

COMMUNITY ACTION IN REDUCING HARMFUL USE OF ALCOHOL



A Pilot Intervention Experience from Bhutan

Presentation Outline

- Brief background about Bhutan
- Alcohol problems in Bhutan
- Why community action
- Pilot Project site
- Objectives of the project
- Methodology of the project
- Results of the project
- Limitation
- Recommendation
- Conclusion

Location

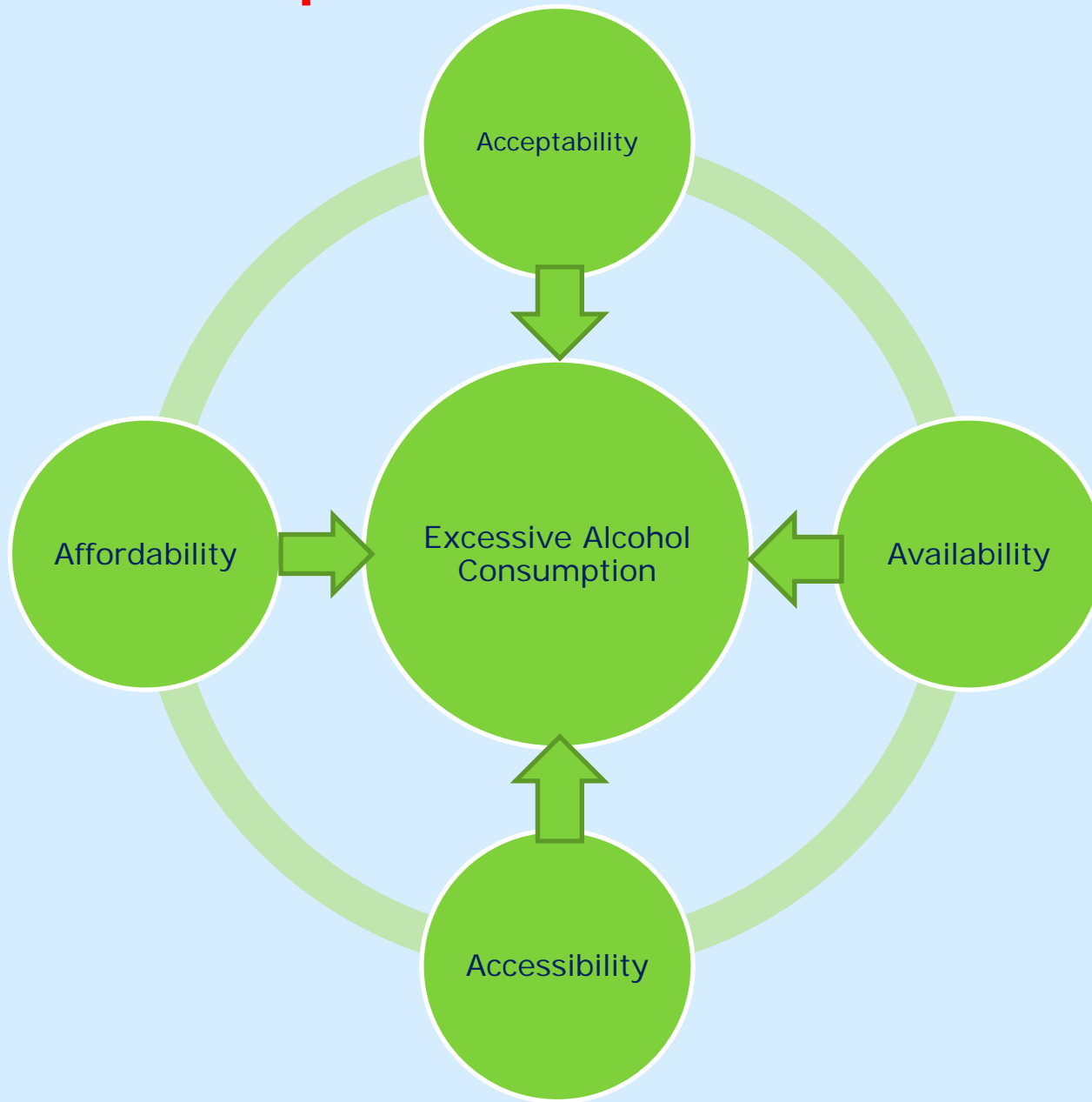
Between India and China



Background

- Small country between two giant countries China and India.
- **Area** : 46500 Sq. Km
- **Land** : 70 % covered with forest, 30% is areable
- **Population**: 738,786
- **Economy**: Hydropower, Agriculture, Tourism

Alcohol problems in Bhutan

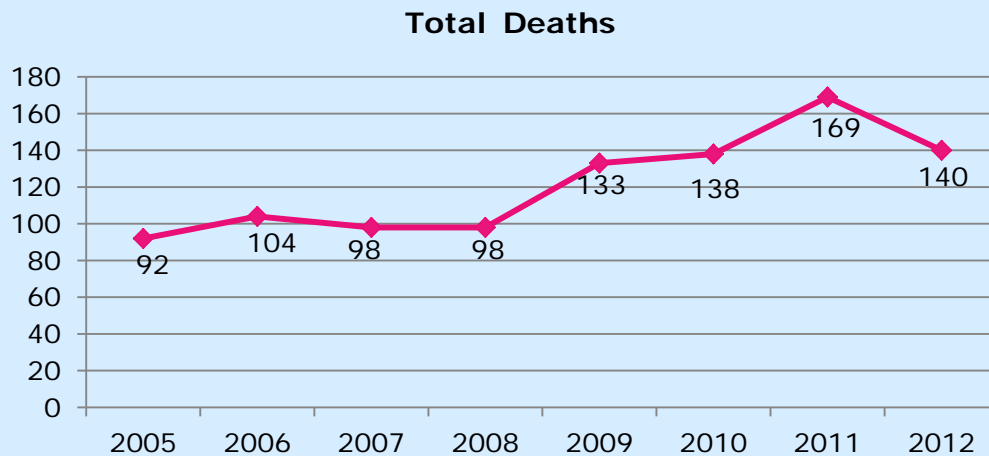
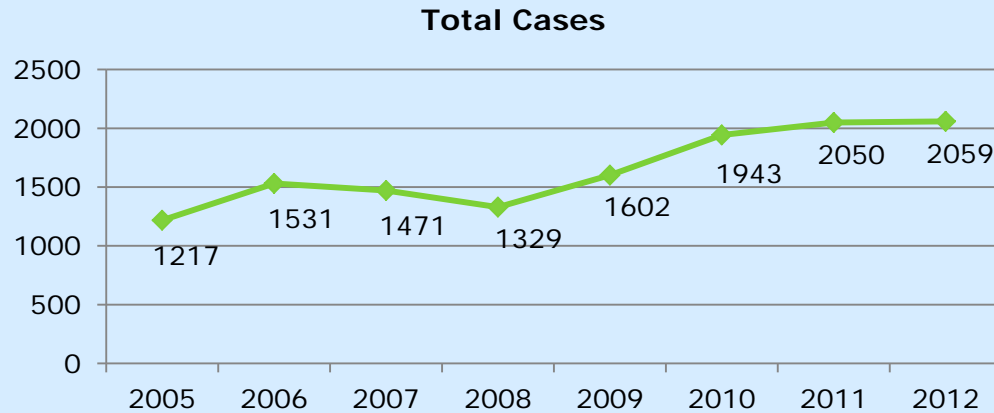


Alcohol problems in Bhutan

- Per capita adult pure alcohol consumption is estimated at 8.47 litres
- 59.1% of the high school students consumed alcohol.
- Alcohol abstinence rate among the Bhutanese population 15 years and older is 64.7%,

Alcohol problems in Bhutan

Alcohol related morbidity & Mortality in Bhutan (2005-2012)



Alcohol problems in Bhutan

- Approximately 7% of road traffic accidents
- 70% of the domestic violence attribute to Alcohol
- Annual healthcare cost of alcoholism was roughly Nu. 29-30 millions

Why community action???

1. Deeply in rooted Bhutanese, culture and tradition
2. 4As (Acceptability, Availability, Accessibility, & Affordability)
3. Limited Resource for Treatment & Rehabilitation(financial, human, infrastructure)
4. Small country with good Administrative System
5. Close and cohesive community relationship

Site of pilot project

- 5 Communities under two eastern districts
- Population: 10705
- Reasons for selecting: High alcohol consumption, high poverty rate, high morbidity & mortality, culture & tradition, concern of the local government

Objectives

- To determine the effectiveness of community action in reducing harms from alcohol use.
- To demonstrate as role model in empowering community for making healthy choices.
- To get experiences for nationwide implementation of National Policy & Strategic Framework to Reduce Harmful use of Alcohol.

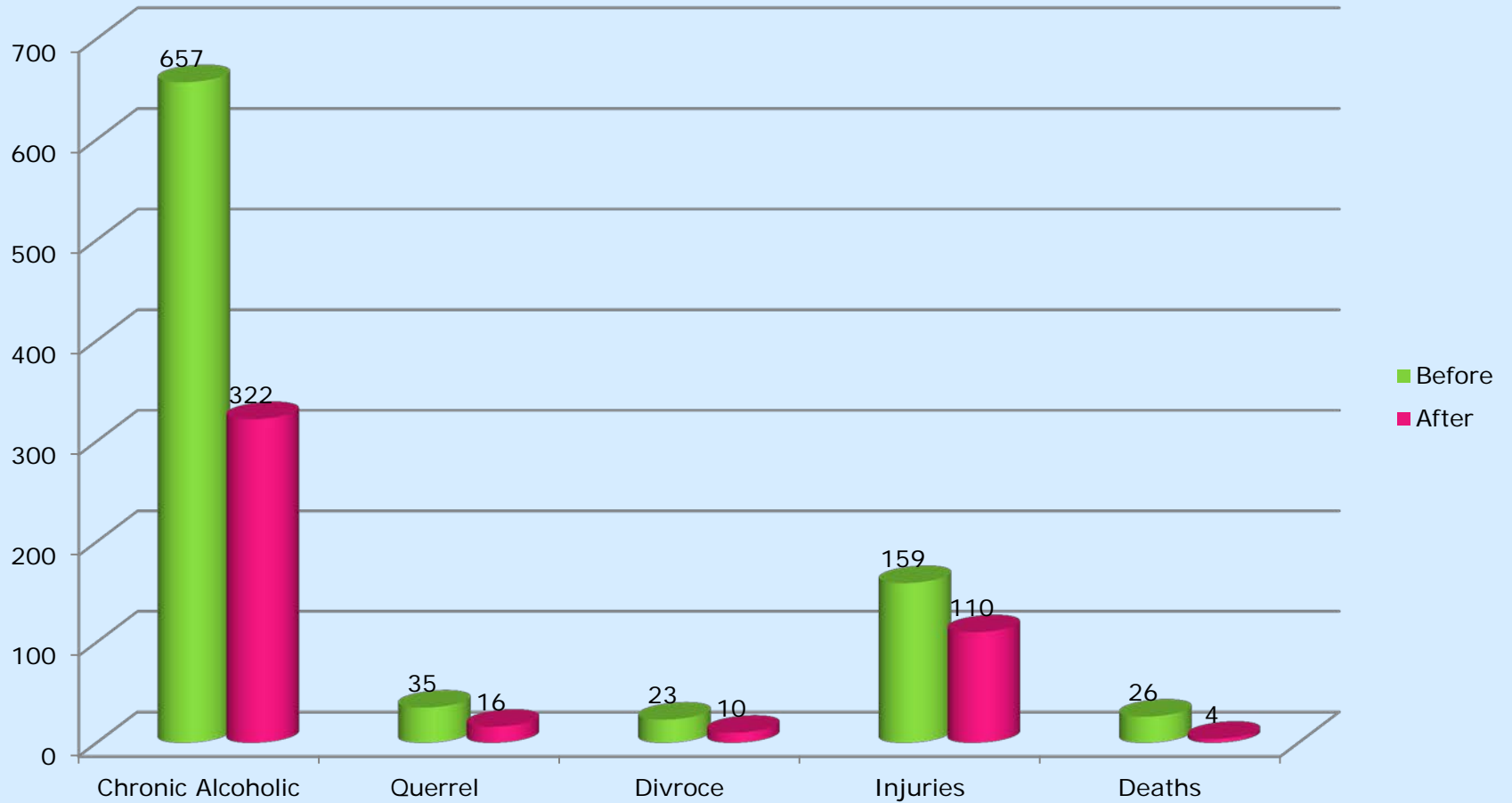
Methodology

- A preliminary rapid assessment
- Focus group meeting/discussion
- Unique solutions to reduce the problems.
- Formation of rules and regulation by community
- Advocacy & awareness in the community
- Involvements of schools, RTIO

Methodology

- Enforcement of rules & regulations on alcohol sales
- Periodic review meeting among core members.
- Supervision and Monitoring by District Administration
- Post evaluation

Results



Results

Other subjective outcomes

- In general there is drastic reduction in alcohol consumption and improvement in terms of livelihood.
- People now could pay the electric bills regularly
- People could work and produce vegetables earn more

Results

- People concentrate on the ceremonies i.e funeral, annual religious ceremony rather than on alcohol.
- More food grains are available for food so they don't have to ask neighbours for food.
- More time to work and complete in time.

Results

- Visitors from outside the districts such as civil servants coming on home leave are more aware of the district policy and don't bring or demand alcohol.

Results

- Alcohol is completely forbidden during funerals as per the orders of the Lama & Dzongda.
- In the recent Dzongkhag Assembly rest of the Gewogs have committed to replicate similar community action in reducing harm from alcohol use.
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Limitation

- Represents only five communities
- Information were collected and reported by local leaders and health workers

Key factors to success

- Commitment & support from the Government
- Commitment & support from the District Governor
- Commitment and support from the local government
- Commitment and hard working of the District Health Officer & primary health workers

Key factors to success

- Commitment and support from school teachers
- Full support from the WHO for the projects

Recommendation

- To conduct more researches & studies in the future
- To replicate the same program to rest of the *Geogs* in the Dzongkhag and then to whole of the country in a phase wise manner.
- To continue project activities with the available resources and initiatives within the community themselves
- To provide appropriate IEC materials and audio-visual equipments at the earliest.

Recommendation

- limiting annual quota system to bars and restaurants. Some measures on limitations of alcohol imports are also recommended
- In order to gain political & financial support for rolling up of project activities to other districts, forum recommends formal presentation of success stories to national and international forums

Conclusion

- Through such pilot project we learned that the community empowerment can be effective to bring the changes in attitude, behaviour, and practice and able to make healthy choices by the people.
- Such approach can also be affective in sustaining the programs and it can be replicated to other parts of the country in the future.

Let us all joint our hand together in reducing the Alcohol related problems.



TRASHI DELEK... AND LET'S HOPE FOR THE BEST.

Meeting in the Community



Core Members

- Gup
- Mangiapp
- Tshogpa
- Cheupon
- Gedrung
- Principals
- NFE teachers
- NFE learners
- Health workers
- RNR staff
- Lama/Tship
- Ex-gup/Ch
- VHWs
- Community
- Ex alcoholics



Community Workshop



Training of Community on Alcohol Harm Reduction.



Community people preparing Action plan for the project.

❖ Trainings were completed in second week of July 2011.

Enforcement of Rules and Regulations in the community Level.



Rules and Regulations were enforced by GYT and Core members.

Awareness through Skit/ Plays by the students of Gortshum CPS during the Royal Wedding Day celebration.



Performed on 13th Oct. 2011.

Alcohol Awareness campaign coinciding with the Royal Wedding Day.



Conducted on 14th Oct. 2011