. The literacy rate of the town is 86% for the male population and 72% for the females. The number of in-migrants and out-migrants is recorded at 24,500 and 8,000 respectively according to the Population and Housing Census of Bhutan, 2005. A total of 9% of the population lives in 'total poverty' and 8% of the population in 'subsistence poverty'. Phuentsholing town shares a long porous border with Jalpaiguri, a district in the eastern Indian State of West Bengal.

To date, 144 HIV cases have been officially reported among Bhutan's population of about 637,000, out of which 25 cases have been reported from Phuentsholing (National AIDS Control Programme, MoH). Sentinel surveillance data for 2007 confirms that HIV prevalence remains well below 1% in the general population and the armed forces of Bhutan. Data on most at risk groups is not representative, and thus prevalence data among those likely to experience a rise in HIV prevalence such as sex workers and IDUs is not available.

5.2 Findings from the School Based Assessment

5.2.1 Participating schools (classes VI to VIII)

All four schools in Phuentsholing having students in any of the classes in standard VI through VIII participated in the assessment. The total number of respondents was 888. The only private institution was Phajoding Primary School while the rest were all public schools. The number and gender division of students whose responses were used in the final analysis from these schools is given below (Table 2); 431 were male and 457 female. It is important to note that around 10% of the students reported currently staying with people other than their parents, which included boarding arrangements, relatives, friends, etc.

5.2.1 (a) Demographic profile of the students and distribution among classes

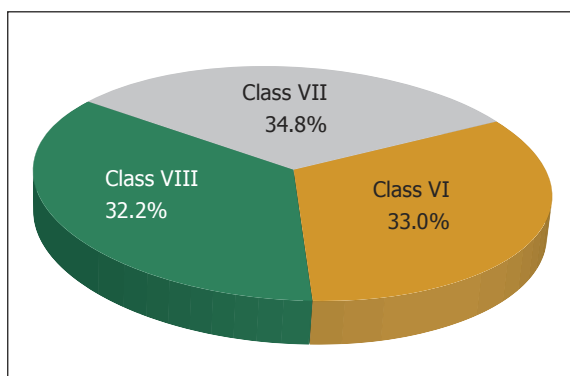
The mean age of male and female students was 14yr and 13yr respectively, with an equal proportion of respondents from class VI, VII and VIII (Figure 3). While the median age was the same as the mean in both the gender groups, age range varied: 10yr to 19yr for males and

Table 2: Distribution of respondents in schools (primary and lower secondary)

Name of the schools	Gender of the student		Total (888)
	Male	Female	
1 Phuentsholing Higher Secondary School	80	88	168
2 Phuentsholing Middle Secondary School	169	151	320
3 Phuentsholing Lower Secondary School	171	212	383
4 Phajoding Primary School	11	6	17

9yr to 20yr for females with a Standard Deviation (SD) of 2yr. Eighty nine percent of the male students (383/431) and 86% (391/457) females reported their fathers being alive. Ninety percent males and 88% females had mothers who were alive.

Figure 3: Proportion of respondents from class VI, VII and VIII



The proportion of students who had neither a living father nor mother was 7% for male (30/431) and 8% (36/457) for female students.

As parental care could serve as an important element for drug use prevention in school going children, special community based programmes must be developed for those who have lost one or both parents.

5.2.1 (b) Exposure to information

Given that parents and teachers are two major groups of people who impart knowledge to students, we examined how regularly they talked about the ill effects of drugs to the respondents. Irrespective of gender, about one-tenth of the students indicated that their parents did not talk about drugs to them at all; responses for teachers were similar. Approximately one-third of the male and one-fifth of the female respondents reportedly had such talks with parents frequently (93/421); the rest had such interactions with parents only sometimes. In order to calculate these proportions, only the number of students

who had either one or both parents alive was used as denominator. A comparatively lesser proportion of students (a little over 10%) indicated that teachers talked to them frequently about the ill effects of drugs.

5.2.1 (c) Alcohol and substance use by friends and experience from adults

One-fourth of the male and one-third of the female students did not know if their friends were using alcohol. The rest gave a definitive answer. Thirty one percent of the male students (133/431) reported having friends who drink alcohol, which was significantly higher compared to the percentage of females with alcohol using friends (62/457; 14%). Similar was the proportion in both gender groups who reported having friends who use medicines without prescription for pleasure or sniff substances (132/431 for males and 65/457 for females).

This data reveals the need for a different dimension of interventions for school children. Programmes for school students should now identify how to become more effective by reaching out to the friends of school going children, some of whom might themselves not be in schools.

Thirty six percent of the male students from primary and lower secondary standard (VI to VIII) reported seeing problems related to alcohol use in the family; a similar proportion of female students reported such observations (33%; 149/457). Analysis revealed that compared to females, a significantly higher proportion of male students (29% vs 12%) in lower grades were ever treated badly by adults who used alcohol.

5.2.1 (d) Self reported drug use practice

A majority of the students (about 70%) reported never trying alcohol, cannabis, pharmaceutical drugs, injecting or sniffing.

However, trying out alcohol just once was reported by one-fourth of the male (103/431) and one-fifth of the female students (95/457). The next most commonly reported one time experimentation was with sniffing (males 46/431; 11% and females 18/457; 4%). While about 1% of the female students reported using pharmaceutical drugs or trying cannabis just once, the proportion was higher in males (4% and 5% respectively). An equal proportion of male and female students (6/431; 0.01% and 6/457; 0.01%) reported ever injecting drugs.

Occasional use of alcohol was reported by 8% of the male students and 3% of the female students. Occasional sniffing was reported by a similar proportion of male (8%) participants but only 1% of the female participants in the SBA.

None of the female students reported everyday use of alcohol, cannabis, pharmaceutical drugs or sniffing as opposed to males.

5.2.1 (e) Source of information on HIV and AIDS

A little over 90% of male and female respondents (402/431 and 420/457 respectively) in the SBA involving students from standard VI through VIII indicated that they had heard about HIV. A similarly high proportion of the students had heard of AIDS (386/431 in males and 398/457 in females). The source of information for a majority of these respondents (about 75%) who had heard about HIV and AIDS was television programmes. Parents were the source of information for 37% male and 50% female students. One-third of the respondents indicated

teachers, friends, newspapers and HISC as their sources of information on HIV and AIDS. It is worth noting that counsellors from HISC located in Phuentsholing regularly reach out to different schools with HIV and AIDS messages.

Approximately 60% male and female students knew of the sexual route and sharing of syringes and needles for the transmission of HIV. Only one-third of the students mentioned blood transfusion related HIV transmission and 11% male students and 24% female students knew that HIV could transmit from HIV infected mothers to their children.

5.2.2 Schools contributing to assessment of middle and higher secondary students

Of the three schools mentioned in Table 3 that generated data for the middle and higher secondary SBA, only Reldri Higher Secondary School was a private one. Male students comprised 47% respondents (546/1162) and females 53% (616/1162). While 21% respondents were from class X as well as from class XII, 28% were from class IX and 30% were from class XI. About 20% students reported currently staying with people other than their parents such as in hostels or with friends' families.

5.2.2 (a) Demographic profile of students participating in middle and higher secondary school based assessment

The mean and median year age of the male respondents was 18yr (range 14yr to 27yr; SD 2yr) whereas that of females was 17yr (range 13yr to 22yr; SD 2yr). Ninety percent of the

Table 3: Distribution of respondents from middle and higher secondary level

Name of the school		Gender of the students		Total (1162)
		Male	Female	
1	Reldri Higher Secondary School	191	200	391
2	Phuentsholing Higher Secondary School	277	323	600
3	Phuentsholing Middle Secondary School	78	93	171

male students (491/546) and 91% (562/616) of the female students had fathers who were alive. Ninety five percent (518/546) males and 96% females (590/616) among the respondents had mothers who were alive. Only 2% male students and 1% of the female students had lost both parents.

5.2.2 (b) Teachers and parents talking to students about drugs

Compared to the data for lower classes, a higher proportion (40%) of the students – both males and females – indicated that their teachers frequently talked to them about the ill effects of drugs; 60% of the students reported that they would have such interactions with their teachers only sometimes. Very few (1% to 3%) indicated that the teachers did not talk about drugs at all, which is also in sharp contrast with the findings from lower classes.

This difference along with the data on onset of drug use and discontinuation of studies reported by drug users in the community (presented in this report under section 5.3) calls for an earlier initiation of drug use related interventions in schools.

Fifty nine percent of the male students and 44% of the female students reportedly had

frequent talks on the ill effects of drugs with parents. Very few (about 2%) reported no talk at all on this issue by parents and the rest had occasional interactions.

5.2.2 (c) Alcohol and substance use related practice among friends, as reported by students

More than double the proportion of students in both gender groups from middle and higher secondary schools as compared to lower classes (described in earlier paragraphs) had friends using alcohol. Although reporting on having friends who use pharmaceutical drugs or sniff substances did not show a dramatic difference between lower and higher class respondents, it was significantly higher in male (30% vs 50%) as well as female respondents (14% vs 26%).

Half of all the respondents reported seeing alcohol use related problem in their families. As in lower classes, 29% male students in the present study were treated badly by adults who used alcohol. However, a higher proportion of females from higher classes (22% as opposed to 12% in primary and lower secondary level) indicated that they were treated badly by inebriated adults.

Figure 4 (a): Self reported substance use patterns by VI-VIII students

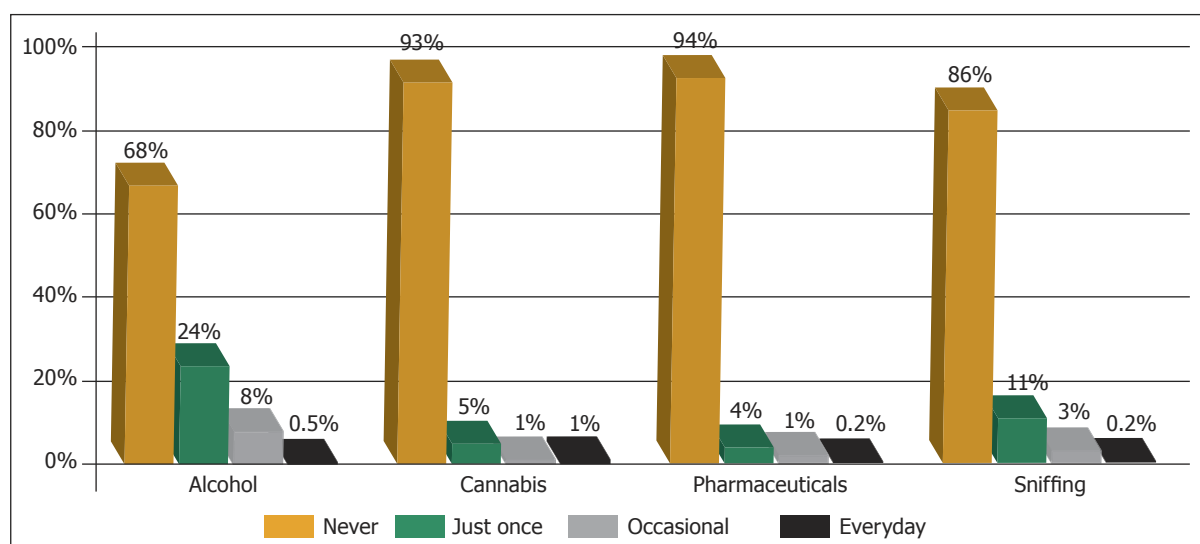
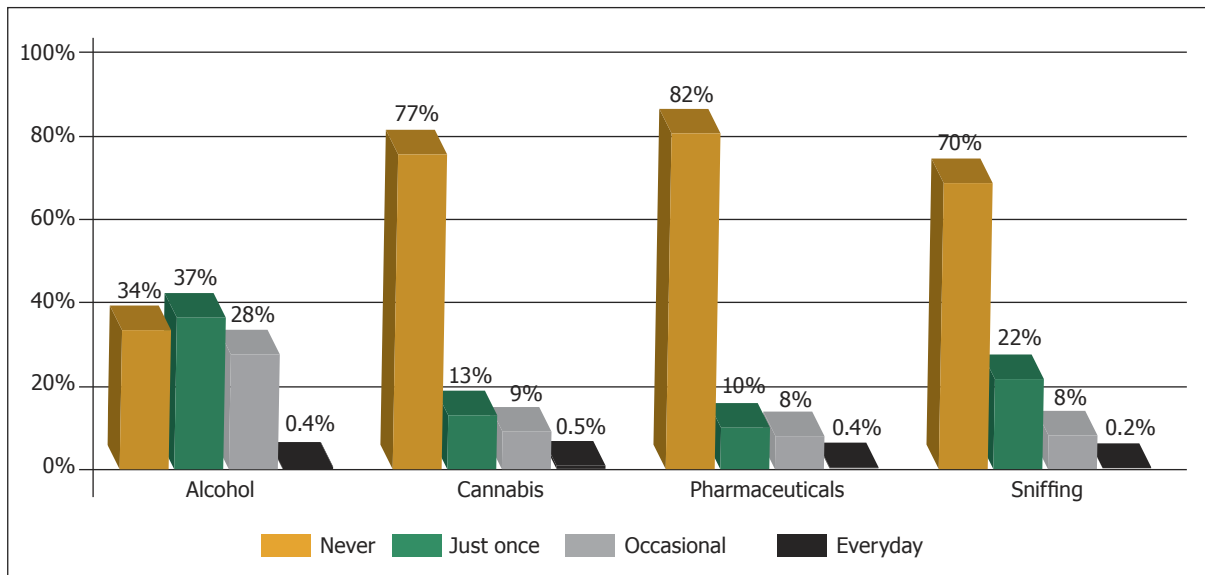


Figure 4 (b): Self reported substance use patterns by IX-XII students



This data indicates that school based interventions on drug use prevention without an element addressing adults in the society and family members will fall short of its desired impact.

5.2.2 (d) Drug/Substance use by the students

As can be understood from the bar diagrams (Figure 4 (a) and Figure 4 (b)), the proportion of male students reporting never used psychotropic substances decreases as one moves from primary and lower secondary schools to middle and higher secondary grades. In consonance with this finding, just once and occasional use of different types of substances increases with upward movement of the respondents' educational level.

However, such changes in the female students were less marked. For example, 60% of the female students from higher grades reported never using alcohol as opposed to 76% from primary and lower secondary level (these figures were 34% and 68% respectively for males). It is also worth noticing that neither males nor females from middle and higher secondary schools reported occasional or everyday practice of injecting. While only nine male respondents from higher grade schools reported injecting

drugs, it was as low as two in females (both the genders trying it out just once). A little less than 10% of the male students reported occasional use of cannabis, pharmaceuticals and sniffing, which was much less in females (0.8%, 6% and 1% respectively).

5.2.2 (e) Knowledge of HIV and AIDS

Almost all the male and female students except one in each gender group had heard the words HIV as well as AIDS. However, it was of concern that considerable proportions of them had wrong information (Table 4), which indicates areas for future interventions. For example, one fifth of the students believed that mosquito bites could spread HIV and about 15% indicated that they did not know (not sure) if mosquitoes could transmit HIV. The possibility of transmission of HIV through having sex just once without a condom and through having sex with a healthy looking person was similarly not appreciated by about 20% respondents. Approximately 40% respondents said that they did not know (not sure) about these issues.

Respondents received information about HIV and AIDS from multiple sources. Sixty percent of the male and female students cited television as

Table 4: Knowledge on HIV and AIDS in students from classes IX-XII*

	Information	Male students (545)	Female students (614)
Distribution of knowledge in the field of proven routes of transmission	Transmission through sharing used syringe and needles	Yes-452 (83%) No-34 (6%) I don't know-59 (11%)	504 (82%) 37 (6%) 73 (12%)
	Transmission through having sex just once without condom	Yes-307 (56%) No-116 (21%) I don't know-122 (22%)	277 (45%) 101 (16%) 236 (38%)
	Transmission through sex with healthy looking person	Yes-219 (40%) No-104 (19%) I don't know-222 (41%)	194 (32%) 106 (17%) 314 (51%)
	Transmission through blood/blood product	Yes-482 (88%) No-18 (3%) I don't know- 45 (8%)	517 (84%) 21 (3%) 76 (12%)
	Transmission through breast feeding by a mother who has HIV	Yes-399 (73%) No-59 (11%) I don't know-87 (16%)	434 (71%) 66 (11%) 114 (18%)
Myths and misconception related issues	HIV transmission through mosquito bite	Yes-109 (20%) No-345 (63%) I don't know-91 (17%)	137 (22%) 321 (52%) 156 (25%)
	HIV transmission through having food from the same plate with a person who has HIV	Yes-41 (7%) No-444 (81%) I don't know-60 (12%)	40 (6%) 484 (79%) 90 (15%)

* The total number of male and female students considered for analysis do not include those who reported not having heard of HIV and AIDS.

their source of information on HIV and AIDS. The next commonly cited sources were parents and teachers (by about 45% female and 35% male students). A little over 30% of the students had obtained information regarding HIV and AIDS from friends, newspapers or HISC. Study books were a source of information for about 25% students.

Establishing mechanisms to check for accuracy of information from these various sources and correcting them as necessary therefore seems to be an urgent need. Finding ways to remove myths and misconceptions is also required.

5.2.2 (f) Self-reported sexual practices

A significant difference was observed between the male and female students from middle and higher secondary schools in terms of their experience of sexual intercourse. The mean and median age at first sex was 16yr for male students (SD 1yr) and 18yr for females (SD 1yr). While 31% (171/546) male students reported having sex experience, only 1% females (8/616) indicated so. A 'girlfriend' or 'boyfriend' was the first sex partner for male (112/171) and female students (5/8) respectively who reported having sex experience. While a little over 10% respondents from both the

gender groups cited 'neighbours' as someone with whom they had first sex with, another 7% (12/171) male students reported having first sex experience with a 'stranger'. Condom use was abysmally low during first sex acts in males (61/171; 36%). Contrastingly, five out of eight female students (63%) used condoms during their first sex experience.

The low knowledge on HIV and AIDS among students described in the immediately preceding section and unsafe sexual practices described in this section clearly suggests the vulnerability of school going youth in Phuentsholing to HIV and other STDs, and requires immediate attention and intervention.

5.3 Findings from the Community Based Assessment

5.3.1 Respondent characteristics

A total of 91 male and 15 female drug users were interviewed by the RSRA team. Although

the study was designed to reach out to the wives of male drug users as well, this could not be achieved as only 10 out of 91 male drug users (11%) were married, of which five were divorced from their wives. The data in this and subsequent sections will therefore be presented accordingly and focus on drug users. Table 5 highlights the socio-demographic profile of the interviewees.

The mean and median age of the male drug users interviewed in the current RSRA was 21yr (range 18yr to 33yr; SD 3yr) and that of the female respondents was 21yr and 20yr respectively (range 18yr to 32yr; SD 4yr). Twenty seven percent of the male drug users and 50% female drug users had completed lower secondary level or below in school. About one third of the male and female drug users interviewed during the CBA were currently pursuing studies. Seven male and one female drug user reported that they had discontinued studies due to drug use.

Table 5: Socio-demographic profile of the interviewees

Profile	Male (n ₁ = 91)	Female (n ₂ = 16)
Ever used drug (sniffed glues, used pharmaceutical medicines for pleasure or used heroin)	91 (100%)	15 (94%)
Never used drug	-	1
Marital status	Married and lives with spouse-5 (5%) Married and divorced-5 (5%) Unmarried-81 (89%)	Married and lives with spouse-2 (13%) Married and divorced-2 (13%) Unmarried-12 (75%)
Ever attended school	89 (98%)	16 (100%)
Level of schooling completed	Lower than primary-3 (3%) Primary-3 (21%) Lower secondary-19 (34%) Middle secondary-30 (35%) Higher secondary-29 (33%) Bachelor's degree-3 (3%) No response-2 (2%)	Lower than primary-1 (6%) Primary-1 (6%) Lower secondary-5 (31%) Middle secondary-6 (38%) Higher secondary-3 (19%)

Phuentsholing being a border town and home to a migrant population, the proportion of drug users living for a shorter period of time (less than 1yr) in the study area was analysed. While the median period of stay was 3yr for females and 5yr for males, only 18% respondents from both the gender groups reported living in Phuentsholing for less than a year.

As a larger proportion of drug users in Phuentsholing are long term residents, it is possible to expose them to repeated intervention measures, which is essential for an effective behaviour change programme.

5.3.2 Onset of alcohol and drug use

Seventy seven percent of male (70/91) and 80% female drug users (12/15) said that they ever had a drink containing alcohol. The mean age at onset of alcohol use for males was 16yr (median 17; range 7yr to 21yr; SD 3yr) and 19yr (median 18yr, range 13yr to 30yr; SD 5yr) for females. It is important to note that the mean age at onset of drug use was similar to that for alcohol use. In this study, 'drug use' was defined as sniffing glues, using pharmaceutical medicines for pleasure or using heroin (brown sugar). The mean age at onset of drug use by males was 17yr (median 16yr; range 10yr to 26yr; SD 3yr) and in females was 18yr (median 17yr; range 14yr to 28yr; SD 4yr). In order to understand if sniffing had a lower age at onset, we examined the mean age of only sniffers (10 males and 12 females) from primary and lower secondary school students and found that it was slightly lower (mean and median for males was 14yr; range 11yr to 18yr with SD 2yr and for females, mean and median was 13yr; range 10yr to 16yr with SD 2yr).

None of the female drug users interviewed from the community had ever injected drugs. For those among the males who had ever injected drugs (9/91; 10%), mean and median age at the onset of injecting was 19yr (range 15yr to 23yr; SD 3yr).

All these data related to age at onset indicate that the window of opportunity for intervention for preventing a switch from one form of substance use to another is not large in Phuentsholing. Innovative intervention development for drug use prevention and reduction of risks for those who are already using drugs therefore is a challenge in this context.

5.3.3 Current alcohol and drug use practices

One-fourth of the male drug users admitting alcohol intake (70/91) reported drinking everyday and a similar proportion said that they had been drinking with a frequency of less than once a week. While 17% male drug users (12/70) said that they had been drinking 3-4 days a week and another 17% reported a frequency of 1-3 days a week, very few (5/70; 7%) had a practice of drinking 2-3 times a day. Under all categories of frequency described here, women featured in lower proportion except for drinking '1 to 2 days a week', which was reported by half of them.

Of the 91 male drug users, 58 (64%) were currently using drugs; the proportion of current female drug users was comparatively less (5/15; 33%). Cannabis, cough syrup containing codeine, tablets or capsules containing dextropropoxyphene, nitrazepam tablets and glue sniffing were cited by 70% drug users as substances used in the last one month. The types of drugs used did not differ significantly between ever use and use in the last one month. Only one female drug user reported using heroin in the last one month and none reported using Yaba or Yama (amphetamine type substances).

All respondents currently using drugs in the CBA except one reported poly-drug use in the last one month. The most common combinations used were glue sniffing, cannabis smoking, drinking alcohol, intake of

nitrazepam tablets and other tablets containing dextropropoxyphene, or similar combination without glue sniffing or alcohol.

Qualitative data generated through FGDs corroborated these findings and described the place of drug use; excerpts of a few verbatim accounts are given below.

“the first thing is marijuana...we also use RP, N-10⁴, Dendrite...”
[18yr old male drug user]

“we take in the school toilets...”
[18yr old male drug user]

“silent place...where there is no one...we take by riverside, forest...out of the town where there are no cops...when we are together, we take together...occasionally we take on the way to school...I should stop taking in the toilets and on the way to school...it will have bad impression on us...”
[18yr old male drug user]

A myth that taking a fizzy cold beverage after taking pharmaceutical drugs increases the high was revealed through interactions with the drug users while conducting observation. Responses from one of the FGD members substantiated such practices.

“we use tablet anywhere...just open the packet and take it...we use near the shop and take it with sprite...”

As mentioned above, only one-tenth of the drug users reported ever injecting drugs; dextropropoxyphene was the most commonly injected substance. The next most common being heroin, diazepam or buprenorphine. Only

two out of nine IDUs reported injecting within the last one month.

5.3.4 Changing scenario of drug use and interface with law enforcement

Estimating the size of the drug using population in Phuentsholing was not part of the current RSRA. However, most of the KIs during interviews with open ended questions expressed their concern that drug use had been increasing in Phuentsholing. This impression requires careful examination as some of these KIs also admitted that they did not have much knowledge about the local drug use scene and their source of information was mostly newspaper reports.

Interestingly, the drug users viewed an increase in the price of drugs on the streets as an indication of an increase in the number of drug users rather than as a reflection of reduction in supply.

“Dendrite is the same as before...drug price had increased...there are more users...so they are taking advantage...”
[18yr old male drug user]

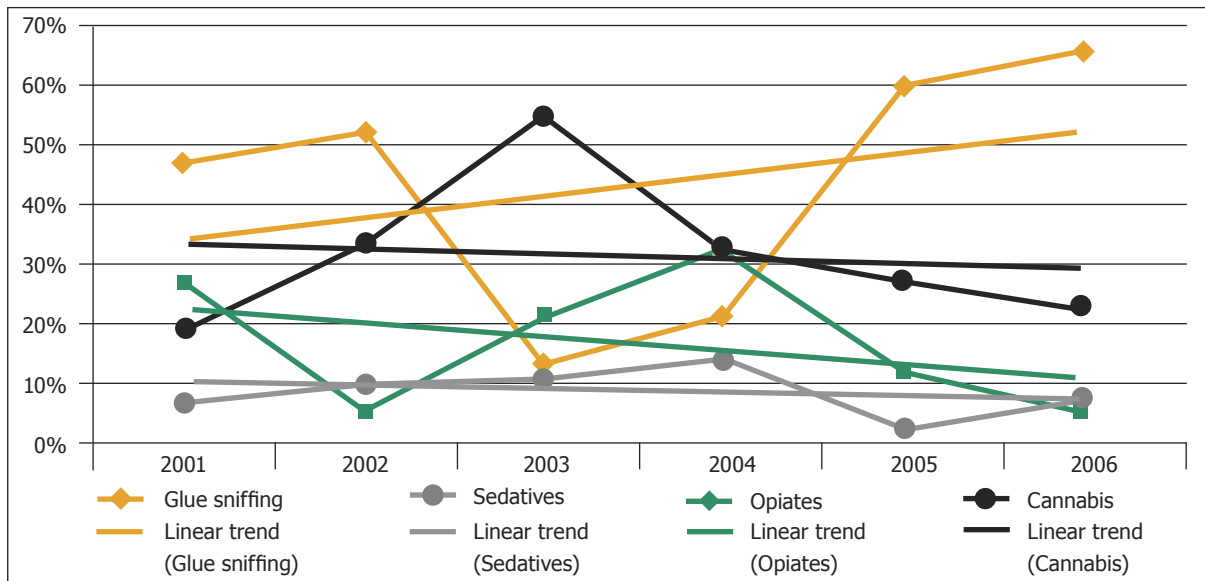
“till (today) no...I have not used corex or injected...N-10 is our favourite...cost sometimes increases and decrease...when we go to buy...seeing us small they sell on black. When buying in black we pay Nu.⁵ 60 for a file of N-10...grass comes in readymade cigarettes...”
[18yr old male drug user]

“the porous border where the drug users can get ample of substances for just 100 Nu...ganja is also commonly used...as it is cheap (Nu. 10 per pack)...”
[male local businessman]

⁴ RP - Relipen; N-10 - Nitrazepam.

⁵ 1 Bhutan Ngultrum = 1 Indian Rupee = 0.02 US Dollar (approximately).

Figure 5: Change in proportion of drug offenders reported under NDPS Act

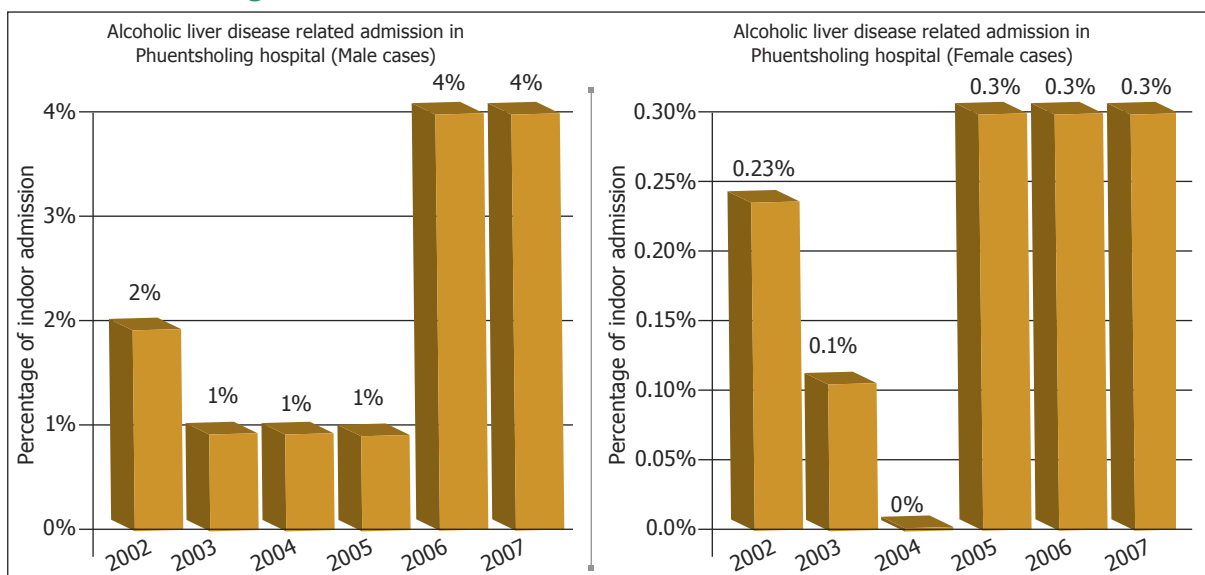


Appreciating the limitations of the above mentioned qualitative information, we examined the time series secondary data on arrest of offenders using different kinds of drugs (Figure 5) published in the annual reports of the BNCA to have a better understanding of the changing trend of the drug use pattern in Bhutan. We understood that although the changing arrest pattern (if there is any over time) might complicate such an interpretation, the data would

reflect the drug use scene in the communities to some extent.

It appears that while the trend of arrest of cannabis smokers and users of nitrazepam has remained more or less the same over the last seven years, there is a definite upwardly moving trend for glue sniffers and downward trend for opiate users. This cannot be plausibly explained solely by a shift in the preference

Figure 6: Indoor admission rate for alcoholic liver diseases



Source: Personal communication with Dr. Tashi Gyeltshen, District Medical Officer, Phuentsholing Hospital.

of the police for arresting a particular type of substance user, but also might reflect the change in pattern of drug use in the country and the trend lines.

It is worth noticing that more than 50% of the male drug users (48/91) interviewed in the current RSRA in Phuentsholing admitted ever being arrested by police for alcohol or drug related offences, and out of these, one-third were sentenced to jail. On the other hand, while one-third of the female drug users were arrested by police for alcohol or drug related offence, none were sent to jail.

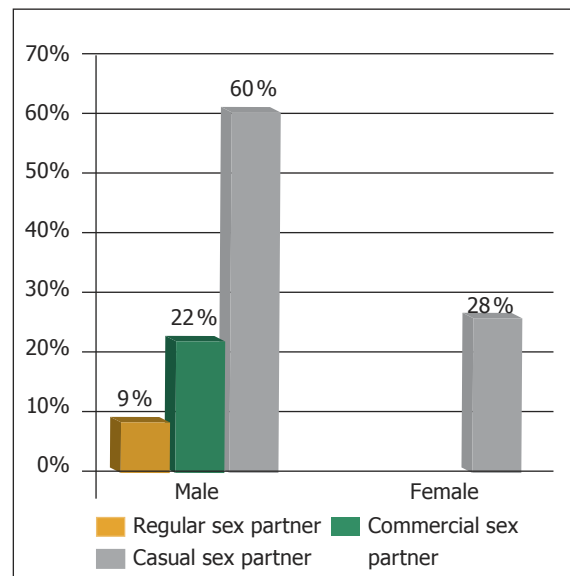
Time series data from Phuentsholing Hospital was also examined in order to triangulate the findings with regard to changing trends. This revealed that while death due to overdose was reported only in 2007 (which might be due to change of practice of physicians regarding death reporting), there was a distinct rise in the indoor admission rate for alcoholic liver diseases in both males and females (Figure 6), although the proportions of indoor admission in females were comparatively less.

5.3.5 Sexual practices

Although 89% male and 75% female drug users were unmarried (Table 5), about 70% respondents in each group had experienced sex (70 out of 91 males and 11 out of 15 females). Data also revealed that they were currently sexually active; 81% (57/70) males and 73% females (8/11) having experienced sex in the last year.

The mean and median age at first sex was 16yr (range 10yr to 20yr; SD 3yr) for males and 19yr (range 17yr to 22yr; SD 2yr) for females - a finding similar to what was found from the SBA in students from class IX through XII, except that data related to this in the CBA was more dispersed around the mean.

Figure 7: Condom use during the last sex act



It was of concern that a high proportion of male (37/70; 53%) as well as female drug users (7/11; 64%) did not use a condom during their last sex act.

The data clearly depicts the vulnerability of this population (a majority of whom do not inject drugs) to HIV and other sexually transmitted diseases. Unsafe sex in non-injection substance users is obviously a reality in Phuentsholing and calls for appropriate intervention design. The intervention should address the issue of unsafe sex under the influence of drugs or alcohol.

Vulnerability of the sex partners of drug users in Phuentsholing can be understood by examining (Figure 7) different rates of condom usage by drug users with different types of partners. The mean of the total number of sex partners in the last one year was seven (median 4; range 1 to 41; SD 8) for male drug users and three for females (median 1; range 1 to 13; SD 4).

Sex experience with the same sex partner was reported by 4 of the 91 male (4%) drug users; condom use during these experience, however was reported by only one drug user.

Table 6: Findings on STD symptoms reported by drug users

Symptoms	Males who had sex in the last one year n ₁ = 57 (%)	Females who had sex in the last one year n ₂ = 8 (%)
- Ulcer on genitalia	6 (11)	2 (25)
- Ulcer around anus	4 (7)	2 (25)
- Warty growth on genitalia	5 (9)	-
- Warty growth around anus	2 (4)	-
- Burning sensation during urination or discharge per urethra	14 (25)	4 (50)

In light of these findings, behaviour change interventions for drug users with a particular focus on safer sex practices is important.

5.3.6 STD related symptoms

In order to better understand the risk profile of the study population, field workers specifically inquired about symptoms of STDs the drug users experienced. The focus of inquiry in this regard was kept limited to the last one year so that the current situation could be described. This will serve as a useful intervention programme monitoring indicator in future. Table 6 describes the symptoms of STDs experienced by males and females separately.

Noticeable occurrence of STDs in our study population within the last one year was clearly indicated by the data captured (Table 6). The findings can be explained by the number of sex partners the respondents had sex with (as elaborated in section 5.3.5) and also low condom use by male drug users while having sex with commercial sex workers (Figure 7). It is worth noticing that the data generated during the recently conducted general population survey (GPS) in Bhutan (2006) found that about 5% to 6% men and 8% women had experienced STD symptoms, which is lower than what was found among the drug using population reached through this assessment. It is important to note that out of the 15 female drug users interviewed under

the CBA, three (20%) reported having white vaginal discharge within the last one month. The context of vulnerability can better be understood by taking into cognizance the fact that among the population of about 637,000 in Bhutan, 25 out of 144 HIV infected cases officially reported are from Phuentsholing.

5.3.7 Alcohol and drug treatment related issues

Neither Phuentsholing nor any other town or rural area in Bhutan presently has any detoxification or alcohol treatment facility run by NGOs or private agencies. The only place where one can go for such services is a government facility. Five out of 70 male drug users (7%) interviewed during the RSRA reported that they had ever received treatment for alcohol use; the proportion was 17% for females (2/12). While one of the male drug users received help in this regard from a government hospital, two of them had received help from friends or family members and the other two went to alcohol treatment and rehabilitation centres outside Bhutan. Two females were able to receive help – one each from a government hospital and family members/friends. While all the males received help for a problem related to alcohol use just once, treatment seeking for more than once was reported by only one female. Treatment seeking for drug use was also very low; only 6% of the male drug users (5/91) and

13% of the female drug users reporting seeking treatment for drug use.

Qualitative data highlighted some aspects of treatment related issues and also prevention initiatives. The narratives given below may provide direction for future intervention development. Neglect of self care by drug users came out prominently in some of these verbatim responses.

“doctors scold us and tell us not to use...may be...we take more drugs...”
[22yr old male drug user]

“counselling (in schools) makes me irritated after sometime...”
[18yr old male drug user]

“we never worry...we are used to and never go for check ups...sometimes we have body ache and cough...we think it is of drugs and we never bother...”
[18yr old male drug user]

“we need to do something...(otherwise) we can not keep them...we can not blame them also and we can not isolate from the society and we have to make (them) a part of us...so we need to give people care...I think if we do not give care...I think this will go on spreading...”
[male chief district administrator]

The data indicates the urgent need to reach out to drug users with messages and materials for positive living and to develop their skills in this regard. Training civil society organisations as well as government agencies on how to develop such programmes is also important.

5.3.8 HIV test uptake

During the CBA, at the end of each interview, the drug users were offered a free voluntary confidential test for HIV, Syphilis, Hepatitis B and Hepatitis C. Out of 91 respondents, a total of

43 males and 10 females expressed their willingness to take the tests. Unfortunately, only 7 of them could be subsequently brought to the HISC for blood collection.

This highlights the need for establishing an alternative effective system for clinical specimen collection in field settings. Without such arrangements, intervention programme design would not be able to draw upon the link between biological and behavioural data.

5.3.9 Directions for future work

Box 1: Potential sites for future assessment

Chapcha
Mahglabari
Jaigaon
Thimphu
Tanalung
Phuentsholing
Chukha
Tshimalakha

Qualitative data analysis highlighted a number of sites of drug use or where drug users were confronted by law enforcement agencies (Box 1). Some of these sites were inside Bhutan and some were across the border in India. The in-country sites could serve as starting points for future assessments at the national level. Furthermore, one could find out the names of places from where drug related offenders were arrested by police in 2007 and 2008 from the BNCA annual reports. In addition, engaging drug users in planning meetings for such assessments would help in firming up decisions regarding which administrative areas to cover for a national baseline assessment study on drug use.

Qualitative interviews with KIs and FGDs with drug users highlighted various issues that

could be considered during future intervention development. Some of these are as follows:

"To solve these problems, there need to be media intervention. Parental care and social organisation including the law enforcement should take active roles.....the police and dug users must act together to address the drug use problem..."

[male local businessman]

"education is important...people's behaviour... know how to use condoms...they should put to practice...I think peer counselling, outreaching more, MSTF multi-sectoral task force...we lack at this point as we do part time job and do sensitisation only. There has to be certain understanding with certain professionals..."

[male Deputy Mayor]

"They should be given counselling and rehab facilities...government should give permission to the private (agencies) to open up NGOs so that they can handle the drug problem with better rehab and detox centres...proper research must be done..."

[female NGO official]

"There should be good coordination amongst agencies..."

[male Secretary of Bhutan Chamber of Commerce and Industries]

"Punishment will do no good...organise youth centre and programme and let them focus on activities..."

[18yr old male drug user]

"They should be given counselling and treatment...they should not be stigmatised or treated as criminals...but should be carried out professionally [by NGOs] and should be sustainable..."

[male district medical officer]

Areas for intervention development identified through analysis of these responses were: a) awareness programme in communities and schools; b) working with drug users; c) effective coordination between agencies; d) cross-border initiatives; e) behaviour change interventions; and f) creation of detoxification and rehabilitation facilities with a non-coercive and non-stigmatising approach.

6. Conclusion and Recommendations

The uniqueness of the current RSRA lies in a design that allowed exploration of the drug use situation in schools as well as non-school (community) settings in Phuentsholing, a major trading town of Bhutan bordering India. The assessment captured the interface between school students and adults and examined how frequently family members and school teachers talked to students about drugs and HIV. Other fields of inquiry were self reported drug and sexual practices among school going children. The findings are of substantial concern. Drug/substance use prevalence, including alcohol, increases as one moves upward in the educational level. Condom use during first sex act among school students is very low, particularly among boys. Knowledge about HIV transmission has been incomplete and mixed, with wrong information prevalent in students of higher grades (from classes IX to XII).

The assessment further revealed risk practices in drug users recruited from the streets. Although injecting drug use is insignificant, non-IDUs in the community are sexually active and poly-drug use is common. Drinking alcohol, smoking cannabis, intake of pharmaceutical medicines for pleasure or glue sniffing, all in combination is a pattern that prevails in Phuentsholing that can lead to carelessness about safe sex and condom use. The present RSRA in Phuentsholing clearly brings out this vulnerability of the local youth, many of whom are unmarried. This underlines the truth that drugs do not have to be injected to carry an HIV risk. A comparison of the RSRA data with the GPS in Bhutan (2006), indicates a much higher occurrence of STDs among the drug using community. It was also disconcerting to note that there was not much difference in age at onset of use of different types of substances among

drug users. This is in contrast with the RSRA conducted in Thimphu during 2005-2006, which recruited 200 drug users where the median age at onset of alcohol and cannabis use was 17yr but that of opioids like heroin, propoxyphene and buprenorphine was above 20yr (Kumar 2008). No information was available on glue sniffing from the Thimphu study. While 19% drugs users in Thimphu reported ever injecting drugs, 10% reported so in Phuentsholing. However, none of these studies could include current injectors. The drug users recruited in Phuentsholing had a much higher prevalence of self reported symptoms of STDs compared to those in Thimphu.

As revealed by the present study, drug treatment facilities are not as widely available as drugs are and outreach based risk reduction activities are non-existent. Challenges for developing effective interventions are therefore many. The recommendations below are grounded in this context and draw upon data presented in the report. We have grouped them as pertinent to three areas:

- a) Recommendations specific to schools;
- b) Recommendations specific to the community; and
- c) Plan for future national assessments.

6.1.1 Recommendations Specific to Schools

1. Consult students and create a student based and student led forums, where students themselves can take an active role in developing, implementing and evaluating school based drug use prevention programmes.

2. Initiate school based drug prevention interventions at an early stage (V standard onwards) based on structured input sessions and continue them till the students appear for their school leaving examination. Train teachers to organise attractive and effective programmes for students and also create peer leaders from students by regularly organising training camps. In light of self reported substance use practices by school students in Phuentsholing, this appears necessary.
3. Integrate a gender dimension in all school based intervention activities addressing drug use related issues. Widen the scope of such interventions by including topics such as impact of drug use on women and children, health and social consequences of drug use, domestic violence related to drug use and positive living rather than keeping intervention narrowly focused on drug use by youth. Ensuring participation of female students and staff in such interventions is a must.
4. School based programming should go beyond the prototype of school based counselling and punishment for drug using students. Programmes should include creation of a supportive environment in which a student using drugs can seek care and impact mitigation services. For instance, taking Bhutan's cultural diversity into account, involving different indigenous folk artists could be an innovative step.

6.1.2 Recommendations Specific to the Community

1. Develop innovative youth friendly programmes on drugs and HIV intervention. Proposals can be invited in this regard from registered youth clubs or NGOs with a view to fund the best three through a transparent process of selection. Process documentation and rigorous monitoring and evaluation should be central to capture the changes

achieved through these projects, which can form the basis for future scaling up. What is also necessary to recognise is that those who are already in drug use are not lost cases. Policies and programmes should therefore be built or amended consistent with a rights based approach. Innovative prevention programmes should establish linkages with organisations that provide care services.

2. Enhance public education programmes that focus on ill effects of drugs and include issues around problem alcohol use as well. Forging multi-sectoral and multi-level partnerships will be key to the success of such an approach. Engaging speakers with a drug use background could strengthen such initiatives.
3. Initiate behaviour change intervention through regular outreach activities by non-government and community based organisations to facilitate risk reduction among drug users of Phuentsholing. This should cover both drug use as well as unsafe sex related risks. Conducting assessments such as the present one at regular intervals should capture changes fostered by such interventions.
4. Make drug treatment and other harm reduction services available for drug users in the community in a non-coercive and non-stigmatising manner. Building capacity of human resources through training is needed for reaching out to the drug users in the community. Drug users themselves can be very effective as trained human resources in this regard. Meaningful engagement of the community in Phuentsholing at large will also go a long way in developing such interventions. For example, community members through such engagements might provide a space for community based detoxification camps or be interested in extending opportunities for job skill training for people with a drug use background.

5. Conduct impact assessments of the implemented interventions and carry out other forms of research such as advocacy needs assessments, assessment of the needs of regular female sex partners of male drug users and estimation of the size of the drug using population in Phuentsholing. Inputs from these will help modify intervention programmes as needed.

6.1.3 Plan for Future National Assessments

1. If future national assessments include a school based component, it should be clearly explained to students why they should provide truthful answers. Anonymity and the lack of a link of personal identifiers to each response sheet should be highlighted while briefing the students on such assessments. Future assessments should also build upon the findings from the present RSRA conducted in Phuentsholing. The sites that have been identified in the current RSRA as sites for drug use in the country could serve as an information base to decide which administrative areas to cover for a National Drug Use Assessment.
2. After the decision is made on sites to be covered, each assessment team should have defined responsibilities for various

administrative regions of Bhutan. The ideal composition of sites specific teams would be: a) one overall site coordinator; b) one male field coordinator; c) one female field coordinator; d) one data manager cum analyst; e) two data entry operators; f) two male data collectors; and g) two female data collectors. Double entry of data followed by merging should be in place as a quality control measure. Active participation of current and ex-drug users in the assessment, subsequent intervention development, implementation and evaluation is a must. Reaching out to various stakeholders such as representatives of the Ministry of Health, the Ministry of Education, and the Royal Bhutan Police will also be necessary to obtain qualitative data and better triangulation.

3. If a decision is taken that during a national assessment behavioural information will be gathered through quantitative and qualitative data collection techniques and biologic data will be collected through tests of clinical specimens (for example whole blood in test tubes or dried blood spots on filter papers), coordination mechanisms need to be put in place so that the Department of Health and the BNCA work in a coordinated manner. The feasibility of engaging tertiary educational and health institutes should also be explored.

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