



































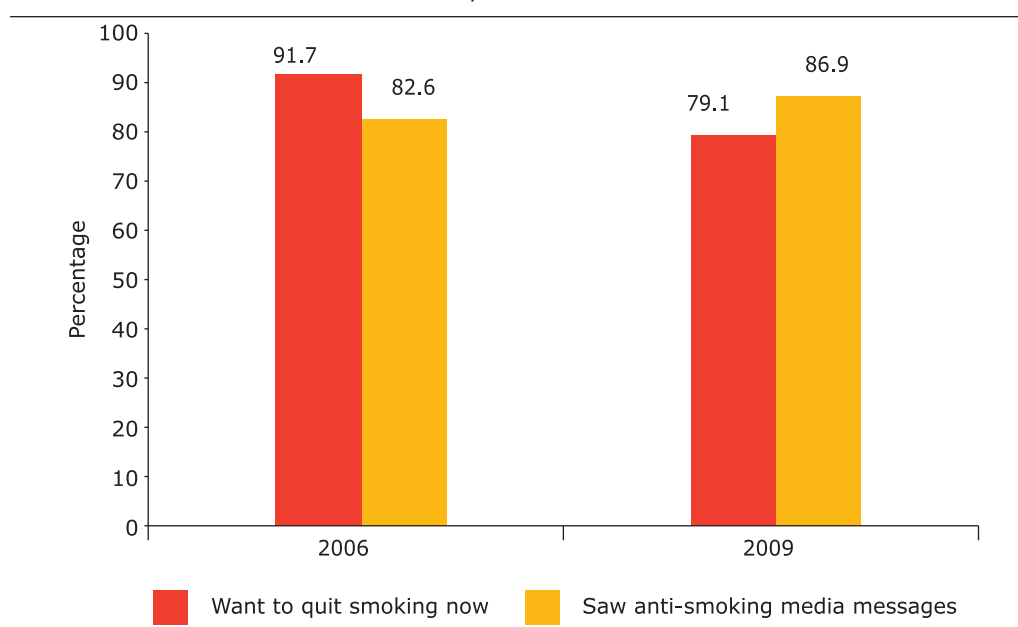


- IEC materials have been developed and health staff and social workers are trained and counselling services offered through health facilities and rehabilitation centres.
- Some of the schools have included tobacco use prevention in their curriculum.
- Some of the schools have a policy to prevent tobacco use among students and school personnel.
- Some school personnel have been trained to prevent tobacco use among youth.
- Some of the schools have non-classroom programmes or activities that are used to teach tobacco use prevention to students. Source: GHPSS, 2006

Nearly nine out of ten current smoking students in 2006 and nearly eight out of ten current smoking students in 2009 wanted to quit smoking. Nearly eight out of ten current smoking students had seen anti-smoking media messages in 2006 and 2009.

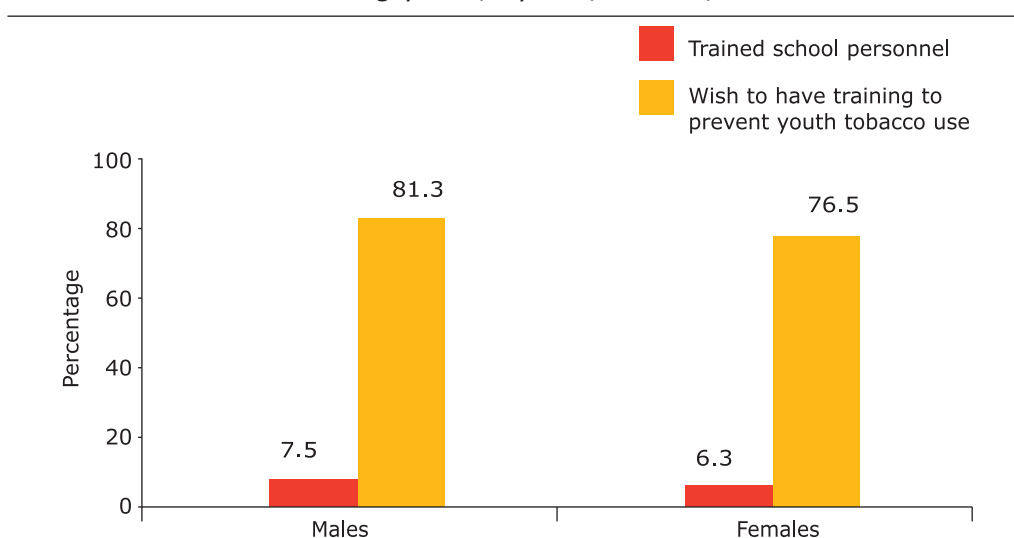
Nearly eight out of 10 school personnel wished to be trained to prevent tobacco use among youth. However, only about one in ten school personnel had received formal training to prevent tobacco use among youth.

**Figure 4:** Percentage of current smoking students who want to quit now, Bhutan, 2006 & 2009



Source: Global Youth Tobacco Survey (GYTS), 2006 and 2009

**Figure 5:** Formal Training of school personnel on prevention of tobacco use among youth, by sex, Bhutan, 2009



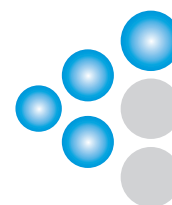
Source: Global School Personnel Survey (GSPS), 2006 and 2009

### Weaknesses

- Lack of adequate human and material resources.
- Low level of demand for cessation support.
- Nicotine replacement therapy (NRT) and bupropion (e.g, Zyban, Wellbutrin) are not available.
- School personnel have not been trained to help students quit tobacco.
- Toll-free telephone quit line/helpline with available staff to discuss cessation with callers absent.

### The way forward

- Develop an effective youth tobacco cessation programme.
- Community-based cessation activities should be started, and tobacco cessation clinics should be gradually established in health-care facilities.
- Training of an adequate number of cadre of health professionals on tobacco cessation and counselling techniques.
- Establishment of counselling clinics in hospitals and health centres.
- Ensuring the accessibility to NRT and bupropion.
- Establishment of quit lines for smokers who want to quit.
- Implementing tobacco control legislation and provisions of Article 14 of the WHO Framework Convention.



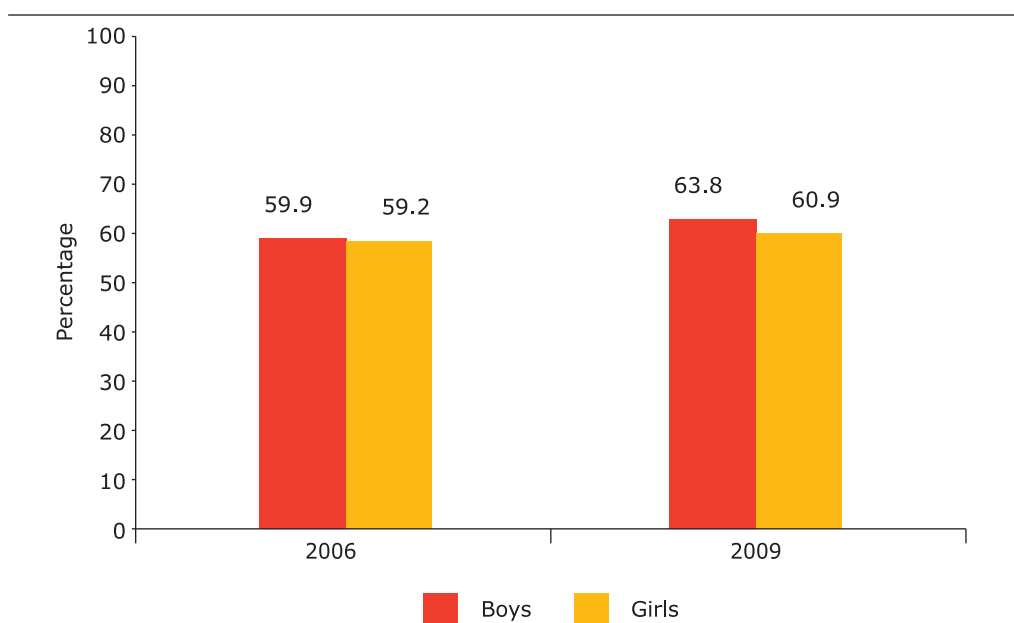
## Warning about the dangers of tobacco

### Country situation and activities

- In 2004, the Royal Government of Bhutan notified the ban on sale of tobacco products with effect from December 2004. Tobacco products are not produced in the country and cannot be imported for sale. All tobacco products brought into the country for personal consumption must depict the country of origin and should have appropriate health warnings on them.
- Efforts are being made to educate and raise public awareness about the dangers of tobacco use and second-hand smoke.

GYTS 2006 and 2009 revealed that about six in ten students had been taught in any of their classes about the dangers of smoking.

**Figure 6:** Percentage of students aged 13–15 years who have been taught about the dangers of smoking, by year and sex, Bhutan, 2006 & 2009



Source: Global Youth Tobacco Survey (GYTS), 2006 and 2009

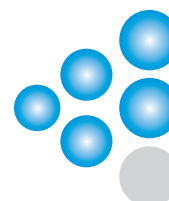
### Weaknesses

- Absence of comprehensive warnings about the damages of tobacco use.

### The way forward

- A comprehensive tobacco control act needs to be formulated with provisions for pictorial health warnings on tobacco product packages and in accordance with Article 11 of the WHO Framework Convention on Tobacco Control.
- Regulation/notification on pictorial health warnings covering at least 30% of the principal display areas of packages of smoking and smokeless forms of tobacco products should be in place and enforced
- The ministries and multisectoral agencies should work together to incorporate the most effective anti-tobacco programmes in schools.

## Mpower



### Enforcing bans on tobacco advertising and promotions

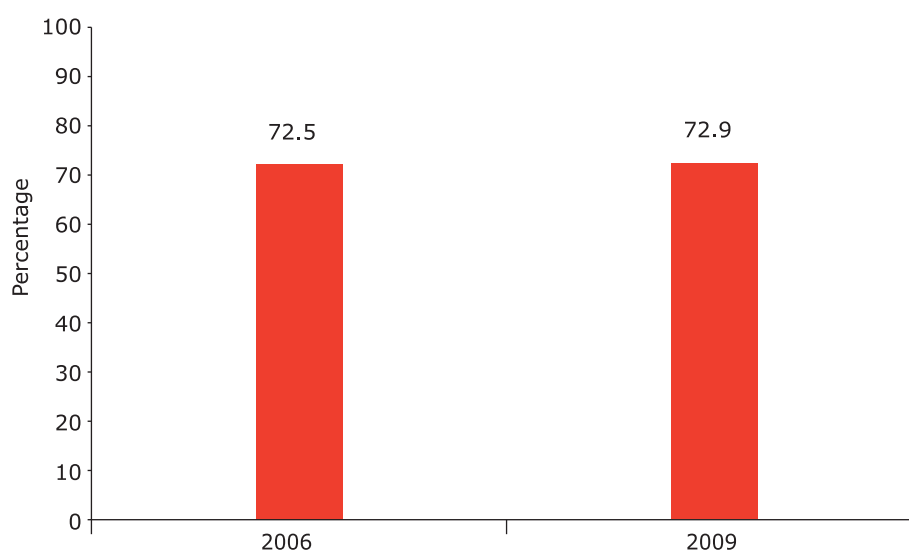
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#### Country situation and activities

- Advertising of tobacco products on all national media channels has been banned since 1995. However, cross-border advertising through international television and radio channels, cinema and the print media does take place.
- The sale of tobacco and tobacco products was banned with effect from the 17 December 2004 (based on the resolution ma-7 of the 82nd National Assembly of Bhutan).
- The tobacco control legislation 2010 has defined provisions for a comprehensive ban on tobacco advertising, promotion and sponsorship.
- There is complete compliance (nine out of 10) with the bans on advertising, promotion and sponsorship (WHO Report on The Global Tobacco Epidemic, 2009).

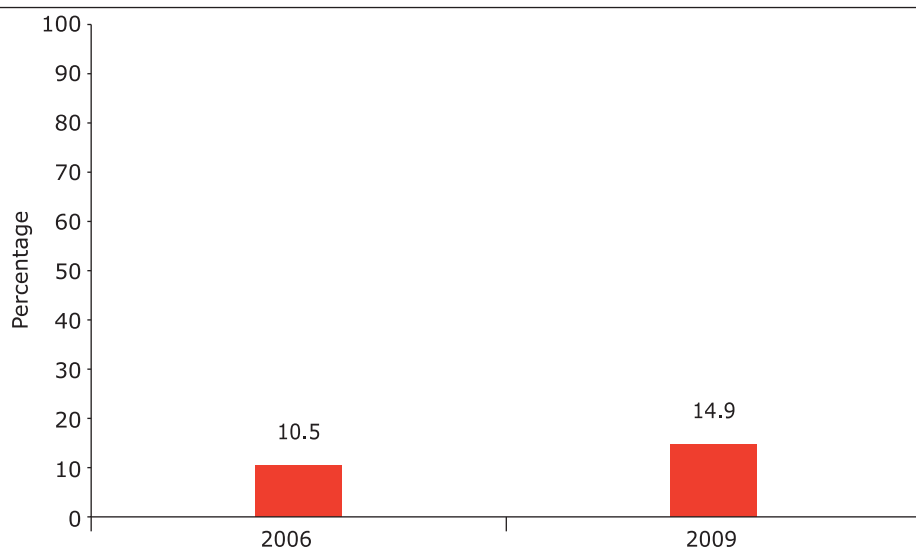
GYTS 2006 and 2009 revealed that over seven out of ten students were exposed to cigarette advertisements on newspapers and magazines and nearly one in ten students possessed an object with a cigarette brand logo on it.

**Figure 7:** School students aged 13–15 years exposed to tobacco advertisement on print media, by year, Bhutan, 2006 & 2009



Source: Global Youth Tobacco Survey (GYTS), 2006 & 2009

**Figure 8:** School students aged 13–15 years possessing an object with a cigarette brand logo on it, by year, Bhutan, 2006 & 2009



Source: Global Youth Tobacco Survey (GYTS), 2006 & 2009

### Weaknesses

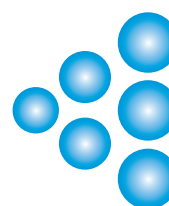
- Absence of a comprehensive legislation banning all forms of tobacco advertising, promotion and sponsorship.
- Cross-border advertising through international TV/radio channels, cinema and the print media does happen.

- Low level of awareness in the country regarding tobacco industry tactics and the the harms from tobacco use.

### **The way forward**

- Legislation with a comprehensive ban on all forms of tobacco advertising, promotion and sponsorship.
- Strong enforcement measures subsequent to the formulation of a law on a comprehensive ban on tobacco advertising, promotion and sponsorship.
- Prohibition of advertisements from international TV and radio to be broadcast within the country.

## **Mpower**



### **Raising taxes on tobacco products**

#### **Country situation and activities**

- The import quota for personal use has been fixed at 200 sticks of cigarettes, 150 grams of piped tobacco and 50 grams of other tobacco products. Taxes on tobacco products have been raised from 50% to 100% based on the resolution ma-7 of the 82nd session of the National Assembly of Bhutan on 17 December 2004. Imports from third countries are subject to an additional 100% customs duty.

#### **Weaknesses**

- Absence of uniform taxation on all tobacco products imported for personal consumption.

#### **The way forward**

- Uniform duties on all types of tobacco products must be enforced.
- Advocacy on raising duties on tobacco products.
- Integration of tobacco control into existing poverty alleviation programmes.

## Conclusion

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The GYTS surveys show that the prevalence of current tobacco use in Bhutan has not changed significantly over the years. In addition, nearly six out of 10 students in 2006 and 2009 were exposed to second-hand smoke (SHS) in public places and over seven out of ten students were exposed to cigarette advertisements on newspapers and magazines. A comprehensive, multipronged intervention addressing both the demand and the supply side is, therefore, vital for effective tobacco control in Bhutan.

The Tobacco Control Legislation 2010 has been enacted, however there is a need to make rules at the earliest possible. There is a need for formulation of clear-cut rules for effective enforcement of the law and adapt existing tobacco control strategies to address the use of both smoking and smokeless forms of tobacco products.

Nearly nine out of ten current smoking students in 2006 and nearly eight out of ten current smoking students in 2009 wanted to quit. In GSPS 2009, nearly eight out of ten school personnel wished to be trained to prevent tobacco use among youth. However, only about one in ten school personnel had received formal training for the same.

Therefore, a comprehensive health promotion strategy and effective and comprehensive tobacco cessation programmes need to be formulated to prevent tobacco use and assist school personnel, students and the general community in quitting.

Comprehensive school control rules and policies should be framed for the prevention and control of tobacco use in schools with the effective enforcement of the same and school personnel should be trained on the prevention of tobacco use among students.

Multisectoral efforts are needed for the effective implementation of the WHO Framework Convention on Tobacco Control and to monitor the key indicators of the MPOWER Policy Package through periodic conduct of different surveys under the GTSS.

# Bibliography

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- (1) Wikipedia. *Bhutan*. Website: <http://en.wikipedia.org/wiki/Bhutan> - accessed July 2, 2010.
- (2) United Nations Statistics Division. *Bhutan*. Available at: <http://data.un.org/CountryProfile.aspx?crName=Bhutan> - accessed on 7 August 2010.
- (3) World Health Organization, Country Office for Bhutan. Website: <http://www.whobhutan.org/EN/Index.htm> - accessed July 2, 2010.
- (4) World Health Organization. WHO report on the global tobacco epidemic, 2008: the MPOWER package. Geneva: 2008. Available at: [http://whqlibdoc.who.int/publications/2008/9789241596282\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596282_eng.pdf) - accessed 7 August 2010.
- (5) World Health Organization. *WHO report on the global tobacco epidemic, 2009: Implementing smoke-free environments*. Geneva: WHO, 2009. Available at: <http://www.who.int/tobacco/mpower/en/> - accessed on 6 August 2010.
- (6) World Health Organization, Regional Office for South-East Asia. *Brief profile on tobacco health warnings in the South-East Asia Region*. New Delhi, 2009. Available at: [http://www.searo.who.int/LinkFiles/World\\_No\\_Tobacco\\_Day\\_profile.pdf](http://www.searo.who.int/LinkFiles/World_No_Tobacco_Day_profile.pdf) - accessed July 2, 2010.
- (7) World health organization, Regional Office for South-East Asia. *Brief profile on gender and tobacco in South-East Asia Region*. New Delhi, 2010. Available at; [http://www.searo.who.int/LinkFiles/World\\_No\\_Tobacco\\_Day\\_GenderandTobacco.pdf](http://www.searo.who.int/LinkFiles/World_No_Tobacco_Day_GenderandTobacco.pdf) - accessed July 2, 2010.
- (8) World Health Organization, Regional Office for South-East Asia. Effective Implementation of the WHO Framework Convention on Tobacco Control through the MPOWER Policy Package: Towards a smoke-free Region. *TFI Newsletter*. 2009 Jan; 2 (1): 1-8. Available at: [http://www.searo.who.int/LinkFiles/Tobacco\\_Free\\_Initiative\\_tfi\\_newsletter-\\_vol\\_2\\_no.\\_1.pdf](http://www.searo.who.int/LinkFiles/Tobacco_Free_Initiative_tfi_newsletter-_vol_2_no._1.pdf) - accessed 29, June, 2010.
- (9) Centers for Disease Control and Prevention. *Global Youth Tobacco Survey (GYTS) Bhutan. Fact Sheet: South-East Asia Region*. Available at: [http://www.cdc.gov/tobacco/global/gyts/factsheets/sear/2006/Bhutan\\_factsheet.htm](http://www.cdc.gov/tobacco/global/gyts/factsheets/sear/2006/Bhutan_factsheet.htm)
- (10) Royal Government of Bhutan. *Tobacco Control Act of Bhutan, 2010*. Thimphu: Parliament of Bhutan, 2010. Available at: <http://www.nab.gov.bt/downloadsact/Dzo76.pdf> - accessed 7 August 2010.





Royal Government of Bhutan