

The Myth Behind Alcohol Happiness

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Abstract

By drawing on the socio-cultural, religious, and traditional practices that encourage the use of alcohol in Bhutan, the author will examine the causes and factors that induce and maintain drinking habits among Bhutanese. Next, the impact of heavy drinking on Gross National Happiness will be examined. As an outcome of this study, some relevant strategies to minimize harm related to alcohol in Bhutan will be presented.

Introduction

In the pursuit of happiness, human beings will do anything. Some opt for the long haul, while others prefer a shortcut. A common shortcut is alcohol, known to produce happiness or euphoria, even if momentarily. For this reason, millions of people worldwide drink it repeatedly everyday. Scientific research has proved that alcohol releases dopamine in the brain, which is responsible for the pleasure sensation.

Humankind has used alcohol in one form or another as early as the Stone Age. History is beset with anecdotes of heavy drinking: from Europe to Asia, the Americas to Africa, alcohol has played a significant role in shaping history, politics, and religion. Indeed, it has been held responsible for the fall of empires, loss in battle and change of faith. Nonetheless, attempts to curb its production and use have been fiercely resisted resulting in its resurgence again and again.

Alcohol Use in Bhutan

Bhutan, a Vajrayana Buddhist kingdom nestled in the rugged Himalayas has numerous longstanding alcohol traditions. Alcohol use in the country dates back to the pre-Buddhist Bon religion, which used alcohol to appease deities. Likewise, Vajrayana Buddhism has adopted some of these practices.

Alcohol and Buddhism

In a popular Buddhist saying, during the era of the Buddha a monk was visited by a woman who wanted to seduce him. The woman threatened to commit suicide if the monk did not do at least one of three things she demanded: to sleep with her; to kill a goat for a party; or to drink the

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alcohol that she had brought for him. The monk thought very deeply and considered the options. He thought that losing his celibacy or killing an animal was a cardinal sin taught by the Buddha. On the other hand, not taking an action would result in the woman committing suicide. So, he decided to drink the alcohol because at that time Buddha has not taught anything specific about alcohol. But when he got drunk, he killed the goat and also slept with the woman. This incident prompted the Buddha to prohibit drinking among his disciples, saying that alcohol interferes with rational thinking and is the root cause of all evil.

At the same time, references also have been made in many Buddhist scriptures about the use of alcohol during Buddhist religious rituals as an offering to deities as one of the five precious elements (*duetsi*). It was argued that alcohol per se is actually a precious element that is nurturing and healing -and only its abuse caused problems, with the abuser to be blamed and not the alcohol. However, according to one teaching, alcohol is a medicine if you use it judiciously; otherwise, it is a poison. It is said that enlightened monks and saints drank small amounts of alcohol to nourish their health and vitality, whereas ordinary people drank to their doom. According to the *Dho*, relating to the strict code of Buddhist practices of the *Sangha*, monks are forbidden to take any alcohol other than the *duetsi* (the amount should be less than a rain-dewdrop), while in the *Ngha*, relating to practices of accomplished tantric yogis and enlightened monks, alcohol is considered like any other food or nourishment.

Buddhist literature makes many other references to alcohol as well. In an interesting debate on the merits and demerits of alcohol, it has been hailed as a drink of gods, kings and courtiers, warriors and performers, rich and ordinary people. Described as a tranquilizer, relaxant, and energizer, it also has been held responsible for confusing the senses, leading to negative deeds, unacceptable behaviour, and health problems. The debate ends with a word of caution to use alcohol judiciously.

Specifically in Bhutan, historical texts refer to offering alcohol as *duetsi* during religious ceremonies as early as the seventh century, during the time of Guru Padmasambhava, and in the seventeenth century, during the era of Zhabdrung Ngawang Namgyal. This tradition is followed even today. Alcohol offering is essentially made in two forms; one is rather more subtle, as *duetsi* during ritualistic religious rites while the other is more socialized, as *Marching*, during ceremonies to evoke deities' blessings when embarking on any new ventures. *Duetsi* is the sweetened *Ara* (home-distilled spirit) offered in a human skull cup; at the ceremony end, the *duetsi*, which is believed to have acquired divine blessings, is distributed to worshippers. *Marchang* ceremonies meanwhile

are more commonplace, brief, less complex and usually performed by lay people. Freshly brewed wine from grains is offered symbolically to deities and important people such as members of the Royal Family during the *Marchang* ceremony held before important social functions.

Lastly, Drukpa Kuenley, also known as the "Divine Madman", habitually used wine and women as part of his unconventional method to teach Buddhism to the people. His style of combining humour, sex and drinking in his teachings appealed to ordinary people, who could easily identify with him. His teachings thus made a tremendous impact on the Bhutanese psyche. Even today, Drukpa Kuenley is a household name in many Bhutanese homes.

Alcohol and social traditions

In Bhutan, as we have seen, alcohol is not just a drink to elevate your mood or relax your body; rather it is an important food item and a social drink. No social stigma is attached to drinking in Bhutan; it is a part of everyday life in rural communities. The usual barriers and deterrents to using alcohol inherent in other societies are not as apparent in Bhutan. Little wonder that alcohol has become an essential ingredient in all aspects of Bhutanese culture.

A Bhutanese is introduced to alcohol soon after his or her birth. Starting with the celebration of a newborn, a special homemade rice-based fermented drink called *chhangkhoy* is served to entertain well-wishers and to nourish and sedate the mother. Childbirth was a time of tremendous emotional and physical stress for Bhutanese women, many of whom likened it to facing death because of high maternal and infant mortality. The calming and relaxing effect of alcohol proved to be a blessing in the immediate aftermath of the birthing ordeal. The child of course received alcohol in breast milk from mother.

Until very recently also, it was not a taboo for Bhutanese children to drink at an early age, although a law has now been enacted to restrict alcohol use by children. Even so, it is not alcohol per se that is restricted but stronger alcohol, which children cannot physically tolerate. Many children in rural Bhutan still drink the fermented rice-based *chhangkhoy* or diluted wheat or maize wine as a beverage with meals.

During social gatherings and celebrations, alcohol increases the sociability and enjoyment of many people. For different occasions alcohol is called different names: as *tshogchang*, *zomchang* and *febchang*, it is served to welcome guests; as *lamchang*, it sees off guests; as *tochang*, it is drunk with meals; as *jhachang*, *tashichang* and *tendechang*, it helps celebrate events such as marriages, promotions and acquiring new

properties; as *menchang* and *tasachang*, it is taken to sick people; as *zimchang*, it induces sleep. The list goes on and on.

Bhutanese archery is probably the only sport in the world today where drinking is allowed during the game. Alcohol is traditionally served during archery competitions in Bhutan. It is believed to enhance the confidence of the archer by releasing inhibitions thereby contributing to the enjoyment of the game.

Finally, alcohol finds a significant place during mourning among many communities in Bhutan. Families, friends, and well-wishers bring alcohol to pay condolence to bereaved families after a death and together they share the grieving as well as the effects of alcohol.

Factors responsible for the increased use of alcohol in Bhutan

Before modern development started in Bhutan in the early 1960s, production and use of alcohol was confined to domestic use. This was limited by the availability of food grains to brew alcohol and the demands of society. The absence of mass production and trading in alcohol thus meant that only a limited quantity was available for consumption. Common homemade wine varieties - used traditionally as food beverages: *bangchang*, *sinchang* and *tongba* - have alcohol content of less than five percent. *Ara*, the distilled alcohol has higher alcohol content but was used only for special purposes.

With development, however, came many changes in Bhutan including changes in alcohol consumption patterns. The production (domestic and industrial), consumption and importing of alcohol in the country has increased significantly in recent years. While it is difficult to know the exact amount produced, indications are that production exceeds local consumption. Improvement in agriculture along with import of grains from outside has increased availability of food grains for brewing alcohol. Not only are many varieties of alcohol available now, but the alcohol content of these drinks also has increased.

In addition, easy availability of alcohol has been facilitated by improved transport, liberalizing of trade licenses, increased purchasing power, and a growing taste of the population for alcohol. Today alcohol is a fast growing business and a livelihood for many Bhutanese. The alcohol business does not require heavy capital or time investment. The profit margin is good, the return quick. Currently, more than 3000 licensed bars exist in the country (which has an official population of 700,000), with a turnover of more than seven million bottles annually. Indeed, alcohol is perhaps the best-stocked and most ubiquitous commodity in Bhutan.

Growing affluence due to development not only promotes the use of alcohol but also provides opportunities to pursue pastimes where alcohol is a regular feature. Bars, poolrooms, and restaurants that sell alcohol are mushrooming in urban areas and becoming popular nightspots to chill out after a hard day's work.

Use of household appliances for cooking and washing has relieved many time consuming chores at home. Mechanization of farming, together with today's limited-hours work culture means that more time is available for drinking and partying. Growing competitiveness, advertisements, and changing life styles, which are part of development, all contribute to alcohol lure. Even prolonged cold weather and lack of alternative recreational facilities represent other significant risk factors. Extra cash income for the people also means that more opportunities are now available to celebrate marriages, promotions - and to drink. Along with men, many more Bhutanese women are drinking "soft" drinks such as beer and wine.

For youth, the declining traditional values and support systems especially in urban areas, coupled with a rebellious or risk-taking attitude, the influence of the media and peer pressure also encourage them to take up alcohol much earlier than their predecessors. The increased frequency of travel and faster pace of life also may induce young people to drink. Lastly, alcohol is becoming a "fall back drug" for many youth who are into substance abuse in Bhutan, because of its easy availability, cheaper price and lesser stigma.

Why do certain people drink heavily?

While heavy drinking in a country has its roots in social, cultural, religious and traditional practices, individual predisposition to heavy drinking depends upon biological and psychological factors. Why does alcohol make certain individuals feel good at least at first? Why are certain individuals so easily enticed into alcohol, while others are not? Before we go into individual differences, it is important to understand the concept of dependence and the processes leading to it. Scientists have discovered that what ties all mood-altering drugs together is a remarkable ability to elevate levels of a common substance in the brain called dopamine. Dopamine is a neurotransmitter, which stimulates the pleasure and reward centres in the brain, giving a feeling of momentary pleasure or euphoria. This effect reinforces the craving to use the drug continuously. Alcohol also has relaxing effects on the mind and body as well causing sedation and removing inhibitions. These effects are used to self-medicate or enhance social performance. When alcohol is used for a long time, the body adjusts itself and becomes accustomed to the excess

levels of dopamine. It is as if the body has raised the threshold for pleasure, and it takes more and more stimulation to get the same level of pleasure. Over time, an individual needs to take increasing amounts of alcohol to get the same effects; in other words, his alcohol threshold increases. This phenomenon is called "tolerance". Therefore, an individual who boasts that he can take huge amounts of alcohol at a time without being drunk is not any stronger but developing tolerance.

If an individual's level of alcohol drops below the threshold, he will experience unpleasant withdrawal symptoms, such as craving, nausea, vomiting, shaking of limbs, restlessness, sweating and even hallucinations, disorientation, and seizures. At this stage, he has become dependent on alcohol and cannot live without it. Alcohol will become the main pursuit in his life. Nothing else is as important to him - not his family, not his job, not even his own health.

However, scientists also have discovered that the pleasurable effects of alcohol are experienced only by certain vulnerable personalities, not by everyone. Heavy drinking is also known to run in families. Research has proved that children of heavy drinkers are four times more at risk of becoming heavy drinkers later in life when compared to children of non-drinkers. Psychoanalytic theories suggest that heavy drinkers have unfulfilled childhood wishes or needs. Other psychological theories suggest that heavy drinking is reinforced by the tension-reducing effect of alcohol. Learning theories suggest heavy drinking as a learned behaviour. An initial successful experience of use may encourage an individual to use alcohol repeatedly until he develops a habit. This leads to development of increasing tolerance and dependence of the individual on alcohol. Heavy drinkers tend to have a low tolerance of discomfort and misfortune and see drinking as a way of masking feelings that they cannot bear, in comparison to less heavy drinkers, who can tolerate negative feelings without resort to excessive use of alcohol. As heavy drinkers progress in their drinking life, the number of events and situations that they perceive as unbearable increases, such as deterioration of their health, their sense of well-being and social life. Consequently, the occasions heavy drinkers use to justify drinking increases, and so does their consumption. Another common occurrence is the high prevalence of clinical depression amongst heavy drinkers. Alcohol is a depressant drug, one mistakenly used by many people to help them sleep, but which in fact disturbs sleep; over time, such people will acquire considerable sleep problems. Alcohol, which supposedly takes the edge off anxiety, tends to exacerbate depression, so the resultant effect is that one goes from feeling tense and frightened to feeling depressed, desolate and worthless.

The psychologist, Abraham Maslow, describes a security need that is believed to exist in every person, the inherent desire to be loved, to be part of a family, the need for friends and company, and sense of belonging to a clan or culture. A sub-culture that condones the use of alcohol encourages its use. Such an environment encourages, reinforces, maintains and increases the use of alcohol. Examples of this can be seen amongst teenagers who feel that it may be the “in thing” to drink alcohol in order to be accepted. Advertisements on media channels and by role models contribute to similar attitudes.

Impact of Alcohol on Gross National Happiness

In all parts of the world, industrialization and development have brought an upsurge of heavy drinking and its consequent problems. While it is difficult to measure the subjective level of happiness caused by alcohol for any individual drinker, problems caused by alcohol are obvious. Although drinking is socially accepted by many, heavy drinking is traditionally despised in Bhutan. Particularly in recent years, heavy drinking is recognized as a major cause of social, financial and health problems in the country. Common remarks like “alcohol makes the drinker happy for the moment, but unhappy in the long term” or “alcohol makes the drinker happy, but makes other people unhappy” suggest that alcohol happiness is a myth. The truth is, alcohol-related problems have been increasing in Bhutan today and are a threat to our Gross National Happiness.

Effect on economy

Economists have calculated direct and indirect costs of drinking in Western countries, but it is difficult to determine a clear economic impact of alcohol use in the Bhutanese context because of the lack of reliable information and a database. Moreover, factors such as economic loss due to reduced efficiency and productivity, job loss, and other social and relationship problems are really impossible to estimate. However, given the widespread use of alcohol in the country, the economic cost is clearly enormous. Two studies by the Ministries of Agriculture, Trade and Industry in rural villages point out that as much as 50 percent of the grain harvests of households are used to brew alcohol each year. These findings have prompted local governments and the National Assembly to issue resolutions to ban the sale and consumption of homemade alcohol in public places.

It is presumed that homemade alcohol production represents more than industrial production since 80 percent of the population who live in rural villages consume mainly this type of alcohol. Not only it is cheaper

(no tax or excise is payable) and readily available, it is more popular among drinkers. Some argue that while regular drinkers spend from half to three-quarters of their earnings on alcohol, heavy drinkers spend all their income or even borrow money to do so.

In a drive to increase domestic revenue, however, the Royal Government liberalized the sale and cost of bar licenses in 1999. Now there is one bar for every 250 Bhutanese and 10 bottles of alcohol per year for every man, woman and child in Bhutan. This is an alarming news to Bhutanese, whose national goal is to achieve Gross National Happiness. Assuming these figures are correct, Bhutan has perhaps one of the highest per-capita alcohol consumption rates in the developing world.

While revenue from alcohol sales has reached an unprecedented high -close to US dollars 2.5 million annually - and accounts for one of the top 10 revenue-generating industries, increased alcohol revenues do not cover the enormous cost of alcohol-related problems in the country including loss of productivity, premature deaths, increased treatment costs and other social problems.

Social impact of alcohol

At the same time, the adverse social impact of alcohol although easy to see, is likewise difficult to measure. Unemployment, poverty, relationship problems, divorce and parental separation, neglect and abuse of children, drunken brawls and domestic violence, crime, accidents and deaths are commonly associated with heavy drinking. Alcohol is also held responsible for high-risk behaviours such as unsafe sex, sexual promiscuity, and use of other psychoactive substances. Men experience more alcohol-related problems than women, but women are often direct victims of the consequences of men's drinking. For example, women who live with heavy drinkers are more at risk of serious violence, when compared to women who live without heavy drinkers. Drinking by women of childbearing age may also increase the risk of unwanted pregnancies and other social complications. Children are invariably affected directly or indirectly.

Alcohol-related health problems

Data from hospitals and health centres, as well as from community surveys, indicate that alcohol is a leading cause of mortality and morbidity in middle-aged Bhutanese men and women. According to these health statistics, alcohol is one of the five leading causes of deaths (all age groups) in Bhutan and responsible for as many as 30 percent of deaths in the adult hospital wards. It is the number one killer of adult men in Bhutan today.

Prevalence studies in the country show that as much as 50 percent of the population drinks alcohol (mainly homemade), and nearly 20 percent drink regularly, with an average consumption of five bottles per week. Up to 40 percent of schoolchildren even admitted to drinking alcohol at least once. Police sources further indicate that drunk driving is the top cause of motor vehicle accidents in the country.

Many people mistakenly believe that homemade alcohol is less harmful to health than the industrial variety. Actually, scientists have found that homemade and cheaper variety alcohol is more damaging to liver because of its higher aldehyde content. Heavy drinkers all over the world drink mainly cheap alcohol because of their poor economic situations. Alcohol can damage nearly every organ and system in the body; its psychoactive action can alter the functioning and structure of the brain. Its use contributes to more than 60 diseases, including cirrhosis of the liver, heart disease, and cancer.

Research has shown that low or moderate consumption of alcohol is beneficial to people who are 40 years and older because of its protective effects for coronary or ischaemic heart disease. However, the patterns of drinking, often with heavy episodic consumption among many consumers are likely to increase rather than decrease the occurrence of coronary heart disease. Drinking to intoxication is a significant cause of alcohol-related injuries and accidents.

The World Health Organization (WHO) has pointed out that alcohol is one of the most important risks to health in the world today, responsible for almost two million deaths (3.2 percent of total deaths) and accounting for four percent of the global disease burden in 2002. Alcohol is the leading cause of disability among men in developed countries and the fourth leading cause of disability in developing countries. Therefore, not only many precious lives are lost in their prime to alcohol, but also the direct and indirect costs of treatment of alcohol-related health problems are staggering.

Ways to reduce alcohol burden on Gross National Happiness

Thus, it may be appropriate to discuss some intervention strategies to reduce the alcohol-related burden relevant to Bhutan. Evidence from other countries indicates that implementation of appropriate strategies and measures can significantly lessen the frequency of alcohol-related problems at the local and national levels.

Because, the mean alcohol consumption of a population and the prevalence of heavy drinkers are closely related, any reduction in overall drinking will reduce the number of heavy drinkers. Although heavy drinkers will have many more alcohol-related problems individually,

cumulative problems related to moderate and light drinkers tends to be much more because of their higher prevalence. Focusing preventive measures only on high-risk groups will thus have less impact on overall harm. A population-based approach aimed at all drinkers, with the goal of reducing per-capita consumption, is likely to be most effective. The principle strategies to be used here are demand and supply reduction.

Reduction of alcohol demand

Measures that limit demand by influencing culture and religious traditions are rarely feasible, but it is important to note that attitudes toward alcohol in a culture do change gradually over time. Measures that influence the price of alcohol in relation to disposable income have more immediate impact than any others do on per-capita consumption. Many studies have shown that when relative cost rises, consumption declines. Evidence concerning the impact of advertising on alcohol consumption meanwhile, is contradictory. Critics point to very high consumption in some countries where no advertising exists, although advertising does influence increased use among young people. Education about the hazards of alcohol and promoting sensible drinking habits likewise has debatable effects. The promotion of alternatives to alcohol, such as non-alcoholic beverages, recreational activities and healthier lifestyles are other options, but need to be ensured by providing adequate means. Mass media campaigns have been shown to reach target audiences and, in some cases, increase knowledge, but the overall effect on attitudes and behaviours has been minimal. Nevertheless, without education aimed at increasing public knowledge, it will prove difficult to ensure an informed debate about alcohol policies.

Prevention can be effective when focused on particular risk behaviour. Experience from numerous countries has shown that when education and counselling are combined to reduce the risk of foetal alcohol syndrome among pregnant women, alcohol consumption during pregnancy has declined. Increasing the likelihood of detection by random breath testing, with visible road checks has been shown to reduce drunk driving and motor accidents. Forbidding consumption of alcohol in workplaces has improved workers' performance and banning drinking in public places has reduced violence and crime. Therefore, it is necessary to combine a number of approaches in developing a coherent alcohol policy at the national level.

Reduction of alcohol supply

Most countries reduce the availability of alcohol by restricting licensing and hours of operation, while others try to reduce accessibility by

increasing prices. Countries that restrict availability of alcohol tend to have lower-per capita consumption than those with more liberal policies. However, it can be argued that restrictive hours create pressure toward rapid consumption, releasing intoxicated individuals onto the streets. It also seems likely that restricted availability of alcohol, coupled with high costs promotes home production and bootlegging. Nevertheless, such restrictions have seen a decline in the incidence of accidents, liver cirrhosis, and other problems.

Prospects for intervention

It is encouraging to note that awareness is growing among Bhutanese about alcohol-related problems in the country. We are also beginning to accept that alcohol is a bigger threat to our Gross National Happiness than drug abuse or HIV/AIDS. Certain sections of society already are lobbying against alcohol production and use, and the Royal Government has taken some positive steps in this direction; one example was seen in turning down a malt brewing project proposed by a donor agency in 2000. However, it is important to acknowledge that prevention approaches do not exist in isolation: They must work as part of a coherent alcohol policy, or they can be at odds. In Bhutan, more than 10 Government Departments are concerned with different aspects of alcohol policy, including Trade and Industry, Finance and Revenue, legislation and law enforcement, Health and Education, Agriculture and Home Ministry. To be effective, a coherent response to alcohol problems should be well coordinated and should recognize the benefits, as well as the problems, associated with alcohol.

In a recent analysis of 31 policy options under the auspices of WHO, an international group of experts on alcohol rated the following as best practices.

- Minimum legal age to buy alcohol
- Government monopoly on retail sales
- Restrictions on hours or days of sale
- Restrictions on densities of sales outlets
- Taxes on alcohol
- Sobriety checks
- Lowered limits of allowable blood alcohol concentration
- Administrative suspension of licenses for driving under the influence of alcohol
- Graduated licensing for novice drivers
- Brief interventions for hazardous drinkers

Bhutan has already adopted some of the above measures including setting the minimum legal age to buy alcohol at 18 years; restricting hours of sale only after 1; observing Tuesdays as dry days; banning of sale of home-brewed alcohol; and periodically raising alcohol taxes. Other measures, however, need to be in place, such as regulating the sale of alcohol to those already intoxicated; rationing sales to heavy drinkers; and use of breathalysers for monitoring drunk driving. Needless to say that before any new measures are adopted, existing ones need to be strengthened and reinforced.

It is common knowledge that despite the existence of these regulations, bar owners continue to sell alcohol to minors, on dry days and before 1, while unlicensed vendors sell homemade alcohol clandestinely. Thimphu alone has more than 700 licensed bars, a concentration equal to one bar for every 100 people, in contrast to only two public libraries in the city; it is thus not difficult to imagine why bar owners will do anything to survive in the business. In certain parts of the country, farmers have also confessed to selling homemade alcohol as their only source of cash income, while others have reasoned that homemade alcohol business is more lucrative than selling their extra grains in the market. Sporadic checks and penalties do not seem to work and yet there has not been a consistent, concerted approach to address these problems. What is required is a detailed study on the factors responsible for these failures and effective new strategies to tackle the problems. Mobilization of mass education campaigns and a public debate against harmful drinking, supported by a comprehensive programme to regulate alcohol production, sale, consumption, treatment, and rehabilitation of heavy drinkers, may be the first steps to address these growing challenges.

The health care sector has an especially important role to play in mitigating alcohol-related harm. Effective treatment interventions exist that can improve the health and functioning of affected individuals and their families. However, interventions need not be complex or expensive. Early identification of hazardous or harmful patterns of alcohol consumption and their treatment is essential. Community-based treatment approaches backed by specialized services and teams, and integrated into primary health care, are most cost-effective.

Increasing alcohol use among Bhutanese youth, who constitute nearly 50 percent of the population, represents a special concern. Particular attention needs to be given to prevent alcohol consumption and related harm among young people, through effective health promotion strategies implemented in settings most relevant to their lives including school, family, peers, community, and the media. Experiences

from other countries suggest that while simply spreading information and education is not effective, strategies must include persuasion on changing attitudes and behaviours toward alcohol use.

Conclusion

Finally, it may be appropriate to draw inspiration from the recent tobacco ban in Bhutan, introduced in December 2004. It is encouraging to note that, since Bhutan became the first country in the world to ban the sale of tobacco products, the prospects for reduction of alcohol-related harm through restricted production, sale and consumption are becoming increasingly real. Knowing that the adverse effects of alcohol far outweigh those of tobacco both in the short and long term, and in knowing that the Government and people of Bhutan already have taken bold decisions to curb the tobacco problem, then surely we can - and should - do much more about alcohol. Bhutan should continue to draw inspiration and a lesson from the global success on the WHO's Framework Convention on Tobacco Control, and plays an active role in its global campaign against alcohol as well. Now is the time to act.

An alcohol-permissive society such as Bhutan's, with traditions of alcohol use embedded deep in the history and culture of the people and coupled with easy availability of alcohol, will impose an even bigger challenge than tobacco control. A concerted decisive effort by all Bhutanese in a campaign against alcohol will set another milestone in achieving our development goal of Gross National Happiness. In so doing, we will not only be a step closer to our own target; we will also be contributing to global well-being and happiness.

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