
BHUTAN

1. EXECUTIVE SUMMARY

- No figures are available on drug abuse in Bhutan, but the government and National Assembly recognize the seriousness of the potential problem.
- Free and unregulated trade with India, open porous borders, and presence of Bhutanese, Indian and Nepalese refugees in each others' countries, make Bhutan vulnerable to drug trafficking.
- Anecdotal evidence indicates rising abuse in the capital Thimpu and in the South, particularly of amphetamines and benzodiazepines smuggled from India.
- Geographical proximity to high-IDU-prevalence areas in Nepal and the northeast states of India, render Bhutan potentially vulnerable to IDU and its consequences. Anecdotal evidence suggests around 5-6 IDU deaths a year attributable to morphine.
- Alcohol abuse ("Ara") is reported in some 80% of domestic violence cases.
- There are no reports of diversion of drugs for abuse.

2. MAJOR CHARACTERISTICS OF THE COUNTRY RELEVANT TO THE DRUG AND CRIME PROBLEM

Nestled in the remote eastern Himalayas, the tiny mountainous Kingdom of Bhutan is flanked by India to the south and the Tibet region of China to the north. Bhutan is a formal Buddhist state where power is shared by the king ("Druk Gyalpo"), Head of the Monastic Body ("Je Khenpo") and the government. Despite its increasing living standards, the country remains largely closed to the outside world.

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

The country has made great progress in improving the living standards of its population of 2.1 million since it first started its modernization plan in the early 1960s. Per capita gross domestic product (PPP) is currently estimated at \$1,969 (UNDP 2004a). Despite this rapid development, over 80% of its people farm their own land according to subsistence practices and herd livestock. Agriculture itself accounts for 45% of GDP.

Over the past decade social indicators have improved. Infant and maternal mortality, for example, have dropped by almost 50%, and literacy and education enrollment rates have risen. Unlike much of the rest of South Asia, primary school enrollment among girls is higher than boys in many urban areas, and nationwide almost half of primary school students are girls (45% out of an overall enrollment ratio of 71%). Adult workloads are roughly equal,

and both men and women take responsibility for childcare. Property rights are also much more equal than in most of South Asia, with women rather than men inheriting property in some areas.

Neither drugs nor crime appear, at present, to be significant problems facing Bhutan. A systematic assessment of the extent and nature of the situation in the country is, however, hampered by the absence of data in either area.

3. DRUG SITUATION

3(a) Production and cultivation

Cannabis plants grow wild in Bhutan, but as yet no serious cases of abuse have been reported. The trend of abuse is on the rise and the Royal Government has expressed its concern about the problem. There are no reports of cultivation of opium, cannabis or coca, or of the production of drugs. There is some residual traditional use of wild cannabis in pig feed and making hemp fibre products.

3(b) Manufacture

Bhutan is a small country with limited licit drug needs. No drugs other than traditional medicines are manufactured either legally or illegally.

3(c) Trafficking

Free trade with India and open porous borders make Bhutan vulnerable to drug trafficking.

3(d) Diversion of drugs and precursors

Sporadic cases of abuse of cough syrups, sleeping pills and correcting fluids³ are reported (Bhutan 2003).

Precursors are not manufactured in the country; they are instead imported for use as laboratory chemicals. While precursor manufacture is an offence under the Penal Code of Bhutan, precursor trafficking is not. There is some limited regulation of precursor imports. Apart from an isolated incident of export from Bhutan of a relabelled precursor import from India, there is no history of diversion of precursors.

The Department of Revenue and Customs and the Royal Bhutan Police have limited resources and facilities and cannot easily detect cases of diversion and trafficking. The Drug Regulatory Authority is the single co-ordinating agency for licit drug regulation. The regulatory system and mechanisms for information exchange, both internally and externally are at the developmental stage. The country's vulnerability lies in the possibility of it being used as a site for channelling licit precursors to illicit purposes, as a transit point and a point for document conversion.

³ Correcting fluid is the whitener used for correction of errors in typewriting. The solvent in the fluid gives a high if the fluid is sniffed.

The proposed Prevention and Control of Drug Abuse Act 2005 and Rules and Regulations made thereunder will bridge the gaps in Bhutan's control mechanisms against licit drug and precursor diversion.

3(e) Drug prices

Not available.

3(f) Demand

No figures are available on drug abuse in Bhutan, but the government has recognized the potential problem. There are initial reports of Bhutanese students in India and individuals engaged in prostitution on the Indo-Bhutanese border experimenting with IDU. The Government plans to conduct drug abuse surveys in 2 to 6 cities, depending on available funding.

Alcohol consumption still poses a problem (WHO SEARO 2002). Alcohol use is extensive in Bhutanese society, and there are indications of the initial availability and use of amphetamines, particularly among the youth. Heroin and injecting drug use in Bhutan is, however, currently minimal, unlike in neighbouring countries (World Bank 2003b).

According to official Bhutanese sources, the situation in the country can be summarized as follows (Dorji 2002):

- Substance users are mostly male, students, under the age of 25;
- An increasing percentage of youth are using multiple drugs;
- There is some injecting drug use in Bhutan; and
- Gross under-reporting exists because of the stigma attached to publicly acknowledged addiction. As a result, the full nature of the situation is not known.

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

3(g) Costs and consequences

There is very little information on the nature, extent and pattern of drug use in Bhutan, even less so on consequences of drug use. However the geographical proximity of the country to high IDU prevalence areas such as Nepal, and northeast states of India render it potentially vulnerable to IDU and its consequences.

A high percentage of Bhutan's population is adolescents and youth (63% of the population is younger than 24 years), and this percentage is predicted to rise. This will add to the HIV/AIDS risk. The incidence of other STDs is high with annual rates of gonorrhoea standing at 2% and syphilis only slightly lower (UNDP 2003b.)

3(h) Money laundering

Bhutan enacted the Bhutan Penal Code Act in 2004, criminalizing the laundering of the proceeds of crime. Although there are no preventive regulatory provisions yet in Bhutan law, UNODC is currently helping Bhutan to draft these.

4. CRIME SITUATION

Homicide rate per 100,000 citizens (1998)	2.78
Homicide cases convicted (in %)	NA
Number of people incarcerated	70,000
Number of people incarcerated per 100,000 population (2001)	54
UNODC Organized Crime Rate Index Rating	NA
TI Corruption Perception index (2002)	102/102; Score 1.2/10
Human Trafficking	Origin: Yes; Transit: Yes; Destination: NA

Source: CICI Fact Sheet, UNODC 2003.

Bhutan does not publish prison figures. There is little violent crime and levels of theft are low. In Bhutan, trafficking in human beings is prohibited under law.

5. POLICY – DRUGS

5(a) National drug control framework

Convention Adherence

Bhutan is a party to the United Nations Convention against Illicit Traffic in Narcotics Drugs and Psychotropic Substances, 1988. It became party to the 1961 and 1971 Conventions on 24 and 18 August 2005 respectively.

Legislation

Since the devolution of full executive powers by the King in 1998 to a Council of Ministers elected by the National Assembly by secret ballot, a large volume of legislation has been enacted. In the drug control sphere, this includes the Civil and Criminal Procedure Code (2000), the Sales Tax, Customs and Excise Act (2000), the Medicines Act (2003) and the Penal Code of Bhutan (2004).

On 20 June 2005, Bhutan's National Assembly approved accession to the 1961 and 1971 Conventions, and tasked the Ministers of Health and Education with drafting comprehensive new legislation addressing all aspects of drug abuse control. They sought UNODC help to draft this legislation.⁴

Institutions

The nodal agencies dealing with drug control are the Ministry of Health and the Ministry of Education. However, officers of Police, Revenue and Customs and Agriculture are involved

⁴ As a result, between 24 August and 2 September 2005, UNODC assisted Bhutan to draft the "Prevention and Control of Drug Abuse Act 2005". It is expected to be adopted by the National Assembly in November 2005. UNODC has been requested to help draft the necessary subordinate Rules and Regulations to give detailed effect to this new Act.

in drug law enforcement in the country. In addition, the Ministry of Home Affairs also deals with drug control activities.

In Bhutan, the competent authority for HIV/AIDS prevention and control is the Director, Department of Public Health, Ministry of Health, and the Programme Manager, National STD/AIDS Control Programme, Public Health Department, Ministry of Health, Royal Government of Bhutan.

There is no specific identification of responsibility for Drug Demand Reduction in Bhutan. However, the IECH Bureau of the Ministry of Health has the primary responsibility to inform, educate and communicate on health and health-related matters. In this Ministry, the Joint Director, Quality Assurance and Standards Department (QASD) is the national focal point. The competent authority in Bhutan for youth affairs is the Director, Department of Youth and Sports, Ministry of Education, Royal Government of Bhutan.

Under the proposed “Prevention and Control of Drug Abuse Act 2005”, a high-powered inter-ministerial body, the Narcotics Control Board, will be established. A Narcotics Control Agency will also be established. The Board’s powers will include proving and updating Bhutan’s National Drug Control Strategy, and designating each agency responsible for administering and enforcing particular provisions of the Act. It will also have power to give guidance to these agencies to ensure proper implementation of the Drug Control Conventions in Bhutan and the National Drug Control Strategy. The Narcotics Control Agency will be the executive arm of the Board.

5(b) Licit control (drugs and precursors)

The Health Ministry authorises the issues of the import licenses by Ministry of Trade and Industry for controlling the import of precursor chemicals. The Health Ministry authorizes the issuance of import licenses and authorisations for licit drugs and to some extent precursors. Bhutan has no pharmaceutical industry. Most of the precursor chemicals are imported from India. At present, Bhutanese authorities tend to rely on Indian authorities to control imports of precursor chemicals from India, however this will change under the proposed new Bhutan legislation.

5(c) Supply reduction

Drug trafficking does not appear to be a major problem in Bhutan at present. The National Drug Strategy to be developed under the new legislation by the Narcotics Control Agency and approved by the Narcotics Control Board will address both drug supply reduction and demand reduction.

5(d) Demand reduction

In April 1999, the Ministry of Health and Education initiated an awareness campaign on substance abuse, including a workshop for teachers.

Prisons: the prisoners are provided with treatment at the Basic Health Unit (BHU) in Bhutan. A Medical Officer, Health Assistant, Assistant Nurse and two non-medical staff man the Unit. Health records of the individual prisoners are maintained and minor ailments of the prisoners are treated at BHU itself. The medical officer visits the BHU once a week for the routine checkups. The prisoners who need further investigation are referred to concerned

medical specialists as and when required. Emergency services are available 24-hours-a-day. Health Education programmes are provided on a regular basis.

5(e) Money laundering control measures

See the section above on money laundering.

5(f) International cooperation

Bhutan is an active participant in regional initiatives to address the drug issue. The Government is a signatory to the 1990 SAARC Convention on Narcotic Drugs and Psychotropic Substances. Bhutan plans to join INTERPOL before December 2005. Bilateral and multilateral Conventions are self-executing under Bhutan's law, but need domestic implementing legislation to be fully effective. Bhutan's Chief Justice has asked UNODC to help draft up-to-date, flexible international cooperation legislation, including 2005 amendments to the draft Evidence Act to enable foreign evidence to be received and used in proceedings before Bhutan's Courts.

6. POLICY – CRIME

Bhutan is not a signatory to the Transnational Organized Crime Convention of 2002 nor any of the three related Protocols on human trafficking, migrants and firearms. It is also not a signatory to the 2003 Corruption Convention.

7. TERRORISM

Insurgent groups maintained a presence in Bhutan after a crackdown by a neighbouring country in the 1990s. In December 2003, a military campaign by the Bhutanese army resulted in the expulsion of the groups from their camps (Jane's 2004a).

Bhutan is a party to six of the 12 universal instruments related to the prevention and suppression of international terrorism, including the 1999 International Convention for the Suppression of the Financing of Terrorism.