

The International Tobacco Control Policy Evaluation Project ITC Bhutan Project Report



MAY 2011



Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic



Results from the ITC Bhutan Survey Project ITC Bhutan Project Report

2011

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ROYAL GOVERNMENT OF BHUTAN

ଶ୍ରୀ ସମ୍ରାଟ୍ ଭୁଟାନ
ପ୍ରଧାନ

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MINISTRY OF HEALTH

THIMPHU : BHUTAN

P.O.BOX : 726



Foreword

Bhutan is believed to have been one of the first countries to have had a tobacco control law as early as the 18th century based on the belief that tobacco pollutes not only the body, speech, and the mind of the humans but the gods, spirits of the intermediate space and the nagas of the underworld. It was then the duty of the state through its functionaries to control the use of tobacco products. The Bhutanese officials on the Indian frontier were also responsible for prohibiting the import of tobacco into the country.

Religious institutions being tobacco-free, more particularly smoke-free, is something that I remember even when I was a child.

The initiatives taken by the World Health Organization, notably the Framework Convention on Tobacco Control (FCTC) to combat the menace of tobacco has indeed encouraged our people to do more and in fact has gone beyond the call of FCTC. Given that tobacco use is the number one preventable cause of death and disease throughout the world, Bhutan has banned the sale of tobacco products since 17 December 2004 and put in place comprehensive smoke-free provisions from 1 March 2005. These initiatives were further strengthened through the enactment of the Tobacco Control Act 2010 which provides for a comprehensive legal framework for the implementation of tobacco control policies.

I do understand that while we may have well intended policies, it is equally important to ensure that our policies are effective as well. The effectiveness of our policies can only be assessed through proper monitoring, surveillance and periodic evaluation. In this connection, I am glad to report that the Health Ministry has collaborated with International Tobacco Control Policy Evaluation Project (ITC) towards that end.

The work of the ITC represents the first scientific examination of the impact of our tobacco control policies. From the results of the ITC Bhutan Survey we see that overall tobacco use is, as hoped, fairly low compared to other countries. This trend is seen both in the number of people presently using tobacco as well as the amount of tobacco used. The results of the ITC Survey also demonstrate high public support for the ban on the sale of tobacco, by both tobacco users and non-users. Most of the public also perceives that the ban is effective and well-enforced.

There are certainly challenges that must be addressed with such a policy. We are aware that some tobacco comes into Bhutan illegally, and there is room for improvement in the detail and implementation of these policies to reduce or eliminate the use of tobacco in Bhutan. It must be pointed here that the survey was conducted prior to the enactment of the Tobacco Control Act and the situation will have changed significantly especially in terms of the enforcement. Nonetheless, the results of this study reinforce our government's mandate to continue creating strong barriers to the availability of tobacco in Bhutan.

The measures put in by the Government for control of tobacco in the recent years is a reflection of the past and the will of the present to protect ourselves from the devastating harms of tobacco use while further promoting the spiritual heritage of Bhutan as enshrined in our constitution. It shall be our endeavour to make our tobacco control laws as effective as possible to ensure that our people live healthier and happier lives.

Sincerely,

(Zangley Dukpa)
MINISTER

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“Furthermore, this evil sustenance called tha-ma-kha (tobacco) which is a cunning trick prepared by the demons, is now being used continuously by all the people and the peasants, including the bodyguards and menials; not only does this pollute the body, speech and mind-supports but also it causes the gods above to decline, it disturbs the spirits of intermediate space and injures the nagas of the underworld. From this cause there continuously arises in the world the fate of diseases, wars and famines and so it conforms with many prophecies given by the great teacher Padma [sambhava]. If people in any of the districts should be found to be indulging in the trading and smoking of tobacco, this ruinous sustenance, and if this practice is not forcibly eliminated by the rdzong[-dpon], mgon[-nyer], government representatives and officials, the village counselors and messengers, then things will directly fall on their own heads. The officials on the Indian frontier must prohibit [the import of tobacco] at the duars themselves. Control through these measures is important.”

Aris, M. (1986). *Sources for the History of Bhutan.*
[Translation of a Bhutan historical document,
believed to have been written in the period 1729-44]



ITC POLICY EVALUATION PROJECT

The International Tobacco Control Policy Evaluation Project (the ITC Project) is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the WHO Framework Convention on Tobacco Control (FCTC).

This report presents results of the ITC Bhutan Survey – a face-to-face survey of 251 tobacco users and 1,555 non-users of tobacco in four districts of Bhutan – Bumthang, Chukha, Thimphu, and Trashigang – conducted between September and November 2009.

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ITC Bhutan Project Report

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ITC Bhutan 2011

BACKGROUND

The ITC Project Surveys

The International Tobacco Control Policy Evaluation Project (the ITC Project) is the first-ever international cohort study of tobacco use. Its overall objective is to measure the psychosocial and behavioural impact of key national level policies of the WHO Framework Convention on Tobacco Control (FCTC). The ITC Project is a collaborative effort with international health organizations and policymakers in 20 countries (see back cover) so far, inhabited by more than 50% of the world's population, 60% of the world's smokers, and 70% of the world's tobacco users. In each country, the ITC Project is conducting prospective cohort surveys to assess the impact and identify the determinants of effective tobacco control policies in each of the following areas:

- Health warning labels and package descriptors
- Smoke-free legislation
- Pricing and taxation of tobacco products
- Communication and education
- Cessation
- Tobacco advertising and promotion

All ITC Surveys are developed using the same conceptual framework and methods, and the survey questions are designed to be identical or functionally equivalent in order to allow strong comparisons across countries. The ITC Project aims to provide an evidence base to guide policies enacted under the FCTC, and to evaluate systematically the effectiveness of these legislative efforts.

The ITC Bhutan Survey

In 2009, researchers from the Bhutan Ministry of Health partnered with researchers from La Trobe University and The Cancer Council Victoria in Australia, and the University of Waterloo in Canada, to create the ITC Bhutan Survey. The survey was conducted from September to November 2009.

There were eight specific objectives of the ITC Bhutan Survey:

1. To estimate the prevalence of tobacco use among the adult population.
2. To estimate the level of support for the ban on the sale of tobacco products and for other tobacco control measures, and to assess public perceptions on the effectiveness of enforcement and how it may vary by geographical area, by other demographic variables, and by tobacco use.
3. To assess the effect of the ban on the sale of tobacco products in Bhutan on tobacco use, on quitting, and on psychosocial predictors of quitting (e.g., intentions to quit, thinking about quitting, forgoing a cigarette).
4. To establish baseline data for measuring the impact of forthcoming measures to curb smuggling and for increasing enforcement of the ban.
5. To estimate the availability of tobacco products via legal and illegal means, and relate this to reported/observed/ perceived purchasing of cigarettes, the price paid, and the sources.
6. To estimate the level of reported exposure to second-hand smoke.
7. To determine regional differences, if any, in tobacco use, smuggling of tobacco products, exposure to second-hand smoke, and other measures relevant to tobacco use.
8. To estimate the impact of the sales ban on tobacco consumption, on attitudes and beliefs of tobacco users about tobacco-related habits and consequences, and on public health outcomes, and examine variation across socio-demographic and economic groups and regions.

A total of 1604 households were selected in four districts — Bumthang, Chukha, Thimphu, and Trashigang — to participate in an enumeration survey. 1521 households were successfully enumerated to select potential respondents. The research team attempted to survey all identified current or former tobacco users and one never-user from each household. The sample consisted of 1806 respondents: 251 tobacco users (59 smoked tobacco users, 181 smokeless tobacco users, 11 mixed tobacco users (smoked and smokeless)), and 1555 non-users of tobacco. Each respondent completed a face-to-face interview.

This report presents findings from the ITC Bhutan Survey. The intent of this report is to provide an accurate estimate of the prevalence of tobacco use in the four districts of Bhutan, as well as the effectiveness of the national ban on the sale of tobacco and smoke-free policies. This report also provides a detailed picture of the tobacco control policy landscape in Bhutan and describes the tobacco-related beliefs, attitudes and behaviours of tobacco users and non-users of tobacco in relation to these legislative efforts.

KEY FINDINGS

1. Overall prevalence of reported tobacco use is very low

Overall, the rate of current tobacco use in the four districts of Bhutan (11.1%) is lower than in all Asian countries. And the rate of smoking is 2.8%, which is by far the lowest in Asia, and the lowest or among the lowest in the world. By comparison, the rate of current cigarette smoking is 31.4% in China, 18.5% in Thailand, and 22.8% in Malaysia.

Because the ITC Bhutan Survey did not collect tobacco consumption data before the 2004 ban on the sale of tobacco, it is difficult to make firm conclusions about the impact of the ban on prevalence, but all the signs are that it has reduced use. Over half (61%) of survey respondents believe that fewer people are using tobacco because of the ban, and most current tobacco users reported trying to quit, although only a minority did so successfully.

Although Bhutanese who do use tobacco do so less frequently than tobacco users in other countries, the frequency is still high, with 85.5% of smokers and 93% of smokeless users reporting daily use. This high frequency is an indication of the high level of addictiveness of tobacco. Unless well managed, this will create demand for tobacco products, which given the current import quotas, can only be met by illicit trade among tobacco addicts who do not live close to the border.

2. The Bhutanese people support the ban on the sale of tobacco products

The ITC Bhutan Survey reveals that support for the 2004 ban on the sale of tobacco is very strong. Overall, 94% of survey respondents were supportive of the ban. Even among current tobacco users, support was very strong: 88% of those who reported currently using tobacco support the ban.

3. There is strong societal disapproval of tobacco and support for government action on tobacco control

There is almost unanimous agreement (90% of respondents) among Bhutanese that society disapproves of smoking, and even higher agreement (97% of respondents) that the government should do more to tackle the harm of smoking. This is a further indication of the support of the Bhutanese people for the 2004 ban on the sale of tobacco products. Related to this is that most believe that tobacco use reduces Gross National Happiness, an indication that they see it as an overall negative influence on society.

4. The sales ban has reduced the availability of tobacco

As expected, more than half of tobacco users and ex-users reported that tobacco was less available in 2009 compared to when the ban was implemented in 2004. However, lower availability did not mean no availability. About 38% of current tobacco users said that tobacco was available in their village/town all the time or nearly all the time. This availability was highest in Chukha, which is consistent with the known presence of smuggling from India in that district, although reported availability in Thimphu and Trashigang was not much lower. As expected, tobacco users in Bumthang – in the interior of the country – reported lowest levels of availability. The lower availability of tobacco is likely a factor that is related to the low prevalence of tobacco use in Bhutan. It is believed that availability is likely to have been reduced further because of the stronger penalties imposed on the offenders in the 2010 Tobacco Control Act.

5. The source of tobacco products is mostly within Bhutan

The ITC Bhutan Survey also found that nearly two-thirds (63%) of most recent purchases of tobacco in late 2009 were inside Bhutan, which is not legal. It is important to note that this frequency of purchasing tobacco within Bhutan likely does not reflect the current situation since the implementation of stronger penalties in 2010.



Most Bhutanese believe that tobacco use reduces Gross National Happiness, an indication that they see it as an overall negative influence on society.

Many regular tobacco users are likely to need help to quit and others will require more persuasive information to motivate them to try to quit.

6. One-third of smokers have plans to quit, but the majority think it will be difficult

Almost one-third of smokers (29%) have plans to quit smoking within the next six months. One-quarter (25%) of smokers have plans to quit sometime in the future, beyond six months, and almost half (46%) have no plans to quit. Two-thirds (66%) of smokers reported that it would be hard for them to quit smoking. Religious affiliation is a strong motivator of thoughts about quitting – 84% of tobacco users stated that religion is somewhat or very much a reason to think about quitting, even higher than 76% for health concerns. Many regular tobacco users are likely to need help to quit and others will require more persuasive information to motivate them to try.

7. Smokeless tobacco is perceived as less harmful

Smokeless tobacco products are perceived as less harmful than smoked tobacco products by all types of tobacco users. 62% of all tobacco users think that smokeless tobacco is less harmful, whereas 33% think that there is no difference between smoked and smokeless tobacco in harmfulness. There is a marked difference in the proportion of user types who think that smokeless products are less harmful, i.e. 86% of smokeless tobacco users, 65% of smoked tobacco users, and 59% of non-users of tobacco think smokeless products are less harmful than smoked tobacco.

8. There was a lack of awareness and adherence to the ban on smoking in public places in 2009

Compared to all other ITC countries that have implemented smoke-free laws, there is low awareness of the ban on smoking in public places in Bhutan. Fewer than two-thirds (62%) of respondents were aware that smoke-free areas are designated in Bhutan. Although this may in part be due to the low rates of tobacco use, that by itself does not explain the low level of awareness. In Trashigang where smoking prevalence is lowest, awareness of the smoke-free law was highest (84%), followed by Thimphu (66%), Chukha (50%), and Bumthang (38%). Fewer than half (46%) of those aware of the smoke-free law feel that it is well enforced – in fact more than half (59%) of those who visited a restaurant in the last month observed smoking, as did 73% of those visiting bars. In addition, 25% of Bhutanese who work indoors observed smoking in their workplace in the month before the survey. The strong penalties for smoking in public places in the 2010 Act are likely to have substantially reduced smoking in these venues.

9. Bhutanese are taking steps to protect their families from second-hand smoke

While adherence to restrictions on smoking in public places was weak, the majority of tobacco users are taking steps to protect their families from exposure to second-hand smoke in the home. Almost two-thirds (65%) of tobacco users reported that smoking is completely banned in their home. This is consistent with ITC survey findings in other countries such as Ireland, Scotland, France, and Germany, where bans on smoking inside the home became more prevalent after the implementation of smoke-free policies.

10. Smokers tend to be heavy drinkers

Smokers were much more likely to be heavy drinkers and care will be needed to ensure that the capacity of bar owners to institute smoking rooms does not exacerbate this and further encourage excessive alcohol use.

THE TOBACCO LANDSCAPE IN BHUTAN

This section provides an overview of tobacco use and tobacco policy in Bhutan at Wave 1 of the ITC Bhutan Survey, conducted from September 23 to November 3, 2009. Bhutan is a unique country in many respects, including tobacco control. Bhutan is the only nation in the world with a comprehensive ban on the sale of tobacco. Bhutan also has one of the world's oldest tobacco control laws. In 1651, Bhutan's first legal code banned the use of tobacco in government and religious buildings. The discouragement of tobacco use, due to its negative health effects on the body and mind, stems from the teachings of Drukpa Kagyo, the predominant Buddhist tradition in Bhutan. Strong support for prohibiting smoking was provided from Buddhist monks in most areas in Bhutan. Modern efforts at tobacco control commenced in the 1980s and met a receptive population, so that by 2003 tobacco sales were banned in 18 of Bhutan's 20 districts (excluding Thimphu and Trashigang), with Bumthang first in 1989.

The tobacco issue was brought to the national level as Bhutan signed the WHO Framework Convention on Tobacco Control (FCTC) on December 9, 2003 and ratified the treaty on August 23, 2004. At the same time as authorising the ratification of the FCTC, Bhutan's governing body, the National Assembly, introduced an anti-tobacco resolution that prohibited all sales of tobacco products in the country with effect from December 17, 2004 after concluding that "tobacco was contrary to Dharma, besides harming and shortening human lives." Some members of the National Assembly felt that, "...the use of tobacco was unacceptable both from a religious and social health view in the land blessed by Guru Rinpoche."¹ Smoke-free areas were also designated through an executive order with effect from March 1, 2005.

Bhutan is also unique because it measures its success in both economic and social terms. Whereas other countries measure their success in terms of Gross National Product (GNP), Bhutan has created a Gross National Happiness Index (GNH), which attempts to measure the psychological and physical well-being of the country as an indicator of the country's success. The holistic view of happiness and emphasis on health and well-being endows Bhutan with a stronger foundation for stricter tobacco control laws in the sense that such laws will lower the pollution of the mind and body and will therefore increase the level of well-being in Bhutan.

Tobacco use prevalence

There are few estimates of smoking prevalence or of tobacco use prevalence in Bhutan. According to the 3rd edition (2009) of the Tobacco Atlas (sponsored by the American Cancer Society and World Lung Foundation), adult smoking prevalence in Bhutan, defined as current tobacco use, was 10% for men and 7% for women.¹ The Centre for Bhutan Studies, a non-governmental organization in Thimphu, Bhutan indicated that 10.1% of men, and 3.4% of women were current smokers in 2007 – 2008.² The Global Youth Tobacco Survey (GYTS) conducted in Bhutan in 2009 suggests that adult smoking prevalence rates may be higher than these estimates. 18% of Bhutanese youth reported having one or more parents who smoke.³

The GYTS showed that 19% of youth aged 13-15 currently use any form of tobacco (28% boys, 12% girls); 12% currently smoke cigarettes (18% boys, 8% girls); and 12% currently use other tobacco products (18% boys, 7% girls). Almost one-quarter (22%) report having ever smoked a cigarette (33% boys, 14% girls). It is estimated from the GYTS that in the next year, 8% of youth who have never smoked will initiate smoking.⁴

Tobacco control policies

Bhutan ratified the WHO Framework Convention on Tobacco Control (FCTC) on August 23, 2004. The goal of the FCTC is to "protect present and future generations from the devastating health, social, environmental, and economic consequences

of tobacco consumption and exposure to tobacco smoke."⁵ The FCTC addresses the global tobacco epidemic through a variety of measures to reduce tobacco demand and supply, including price and taxation (Article 6), exposure to tobacco smoke (Article 8), packaging and labelling of tobacco products (Article 11), tobacco advertising and sponsorship (Article 13), and cessation and treatment (Article 14).⁵

As stated earlier, the Bhutan National Assembly banned the sale of tobacco by resolution in 2004, making it the first country in the world to initiate regulation of this kind. However, the 2004 ban had its limitations, including lack of legislative power to enforce the resolution. The black market for tobacco proved robust, and there was significant smuggling of tobacco into Bhutan. Penalties put in place were ineffective in enforcing the ban, in part because of concerns that they lacked a sound legislative backing, and thus attempts at enforcement were sporadic at best. To address these issues, the Tobacco Control Act was enacted in June 2010 and came into force from January 1, 2011. This bill essentially continued the main provisions of the 2004 declaration, but stipulated harsher penalties for those convicted of selling tobacco. In order to import tobacco, users must pay the applicable duties and retain the receipt.⁶ Possession of tobacco without a valid receipt is illegal. Imported tobacco products must be for personal use and are limited to 200 cigarette sticks or 30 cigars and up to 150 grams of other types of tobacco. Under this new legislation, tobacco smugglers face 3-5 years in prison without bail.

Pricing and taxation

Before the national ban on the sale of tobacco, 18 of the 20 Dzongkhags (districts) in Bhutan had banned the sale of tobacco between 1986 and 2003. Prior to 1998, there was a 10% tax on tobacco products, and after 1998, this increased to 50%. When the resolution that banned the sale of cigarettes within Bhutan passed in 2004, taxes on cigarettes imported for personal consumption increased to 200% (100% sales tax and 100% import tax). The exception is cigarettes imported from India, which are only subject to a 100% sales tax, due to a free trade agreement between the two countries.¹

Smoke-free policies

Bhutan has long standing restrictions on tobacco consumption in certain venues, dating back to 1651. In 1651 Shabdrung Ngawang Namgyal banned tobacco usage in government and religious buildings in the world's oldest tobacco control law.¹

The reforms that began in 2004 included bans on smoking in public places that took effect on March 1, 2005. No smoking areas included all commercial locations (shops, bars and restaurants), recreational buildings (discotheques, snooker rooms, etc.), sports centers (play fields), public transport, offices, institutions (including hospitals, schools, and training centers), monasteries, and public gatherings (public meetings, festivals, vegetable markets, celebrations, etc.).

Smoking is now banned in all outdoor public places. This led to a concession in the 2010 legislation of allowing (but not requiring) proprietors to signpost smoking-permitted rooms in hotels, restaurants, and bars, as smokers could not "just go outside."

Many citizens find fault with the legislative disconnect that outlaws tobacco sales but not consumption. Many youth report being exposed to tobacco smoke in the home. According to the GYTS, 30% of Bhutanese youth live in a home where they are exposed to second-hand smoke.⁴

Warning labels

Article 11 of the FCTC includes provisions for the labelling and packaging of tobacco products. In November 2008, the 3rd FCTC Conference of the Parties adopted strong Article 11 Guidelines calling for the Parties to include on tobacco packaging a health warning of at least 50% of the front and back of every pack, including graphic images of the specific harms of tobacco use. Parties are also required to provide information about emissions and constituents of the tobacco product.⁵

This article is not relevant as there is no tobacco produced or sold in the country. However, the Tobacco Control Act 2010 requires that any tobacco imported shows the country of origin and meets Ministry of Health labelling requirements.

Light/Mild product descriptions

Article 11 of the FCTC also requires the removal of descriptors such as "light" and "mild" on cigarette packages, because such descriptors are misleading to the consumer, given

that such brands are NOT less harmful than other brands. The 2010 Act prevents importation of mislabelled tobacco products, but this article is also irrelevant.

Tobacco advertising and sponsorship

The Tobacco Control Act of Bhutan 2010 specifically prohibited tobacco advertising, promotion, and sponsorship. Prior to this, in 1996, tobacco advertising was banned on tobacco ads in television and movies. The 2009 GYTS found that 73% of youth reported seeing pro-cigarette advertisements in newspapers or magazines in the previous month, and 15% of youth reported owning an object with a cigarette brand logo on it.⁴ This is likely due to the fact that most of the magazines, newspaper, TV, and movies come from outside the country and thus are not subject to the domestic restrictions.

Prior to 2004, Bhutan did not require shops that sell tobacco to be licensed, nor did they have any legislation prohibiting the sale of tobacco to minors.¹

Cessation and treatment

Article 14 of the FCTC calls for "reduction measures concerning tobacco dependence and cessation," which requires each signing Party to design and implement programs that will lower the rate of tobacco use and consumption. This includes the diagnosis and treatment of tobacco dependence as well as establishing facilities designed specifically for treating tobacco dependence.⁵ To date, Bhutan does not have a comprehensive national cessation program or access to smoking cessation aids such as nicotine replacement products. Those seeking cessation assistance can receive treatment from the Jigme Dorji Wangchuck National Referral Hospital.

1. Givel, M. (2009). *Tobacco Use Policymaking and Administration in Bhutan*. Department of Political Science, the University of Oklahoma.

2. Centre for Bhutan Studies, *Gross National Happiness Survey Findings: 2007-2008* (Thimphu: Centre for Bhutan Studies, 2009).

3. A total of 1,019 students aged 13-15 participated in the Bhutan GYTS - a school-based survey of students in classes VII, VIII, and IX conducted in 2009. A two-stage cluster sample design was used to produce representative data for Bhutan. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 100.0%, the class response rate was 100.0%, the student response rate was 97.5%, and the overall response rate was 97.5%.

4. Global Youth Tobacco Survey 2009 http://www.searo.who.int/LinkFiles/GYTS_Bhutan_Factsheet2009.pdf

5. The World Health Organization. *Framework Convention on Tobacco Control*.

6. Bhutan to ban tobacco sale again. <http://beta.thehindu.com/news/article452762.ece>

METHODS

OVERVIEW

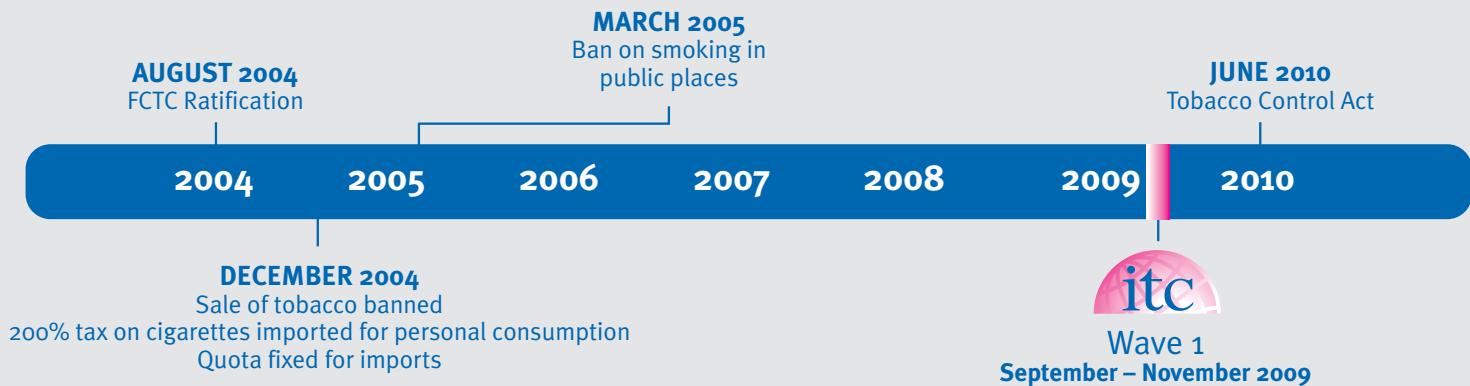
The International Tobacco Control Policy Evaluation Project (the ITC Project) is an international research collaboration across 20 countries – Canada, United States, United Kingdom, Australia, Thailand, Malaysia, South Korea, China, Mexico, Uruguay, New Zealand, France, Germany, the Netherlands, Bhutan, France, Brazil, India, Bangladesh, and Mauritius. The primary objective of the ITC Project is to conduct rigorous evaluation of the psychosocial and behavioural effects of national-level tobacco control policies of the Framework Convention on Tobacco Control (FCTC). The ITC Project is conducting large-scale prospective cohort surveys of tobacco use to evaluate FCTC policies in countries inhabited by over 50% of the world's population, 60% of the world's smokers, and over 70% of the world's tobacco users. Each ITC Survey includes key measures for each FCTC policy domain that are identical or functionally similar across the 20 countries to facilitate cross-country comparisons. The evaluation studies conducted from the ITC Surveys take advantage of natural experiments created when an ITC country implements a policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves are compared to other ITC countries where that policy has not changed. This research design provides high levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy. For description of the conceptual model and objectives of the ITC Project, see Fong et al. (2006);⁸ for description of the survey methods, see Thompson et al. (2006).⁹

The International Tobacco Control Policy Evaluation Project in Bhutan (the ITC Bhutan Project) was created in 2009 to evaluate rigorously the psychosocial and behavioural effects of Bhutanese tobacco control legislation, including a nationwide ban on the sale of tobacco, using methods that the ITC Project has employed in many other countries throughout the world. The project objective is to provide an evidence base to guide policies enacted under the FCTC and to evaluate the effectiveness of these legislative efforts systematically.

The ITC Bhutan Survey was a face-to-face survey conducted by 20 interviewers trained by the Ministry of Health. This survey was to be the first wave of a longitudinal study to evaluate the impact of tobacco control policies in Bhutan. The survey sample consisted of a probability sample of adult Bhutanese (aged 18 and older) users and non-users of tobacco who were surveyed from September 23 to November 3, 2009 in four districts: Bumthang, Chukha, Thimphu, and Trashigang. 1806 respondents completed a face-to-face interview: 59 smoked tobacco users, 181 smokeless tobacco users, 11 mixed tobacco users (smoked and smokeless), and 1555 non-users of tobacco.

Figure 1 presents an overview of the ITC Bhutan Survey timeline in relation to important tobacco control policy initiatives in Bhutan.

Fig 1. Bhutan's tobacco policy timeline in relation to the ITC Bhutan Survey



8. Fong GT, Cummings KM, Borland R, Hastings G, Hyland A, Giovino GA, Hammond D, Thompson ME. The conceptual framework of the International Tobacco Control (ITC) Policy Evaluation Project. *Tob Control* 2006;15 (Suppl III):iii13-iii11.

9. Thompson ME, Fong GT, Hammond D, Boudreau C, Driezen P, Hyland A, Borland R, Cummings KM, Hastings G, Siahpush M, MacKintosh AM, Laux FL. Methods of the International Tobacco Control (ITC) Four Country Survey. *Tob Control* 2006;15 (Suppl III):iii12-iii18.

Sampling design

The ITC Bhutan Survey is a broadly representative study of Bhutanese tobacco users and non-users of tobacco conducted through face-to-face interviews. The design uses a multi-stage sampling frame to ensure probability sampling selection of households within strata defined by 4 of the 20 geographic districts in Bhutan. Since the ITC Bhutan Survey was designed to allow the possibility of a longitudinal cohort study, we obtained more contact details from respondents than would be typical of a cross-sectional study. The districts were chosen purposively for regional representation. The sample of households was allocated to districts approximately proportional to the square root of the population size, so as to allow for some regional comparisons, while maintaining efficiency over the whole study population.

In the first stage of sampling, each of the four districts was stratified into an urban area and a rural area. In each district, a selection of three or four gewogs (towns) was made in each rural stratum. For the urban areas of Bumthang and Trashigang, a selection of two gewogs was made using probability proportional to size in each urban stratum. In the urban area of Chukha, Phuntsholing was selected, along with two other gewogs. The urban area of Thimphu consists of just one gewog, the city of Thimphu. For rural areas, several remote gewogs were removed from the sampling frame, and three gewogs were selected with probability proportional to size from each district. From each selected gewog a selection of Enumeration Areas (EAs) or chiwogs (blocks or villages) were selected also with probability proportional to size.

Data collection began with the enumeration of households listing of all of the adult individuals in the household as well as key variables relating to demographics, and any survey-relevant information. Enumeration for the ITC Bhutan Survey occurred just before the survey interview. Participants were asked to complete the survey right after the enumeration. If this was not feasible (e.g., if the randomly selected individual in a household was not available at that moment) arrangements were made for the chosen person to participate at a later time.

The research team conducted an enumeration survey of 1604 households in four districts: Bumthang, Chukha, Thimphu, and Trashigang. All adult ever-users of tobacco, and one randomly chosen never-user of tobacco were to be interviewed in each household. From the 1604 households enumerated, we were able to interview adults in 1521 households. This resulted in 1806 respondents in the main survey who participated in a 30 to 40 minute face-to-face interview.

A breakdown of the composition of the sample by district and type of tobacco use is shown in Table 1. Figure 2 illustrates the districts sampled in the ITC Bhutan Survey and the composition of the sample with respect to tobacco use.

Table 1. Composition of the ITC Bhutan Survey sample by district and type of tobacco use.

District	Ex/Non Users	Mixed Users (smoked and smokeless users)	Smokeless Tobacco Users	Smoked Tobacco Users	Total
Bumthang	207	2	16	5	230
Chukha	433	3	82	20	538
Thimphu	510	4	63	33	610
Trashigang	405	2	20	1	428
Total	1555	11	181	59	1806

Characteristics of the sample

Table 2 summarizes the demographic characteristics of the adult sample (aged 18 years and older) of the ITC Bhutan Survey. The percentages in Table 2 differ from those presented later in this report, because Table 2 consists of unweighted sample percentages. Tobacco users were oversampled because they account for a small proportion of the population, and in the results presented later in this report, the statistics are weighted to take this oversampling into account.

The survey weights employed are designed to generate unbiased estimates for each of the four districts in the survey. The statistics presented should not be considered to be estimates for the entire country because the four districts were not randomly chosen. Given the considerable variability in tobacco use across districts, estimates of tobacco use from only four districts is unlikely to yield an accurate picture of tobacco use for the country as a whole.

Fig 2. Composition of the ITC Bhutan Survey sample

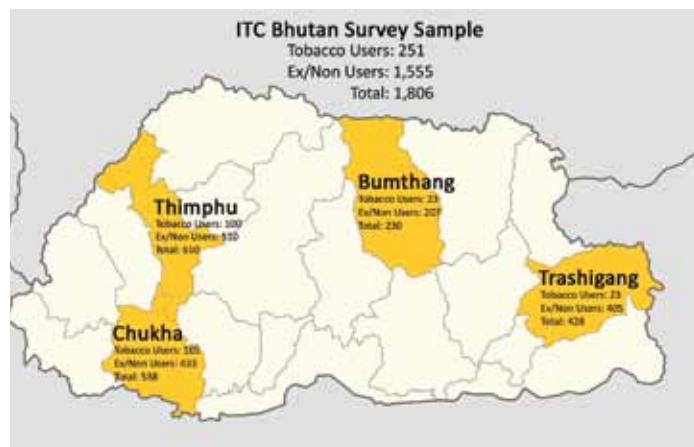


Table 2. Demographic characteristics of the ITC Bhutan Survey.

	Tobacco Users n=251		Non-users n=1,555		Total Sample n=1,806	
	Frequency	%	Frequency	%	Frequency	%
Sex						
Male	167	66.54	603	38.78	770	42.64
Female	84	33.46	952	61.22	1036	57.36
Age						
18-24	36	14.34	280	18.01	316	17.50
25-34	85	33.86	482	31.10	567	31.40
35-49	72	23.68	451	29.00	523	28.96
50+	58	23.11	342	21.99	400	22.15
Location of Residence						
Bumthang	23	9.16	207	13.31	230	12.74
Chukha	105	41.83	433	27.85	538	29.79
Thimphu	100	39.84	510	32.80	610	33.78
Trashigang	23	9.16	405	26.05	428	23.70
Marital status						
Single	44	17.60	199	12.81	243	13.46
Married	186	74.40	1254	80.70	1440	79.73
Divorced/ separated/widowed	20	8.00	101	6.50	121	6.70
Religion						
Buddhist	208	83.54	1387	89.25	1595	88.32
Hindu	37	14.86	117	7.53	154	8.53
Other(Specify)	4	1.61	50	3.22	54	2.99
Education						
No education	107	42.80	816	52.71	923	51.11
NFE/Monastic complete	13	5.20	140	9.04	153	8.47
School up to Class X	102	40.80	444	28.68	546	30.23
Class XI plus/University	28	11.20	148	9.56	176	9.75
Occupation						
Farmer	80	32.39	449	29.00	529	29.29
Housewife	34	13.77	538	34.75	572	31.67
Other Employed	111	44.94	431	27.84	542	30.01
Unemployed (including students and retired persons)	22	8.91	130	8.40	152	8.42

NB: Missing cases of <1% are not reported in the Table.

Development of the ITC Bhutan Survey

The ITC Bhutan Survey was developed by the project team with members from the Ministry of Health, Bhutan; University of Waterloo, Ontario, Canada; The Cancer Council Victoria, Australia; and La Trobe University, Australia. The survey methods and a large proportion of the survey questions were adapted from standardized protocols and surveys used in ITC surveys conducted in 19 other countries.

In the ITC Bhutan Survey, each participant was first categorized into: (a) tobacco user (those who either smoked tobacco, including manufactured and hand-rolled cigarettes, bidis, cigars, and/or pipes, or those who used smokeless tobacco, or those who used both smoked and smokeless tobacco), (b) non-user of tobacco (those who had never used tobacco or those who were ex-users, i.e., those who had used tobacco in the past but who had quit).

Tobacco users responded to questions on:

1. **Tobacco Use Behaviour and Cessation.** Tobacco use history and frequency, as well as current tobacco use behaviour and dependence, tobacco purchasing, and quitting behaviours;
2. **Knowledge and Basic Beliefs About Smoking.** Knowledge of the health effects of smoking and important beliefs relevant to smoking and quitting, perceived risk and perceived severity of tobacco-related diseases;
3. **Tobacco Control Policies.** Awareness of, impact of, and beliefs relevant for each of the FCTC demand reduction policy domains (ban on sale of tobacco products, warning labels, taxation/price, advertising/promotion, smoke-free policies);
4. **Other Important Psychosocial Predictors** of smoking behaviour and potential moderator variables (e.g., attitudes, normative beliefs, self-efficacy, intentions to quit);
5. **Individual Difference Variables Relevant to Tobacco Use** (e.g., depression, stress, time perspective);
6. **Marijuana and Alcohol Use;**
7. **Demographics** (e.g., age, gender, marital status, education, occupation).

Non-users of tobacco (quitters and non-users) responded to similar questions, with the exception of the smoking-relevant and cessation-relevant questions.

Content of this report

This Bhutan National Report provides an overview of the key findings from the ITC Bhutan Survey conducted between September 23 and November 3, 2009. A major focus of the survey was on evaluating the national ban on sales of tobacco and smoke-free laws in Bhutan. Further objectives of the survey included assessing the availability of tobacco products from legal and illegal sources and establishing a baseline for the evaluation of future policies to curb smuggling and to increase enforcement of the ban.

All figures present weighted point estimates with corresponding 95% confidence intervals. Point estimates presented in this report exclude item-specific non-responses; the only exceptions to this rule are for income, knowledge-based questions (where “Don’t know” is considered a valid response), or where otherwise explicitly indicated. Similarly, small amounts of missing data mean that some sets of percentages do not add to 100%.

FINDINGS

TOBACCO USE IN BHUTAN

A total of 1521 households from four districts (Bumthang, Chukha, Thimphu, and Trashigang) were contacted and a brief screener questionnaire was administered to obtain the list of household members and for each their tobacco use status and demographic information (gender, age, education, occupation, and marital status). The screener questionnaire identified 4317 potentially eligible adults. We attempted to interview every tobacco user, and among those households where there were non-users, only one non-user was chosen randomly to be interviewed. We used the number of non-users in each household as inflation weights, which were applied to the data of each user and non-user in the survey. This resulted in 1822 completed screener surveys and 1806 completed interviews. As a result, the weighted estimates of prevalence come from the sampling design intended to yield a representative sample of tobacco users and non-users across the four districts (except for those gewogs that were considered to be inaccessible, and were therefore not sampled in this survey). The weighted statistics (e.g., percentages) presented in this report can be considered estimates of prevalence of tobacco use and of other outcome measures.

Tobacco use in Bhutan in late 2009

Table 3 summarizes the tobacco use status and demographic characteristics of the 1806 respondents that participated in the survey.¹⁰ Overall, the rate of current tobacco use in the four districts of Bhutan (Bumthang, Chukha, Thimphu, and Trashigang) is 11.1% — lower than all Asian countries. And the rate of smoking is 2.8%, which is by far the lowest in Asia, and the lowest, or among the lowest in the world. By comparison, the rate of current cigarette smoking is 31.4% in China, 18.5% in Thailand, and 22.8% in Malaysia. 4.9% of tobacco users in Bhutan have successfully quit.¹¹ The remaining 83.9% reported never having used tobacco. These are comparable to the prevalence rates found in the enumeration data — 8.2% were current tobacco users, 3.3% were ex-users, and 85.5% reported never having used tobacco.

Of the four districts surveyed, the rate of tobacco use is highest in Chukha (15.8%) — a southern district bordering India, followed by Thimphu (12.5%) — the district with the largest urban center, and the lowest in Trashigang (2.4%), a more remote eastern district. In Bumthang, a sparsely populated district in the north-central part of the country, the rate of tobacco use was 5.7%. This confirmed the expected pattern.

As in nearly all countries in Asia, in Bhutan there is a very pronounced gender difference in rate of tobacco use. The rate of tobacco use among males (16.1%) is more than three times higher than females (4.7%).

Across age groups, the rate of tobacco use is highest in the 25 to 34 year old group (14.4%) compared to 9.4% in the 18 to 24 year age group, 9.3% in the 35 to 49 year age group, and 9.8% among those aged 50 years and older.

With respect to education, the rate of tobacco use is close to twice as high among those who have had some education up to Class X (16.3%) than for any of the other categories of education.

The rate of tobacco use among Buddhists (11.0%) is similar to that among those of other religions (12.1%); however, the percentage of former users is somewhat higher among Buddhists (5.3%) than it is among those of other religions (2.1%).

The same pattern is found among rural respondents, whose rate of tobacco use (10.8%) is similar to that of urban respondents (11.5%), although the percentage of former users is slightly higher among rural respondents (6.1% vs. 3.8%).



¹⁰. Current Tobacco Use is defined as having used tobacco products (either smoked or smokeless including snuff) at least once within the last 30 days. The weighting used here was designed to compensate for the over-sampling for interviews of current users and ex-users of tobacco and to take into account the total number of users and non-users in each household; thus the percentages in the final three columns represent prevalence estimates from the household enumeration.

¹¹. World Health Organization. (2008). WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva, World Health Organization.

Table 3: Estimates of prevalence from the ITC Bhutan Survey.

	Frequency (Raw)	Current Tobacco Users (weighted %)	Ex-tobacco Users (weighted %)	Non-users of tobacco (weighted %)
Total Sample	1806	11.1	4.9	83.9
Districts (1521 households)				
Bumthang (190 H/H)	230	5.7	6.6	87.7
Chukha (469 H/H)	538	15.8	2.5	81.7
Thimphu (476 H/H)	610	12.5	5.6	81.8
Trashigang (386H/H)	428	2.4	6.9	90.7
Gender				
Female	1036	4.7	2.9	92.4
Male	770	16.1	6.5	77.4
Age (years)				
18-24	316	9.4	2.5	88.1
25-34	567	14.4	4.9	80.6
35-49	523	9.3	4.9	85.8
50+	400	9.8	8.0	82.3
Education				
No education	923	8.2	5.1	86.7
NFE/Monastic completed	153	8.2	4.4	87.4
School up to Class X	546	16.3	5.1	78.6
Class XI plus/University	176	9.0	4.1	87.0
Occupation				
Farmer	529	12.2	6.0	81.8
Other Employed	542	16.5	6.1	77.4
Housewife	572	3.1	2.3	94.6
Unemployed (including students and retired persons)	152	8.7	4.5	86.9
Marital Status				
Single	243	12.7	3.6	83.6
Married	1440	10.2	5.2	84.5
Divorced/separated/widowed	121	15.8	6.1	78.1
Religion				
Buddhist	1595	11.0	5.3	83.7
Others	208	12.1	2.1	85.8
Urban/Rural				
Urban	844	11.5	3.8	84.7
Rural	962	10.8	6.1	83.1

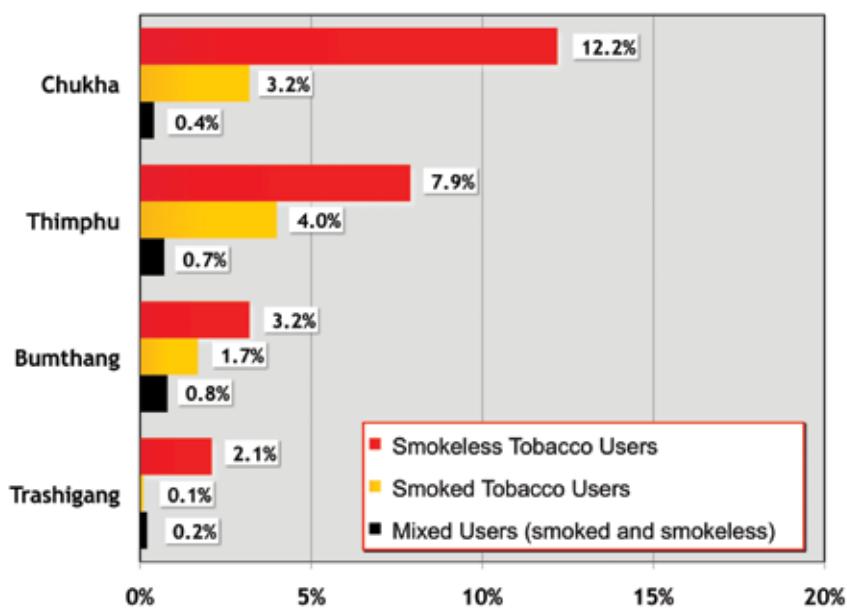
NB: Data was missing for < 1% of participants.

Types of tobacco use in late 2009

Table 4 (next page) provides a summary of the different types of tobacco products used among the current tobacco users in relation to other demographic variables.

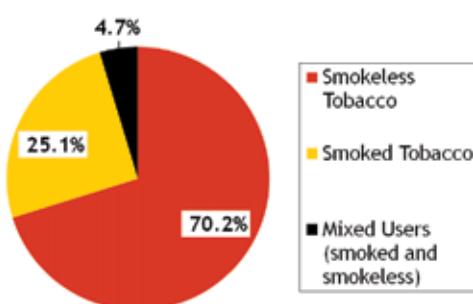
Because the level of mixed use was so low, later in this report we combined the mixed users with the smoked-only group to create a category of (any) smokers. Smokeless only tobacco use was higher than any smoked tobacco use in all four districts. Figure 3 indicates the prevalence of tobacco use by district. Use was highest in Chukha (12.2% of tobacco users) compared to 7.9% in Thimphu, 3.2% in Bumthang, and 2.1% in Trashigang. Smoked tobacco use was most frequent in Thimphu (4.0%), compared to 3.2% in Chukha, 1.7% in Bumthang, and less than 1% in Trashigang.

Fig 3. Prevalence of tobacco use, by district



Gender differences in form of tobacco use were present for both smoked (1.9% of females and 4.2% of males) and smokeless tobacco (3.6% of females and 11.1% of males); however, the gender difference was greater for smokeless tobacco, where males were three times more likely than females to use this form of tobacco. Figure 4 presents the types of tobacco used among current tobacco users. Among current tobacco users (11.1 % of all respondents), 70.2% used smokeless products such as *khaini*, *surti*, *arda*, *snuff*, etc.; 25.1% used smoked products such as *cigarettes*, *bidis*, *cigars*, etc.; and 4.7% used both forms.

Fig 4. Forms of tobacco use among current users (n=251)



The majority of tobacco users of all forms are daily users. Bhutan has a high daily usage of smoked tobacco – 86% of smokers are daily users; however, this is low compared to other ITC countries such as China, Malaysia, and Bangladesh.

Table 4: Demographic characteristics of tobacco users by form of tobacco used.

	All respondents (n=1806) (weighted %)					Current tobacco users only (n=251) (weighted %)			
	Smokeless	Smoked	Mixed	Total	Mixed+ ST*	Smokeless	Smoked	Mixed	Mixed+ ST*
Overall	7.8	2.8	0.5	11.1	3.3	70.2	25.1	4.7	29.8
Districts									
Bumthang (190 H/H)	3.2	1.7	0.8	5.7	2.5	55.9	29.5	14.6	44.1
Chukha (469 H/H)	12.2	3.2	0.4	15.8	3.6	77.0	20.2	2.8	33.0
Thimphu (476 H/H)	7.9	4.0	0.7	12.6	4.7	63.1	31.5	5.4	36.9
Trashigang (386H/H)	2.1	0.1	0.2	2.4	0.3	87.9	2.4	9.7	12.1
Gender									
Female	3.6	1.0	0.1	4.7	1.1	76.3	21.7	2.0	23.7
Male	11.1	4.2	0.9	15.3	5.1	68.8	25.9	5.4	31.2
Age									
18-24	4.5	4.3	0.6	9.4	4.9	47.9	45.5	6.6	52.1
25-34	10.2	3.5	0.8	14.5	4.3	70.8	24.0	5.2	29.2
35-49	8.4	0.9	0	9.3	0.9	90.3	9.7	0	9.7
50+	7.0	2.1	0.7	9.8	2.8	72.0	21.1	6.9	28.0
Education									
No education	7.1	0.6	0.5	8.2	1.1	86.7	7.6	5.6	13.3
School up to Class X	10.8	4.6	1.0	16.4	5.6	66.0	28.2	5.9	34.0
NFE/Monastic completed	3.0	6.0	0	9.0	6.0	88.2	11.8	0	11.8
Class XI plus/University	7.3	1.0	0	8.3	1.0	33.3	66.7	0	66.7
Occupation									
Farmer	11.3	0.8	0.1	12.2	0.9	93.0	6.4	0.6	7.0
Other Employed	9.3	6.0	1.2	16.5	7.2	56.5	36.4	7.2	43.5
Housewife	2.3	0.8	0	3.1	0.8	75.3	24.7	0	24.7
Unemployed (including students and retired persons)	6.2	1.8	0.7	8.7	2.5	71.6	20.7	7.7	28.4
Marital Status									
Single	6.5	5.5	0.7	12.7	6.2	51.1	43.2	5.7	48.9
Married	7.6	2.1	0.5	10.2	2.6	74.4	20.8	4.7	25.6
Divorced/separated/widowed	14.6	0.8	0.3	15.7	1.1	92.7	5.2	2.1	6.3
Religion									
Buddhist	7.7	2.9	0.4	11.0	3.3	69.8	26.1	4.1	30.2
Hindu/others	8.6	2.3	1.2	12.1	3.5	71.2	19.3	9.5	28.8
Urban/Rural									
Urban	6.5	4.4	0.6	11.5	5.0	56.7	38.1	5.2	43.3
Rural	9.2	1.1	0.5	10.8	1.6	85.7	10.1	4.2	14.3

NB: 1. Mixed users are combined with Smoked users for analytic purposes since the sample size of Mixed users is small (11) and they are similar to smoked users in terms of their responses based on preliminary analysis.

2. Data was missing for < 1% of participants.

Table 5 illustrates daily vs. non-daily use of tobacco by type of tobacco used. The majority of tobacco users of all forms are daily users. 85.5% of smoked tobacco users smoke daily, 93.0% of smokeless tobacco users use smokeless products daily, while 79.1% of mixed users use smoked and smokeless products daily. Although the daily smoking rate of 85.5% is high, it is lower than other ITC countries, such as China, Malaysia, and Bangladesh where 95%, 91%, and 98% of smokers smoke daily, respectively.

Table 5: Frequency of tobacco use by type of tobacco use.

TYPE OF TOBACCO USE	DAILY USE (%)	NON-DAILY USE (%)
Smoked tobacco	85.5%	14.5%
Smokeless tobacco	93.0%	7.0%
Mixed user	79.1%	20.9%

Almost half (43%) of smokers (including mixed tobacco users) answered questions about the quantity they typically smoke, including manufactured cigarettes, roll-your-own cigarettes, and bidis. The majority (93%) of daily smokers smoked between 1 and 10 cigarettes or bidis per day, ranging up to 20 cigarettes or bidis per day. 29% smoked a carton (200 cigarettes) or more per month. Of the 192 smokeless tobacco users sampled (including mixed tobacco users), 107 indicated the length of time it takes them to consume one tin, with answers ranging from 1 day to more than 1 month.

Figure 5 illustrates type of tobacco use by age. Tobacco users in the youngest age group (18 to 24 years) were equally likely to use smoked (52%) or smokeless (48%) tobacco; 7% used both forms of tobacco. However, tobacco users in all 3 age groups over the age of 24 were more likely to use smokeless tobacco. Among 25 to 34 year olds, 71% used smokeless, 29% used smoked tobacco, and 5% used both; among 35-49 year olds, 90% used smokeless tobacco and 10% use smoked tobacco. Among those 50 years and older, 72% used smokeless tobacco, 28% used smoked tobacco, and 7% used both.

Urban tobacco users were more likely than rural tobacco users to use smoked tobacco products — 38% of urban tobacco users used smoked tobacco compared to 10% of rural tobacco. The rate of smokeless tobacco use among tobacco users was higher among rural tobacco users (86%) than it was among urban tobacco users (57%).

Sources of tobacco products

Sixty-three percent (63%) of current tobacco users last purchased tobacco products inside Bhutan (in their neighbourhood or elsewhere in Bhutan) and 36% had last purchased in India.

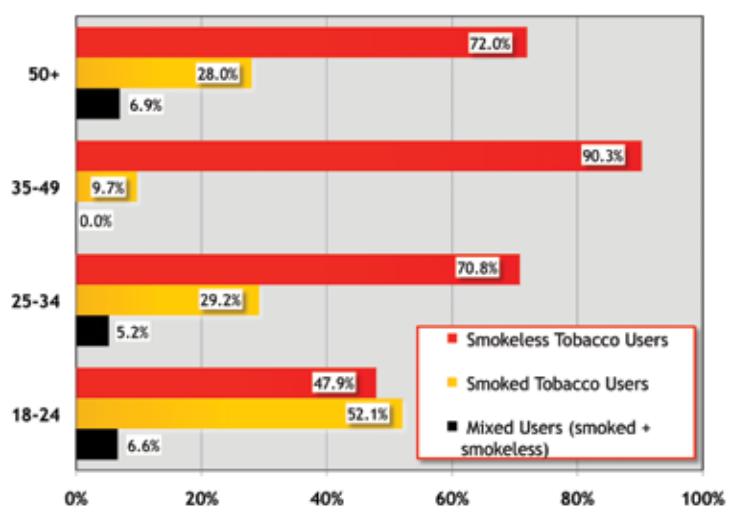
The majority (87%) of current tobacco users stated that they usually buy tobacco in Bhutan. Indeed, only 41% of current tobacco users reported that they had imported tobacco at least once in the last six months. Importing was more common for smokeless users (47%) than smokers (29%).

Among those purchasing tobacco in Bhutan, nearly all (91%) had last purchased it from shops, 6% purchased it from a private house, and 3% purchased it from a vegetable market. This pattern was similar for the reported usual sources of tobacco.

Sales within Bhutan are generally concealed. Only 2% of current tobacco users reported having seen tobacco products on open display.

At least in the areas surveyed, home grown tobacco is not an important alternative source of supply. Only 4% (n=8) of current tobacco users reported that tobacco was being grown in Bhutan.

Fig 5. Type of tobacco use among current users, by age



Tobacco use and Gross National Happiness (GNH)

Most Bhutanese see tobacco use in a negative light with respect to GNH. Overall, 60% of respondents reported that tobacco use decreases GNH “a lot” while 24% said it decreases it “a little.” 74% of mixed users, 62% of never users, 55% of ex-users, 50% of smokeless users, and 43% of smokers believe tobacco use decreases GNH “a lot.” Urban respondents are slightly more likely to think that tobacco use decreases GNH “a lot” or “a little” than are rural respondents (86% vs. 82%, respectively).

Respondents’ own level of happiness was highly correlated with their self-reported health status ($p<0.001$). 72% of all respondents reported that their level of happiness was either good or excellent while 27% reported it as average, and less than 1% reported their level of happiness as poor. Differences between tobacco users and non-users were similar to the reports of their perceived health: 72% of non-users reported their happiness as good or excellent, compared to 65% of ex-users, 68% of smokeless users, and 85% of smokers. This may be because smokers were generally more economically advantaged.

Tobacco use and religious beliefs and values

91% of respondents reported that they refer to religious beliefs and values to guide actions in day to day life (29% sometimes, 62% all the time). Those who smoked seemed to be less likely to refer to religious values sometimes or all the time (70%) than those using smokeless tobacco (91%) or never users (92%).

Psychosocial beliefs about tobacco use

The ITC Bhutan Survey provides evidence of strong societal disapproval of tobacco use and the strong role of religion in discouraging tobacco use. 90% of respondents agreed that society disapproves of smoking and 89% of respondents agreed that society disapproves of smokeless tobacco use. The vast majority of respondents (95%) agreed that religion discourages tobacco use.

Tobacco use is largely viewed as an activity undertaken mainly by men. Only 6% agreed that it is acceptable for females to smoke and 7% agreed that it is acceptable for females to use smokeless tobacco.

Table 6: Beliefs/Perceptions about tobacco use (n=1806).

Belief/perception	Yes (weighted %)
Government should do more to tackle the harm of tobacco	97
Religion discourages tobacco use	95
Society disapproves of smoking	90
Society disapproves of smokeless tobacco	89
Smoking cigarettes is a sign of sophistication	49
It is acceptable for females to use smokeless tobacco	7
It is acceptable for females to smoke	6

Use of other substances

Marijuana use

Only 2% (n=25) of all respondents have ever used marijuana, and of those few users, 15 (71%) reported currently using marijuana. 80% of current marijuana users were smokers and most were young. It is clear that marijuana is not being used as a substitute for tobacco as some had feared.

Alcohol use

Slightly more than one-third (35%) of all respondents drink alcohol. Current tobacco users are more likely to drink alcohol (46%) than are non-users (33%). 23% of non-users drink most or every day, while 34% of smokeless users, 35% of smokers, and 36% of ex-users drink most or every day. A small proportion of tobacco users (11%) are heavy drinkers, defined here as drinking at least 4 to 6 cups in a session. Smoked tobacco users are much more likely to be heavy drinkers (47%), than are ex-users (18%), smokeless tobacco users (14%), and never users (8%).

CESSATION IN BHUTAN

Quitting behavior/cessation in 2008-2009

53% of smoked tobacco users and 69% of smokeless tobacco users reported that they had ever made a serious attempt to quit in the past. These estimates are low as more reported attempts at the time of the ban. 70% of tobacco users and ex-users who were using tobacco before the 2004 ban made a quit attempt in the year prior to the survey (after September 2008). Smokeless tobacco users and smoked tobacco users (smoked only + mixed users) were about equally likely to have made a quit attempt in the past 12 months –73% vs. 68%, respectively.

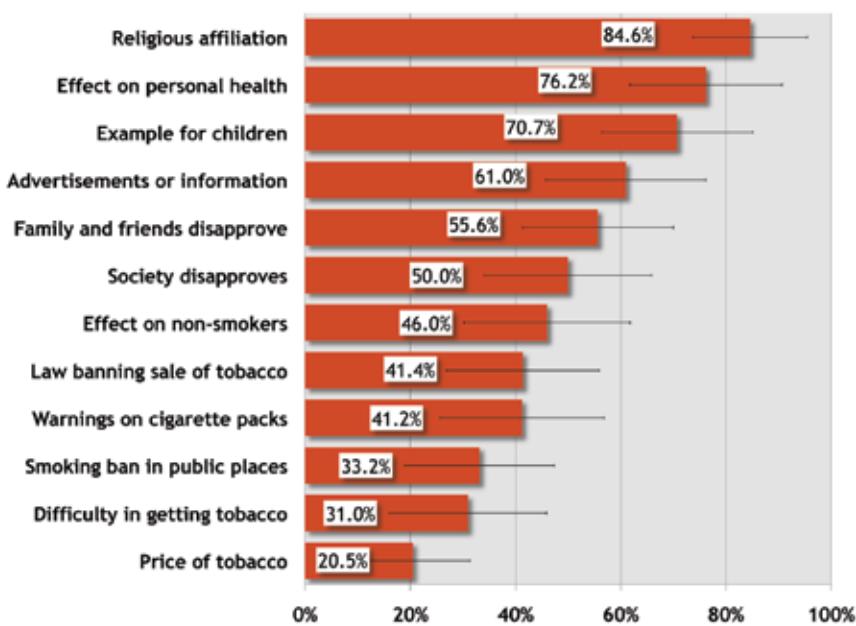
Almost one-third of smokers (29%) have plans to quit smoking within the next 6 months. One-quarter (25%) of smokers have plans to quit sometime in the future, beyond 6 months, and almost half (46%) have no plans to quit. A higher percentage of smokeless tobacco users have plans to quit—38% of smokeless tobacco users have plans to quit within the next 6 months and 29% have plans to quit sometime in the future, beyond 6 months. One-third of smokeless tobacco users (33%) have no plans to quit.

Tobacco users' belief in their ability to successfully quit during the next six months was fairly low. Less than one-third of smokers (32%) and smokeless users (30%) felt sure or very sure they could quit. And 66% of smokers and 76% of smokeless users reported that it would be hard for them to quit.

Moreover, at the time of the survey, only 35% of smokers with no current plans to quit (n=19) wanted to quit at all, and 43% of smokeless users with no plans to quit (n=38) wanted to quit at all.

Respondents had thoughts about quitting during the last month for a range of reasons of which religious influence was the most commonly reported, followed by health concerns. Few reported that difficulty of access or price were reasons. The full list of reasons is in the figure below:

Fig 6. Smokers' opinions: 'Which reasons made you think of quitting smoking?' Percentage who reported "very much" or "somewhat"



The motivation to quit from a religious perspective is also evident in that 69% of current tobacco users would quit if a lama or other religious leader advised them to. The responses were quite similar across religions.

43% of tobacco users visited a doctor or health professional in the last year — 44% of smokeless users and 43% of smoked and mixed tobacco users. Among these tobacco users, less than half — 40% of smoked and mixed tobacco users and 42% of smokeless users received advice to quit in the last six months. Only 14% of mixed and smoked tobacco users and 6% of smokeless tobacco users reported using stop smoking medications during the past 12 months. 12% of smoked or mixed tobacco users and 19% of smokeless tobacco users who visited a doctor in the last year reported having a blessing from a lama as a way to quit. 18% of smoked and mixed tobacco users used smokeless tobacco as a way to quit using smoked tobacco. 7% of smokeless users used smoked tobacco as a way to try to stop using smokeless tobacco.

The majority of respondents in the four districts strongly support the government action on tobacco control. 97% of respondents agreed that the government should do more to tackle the harms caused by smoking.

IMPACT OF THE TOBACCO SALES BAN IN BHUTAN

Bhutan banned the sale of tobacco throughout the country on December 17, 2004. This ban was later legislated and strengthened by the Tobacco Act of 2010, six months after the ITC Bhutan Survey was conducted. The ITC Bhutan Survey evaluated the impact of the initial ban through measures of awareness of the ban, perceptions on enforcement of the ban, support for the ban, and impact of the ban on tobacco availability in Bhutan and on tobacco use and quitting. The Screener Survey, which was completed by 1822 respondents, asked the following six questions about the ban on sale of tobacco products:

- 1) Are people in Bhutan allowed to use tobacco products?*
- 2) Are you aware of the ban on sale of tobacco products in Bhutan?*
- 3) How well is the ban enforced?*
- 4) How easy is it to buy tobacco in Bhutan?*
- 5) Are less people using tobacco products because of the ban or has it made no difference?*
- 6) Do you support or not support the ban on sale of tobacco products?*

In addition to these questions, the longer main ITC Bhutan Survey asked respondents more detailed questions about availability of tobacco in Bhutan and the impact of the ban on availability.

Understanding of the nature of the ban

Bhutan law bans the sale of tobacco within the country, but allows the use of tobacco that is legally brought into the country. However, the ITC Bhutan Survey indicates that there is a widespread misconception that tobacco use is not allowed in Bhutan. The majority (83%) of respondents thought that people are not allowed to use tobacco products in Bhutan. Tobacco users were only slightly more likely than non-users to be aware that tobacco use is allowed (22% vs 16%). Given that this was the first question asked in the survey (“As far as you know, are people in Bhutan allowed to use tobacco products?”), it is possible that some respondents incorrectly assumed that the question was asking whether people are allowed to purchase tobacco products.

Awareness of the ban on the sale of tobacco

The majority of respondents (84%) were aware of the ban on sales of tobacco, 13% were not aware of the ban, and 3% did not know. There was no difference in awareness between tobacco users (83%) and non-users (84%).

Availability of tobacco in late 2009

More than one-third (38%) of all current tobacco users reported that tobacco was available either all the time or nearly always in the village or town where they lived, while 41% said it was rarely or never available. Perception of availability (all the time and nearly always) was the highest in Chukha (42%), followed by Thimphu (36%) and Trashigang (33%), and the lowest in Bumthang (21%). Perception of availability was much higher in urban areas (49%) than in rural areas (26%).

Initiation of tobacco use after the ban

81 respondents started using tobacco products after the sales ban was implemented in 2004. This includes 48 smokeless users, 20 smokers, and 2 mixed users. In addition, 11 respondents who started using tobacco after the ban had already quit by the time the ITC survey was

conducted in 2009. The highest percentage of ever users who reported starting tobacco use after the ban was in Chukha (38%), followed by Thimphu (22%) and Trashigang (31%), all higher than Bumthang (15%).

Those who started using tobacco after the 2004 ban were more likely to be daily users (83%) compared to non-daily users (17%). Initiation of tobacco use after the ban was highest among those 18 to 24 years old, but that is heavily determined by the fact that a majority of this age group was very young for tobacco use 5 years previously (when they were 13-19 years old), and thus their initiation rates should not be taken as an indication of the impact of the ban. For older respondents, for whom age would not be a barrier to tobacco use, the percentage of ever tobacco users who had started using tobacco after the 2004 ban was consistent across age categories (25-34 years: 23%; 35-49 years: 25%; 50+ years: 21%).

Support for the ban on the sale of tobacco

There is very strong support for the ban on the sale of tobacco. 94% of respondents who were aware of the sales ban supported it. Only 2% did not support the ban, and 4% neither supported nor opposed the ban, or gave no opinion. High support was found among both current tobacco users (88%) and non-users (96%) and varied somewhat across age groups, from 90% support among respondents aged 18 to 24 years to 98% support among respondents aged 50 and over.

Impact of the ban on quit attempts

71% of ever tobacco users reported using tobacco before the introduction of the 2004 sales ban. This percentage was similar for smoked, smokeless, and ex-tobacco users. 92% of mixed users were using tobacco before the ban.

The majority of those who were using tobacco at the time of the sales ban reported making attempts to quit. 64% (n=22) of those who were smoked tobacco users; 85% (n =7) of mixed tobacco users, and 73% (n=92) of smokeless users reported making attempts to quit shortly after the ban.

Enforcement of the ban on the sale of tobacco

The ITC Bhutan Survey assessed the perception of enforcement of the ban on the sale of tobacco among respondents who were aware of the ban and among those who reported they used tobacco at the time of the ban. Views on enforcement were mixed. Only 37% of those aware of the ban believed that the ban is well enforced, 40% believed that it is somewhat enforced, and 16% believed that it is poorly enforced. Non-users of tobacco were more likely than tobacco users to believe that the ban is well-enforced (39% vs. 28%).

Most thought tobacco was hard to get in Bhutan.

Over half (58%) of respondents who were aware of the ban stated that it is difficult to buy tobacco in Bhutan — 22% stated that it is very difficult and 36% stated that there is some difficulty. Only 9% of respondents stated that it is very easy to buy tobacco and 16% stated that it is generally easy. However when looking at just the tobacco users, 20% of smokers stated that it was very easy to buy tobacco, and 6% of smokeless users stated that it was very easy. From the tobacco-user group who answered (n=203), 43% stated that it very easy or generally easy to purchase tobacco.

All tobacco users and ex-users who reported using tobacco before the 2004 sales ban (n=210 out of the 220) were asked about their perceptions of the availability of tobacco after the ban in 2004 compared to before the ban. About 58% of this group reported that tobacco was less available now (when asked in 2009, before the more recent 2010 Tobacco Act) than before the 2004 sales ban. 28% reported that there was no change in availability, and 9% reported that tobacco was more available now (in 2009). 6% said that they were not sure.

About 58% of this group reported that tobacco was less available now (when asked in 2009, before the more recent 2010 Tobacco Act) than before the 2004 sales ban. 28% said that there was no change in availability, and 9% said that tobacco was more available after the ban (and 6% said that they were not sure).

Of those who were using tobacco before the nationwide sales ban, half (51%) thought that it became gradually harder to get and 28% suddenly harder to get, while 21% thought that it had no real effect on availability.

Most respondents felt that the ban is leading to reduced tobacco use, with 61% thinking that fewer people are using tobacco products because of the ban, another 25% felt that the ban made no difference, and 9% thought that more people are using tobacco because of the ban. The perception that fewer people are using tobacco products because of the ban is higher among former tobacco users (63%) than among current tobacco users (47%).

Opinions about the tobacco import quota

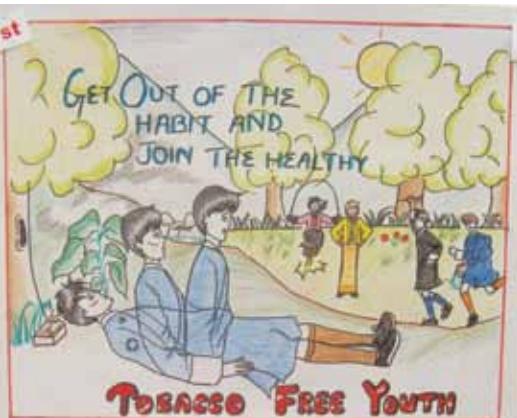
Over half (57%) of current tobacco users think that the import quota should be stopped since there is a ban on the sale of tobacco products while 43% think it should be allowed. A greater proportion of smokeless users felt the quota should be stopped (61%) than smokers (48%). Among those who have imported tobacco in the last 6 months (n=88), 32% of current tobacco users think that the present import quota of tobacco products is just right while 36% think it is too low and 6% think it is too high (25% had no opinion).

More than one-third (38%) of all current tobacco users reported that tobacco was available either all the time or nearly always in the village or town where they lived. Availability was the highest in Chukha followed by Thimphu, Trashigang, and Bumthang.

43% of tobacco users found it very easy or generally easy to purchase tobacco.
61% of respondents in the four districts felt that fewer people are using tobacco products because of the ban.

EVALUATION OF THE 2005 SMOKE-FREE POLICY IN BHUTAN

The ban on smoking in public places was introduced in Bhutan in March 2005. The ITC Bhutan Survey asked questions about the ban of all respondents as it is largely designed to protect non-smokers, while smokers are the ones having to comply.



Only 62% of respondents are aware of the smoke-free policy in Bhutan. Of those who are aware, fewer than half report that the policy is well-enforced. Observed smoking in restaurants is very high (smoking was reported by respondents in 59% of restaurants at last visit) compared to other ITC countries and jurisdictions where there are similar smoking bans, for example, Ireland (3%), France (2-3%), and Mexico City (9%).

Awareness of the smoke-free policy

When surveyed in 2009, only 62% of all respondents were aware of the smoke-free policy in Bhutan. Females were slightly more likely to be aware of the policy (64%) than were males (58%). Awareness was very similar across tobacco status categories and across age groups, but very different across the four districts. Respondents in Trashigang were most aware of smoke-free areas (84%), followed by respondents in Thimphu (66%), Chukha (50%), and Bumthang (38%).

Impact of the smoke-free policy

Among those aware of smoke-free policies in Bhutan, more than three-quarters (79%) think that fewer people are smoking in Bhutan since the smoke-free policy. 16% think there has been no change and 5% think that more people are smoking in smoke-free places since the policy. Among those smokers who were aware of the smoke-free policy (n=34), 73% (n=22) reported that it made them cut down on smoking.

Perceived enforcement

Fewer than half (46%) of those aware of the smoke-free policy feel that the policy is well enforced, 46% feel it is somewhat enforced, and 8% feel it is poorly enforced. Smokers were the least likely (26%) to report that the policy is well enforced and never users were most likely (47%).

Respondents in Bumthang (73%) were most likely to report that the policy is well enforced, followed by Trashigang (67%), Thimphu (41%), and Chukha (30%).

In other ITC countries, perceived enforcement of smoke-free laws was high. In France, 98% of smokers felt that cafes and bars were totally enforcing the ban, and 85% of smokers felt the same way about restaurants.

Smoking in restaurants

Respondents' reports on whether there was smoking in restaurants demonstrate that the Bhutan smoke-free law is poor in adherence and enforcement. 59% of respondents who visited a restaurant in the last 6 months (n=1082) reported having seen people smoking inside. In fact, 57% of smokers themselves reported smoking indoors the last time they visited a restaurant.

These reports of smoking prevalence in restaurants in Bhutan are very high, compared to other ITC countries where there are smoking bans in restaurants. For example, smoking prevalence in restaurants in Ireland was 3%, in France it was 2-3%, and in Mexico City it was 9%.

Smoking in bars

Of those respondents that visited a bar in the last 6 months (n=838), 73% reported having seen people smoking inside and 73% of smokers reported smoking indoors the last time they visited a bar.

In comparison, after France's 2008 ban on smoking in bars, only 4% of smokers reported that anyone was smoking indoors the last time they visited a bar.



Smoking in buses/taxis

Of those respondents that rode on buses/taxis (n=1365) in the last six months, 30% reported having seen people smoking inside these vehicles.

In comparison, in other ITC countries where a smoking ban on public transportation has been implemented (e.g., France, Germany, Mexico, Thailand), much lower rates of smoking (<10%) have been observed.

Smoking in workplaces

Of those respondents that work indoors (n=185), one quarter (25%) reported having seen people smoking indoors in the last month and 26.2% (5/19) of smokers stated that they smoked in indoor areas at work.

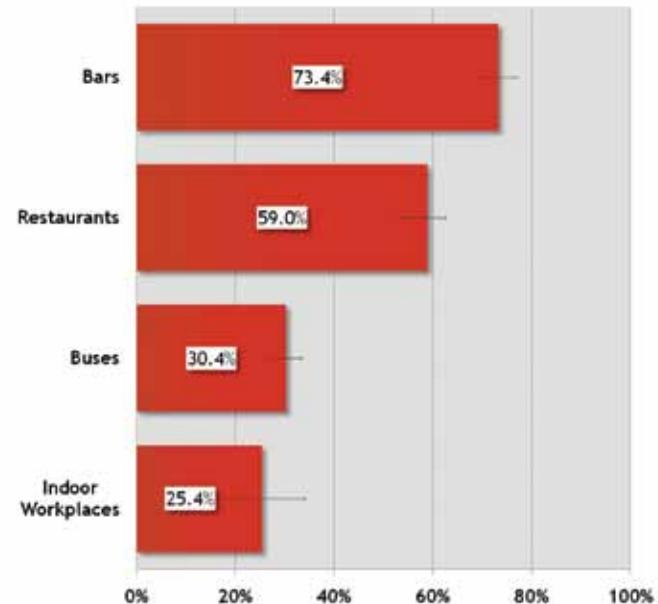
This is lower than seen in Bangladesh, where more than half of those who work indoors saw people smoking, but not as low as in Mauritius where only 13% of smokers saw smoking in non-designated areas.

Smoking inside the home

Among the current tobacco users, 65% reported that smoking was not allowed indoors in their home. Among smoked and mixed tobacco users, 53% have a complete ban on smoking inside their home and 23% allow smoking in some rooms inside their home. 24% have no rules or restrictions on smoking in their home. 70% of smokeless tobacco users have a complete ban on smoking in their home; 6% allow smoking in some rooms, and 24% have no rules or restrictions.

Evidence from the ITC France, Germany, and Netherlands Surveys shows that the percentage of smokers and non-smokers who ban smoking in their homes increased after implementation of their smoke-free laws.

Fig 7. Percentage of respondents who observed smoking in various locations



EDUCATION, COMMUNICATION, AND PUBLIC AWARENESS

Under Article 12 of the FCTC, Parties must promote and strengthen public awareness of tobacco control issues through education and public awareness programs on the health risks of tobacco and the benefits of cessation.

The ITC Bhutan Survey assessed public awareness of information on the negative health effects of tobacco use and about the main sources of anti-tobacco information.

Knowledge of tobacco-related health effects

Knowledge concerning the health effects of tobacco use is fairly high among Bhutanese tobacco users and non-users, but is higher among urban Bhutanese than among rural Bhutanese. 62% of all respondents indicated that smokeless tobacco products are less harmful than smoked tobacco products, while 33% think that there is no difference. There is a marked difference in the proportion of user types who think that smokeless products are less harmful, i.e. 86% of smokeless tobacco users, 65% of smoked tobacco users, and 59% of non-users of tobacco think smokeless tobacco is less harmful.

Figure 8 illustrates the level of knowledge among tobacco users for a number of key health effects of tobacco (smoked and smokeless tobacco). In general, although the percentage of tobacco users who are aware of these negative health effects of tobacco use seems to be high, these percentages are low compared to the percentages found among tobacco users in other ITC countries. For example, 86.2% of tobacco users in Bhutan know that smoked tobacco causes lung cancer in smokers. But this is lower than nearly all of the other ITC countries. 64.4% of tobacco users in Bhutan know that second-hand smoke causes lung cancer in non-smokers. But that is the lowest percentage of the 13 ITC countries where that question was asked. In comparison, the percentage of smokers knowing that second-hand smoke causes lung cancer in non-smokers in France is 93.7%, in Brazil, it is 78.4%, and in China, it is 67.5%.

Tobacco promotion and advertising

In the last 6 months, cigarettes or other tobacco products being advertised in the following places were reported by tobacco users. Levels were much higher in the two districts bordering India.

The majority of Bhutanese tobacco users are exposed to people smoking in movies, on TV, in magazines, etc. In the last six months, more than one-third (37%) of tobacco users have often seen people smoking tobacco in the entertainment media. A further 35% of tobacco users have seen people smoking in the entertainment media once in a while. Only 28% of tobacco users have never seen this in the last six months.

Anti-tobacco campaign awareness in 2009

Questions about exposure to anti-tobacco campaigns were only asked of tobacco users. In the last 6 months, advertising or information that talks about the dangers of smoking tobacco, or encourages quitting was noticed most frequently on cigarette packs (82%), on television (81%), on the radio (75%), and on posters (69%) as depicted in Figure 9. It is notable that warning labels are the most frequently noticed messages about the dangers of smoking despite the fact that they are all foreign.

Fig 8. Tobacco users' knowledge of tobacco-related health effects

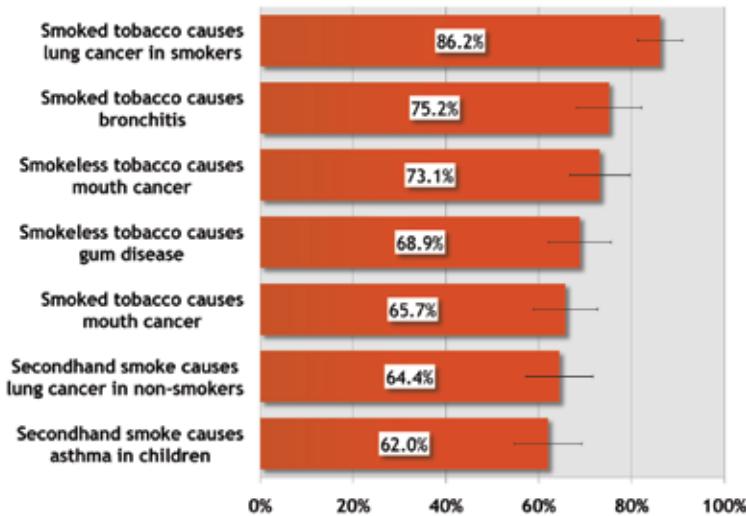
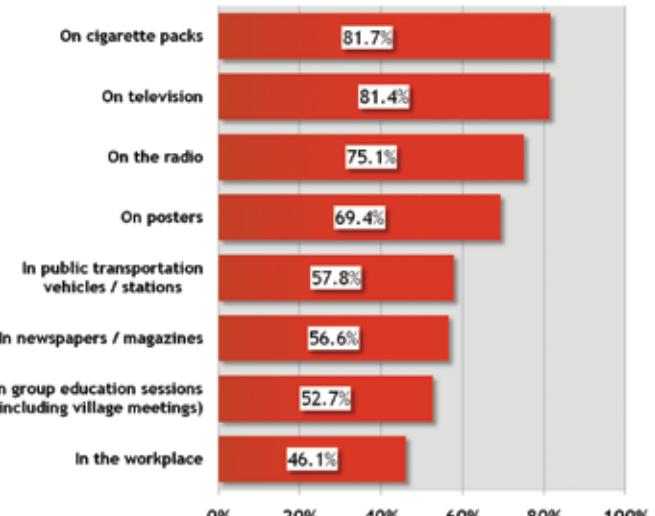


Fig 9. Type of media where smokers noticed information or messages on the dangers of smoking or on quitting in the last six months



* Among smokers who noticed information or messages on the dangers of smoking or encouraging quitting

“The measures put in by the Government for control of tobacco in the recent years is a reflection of the past and the will of the present to protect ourselves from the devastating harms of tobacco use while further promoting the spiritual heritage of Bhutan as enshrined in our constitution. It shall be our endeavour to make our tobacco control laws as effective as possible to ensure that our people live healthier and happier lives.”

Zangley Dukpa, Minister of Health
Royal Government of Bhutan

IMPLICATIONS AND CONCLUSIONS

The ITC Bhutan Survey provides the first scientific assessment of the 2004 national ban on the sale of tobacco products among people living in the districts of Chukha, Thimphu, Trashigang, and Bumthang. The ITC Bhutan Survey measured the beliefs, attitudes, and behaviours of tobacco users and non-users of tobacco in these four districts between September to November 2009.

It is important to note the limitations of the survey. First, the ITC Bhutan Survey was conducted before the 2010 Tobacco Control Act, and thus could not measure the impact of the 2010 law, with its specific penalties for violations, affected enforcement, the tobacco black market, and smoking in public places. The ITC Bhutan Survey collected a broad and detailed set of measures (e.g., of key indicators of policy impact) that constitute pre-2010 law data for a possible evaluation of the 2010 Law, if a future wave of the ITC Bhutan Survey were to be conducted. This pre-post longitudinal design has been followed by ITC surveys in the 19 other countries.

Second, the ITC Bhutan Survey was not a fully national sample. Rather, four key districts were chosen to capture the diversity of the country, including the capital district of Thimphu, an important border district through which most of the smuggling of tobacco is believed to travel (Chukha), an eastern border district (Trashigang), and a district in the north-central part of the country (Bumthang). However, the multistage cluster sampling protocol was designed to yield a representative sample of tobacco users and non-users in each of the four districts. As can be seen from the results, there indeed was great variability between districts in tobacco use. Based on local information that most districts are likely to be more like the two districts with low tobacco use, it is likely that the true estimate of tobacco use in Bhutan is a little lower than the estimate provided here for the four districts surveyed.

1. Continue tobacco control surveillance and evaluation

The ITC Bhutan Survey indicates that the prevalence of tobacco use is low in the adult population compared to other ITC countries, particularly for smoked tobacco. A majority of those using tobacco at the time of the ban reported attempts to quit, and while the proportion of ex-smokers is low by Western standards, it is high in comparison to more similar countries, suggesting a positive impact of the the 2004 national ban on the sale of tobacco. However, Bhutan may face challenges in the future as it continues to make connections with the rest of the world, including influences which may threaten its relatively isolated, religion-based society and long-standing societal disapproval of tobacco use. This can be seen from the much higher prevalence of use in the two districts most likely influenced by the outside world (Thimphu and Chukha). It is also seen in evidence of some uptake among the young, which shows that the ban has not been able to stop tobacco use, although all the signs are that it has inhibited some use. Also the high percentage of tobacco users who use daily is strong evidence of the addictive nature of the problem and of the existence of supply-lines to allow this to happen. To use tobacco daily at the rates many do would require them to leave the country every couple of weeks (at least), something that is likely to be impractical for most users.

At the time of the ITC Bhutan Survey, before the new law which considerably strengthened penalties and which enabled better compliance and enforcement, the evidence suggests that the majority of tobacco use was illegal, with tobacco being bought within the country or being smuggled in from outside. The Bhutanese government will need to evaluate the impact of the new laws on illicit trade. As Bhutan has individuals who are addicted to tobacco there will be pressure to access tobacco, and where this cannot be done legally, incentives for illicit trade will continue to be present.

Given the importance of these questions, there would be considerable value in conducting a more extensive follow-up survey, which could initiate a system of surveillance and evaluation of the 2010 Tobacco Control Act. Bhutan's philosophy on knowledge and research would seem to support such an endeavor.

2. Educate the public on the harms of tobacco use

Knowledge of the specific harms of smoking and of second-hand smoke among tobacco users in Bhutan is low—the level of knowledge is the lowest or close to the lowest among all ITC countries. There is thus a clear need for information campaigns in Bhutan on the health effects of tobacco use and of second-hand smoke. Such campaigns would have greater importance in Bhutan because one of the most important forms of information about the harms of smoking in other countries—health warnings—is not a policy that the Bhutan government

can implement because of the sales ban. In the absence of strong pictorial health warnings on tobacco products imported from India (the source of virtually all tobacco products in Bhutan), the people of Bhutan are not being exposed to key messages to motivate quitting and to encourage youth not to start. In the design of information campaigns, it would be appropriate to incorporate key cultural and possibly religious concepts that support the goals of health promotion.

3. Strengthen tobacco cessation and quit services

There is high motivation to quit among Bhutanese tobacco users. More than half of smokers and smokeless users have plans to quit; however, the majority acknowledge that quitting will be difficult. To date, Bhutan does not have a comprehensive national cessation program and few use cessation aids such as nicotine replacement products. The ITC Bhutan Survey showed that fewer than half of those who visited their doctor received advice to quit. Because successful quitting typically requires repeated interventions and multiple attempts to quit, there is a need to increase the capacity of the health care system to play a role in promoting cessation. Initiatives should be established to train doctors and other health professionals to provide assistance to tobacco users who want to quit, and consideration should be given to making pharmaceutical aids available. This is important not just for the well-being of those addicted to tobacco, but also because it will help reduce the demand for illicitly traded tobacco.

4. Strengthen enforcement of smoke-free policies and inform the public about the hazards of tobacco smoke

Evidence from the ITC Bhutan Survey suggests that the ban on smoking in public places that was implemented in March 2005 is not well enforced. In Thimphu and Chukha, where the prevalence of smoked tobacco use was highest of the four districts, perceived enforcement of the ban was lowest — less than half of respondents in these two districts felt that the ban was well enforced. More than half (59%) of all smokers surveyed smoked indoors in a restaurant the last time they visited and almost three-quarters (73%) smoked indoors at a bar at last visit. This was before the new penalties which are part of the 2010 law. It seems likely that smoking in public places will decline markedly as enforcement of the smoke-free law has increased and the penalties for violation are high. To maintain support of these laws, the public education discussed above needs to include information about the harms of second-hand smoke.

Conclusions

Bhutan is a unique country whose history, cultural and religious values, and geography has provided the circumstances favorable for the world's first ban on the sale of tobacco products. The sales ban has overwhelming public support, including support of 86% of current tobacco users.

Policies designed to limit the supply of products typically work best when there are very low levels of demand at the time the policy is implemented. This is a situation that exists in two of the four districts we surveyed, and we believe it is likely the case in a majority of districts. However, use is much higher in two other districts we surveyed, and, at least in these districts the effective elimination of tobacco use is likely to be more difficult. Success is likely to require strong public education campaigns that evoke negative feelings about tobacco use, from concern about health harm or violations of religious injunctions or both. It will also require motivating those addicted to tobacco to seek treatment, rather than searching for ways to maintain their addiction.

Although Bhutan has imposed a very rigorous supply-side approach to tobacco control with its sales ban, it is clear from the findings that there is also the need for the implementation of strong demand-side policies and programs in the form of information campaigns, stronger enforcement of smoke-free laws, and support for cessation. Successful demand-side policies would, as discussed above, alleviate the challenges to Bhutan's supply-side approach.

Evaluation of the extent to which Bhutan's tobacco policy achieves its objectives, including identification of the factors that are associated with the degree of success of the policy, will be important not just for Bhutan, but for the rest of the world.

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The International Tobacco Control Policy Evaluation Project

The ITC Project

Evaluating the Impact of FCTC Policies in...

20 countries • 50% of the world's population
60% of the world's smokers • 70% of the world's tobacco users

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