At the Interface of Buddhism and Western Approaches to Youth Substance Abuse in Bhutan:

A Comparison of Client and Agency Understanding of Treatment and Effectiveness

ブータンの青年の薬物乱用に対する仏教的・西洋的アプローチの接合（接点）にて：
機関による実践及びその効果に対するクライエントの理解の比較を踏まえて

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By

Dechen Doma

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Abstract

The phenomenon of increasing substance abuse and addiction among the youth population in Bhutan has become a concern for the Bhutanese family system and society as a whole. Youth, who account for 60% of the total population of Bhutan, are the future leaders of the country. There is an urgent need to explore and understand the various treatment approaches in the government and non-government agencies in Bhutan which currently address the drug problem.

The gravity of the problem not withstanding, there is a serious dearth of systematic empirical study in this area. This study undertook an in-depth exploration of the various treatment approaches to substance abuse and addiction as practiced in four broad treatment contexts in Bhutan: i) Government agencies represented by the Bhutan Narcotics Control Authority (BNCA), Ministry of Health, and Ministry of Education, Education and Training institutions ii) Buddhist monasteries which comprise Buddhist monks from the Zhung Dratshang (Central Monastic Body); iii) Civil society organizations, which include the two rehabilitations centres – the Institute of Wellbeing and Samzang Residential Drug and Alcohol Rehabilitation Centre in Bhutan; and iv) Community outreach which is respresented by one Buddhist monk. Interviews with both program implementers and clients yielded a number of significant findings related to three research themes namely i) distinguishing treatment approaches ii) factors which contribute to effectiveness of treatment; and iii) antecedents to drug addiction.

Via document analysis and the author's on-ground experience, four broad treatment approaches were distinguished for further exploration: Western approach, Buddhist approach, Community approach and Mindfulness-based approach. The research confirmed that the Western approach is practiced in the government agencies and civil society organizations. The Buddhist approach is known as the *Choeshed Layrim* (Buddhist discourse) and practiced by the Zhung Dratshang (central monastic body in Bhutan), while the community outreach approach was implemented by a Buddhist monk with no formal affiliations with any organization. On the basis of distinguishing three forms of mindfulness (Western secular mindfulness; contemplative mindfulness and Buddhist meditation), the Mindfulness-based approach was found to be practiced by program implementers in all treatment contexts. However, in practice, these four treatment approaches were not sharply delineated.

This study has shown that the Buddhist and Western approaches are the overarching approaches; the integration of Western and Buddhist approaches is evident in all the four treatment contexts. While the Mindfulness-based approach emerges as the linking approach across the three approaches of Western, Buddhist and community outreach. However, this utilization of a mindfulness-based approach was in most instances dependent on the individual program implementers. This completed Phase 1 of the research relating to theme one.

Phase 2 of the research utilized data collected from clients in Phase 1, which had revealed that clients tended to identify positive attributes of program implementers as contributing to the effectiveness of the treatment approach in the four treatment contexts. A rating scale of attributes was formulated and interviews with program implementers were conducted to compare client and program implementers perceptions of factors contributing to effectiveness. It was found that positive attributes such as caring, having a positive nature, being a good listener, showing acceptance, being polite, and being trustworthy contributed to the effectiveness of the treatment. This completed theme two of the research. Finally, from the interviews in Phase 1, it was shown that both program implementers and clients identified factors such as peer pressure, family environment, accessibility, and cultural influences which played an important role in promoting drug use and addiction among the youth in Bhutan; completing the third theme relating to antecedents to drug addiction in Bhutan.

The study will have implications for policy, practice and the status of knowledge in this field especially for stakeholders in Bhutan and directions for future research. Importantly, the study will provide a credible baseline for civil society organizations, drug regulatory authorities in government, professionals in the education sector, researchers and scholars, and other stakeholders in Bhutan. The study will initiate the development of a knowledge bank consisting of empirical studies in this area for Bhutan. In conclusion, the study clearly revealed that the substance abuse and addiction treatment in Bhutan indicates that treatment approaches and their effectiveness are impacted by the interface of Buddhism with both clinical Western and contemporary secular mindfulness-based approaches.

Keywords: Buddhist approach, cannabis, substance abuse, addiction, mindfulness-based approach, community outreach, program implementers, western approach, youth.

CERTIFICATION

I certify that the content of this dissertation has not been submitted for any degree and is not currently being submitted for any other degree or qualification

I certify that any help received in preparing this dissertation and all sources used have been acknowledged in this dissertation.

Dechen Doma

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ACRONYMS USED IN THE DISSERTATION

BNCA	:	Bhutan Narcotic Control Authority
BBCC	:	Bhutan Board for Certified Counselors
CSO	:	Civil Society Organization
CECD	:	Career Education and Counselling Division
CPA	:	Chitheun Phendhey Association
DIC	:	Drop-in Centres
DPT	:	Druk Phuensum Tshogpa
DNT	:	Druk Nyamrup Tshogpa
GNH	:	Gross National Happiness
IW	:	Institute of Wellbeing
MOE	:	Ministry of Education
NSB	:	National Statistics Bureau
NIDA	:	National Institute on Drug Abuse
NDPSSAA	:	Narcotic Drug Psychotropic Substance and Substance Abuse Act
PDP	:	People's Democratic Party
RGOB	:	Royal Government of Bhutan
SRDARC	:	Samzang Residential Drug and Alcohol Rehabilitation Centre
YDF	:	Youth Development Fund

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Setting the Context

As Cox pointed out, social work takes on different forms, methods, and content, varying by country, region, or social settings (Cox&Pawar, 2012). In some countries, the understanding is very narrow; for example, in Germany, social work focuses closely on casework, while in other countries social work is focused on disaster relief, community development, or is recognized as a broad concept including various areas of practice (Cox&Pawar, 2012, p. 6).
In Japan, social work's definition refers to the global definition of the social work profession adopted in 2014. In contrast, Bhutan, the target country of this study, has no social work professional organization yet; however, we can identify many social work related activities being performed in Bhutan by non professionals. In my understanding, Bhutanese social work means the practice of voluntary services, which includes traditional elements such as neighbourly helping and Buddhist intervention and practices, guided by the philosophy of compassion. In the context of Bhutan, people working in civil society organizations are recognized as social workers, although not trained in social work (Doma, 2019). Most of the non-professional social workers working in agencies such as Respect Educate Nurture Empower (RENEW), Youth Development Fund (YDF), and Chitheun Phendhey Association (CPA) provide counseling as a method to address the needs of their clients (Doma, 2019). In addition to people working in the civil society organizations, there are people from all walks of life such as lay persons, monks, counselors, health practitioners, police and army personnel and people working in government agencies and non-governmental organizations in various positions who consider themselves as social workers, as there is no clear distinct position defined for social work in Bhutan. Similarly, in Aotearoa New Zealand there are no absolute regulations regarding who is social worker or counselor (Booysen & Staniforth, 2017).

According to this understanding of social work, in this thesis, the author will focus on addiction among youth in Bhutan. This is an emerging and important issue, identified as one of many fields of social work practice. This study approaches counseling as a part of the addiction intervention and treatment. Counseling is sometimes recognized as a part of clinical psychology or on the border between psychology and social work. In some countries, such as the United States, counseling can be provided by psychologists and social workers (c.f. separate professional associations of (clinical) counselors and social workers). However, counseling is recognized as an organic part and an important method of social work

(Seden,2005). Several studies support the legitimacy of counseling as a function of social work practice and there is significant literature available on teaching counseling skills for social workers (Booysen & Staniforth, 2017; Brandell, 2014; Seden, 2005). This understanding was further corroborated by Hill and Meadows (1990), who emphasized counseling as an important element of social work, both in its own right and in conjunction with the provision of routine services or crises intervention. Although the two professions share the same roots in terms of theoretical frameworks, knowledge, practical skills, values and concepts, the boundaries between social work and counseling are not clearly defined (Booysen & Staniforth, 2017, p.24). However, the need for counseling skills to competently communicate and engage skillfully with clients is paramount in social work (Sedan,2015).

This position is crucial for this study as it explores the various treatment approaches and their effectiveness with relevant treatment agencies in Bhutan. This study also reflects mindfulness as a part of a treatment approach in the various treatment centres in Bhutan. Keefe (2011) also supports meditation as a discipline arising from diverse cultures and an irreplaceable technique of social work treatment (p.294). Moreover, this study shows meditation as an important component of intervention in Bhutan. According to Keefe(2011), meditation is a discipline arising from diverse cultures and is an irreplaceable technique of social work treatment (294). It has been found to be an effective method in the field of coping and substance abuse, highlighted since Shapiro’s research work in the 1970s.

Chapter One: Introduction

Prologue

One morning in the year 2000, when I reached the school where I was teaching at that time, as usual I was the first one to arrive. As I was about to enter the staff room, a young girl came running from behind me, panting, and said, "Madam! Madam!". I thought the voice sounded very familiar and as I turned around, I saw it was Cl40, one of my student counseling clients. I asked her, "Yes, Cl40,[1] what can I do for you? She was breathless but still trying to make some conversation. I asked Cl40 to sit down and relax, but she said, "Madam! Madam!" and to my horror, before I realized, I was already in front of the school toilet, which was never a favourite place to be at when you are fresh to start your day. There I found Cl41, another one of my clients. Her eyes were red, her lips swollen, and her speech slurred. I helped her come out of the toilet and took her to my office. She had been sniffing Dendrite[2] for a very long time. Smoking, abusing cough syrup, sniffing correction fluid and dendrite: this was the first wave of addiction among young people which I came across during the early days of my career as a school counselor.

1.1 Introduction

In those days, addiction issues were just emerging in Bhutan, and substance abuse was confined to sniffing dendrite, correcting fluid, gasoline and smoking. Addiction issues were not discussed, as these were a new subject for most people. As not many people then were able to understand the meaning of addiction, they were also not aware of the consequences of such activities. The most common intervention at that time was disciplining the students. Counseling was a new concept just recently introduced in the late 1990s as a professional activity with just ten days of a basic course given to a small cohort of twenty teachers. I completed the course in school guidance and counseling.

[1]Cl40 and Cl41 was assigned to protect anonymity of the client
[2] Dendrite is adhesive glue used to join wood, fabric and papers.

The stories do not begin with Cl 41 nor do end with this client. There were a number of students I knew with various issues of addiction. I clearly remember a very bright young girl who sat in the front row and had a brown water bottle which looked more like a thermo-flask. Little did the teacher know what she had inside the water bottle. I would have hardly imagined that she had diluted whiskey in it. Many times, I was speechless listening to these stories and other varied experiences. With my limited knowledge and experience then, I always felt a sense of being empty and helpless in dealing with these issues. Back then, I had only done one basic course in counseling. Teachers like me carried out dual roles of teaching and counseling. However, I must admit that I gained so much from these experiences in my formative years of learning to be a counselor.

At that time, treating addiction was a big challenge as there was some stigma attached to it, and most parents avoided seeking help or hesitated to seek support for their children. Similarly, youth themselves also avoided seeking out the counseling service, as they were labelled with different names such as "psycho," or "*langshor thelmi*," (the Bhutanese term for a young person who is spoilt or difficult to be corrected). Most often these students were in fact neglected by their peers, teachers and parents. It was also challenging for the teacher-counselor as they had to give most of their time to teach their own academic subjects, so often the students would see them more as a teacher than as a school counselor. In spite of the limited knowledge and experience of school counselors, there were also rising expectations from society for counselors to address the issue and consequently, responsibility for this issue slowly shifted to these teacher-counselors. For example, parents were generally of the view that teachers were experts, and they should be able to fix the drug problem facing the youth in the school. Conversely, schools expected parents to be solely responsible for the wellbeing of youths who were abusing drugs. In the absence of well-tested methods of dealing with youth with drug-use behaviors, most parents and teachers saw corporal punishment as a better intervention to control addiction. Naturally, intervention for addiction problems was seen from the lens of maintaining discipline among children.

Sadly, this new wave of addiction among the youth increased quite rapidly, especially among children in middle and secondary schools. In fact, during this period, substance abuse and addiction became a serious threat to the health, safety and well-being of an increasing number of Bhutanese, especially the youth population (Rinzin, 2017). However, one of the challenges within the context of Bhutan during of 1990s and the following decade, was the

general lack of knowledge about tackling addiction issues, as there were no trained addiction counseling professionals in the country at that time.

Fast forward to the twenty-first century, and the issue of addiction in Bhutan has become unbelievable. The second wave of addiction came with the use of Antispasmodic Spasmo Proxyvon, popularly known as SP. Young people discovered that marijuana, also known as *Pak Pa nam* (Pig's feed), was a delight and started abusing it along with prescription tablets. Although marijuana and prescription drug use in many developed countries is common and, for example, in Canada the use of marijuana is legalised, in the context of Bhutan, the use of prescription drugs such as Spasmo Proxyvon and marijuana or cannabis falls under the category of "drugs" as defined in the Bhutan Narcotic Act 2015.

Substance abuse has now become a huge concern for the government, families, society and the country as a whole. As youth make up about 60% of the total population, the need to address drug addiction is imperative as youth are considered the key agents for social change, economic development and technological innovation (National Youth Policy, 2010). According to the National Youth Policy (NYP, 2010), 'youth' are those between 13 and 24 years of age. The United Nation General Assembly defines youth as persons between the ages of 15 and 24 years. In this study, youth will refer to individuals who are between the ages of 15 to 24 years. The phenomenon of drug use among youth in this age range is alarming. For example, according to the National Drug Law Enforcement Unit of the Royal Bhutan Police (Dolkar, 2012), youth comprised 50% of the total number of drug abusers recorded. According to UNICEF (2010), 84% of drug users in Bhutan were youths between ages 13 and 24 years, and a worrying 43% of this number were students. Several studies, including a recent one by the Bhutan Narcotic Control Authority (BNCA), show that the youth population using drugs were mostly abusing drugs such as cannabis, pharmaceutical opioids, solvents, and sedatives, to name a few. This situation called for intervention from multiple stakeholders.

1.2 Government Intervention

The Gross National Happiness (GNH) approach to development in Bhutan both advocates and supports the creation of a drug-free society in Bhutan (Nima, 2017). One of the nine

domains of GNH is psychological well-being, which concerns the inner life of people-especially their subjective experiences. The abuse of drugs affects the subjective well-being of not only the individual who becomes a victim to drug abuse, but it also affects the quality of life of Bhutanese society as a whole. To address the fast-growing problem of drug use and addiction among youth, the Royal Government of Bhutan has taken measures at both the policy and program levels. At the policy level, for example, the Parliament of Bhutan endorsed the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) in 2015. This resulted in the formation of the Bhutan Narcotic Control Authority (BNCA) as the nodal agency of the government to deal with all matters related to narcotic drugs and psychotropic substance abuse (BNCA, 2013).

The BNCA focuses on providing advocacy and sensitization programs across the country. Its approach has been to emphasize the need to establish facilities such as Drop-in Centres (DIC), and providing training to key organizations such as the Ministry of Education, Civil Society Organizations, and law enforcement agencies in the country. This has included institutionalized efforts to promote prevention. For example, beginning in 2017, the Royal Civil Service Commission, in collaboration with BNCA, began conducting drug tests on university graduates recruited into the civil service. This testing was done in accordance with Section 3.2.25 of the Bhutan Civil Service Rules (2012) which states that "a civil servant shall totally abstain from use of psychotropic or habit-forming drugs, unless prescribed by a competent medical officer" (Tshering, 2017).

Similarly, as per the 38th Education Policy Guidelines (2018) of Bhutan's Ministry of Education, all students selected for undergraduate scholarships offered by the government will have to undergo drug testing, and if found positive, the scholarship will be cancelled (MoE, 2018). Both of these efforts are carried out in order to support the national effort to prevent the youth from drug and substance abuse (Tshering, 2017). However, the challenge of maximizing happiness for every person and creating a drug-free society in Bhutan still remains a difficult issue for Bhutanese people.

1.2.1 Intervention by the Ministry of Education

His Majesty the Fourth King Jigme Singye Wangchuck issued a Royal Decree in 1996 to establish a systematic Youth Guidance and Counseling Program to address the increasing

youth- related issues in the country. Following the Decree, in 1997 the Career Education and Counseling Division (CECD) was established to institutionalize a guidance and counseling program in schools in Bhutan. In 2000, the CECD under the Ministry of Education initiated basic and advanced courses in guidance and counseling to school teachers and educators in the colleges, and placed them as teacher-counselors to deal with youth-related issues. Similarly, Samtse College of Education under the Royal University of Bhutan launched a Postgraduate Diploma program in Contemplative Counselling in 2010, and a Master's degree program in Contemplative Counselling in 2016 as a part-time program. In fact, by 2013 the Royal Civil Service Commission had approved the position of counselors in the civil service as a professional job, and accordingly approved the placement of full-time counselors in schools in Bhutan. By 2013 the Ministry of Education had employed full-time counselors in the Higher Secondary Schools in Bhutan.

Having worked as a school counselor and program developer which required this researcher to interact with youth and parents, train school counselors, and carry out supervision as a certified supervisor for so many years, she has gained rich and valuable experience in this field. Besides that important role, the researcher also had the opportunity to train as a Mindfulness Instructor at Naropa University, in Boulder, USA. All of these experiences enhanced her curiosity to find answers to the escalation of the drug problem in Bhutan. Her younger brother, who became addicted to alcohol at a young age, also tested her skills as a counselor. His treatment and recovery at a rehabilitation center encouraged the researcher to come out of her comfort zone and to explore deeper questions about drug addiction and the methods to help those who needed her help as a professional. Working as a counselor in high school and later in Samtse College of Education where she teaches at present, has helped her learn to listen to heartbreaking stories about addiction and the sad consequences for individuals and their families and the wider community. This encouraged the researcher to explore the various treatment approaches in the context of Bhutan. Being thus motivated, the major aim of this study was to draw insights and perspectives from the different agencies which currently deal with substance abuse and addiction in Bhutan. The researcher's broad research question is: What similarities and differences are there across these treatment contexts in their approaches to dealing with substance abuse and addiction in Bhutan?

1.2.2 Position Statement

Today, the issue of substance abuse and addiction is discussed in every important public forum organized by government agencies and civil society, including the print (e.g. newspapers) and the broadcast media. In fact, the Bhutan Broadcasting Service has recently taken the initiative to broadcast a weekly program on drug addiction. Substance abuse and addiction has become every parent's nightmare. Bhutanese society is, as never before, concerned about the consequences of the increasing phenomenon of substance abuse among the youth. Schools and communities are encouraged to take part in uprooting marijuana plants.

However, despite various intervention measures taken by the Bhutan Narcotic Control Authority, civil society organizations, and other relevant organizations within government and the private sector, the problem of addiction is still spreading like wild fire in the country. My earlier perception about the rise of addiction was more focused on lack of skills and knowledge. However, today my concerns are more about the causes of finding answers to the phenomenal rise of substance abuse and addiction in society, especially among young people. What is missing? Where are we going wrong? These are questions that need attention. This study aims to help answer these questions – if not fully, then at least by contributing to a further discussion of these important issues.

1.3 Background

Education in Bhutan has its roots in the monastic institutions in which the essence of knowledge was strongly based on Buddhist moral values, seeking compassion for all sentient beings. Beginning in the seventeenth century until about three decades ago, every family sent at least one son to a monastic school, as monks had and do still have a well-respected position in the society and most importantly, the monastery provided free education (Phuntsho, 2000). The monastery taught people to live their lives in harmony with the land, animals, spirits, and with each other. Living in harmony would then cause them to collect good merit which they could then use to be reborn into a better life (Choden, 2003). In the 1960s, Bhutan's Third King Jigme Dorji Wangchuck opened Bhutan to the outside world and established schools along modern secular lines. Realizing that his citizens needed to communicate with the outside world, the government of the day under the wise leadership of the King made English the medium of instruction in schools. This laid the foundation of modern education in Bhutan (Rustomji, 1978).

***Figure 1.1*:**

Punakha Dzong: a reflection of the political and religious history of Bhutan

1.3.1 Facts about Bhutan

Bhutan is referred by many as the last Shangri-La (popularly known as 'the fictional paradise-like land in James Hilton's *Lost Horizon*). It is a small developing country with an area of 38,394 square kilometers, and a population of about 727,145, where 62.2% live in rural areas and 37.8% live in urban areas. The literacy rate of the country is 71.4%. The life expectancy is 70.2 years, which has increased from 66.3 years in 2006 (NSB, 2018). Article 5 of the Constitution mandates the country to maintain 60% forest cover at all times (NSB, 2017). Bhutan stands as the only carbon-neutral country and has been declared as one of the ten global biodiversity hotspots (NSB, 2017). Bhutan's unique approach to development is based on the four pillars of Gross National Happiness (GNH) which are: i) good governance; ii) sustainable socio-economic development; iii) preserving and promotion of cultural heritage; and iv) environmental conservation (MOE, 2009, p.10). Bhutan is a member of the United Nations and the South Asian Association for Regional Cooperation (SAARC).

1.3.2 Education and Health Services

The Royal Government of Bhutan provides free education as enshrined in Article 9, Section 16 of the Kingdom's constitution, which states 'the state has to provide free education to all children of school-going age to the tenth standard (grade) and ensure that technical and professional education is made generally available and that higher education is equally accessible to all on the basis of merit' (RGoB, 2008a, p.20). However, after the tenth standard, students study for the Bhutan Council for School Examinations and Assessment (BCSEA) Board exams. If they get through the Board exams, their education is free until they graduate. While students who qualify for professional courses are sent abroad--mostly to India and the third world for higher education by the Government--those who do not qualify in the grade 12 Board examinations are supported by their parents to study in private schools and colleges within Bhutan.

The state also provides free access to basic health services to all citizens as enshrined in Article 9, Sections 21 and 22 of the constitution, which state that "the state has to provide free access to basic public health services in both modern and traditional medicines" (NHP, 2011, p. 2). All health facilities are provided free by the government. Bhutan to date has no private hospitals or clinics. Similarly, all counseling services are provided free and private health practice is non-existent in Bhutan.

1.3.2.1 Bhutan's Transitional Path from Monarchy to Democracy

Bhutan saw a smooth transition from absolute hereditary monarchy to a democratic form of government in 2008. The country's governance and administration operate at three levels of administration: i) the central government, with ten ministries each headed by a Minister; ii) twenty dzongkhags (districts) with each dzongkhag administration headed by the Dzongda (head of district administration); and iii) block administration (gewogs), consisting of 205 gewogs, each headed by a Gup (head of local administration). Furthermore, there are 10,444 chiwogs consisting of a group of households under the administrative blocks that form the neighborhood (NSB, 2018). The first parliamentary government was led by Druk Phuenseum Tshokpa (DPT) in 2008 after winning forty-five of the forty-seven seats in the parliament. The first elected government had only two opposition members in the parliament, both belonging to the People`s Democratic Party (PDP). In 2013, during the second parliamentary election, the People's Democratic Party led the government with thirty-two seats, while the incumbent government (DPT) settled for the role of Opposition with 15 seats in the parliament. Recently, during the third parliamentary election in 2018, the people of Bhutan opted for a new party, the Druk Nyamrup Tshogpa (DNT) with thirty seats versus the DPT with seventeen seats in the Parliament.

1.3.2.2 Transition from Traditional to Modernization

As Bhutan moves from a traditional agrarian society to one of industrial development, the country is increasingly exposed to various forces of development and urbanization, leading to unprecedented change with a rapid growth in the economy followed by a number of changes in the small and close-knit Bhutanese society. These changes impacted the traditional values, social behavior and community cooperation of Bhutan (Choden, 2003; Phuntsho, 2017). These forces of change impacted the youth in terms of change in the family structure. For example, the extended family structure was slowly replaced by a nuclear family system, which has led to the loss of the traditional practice of providing safety and guidance to young people during their socialisation to adulthood.

The sweeping change of modernization has also brought significant challenges for youth, when it comes to coping with issues such as unemployment. Unemployment amongst the youth has become a major problem in the country with far-reaching consequences for the youth population and society in general. Unemployment is associated with various social issues such as drug addiction, high crime rates, low self-esteem resulting in unhappiness, lack

of respect for the elders, conflicting values and attitudes, conflict with the law, rural to urban migration, mental health issues, suicide and high divorce rates. For example, being unemployed can significantly affect the self-esteem of the youth who experience external pressures owing to lack of employment opportunities in the job market. Unemployment causes frustration and often creates tension in their home environment, which in turn affects their relationship with their family members. In their state of frustration, many resort to drugs and alcohol.

Unemployment is considered one of the key factors that influence youth to turn to substance abuse and addiction in Bhutan. Many unemployed youth form gangs and abuse drugs and are found to be embracing new cultures from outside Bhutan, especially those influenced by the West as well as commonly known pop cultures from Korea (Young, 2015). According to the National Statistics Bureau 2016 report, 40 percent of the crimes among the youth were committed under the influence of alcohol and 12 percent under the influence of drugs and controlled substances (Dorji, 2016).

The growth of internal migration in the country has contributed significantly to the rates of unemployment among the youth. In fact, Bhutan is known for having the highest rate of internal migration in Southeast Asia, with an alarming rate of 6 percent (Bajgai & Tshering, 2013). According to the population and housing census of Bhutan 2017, 21.7% of the population has migrated from rural to urban areas, with 12.8% for employment, followed by 8.3% for education opportunities, leaving agricultural lands fallow and houses in the villages empty with 4,800 *gunthongs*, or empty households (NSB, 2018).

Different studies have highlighted how internal migration has seriously endangered rural culture and traditions. This has contributed to a decrease in Bhutan's old practices of social service and community mobilization, as well as a decrease in contact with older parents, a decrease in the level of trust, labor shortages and slower development in the rural areas (Dorji, 2013; Phuntsho, 2017; Wangyal, 2001). All of these factors lead to the alienation of youth from their traditional roots which affects their sense of identity and self-confidence.

According to a report from the National Statistics Bureau (2017), Thimphu, the capital city has the largest population at 138,736, which constitutes 19 percent of the total population. Many young people from the rural areas migrate to Thimphu in search of brighter prospects for their future. The growth of the hospitality industry such as hotels, bars, nightclubs and restaurants in Thimphu has become attracted youths who leave their villages in search of better opportunities. Eventually, this leads to youth losing their family attachments, their coherent sense of traditional Bhutanese cultural practices, their sense of belonging to the

community and safety as they transition to adulthood. Rural-urban migration in Bhutan has become a serious issue in recent years. It is also a factor that contributes to the rising phenomenon of drug use among the youth population. Urban places like Thimphu because of the increased number of social problems and crime such as burglary, vandalism, suicide, and drug addiction, are no longer safe (Choden,2003).

The Royal Government of Bhutan claims that measures have been taken to modify the entire developmental plan to make rural lives better with improved facilities for health and education. According to the Gross National Happiness Commission, the eleventh five-year (2013-2018) time frame, reported 100% coverage in electricity and telecommunication facilities, widening of the northern east-west highway, establishment of 60 central schools, construction of industrial estates and upgrading of domestic airports. The Government has been initiating services to provide the agricultural sector with power tillers, installing electric fencing, and facilitating rural loans through funding opportunities such as the rural enterprise development corporation (GNHC, 2018). However, the issue of internal migration and youth unemployment still remain a big challenge for the people of Bhutan. These factors make the problem of youth drug abuse and addiction challenging for government, civil society and Bhutanese society generally.

Figure 1.2:

Substance use and addiction in Bhutan

1.4 Addiction in Bhutan

According to Dolkar (2012) the first psychotropic narcotic drug abuse in Bhutan was recorded in 1998. The report from the National Drug Law Enforcement Unit of the Royal Bhutan Police (as cited in Dolkar, 2012) indicated that of the total number of drug abusers, up to 50% were youth. The drug-related problem has been on the rise since the late 1980s (Dolkar, 2012). Similarly, as mentioned previously, UNICEF has recorded that approximately 84% of Bhutanese drug users are youths between the age 13 and 24 years and 43% are students (UNICEF, 2010).

In a recent study by the Bhutan Narcotic Control Authority (BNCA), it was reported that many young people were victims of drugs such as cannabis, tobacco, pharmaceutical opioids, alcohol, solvents, and sedatives. The use of cannabis was the highest among high school students at 24% (BNCA, 2017). According to the Bhutanese National newspaper *Kuensel*, prescription drugs such as Spasmo-proxyvon (SP), popularly known as "Sonam Penjor" on the streets of Bhutan, has become one of the commonly abused substances among youth (Tshedup, 2016). Cannabis is the most commonly used drug followed by pharmaceutical opioids (Tshomo, 2017).

According to the Bhutan Narcotic Control Authority (BNCA) youth comprised more than 55.95 percent of the people arrested for drug related offences (Tshering, 2017). Hence it is evident from the literature that a significant proportion of the youth population is dependent on drugs and that many suffer serious consequences as a result. This has impacted the most productive period of young people's lives. According to the National Statistics Bureau (2017), the population median age is 26.3 years as of 2017 (NSB, 2017), indicating that more than 60% of the Bhutanese population is below 26 years of age (NSB, 2017).

Substance abuse addiction among the youth has become a social issue and it contradicts with the country's development philosophy of Gross National Happiness (GNH). Outsiders know Bhutan as a "happiness country," dotted with mythical mountains, sacred ancient temples and prayer flags, and endowed with a rich culture and history. It is known as a happy Buddhist country hidden in the vastness of the great Himalayas. Hence, the phenomena of drug abuse and addiction and the impact on Bhutanese society, especially its youth--the future leaders--can become a painful development paradox.

The rising problem of substance abuse and addiction among youth can be attributed to the rapid changes affecting Bhutanese society and its value systems today. Several efforts are being made to address the problem at the policy and action level. Yet, challenges still remain (Bhutan National Statistical Bureau, 2015). According to Dhradhul (2017), the trend of addiction has been steadily rising over the years. For example, as per the BNCA record, the police have recorded a total of 6000 substance abusers in 2017 and more than 90 percent of these numbers were youth.

As identified previously, Bhutan's development philosophy is guided by the values and principles of Gross National Happiness (GNH). The noble goal of creating the necessary conditions for maximizing happiness for every person and creating a drug-free society in Bhutan still remains a challenge. Despite the measures taken by the Government, the issue of addiction among the youth is still a social concern (Choki, Dorji, & Choden, 2014).

1.5 Drug abuse and addiction treatment in Bhutan

Since the 1990's there has been a systematic growth in both institutional treatment responses (for example in schools and hospitals), as well as the establishment of a number of organizations established to treat drug abuse and addiction in youth. Currently, the interventions for combatting the problem of drug abuse are primarily from government agencies and civil society organizations; although religious organizations and even individuals are also active in addressing these issues. In this study, four treatment contexts have been distinguished: government agencies (including schools, hospitals and drop-in centres); civil society organizations (rehabilitation centres), religious organizations (monks from Zhung Dratshang), and community outreach (individual who is a Buddhist monk).

However, in spite of the many efforts being made, there has been no systematic study to understand the treatment approaches of the different agencies which are working with youth drug abuse and addiction in Bhutan. Therefore, it has been unclear what types of interventions and approaches are being practiced by various agencies engaged in combatting the drug problem and whether these practices are appropriate or effective in the Bhutanese context. Many of the interventions and approaches practiced particularly in the government and civil society agencies have come from the West which has developed various treatment approaches and protocols for substance abuse and addiction over many years. In Bhutan,

program implementers have either been trained in Western countries or Western trainers have come to Bhutan. Increasingly in the West the practice of mindfulness has been identified as a potent treatment intervention for a variety of clinical presentations, including addiction and abuse. Although not exclusively a Buddhist practice, mindfulness as a secular practice aimed at psychological well-being has also been introduced in Bhutan through the treatment agencies which are based on Western approaches.

At the same time, mindfulness practice is an integral part of the program at the Samtse College of Education in the Postgraduate Diploma Contemplative Counselling and Psychology (PgDCCP) program. The faculty, including the researcher, were trained at Naropa University in Boulder, USA, and the development of the PgDCCP was the result of a collaboration between Naropa University and Samtse College of Education under the Royal University of Bhutan. The integration of mindfulness in this program is based on the teachings of Chogyam Trungpa, which brings Buddhism including mindfulness practice together with psychotherapy as established at Naropa University. In this approach, mindfulness can be understood as contemplative mindfulness, indicating its continuing integrity with Buddhism while also distinguishing it from Western or secular Buddhism. At the same time, as a Buddhist country, Buddhist-based approaches to youth substance abuse and addiction have begun to emerge through the Buddhist monastery system and community outreach. Recently, a Buddhist intervention to substance abuse and addiction was introduced through the *Choeshed Layrim* (Buddhist discourse) in a program based on Buddhist discourse offered by monks in the *Zhung Dratshang* (Central Monastic Body). However, there is currently not much clarity as to what the Zhung Dratshang offers since there is nothing available in print. However, there exists a generally-held view that the approach potentially requires adaption to the changing times in meeting the expectations of youth. Specifically, there is a need to understand the philosophical approach and methods used by *Choeshed Layrim*.

For the purpose of this thesis, I have here made the distinction between Western approaches which include mindfulness, and a Buddhist approach which includes knowledge and contemplation of Buddhist philosophy, which for example, includes at its most fundamental the teaching of the Four Noble Truths. Buddhism also includes the practice of mindfulness, however in the context of this philosophy the reach of mindfulness extends beyond psychological well-being (the focus of secular mindfulness practice) to spiritual development.

The penetration of Buddhism at all levels of society and as part of the psyche of the Bhutanese people so to speak, suggest there will be an interaction between Western approaches including the secular practice of mindfulness and Buddhist understandings as the individual program implementers may have been trained in contemplative mindfulness. In this way we can distinguish three potential forms of mindfulness practice which can be found in Bhutan: secular mindfulness, contemplative mindfulness and Buddhist mindfulness.

The literature strongly indicates that substance abuse and addiction is a growing concern among the youth in Bhutan. There is an urgent need to understand the nature of the problem through empirical studies and to explore the different approaches to substance abuse and addiction being used by different government agencies, civil society organizations, community outreach and Buddhist monasteries in the context of Bhutan. As an educator and program developer in Samtse College of Education, the researcher felt the need to explore the various approaches to substance abuse and addiction carried out by the various agencies and bring these to light so that good practices can be strengthened, adopted and incorporated in intervention programs to teach future students. Furthermore, this will provide ways to help individuals with addiction issues in terms of providing treatment and services.

In addition, there is a dearth of literature on this topic in the context of Bhutan. This gave sufficient warrant and motivation to the researcher to carry out this study which will generate empirical knowledge of relevance to Bhutan. This study will address the existing knowledge gap by investigating the issue by exploring the research questions used in this study (see 1.7.1).

1.6 Exploring both Western and Buddhist Approaches to Addictions

The researcher's quest for exploring Buddhist and Western practices with regard to addiction is primarily based on personal (see 1.6.1. below) and professional (see 1.6.2. below) reasons. This concern was borne through my journey with a number of my clients, some current and some from the past. Out of the many experiences, one particular experience stayed with me and gradually pushed me into exploring the Buddhist and Western approaches to drug addiction. This particular session (see 1.6.1) with my client inspired me to take up this study.

1.6.1 On My Personal Quest: Buddhism and Western approaches

The narrative of the case is briefly outlined below:

It was in 2012. A young man who was about twenty-three years came to see me in my office. He looked very frail and weak and as he spoke something but I could barely hear him. He said, "Madam, please help me, I want to stop taking drugs and I really mean it." This client was taking 16 Spasmo Proxyvon tablets a day, 4 tablets each in the morning, afternoon, evening and before going to bed. His drug habit had lasted for more than a year. He handed me a packet, which contained more than 60 Spasmo Proxyvon tablets. He went on,"keep these with you and help me to stop." We worked towards reducing the dose in baby steps so that he could overcome the withdrawal needs, as detoxification was not available in the hospital at that time. We both agreed on some ground rules.

At first, instead of 4 tablets he took three tablets four times a day for the first week; then after few weeks, he took these only thrice a day. And as we progressed in our effort to help him, he continued to reduced the dose. Finally, he got over the drugs but took a very long time to do so. I was impressed with his inner strength and determination. This prompted me to ask, 'What is the main driving force to get over drugs?' This made me ponder whether there is something that helped him to cope with the issue and motivated him from inside. Besides the interventions drawn from the Western approach, I also realized that there was something uniquely Bhutanese that should be explored, which I shall do in the following sections.

In this research, the researcher is first keen to explore the approaches of the four treatment contexts identified: government agencies, civil society organizations, Buddhist monasteries and community outreach. Second, because the influence of Buddhism is significant in the life of the Bhutanese, through this exploration, the researcher suspects that there will be some approaches that may be effective and are context-specific to Bhutanese situation. These approaches may have the potential for adaptation by organizations engaged in helping addiction clients in Bhutan. Third, the researcher was convinced that it was the right time to study the Buddhist-based approaches to addiction treatment so that the younger generation, especially the next generation of professionals in the field of addiction counselling and welfare services, would be able to understand and appreciate the rich, indigenous, and

profound practices available within their own cultural setting. The interventions based on the Western approach have been implemented for more than a decade, but going by the escalating trend of substance abuse and addiction, the results of these interventions cannot be said to be encouraging and effective, although no study to this effect has been carried out. Moreover, the researcher with her rich experience as a mindfulness practitioner and trainer, feels that Zhung Dratshang may have better practices which are organic and better suited to our own cultural context. Lastly, the researcher genuinely felt that it was the right time to explore Bhutan's own Buddhist approaches to addiction treatment with focus on both philosophy and mind training methods that have the potential for sustainable results. This will not only help the youth work with the addiction issues but will also educate them on the deep and profound methods drawn from the wisdom and practice of Buddhism.

1.6.2 On My Professional Quest

Presently, Bhutan is challenged with youth-related issues such as drug addiction, unemployment, rural to urban migration, mental health, suicide, crime and theft, deteriorating human values and decline in culture and tradition. Amongst all of these, substance abuse and addiction has become a social concern, although other issues are emerging. The researcher felt that it was very important and urgent to tackle the issues of addiction and discover the underlying causes of the problem, and suggest ways to curb the menace to all relevant stakeholders in the country. Given the researcher's many years of work in the field of addiction counselling, she was keen and motivated to learn which kinds of drugs were mostly abused by the youth population in Bhutan. Geographically, Bhutan is in a vulnerable situation as it shares an open and porous border with the neighbouring country, India. The common perception is that the source of substance abuse is mostly from prescription drugs which are imported from India. News on prescription drugs appears in the media quite often. For example, when peddlers of prescription drugs are caught by the police it is often broadcast through various print and electronic media. On the other hand, cannabis or marijuana remains unnoticed as it is widely grown throughout the country. The researcher was keen to explore the various treatment approaches implemented by the different organizations in Bhutan to curb substance abuse and addiction in Bhutan. Further, the researcher wanted to explore the effectiveness of these approaches implemented by the various agencies in treating substance abuse and addiction in Bhutan.

Social issues such as mental health, suicide, internal migration, unemployment, and domestic violence--to name a few--are growing at a rapid rate. Although these social issues are emerging, it is not as rampant as in other developed countries. There is a popular Bhutanese proverb which says, "*Nay ma wongm lay rimdro; Chhu ma wongm lay yuwa*", Its literal translation can read as: "*Better conduct the rituals before the disease strikes; Better to prepare the drains before the water arrives.*" The proverb's metaphorical meaning is that it is better to take preventive measures before a calamity takes place. It is evident that to date there have been no studies that investigate Buddhist approaches to intervention for substance abuse and addiction in Bhutan. Therefore, the researcher felt that there would be some elements of a Buddhist approach that could be considered in treating addiction. This calls for empirical research that explores relevant approaches and methods that could contribute to the development of an indigenous approach best suited to the need of the Bhutanese people. Given the existing dearth of reliable empirical knowledge on substance abuse and addiction in Bhutan, I was convinced that this study had the potential to suggest approaches that are based on Buddhist philosophy and suited to the social and cultural contexts of Bhutanese people. And lastly, it was also an important professional desire of the researcher to promote the concept of a Buddhist approach of intervention (as practiced in Bhutan) as an evidence-based practice to prevent substance abuse and addiction in Bhutan itself.

1.7 Goal of the thesis

The primary goals of this study was to explore and understand the Western and Buddhist approaches to substance abuse and addiction prevention carried out by the various treatment organizations in Bhutan. This study sought to understand the effectiveness of the treatment approaches and clients' experiences about the treatment received from these agencies. In addition, it aimed to identify and understand the risk factors that contributed to the phenomena of substance abuse and addiction among the youth. Since this is the first study of its kind, it will address the current gap in knowledge about the approaches to addiction prevention and interventions in Bhutan. In order to gain an in-depth understanding of the issue of substance abuse and addiction among the youth in Bhutan, the study was explored via two research questions. Each research question was meticulously modified and crafted to meet the purpose and methodological requirements of the study.

1.7.1 Research question

This study addresses the primary research questions:

1. What are some of the treatment approaches to intervene in youth substance abuse and addiction in Bhutan?
2. What contributes to the effectiveness of the treatment approach to intervene in youth substance abuse and addiction?

Sub question:

3. What are some of the factors that lead to substance abuse and addiction among the youth in Bhutan?

1.7.2 Overview of Research design

This study explores the various treatment approaches to substance abuse and addiction used by the program implementers by the four main treatment givers in Bhutan: government agencies, Buddhist monasteries, civil society organizations and community outreach. It is anticipated that this exploration will uncover both Buddhist and Western approaches to treating substance abuse and addiction as practiced by these organizations. As well, the study explores the effectiveness of treatment approach through the clients' perceptions of the treatment received from the program implementers.

This study was guided by the constructivist paradigm as it allowed the researcher to use multiple views based on the Western and Buddhist approaches to addiction and be open to the subjective and authentic views of the clients. The researcher was convinced that constructivism or social construction was an appropriate overall framework for this study since it allows the researcher to emphasize that change for social institutions and individuals is always possible.

On this basis, in order to find answers to the research questions, a qualitative method was employed so that exploring the research questions, especially the research-participants' interaction and data collection, could occur in a natural setting. It was assumed that such a setting would help develop a deeper understanding of the lived experiences of the individuals and hear their voices based on their inner perspectives and the expressions of their feelings in the form of interpretation (Liamputtong, 2013). The researcher as a professional counselor considered herself a key research instrument in this qualitative study, based on her deep understanding of the subject and knowledge of addiction. She also conducted numerous mindfulness sessions for the programme. This provided her a deeper insight into the content

and cultural context of the participants, which wouldn't always be possible using other research methods.

The demographic selection of the sites was determined by a thorough document study and guided by expert advice. In order to get wider perspectives and views, the participants were selected from four different groups for interviews.
The four groups were i) participants from government agencies, ii) participants from Buddhist monasteries, iii) participants from civil society organizations, iv) participants from community service and v) clients from the drop-in-centers, schools, colleges, and rehab and treatment centres. The selected groups demographically represent Bhutan.

The data were collected through document study and semi-structured interviews with a total of 38 participants from the four groups mentioned above. One-on-one interviews were conducted with program implementers in government agencies which included schools, colleges, hospitals, and the Bhutan Narcotic Control Authority. Interviews were also conducted with Buddhist monks, program implementers from the two rehabilitation centers, and the program implementer who represents the community outreach program. In addition, clients from schools, colleges, rehabs and drop-in centers were also interviewed. The data were analysed thematically using manual coding techniques. The emerging themes were then interpreted.

1.8 Significance

This study is significant in several ways. First, it is the first of its kind in the context of Bhutan. It will add to the existing, but scanty, literature on substance abuse and addiction in the context of Bhutan.

Second, the study will bring to light the salient features of four identifiable treatment contexts: Western, Buddhist, integrated and community outreach. It is hypothesized that these four treatment approaches are practiced by program implementers in Bhutan to address substance abuse and addiction.

Third, the study will provide a credible baseline for civil society organizations, government agencies such as Bhutan Narcotic Control Authority, Bhutan's educational sector and other

stakeholders in the country. Moreover, the study will initiate the development of a reliable knowledge bank consisting of empirical studies and other scholarly work in this area for Bhutan that can be used by organizations engaged in addiction work and other social work settings outside Bhutan. So, in the international context as well, this work has the potential to make a significant contribution.

Fourth, this study will form the baseline study for future researchers to carry out research related to substance abuse and addiction based on the recommendations that emerge from this study. It will also serve as a knowledge base or repository for future counselors, social workers and program implementers and researchers in Bhutan.

Fifth, the findings of the study will provide a treatment response for substance abuse and addiction in Bhutan.

Lastly, the findings of the study will provide policy recommendations to different stakeholders such as government agencies, civil society organizations and Buddhist monasteries with regard to treating substance abuse and addiction in the context of Bhutan.

1.9 Definition of Key Terms

This study employs various terminologies such as “approach,” “Western approach,” “Buddhist approach,” “Mindfulness-based approach,” “Community outreach,” “Western mindfulness,” “Buddhist mindfulness,” “Contemplative mindfulness,” “Substance abuse,” “Addiction,” “Professional counselor” and “Program implementers” in the Bhutanese context. Accordingly, the definition of each term and what it means for the particular study is provided in the following sub-sections.

1.9.1. Approach

The term “approach” or “treatment approach” may have different meanings depending on the situation in which it is being put to use. However, for the purpose of this study approach refers to the treatment model or methods program implementers have adopted to intervene with substance abuse and addiction.

1.9.2. Western Approach

In this study, “Western approach” refers to empirical approaches that are in theory and practice informed by the principles and practice of research and psychotherapy practice developed in the West.

1.9.3. Buddhist Approach

In this study, “Buddhist approach” refers to the teaching of Choeshed Layrim (Buddhist discourse) by the Zhung Dratshang (Central monastic body) as an intervention to substance abuse and addiction.

1.9.4. Mindfulness-based Approach

In the context of this study the term “mindfulness-based approach” refers to the application of mindfulness in the three treatment approaches: the Western, Buddhist and community outreach.

1.9.5. Community outreach

This concept is defined as an effort by individuals in an organization or group to connect its ideas or practices to the efforts of other organizations, groups, specific audiences, or the general public (Wood,2017). In the context of this study “community outreach” refers to the services provided by an individual who is from the West and is also an ordained Buddhist monk.

1.9.6. Western Mindfulness

“Western mindfulness” in this study refers to the secular practice of mindfulness based in the tradition of John Kabat Zinn.

1.9.7. Traditional Buddhist Meditation

Mindfulness meditation has been integral part of the Buddhist practice and has been practiced by the Buddhist monks within the norms and discipline of the Zhung Dratshang way of life. In the context of this study, "traditional Buddhist meditation" refers to the combination of mindfulness and Buddhist philosophy.

1.9.8. Contemplative mindfulness

"Contemplative mindfulness" in this study refers to Buddhist understanding of the mindfulness in the tradition of Chogyam Trungpa, the founder of Naropa University.

1.9.9. Substance abuse

The term "substance abuse," also referred as drug abuse, refers to regular or excessive use of any chemical substance or drug, especially when consequences from the use endanger relationships, are detrimental to a person's health, or jeopardize society (Zastrow& Krist Ashman,2007). In this study substance abuse refers to the use of cannabis or marijuana as these substances are defined as drugs in accordance with the Narcotic Drugs and Psychotropic Substance and Substance Abuse Act 2015.

1.9.10 Addiction

The National Institute on Drug Abuse defines "addiction" as a complex and treatable disease that affects the brain function and behaviour of young people who abuse drugs and substances (NIDA,2009). In this study "addiction" refers to an intensive craving for a drug or substance that develops after a period of continuous use, and being dependent on such drugs or substances despite negative consequences.

1.9.11. Counselor

According to Bhutan Board Certified Counselors (BBCC), the term "counselor" refers to those individuals who have an advanced degree, extensive training and certification or licensing from the BBCC. However, a counselor also refers to someone who has specialized addiction training or has received training on mental health facilitation and substance abuse assessment. These counselors work with individuals, groups and families as well as in social

community settings as social workers or case managers in civil society organizations, schools, clinical settings and other relevant fields.

1.9.12. Program Implementers

In this study "program implementers" refers to professionals holding positions in their parental organizations such as program officers, medical practitioners, school counselors, psychiatrists, Buddhist practitioners and addiction specialists.

1.10 Outline of the dissertation

The dissertation is presented in the form of six chapters, the major themes of which are outlined here. Following Chapter 1, Chapter 2 presents four categories of literature related to the study. First, it discusses drug addiction from an international perspective, and examines literature based on existing research related to the nature and extent of this problem. Second, it relates the study to the context of marijuana addiction and highlights the history, definition and main debate in existent literature focusing mainly on factors that lead youth to substance use and addiction. Third, the chapter examines the Western and Buddhist perspectives on addiction and describes the treatment approaches taken by the various agencies to treat substance abuse and addiction in the country. Fourth, this chapter presents the treatment approaches that are currently practiced by the program implementers. It describes the role and status of treatment provided through Western and Buddhist approaches to treating substance abuse and addiction in the context of Bhutan.

Chapter 3 describes the constructivist paradigm and the epistemological justification for choosing it, the research design, the sites, and the methods used by the study to gather data. It provides a detailed description of the procedures and techniques used to analyze the data and to report the findings. This chapter also explains the measures taken to ensure qualitative research rigor, such as credibility, transferability, dependability, and conformability as well as ethical considerations, the researcher's positionality, and limitations.

Chapter 4 presents the data gathered from the program implementers in government agencies, Buddhist monasteries, civil society organizations, community outreach and clients in rehabilitation centers, schools and drop-in centers. It describes the main findings from the

qualitative interviews. The findings are presented as a result of content analysis and data from the interviews to answer the research questions.

Chapter 5 provides the main findings from the qualitative data. The purpose of this chapter is to present i) the treatment approaches to substance abuse and addiction in the four contexts, namely Western, Buddhist, community and mindfulness-based as practiced by the program implementers; ii) to present the effectiveness of the treatment approaches in the four contexts. This chapter is significant as it presents new findings that will make an important contribution to the field of treating substance abuse and addiction in Bhutan. It also highlights the implications of the study.

Chapter 6 briefly discusses the significant findings from the study and addresses the research questions. Implications of these findings are drawn for the Zhung Dratshang, Bhutan Narcotic Control Authority, Ministry of Education and the two rehabilitation centers in Bhutan. Based on the gaps identified by the present study, the chapter then shows possible areas of future research.

Chapter Two: Literature Review

2.1 Introduction

Some 2,600 years ago, one of the Buddha's disciples was on alms begging when he met a beautiful woman leading a goat and carrying a jar of wine (*Chang*). She fell in love with the monk at first sight, and she approached him and said, "You look so handsome; can we marry?" The monk refused saying it was sinful. She then asked him to kill the goat as she was on her way to the butcher. The monk refused again. When she offered him the wine, the monk thought it over. He thought that the Buddha never said anything specific or laid down any instructions against drinking. Concluding that even if he drank alcohol that would not amount to violating any of his religious vows, he drank the wine. Upon drinking the *chang*, he slept with the woman and killed the goat (as cited in Dorji, 2012, p. 170). So, on the basis of he drinking alcohol, he killed an animal and had a physical relationship with a woman.

According to Groves (2014) the Buddha recognized the danger of addictive behaviour, so he made his followers avoid addictive substances and behaviours that lead to negative consequences. Accordingly, he framed and taught ethical guidelines in the form of the five precepts which are abstaining from killing, abstaining from stealing, abstaining from false speech, abstaining from intoxication and abstaining from sexual misconduct (Groves, 2014; Lovichakorntikul, Walsh, & Anurit, 2017). According to the Buddha, understanding and practicing the five percepts would help a person to refrain from all intoxicants that could affect a person's mind and obscure the mental clarity he or she requires for attaining enlightenment.

The five precepts provide the support for observing the ethical principles (Dorji, 2012). The Buddha defined the underlying nature of social problems as dukkha, or suffering. He defined suffering in particular as "uncontrollable thirst or repetitive craving" (Levine, 2014). Tsong-kha-pa, the noted 14th century Tibetan Buddhist scholar and philosopher defined ethical discipline as "an attitude of abstention that turns your mind away from harming others and from sources of such harm" (as cited in Nemoto, 2004, p.143). Venerable Buddhadasa asserts that cravings disturb the mind in three directions or ways. He says that, "There is the desire to get, have, posses, and to enjoy material things. There is the desire to be this, to be that, to

become somebody or something, and the desire not be, to no longer exist, to be annihilated, to be nothing" (as cited in Techapalokul, 2014, para 3). In spite of centuries of effort to teach human beings to live good lives, nothing much has changed even in the twenty-first century. Instead, human desire or cravings continue to manifest in many ways.

With rapid social and economic development, the youth population in Bhutan faces multiple challenges including psychological stress. Today's youth are challenged with social issues such as rising unemployment and the influence of a starkly materialistic world. These influences transform their perceptions about life, and in a state of confusion they can lose the connection with their inner basic goodness. Drug use can become the source of ultimate pleasure and an escape from reality; unfortunately, drug addiction can too often be the result (Gyeltshen, 2018).

This chapter provides an overview of substance use and abuse, and includes an exploration of treatment interventions of substance abuse and addiction. Next, this chapter will then examine the two treatment approaches to drug addiction -- Western and Buddhist approaches (approaches as practiced by the program implementers in Bhutan), which are preventive and remedial in nature, followed by a review of literature related to cannabis, and factors that contribute to cannabis addiction among youth.

2.2 Overview of Substance Abuse and Addiction

2.2.1 Perspectives on Substance Use and Abuse

Substance use and abuse has been reported to be a problem in cultures from around the world for hundreds of years. However, the forms, context, and scope of substance abuse and dependence has changed a great deal over time and it appears to be a problem that is becoming increasingly problematic around the world (Crocq, 2007).

The term substance abuse, also referred as drug abuse, refers to regular or excessive use of any chemical substance or drug, even when consequences from use endanger relationships, are determinal to a person's health, or jeopardize society (Zastrow& Krist Ashman,2007). The term substance refers to a wide variety of chemical substances and plants, other than food consumed by mankind, whose chemical and physical properties alter the function of the brain (Verma & Misra, 2002). The International Classification of Diseases (ICD) published

by the World Health Organization (WHO), defines the term 'abuse' as any use of chemical substances or psychoactive substances irrespective of consequences (WHO, 1992). Substance abuse means the excessive use of any plant or chemical substance, to the point where it completely interferes with the health, economic status, or social functioning of the substance user or others affected by drug user's behavior (WHO, 1992). The use of cannabis or marijuana is legalized in many parts of the West including Canada, and some states in the US such as Colorado, Oregon and Washington State as recreational cannabis (Hammond, et al., 2020). However, in Bhutan the use of cannabis or marijuana is defined as a drug with reference to the Narcotic Drugs Psychotropic Substance and Substance Abuse Act 2015, which defines "cannabis as narcotic drugs with no medicinal value" (National Assembly of Bhutan [NAB], 2015, p.64).

A major focus of this study is the use of cannabis by the youth in Bhutan as it is the most prevalent illicit drug used by this age group in Bhutan. Globally, the United Nations Office on Drug and Crime reports that cannabis continues to be one of the most consumed, widely cultivated and most confiscated drugs in the world (UNODC, 2017). It is estimated that 2.7 to 4.9 percent of the world's population between the ages 15 to 64 have used cannabis at least once in their lifetime (Trigo et al., 2018). In 2013, approximately, 23 percent of high school seniors reported marijuana use in the United States (Merril, 2015). Further, in 2014, 2.5 million people 12 years of age or older used marijuana for the first time during the past years with an average of approximately 7,000 new users everyday (Montgomery & Yockey, 2018, p.436).

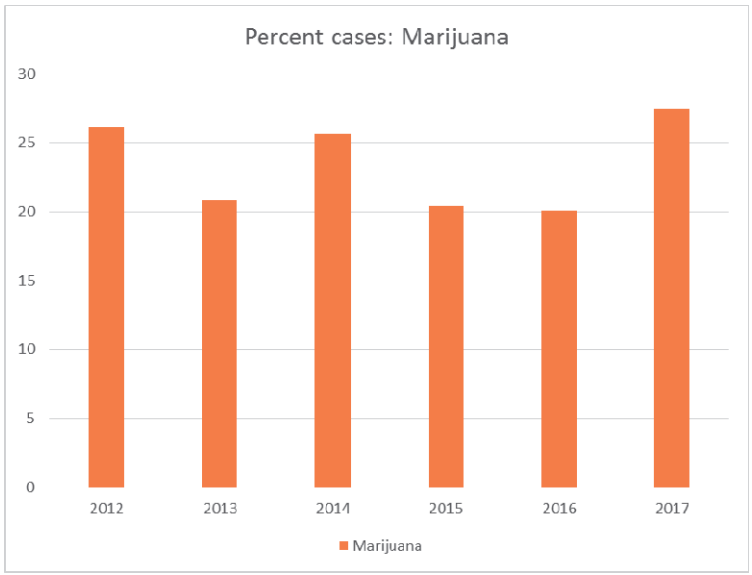
According to the World Drug Report (2017), cannabis is the first choice of drugs for youth, and 70 percent of cannabis users are between 15 and 34 years old world wide. However, drug use among youth differs from country to country depending on the easy availability of drugs and the user's social and economic circumstances. For example, youth in Bhutan generally take a handful of cannabis plant in their hand and rub the plants and then roll the leaves to smoke or vapour cannabis, and consume prescription drugs (BNCA, 2017). In comparision, youth in Japan are found to be injecting methamphetamine and synthetic drugs (Nakamori, Wada & Kyo, 2017). Furthermore, young people prefer to abuse methamphetamine by snorting and smoking the steam and some prefer to inject (Yamamoto, 2004, p.435). Likewise, in Africa marijuana is consumed through blunts. Blunts are partially or fully

hollowed-out tobacco cigar or cigarillo shells filled with marijuana (Montgomery, & Yockey, 2018, p.436).

According to a recent report by the National Drug Law Enforcement Unit of the Royal Bhutan Police (2017), about 27.42 percent of youth abuse cannabis, followed by prescription drugs with 19.51 percent. The use of marijuana shows a decrease between 2015 to 2016 but steadily increased to 27.42 percent in 2017 (see Figure 2.1). According to a study conducted by the WHO Global School-based Health Survey (GSHS) among 7,576 Bhutanese students aged 13 to 17 years, 28.3 percent of males and 5.3 percent of female had used cannabis one or more times in their lifetime (WHO, 2017). The National Baseline Assessment (NBA) on drugs and controlled substance use by the Bhutan Narcotics Control Agency (BNCA) and UNODC(2009) in sixty schools across the country revealed that 60% of male students reportedly had friends using cannabis, alcohol, or solvents, while one quarter of students reported family problems related to drug use. The record of patients admitted for detoxification remains higher with cannabis users in the treatment centre at the National referral hospital, Thimphu (Choki, Dorji & Choden, 2014). This trend continues; it was reported that 39 percent of individuals reporting for drug use treatment had used cannabis (UNODC, 2017). Cannabis is also the most prevalent illicit drug used by youth in Bhutan. In this study, the term drug refers to cannabis which has been identified as the dominant source of youth addiction in Bhutan.

Figure 2. 1

As illustrated in the graph, the use of marijuana was found to be the highest substance abused by youth in the context of Bhutan. *[Data Source: Law enforcement agency, 2017]*



2.2.2 What is Cannabis?

Cannabis is produced from a female cannabis sativa plant's dried leaves and the flowering tops (see Figure 2.2). Cannabis resin, the pressed secretion of the plant is known as hashish or charas, and cannabis oil is a mixture resulting from distillation or extraction of the active ingredients of the plant (Gloss, 2015). According to Radwan et al., 2015; Izzo et al., 2009), scientific research on cannabis shows that the plant contains more than 750 known chemicals and more than 104 of these are considered cannabinoids. Among all chemicals, the most psychoactive cannabinoid is found in detla-9- tetra hydro cannabinol (THC), mostly found in the flowering tops, lower leaves and seeds of the plant (Kalant & Porath-Waller, 2016; Izzo et al., 2009). Cannabinoids may have healing components; there is a long history of its medicinal benefit in countries such as China and India, and more recently in Western countries (Abel, 2013; Pedersen & Sandberg, 2013). However, researchers point out that there is not much of evidence to prove the medicinal value of cannabis (Kalant & Porath-Waller, 2016; Room, et al., 2010). On the other hand, studies have shown that cannabis has a number of negative effects on youth as their brain is still developing, thus making them more prone to the harmful effects of cannabis. For example, cannabis can lead to decreased motivation, increased presence of mental illness such as depression, and some level of paranoia (Hartman & Huestis, 2013; Kelsall, 2017; Kalant & Porath-Waller, 2016; Volkow, Baler, Compton & Weiss, 2014). Furthermore, use of cannabis creates neurological disruption and cognitive decline which results in short term memory loss, low school performance and loss of emotion (Hoch et al., 2015). Research indicates that about 8% of those who use cannabis may develop cannabis dependence. Although the cannabis sativa plant has existed for thousands of years, its use, addiction and effects remain disputatious and contentious in the twenty-first century (Greydanus, Hawver, Greydanus, & Merrick, 2013). However, there is little research on the treatment for cannabis dependence as a distinct drug of addiction (Trigo, 2018, p.2).

Figure 2. 2

Picture of marijuana growing wild, more common than regular grass, along the National highway in Bhutan. [Source: Picturecourtesy:http://google-street-view.com/in-bhutan-marijuana-grows-in-the-wild-and-is-more-common-than-regular-grass]

2.3 Use of Cannabis in Bhutan

Cannabis is one of the oldest cultivated plants in the world. It is known to serve different purposes and is often ascribed with medicinal properties (Russo, 2007). It is inherently indestructible and can survive under any climatic conditions (Abel, 2013). For centuries, hemp fiber was used to make ropes, canvas clothing, paper, fishing net and shoes (Abel, 2013; Warf, 2014). Cannabis is known by many names such as *ma* in Chinese, *bang*, or *charas* in Arabic, *hemp* by Dutch, *taima* in Japan, *bhang* in India, and *dagga* in Southern Africa. In contemporary usage it is known as pot, grass and weed and the list is endless (Abel, 2013; UNODC, 2007; Warf, 2014). Likewise, in Bhutan, Cannabis is known as "*Pak pa nam*" by the people in the eastern side of the country, which literally means "pig's food," "*Jichu nam*" (Bird seed) by the people in the central part of the country and "*Kayna*" by the people in the Northern part of Bhutan (Gyelstshen, personal communication, 21st June, 2018). Cannabis is popularly known as marijuana by the youth of Bhutan. Cannabis is found growing wild throughout the country, even in urban areas. It is commonly found growing along roadsides, in gardens and vegetable patches, in wasteland, in forests and even in cracks in the pavements or in overgrown gutters on buildings. Clark (2013, para 6) summarized his description on cannabis in Bhutan*:*

All the more surprising when the streets of Bhutan are paved, not with gold, but, literally, with marijuana. Here it's not smoked by humans but fed to pigs. You know I think that Bhutan is the one country where pigs do fly.

Clark (2013) further claims that for generations the people of Bhutan have been feeding pigs with cannabis as it enables rapid fattening. Interestingly, despite its abundant growth in the country, there is no evidence of people smoking or abusing cannabis prior to modern times. Until recently, this was unheard of in Bhutan. In recent times, however, the younger Bhutanese discovered that “pigs don't necessarily fly, but they do get high (Clark, 2013, para 6 Australian Broadcasting Company Correspondent).

Green (2018) reports that after the introduction of television in 1999, the Bhutanese youth realized that the pig’s feed was special. Until then nobody noticed cannabis as a drug. In 2002, the Bhutanese government initiated mass uprooting awareness programs especially in schools and colleges to eradicate cannabis, followed by several other mass uprooting campaigns in 2010. The eradication of marijuana has not stopped the problem of drug addiction; instead, it has aroused curiosity among the youth to experiment with the marijuana plant, which was initially ignored as pig’s food (Seshata, 2014). In Bhutan, since cannabis is freely available, many youths are frequently spotted in the middle of the cannabis bushes. Yet efforts continue to minimize the abuse of cannabis by the youth population. For example, recently the Bhutan Narcotic Control Authority in collaboration with the village community from Chumithangka under Maedwang gewog in Thimphu uprooted three acres of cannabis plants to prevent youth visiting the popular spot to collect marijuana during the summer. However, the shortfall in supply of marijuana was easily made up through supply along the porous border with India (Dendup, 2017).

2.4 Drug Law and Policies in Bhutan

According to the Narcotic Drugs, Psychotropic Substances and Substance Abuse (Amendment) Act of Bhutan 2018 (NDPSSAA), “Cannabis” refers to the cannabis plant including the flowering or fruiting tops, the seeds and/or leaves by whatever name they may be designated (p.10). It is defined under schedule 1, as a narcotic drug with no medicinal value. It is illegal to possess, grow and distribute cannabis, except for production of fiber and animal feed in Bhutan (National Assembly of Bhutan [NAB], 2015, p.3). As per Schedule VII, section 133 of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of

Bhutan 2015 and Penal Code of Bhutan 2004, a felony of third degree will be imposed on a person if found with fifty grams of cannabis, irrespective of purity and formulation. This amounts to a five to nine year prison term (NAB, 2015, p.43).

However, the NDPSSA, Amendment, Act (2018), section 54 has a special provision for juveniles. It states that a first-time offender will be referred to a drop-in centre for a period of two weeks, while a second-time offender will have to undergo a one-month compulsory treatment and rehabilitation program as assessed by the treatment Assessment Panel. Third-time offenders will have to undergo compulsory treatment for not less than three months, or community service or both, as specified under the rules and regulations. Finally, fourth-time offenders will have to undergo compulsory treatment for one year or less at the juvenile correctional centre, or community service or both, as specified under the rules and regulations and eligible for early release on good conduct and early recovery as recommended by the Treatment Assessment Panel (NAB, 2018, p.8).

2.4.1 Defining Addiction

According to Pascari (2016), defining addiction has been a source of frustration for centuries, as addiction is seen differently, for example, from simply a matter of physical dependency to psychiatric perspectives. From the physical dependency perspective, addiction can be seen as the increasing need to get the desired intoxication or effect where the body tolerates and adapts to the drugs and becomes totally dependent on the drugs for it to function normally. Similarly, from the psychological dependence perspective, a person experiences an intense desire or craving for addictive drugs as the individual gets mentally addicted to these substances. Therefore, dependence can serve as a kind of coping mechanism in the form of self-medication, in order to function normally (Weiss et al., 1992). Addiction has been shown to involve functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs (Volkow, Koob, & McLellan, 2016). The National Institute on Drug Abuse takes into account the biological, cognitive, and the behavioral aspects of addiction. It defines addiction as a chronic relapsing disorder, characterised by compulsive drug seeking and use despite its adverse consequences.

Currently, program implementers in government agencies and civil society organizations in Bhutan follow the definition of the NIDA, as there is no standard definition used by the

Narcotic Drugs Psychotropic Substance and Substance Abuse Act of Bhutan 2015. However, more general terms like '*langshor thelmi'* promote the idea that in Bhutan as addiction is viewed through the lens of moral failing rather than as a disease (Richman,1985). This creates a greater challenge in treating the clients as there is stigma attached to addiction (Christensen, 2017). According to Dorji (2008), many drug users prefer not to seek treatment due to discrimination and stigmatization, thereby resulting in developing health problems.

2.5 Causes of Addiction

Substance abuse and addiction is not confined to any particular group such as gender or economic status of people in a country (Wawasi & Nderu 2017). Studies have shown that addiction picks up during the preteen period, then gets amplified during the stress and storm period, when the youth is trying to fit physically and mentally in the quest for self-identity (Wawasi & Nderu 2017). In this regard, there is no way to identify one factor that may lead to substance abuse and addiction as the nature of addiction differs from person to person. The more risk factors a youth has, the greater the chance to become addicted to substances. Likewise, the greater the protective factors, the lesser the chance of becoming addicted or abusing substances (NIDA, 2014). However, among the main factors, those that are environmental and biological in nature have greater chance of putting youth in greater risk of drug abuse. Environmental factors include the home and family, peers and school, easy accessibility and early use. The biological factors include genetic endowment which it is suggested accounts for between 40 and 60 percent of a person's vulnerability to addiction (Drapela, 2006; Wawasi & Nderu, 2017). These factors are interconnected and they complement each other. There is a high risk among unemployed youth and easy accessibility to drugs increases their vulnerability to drug use and addiction (Rejani, 2015; NIDA, 2014).

It is further reported that drugs are usually taken during social facilitation to enhance social bonds. For example, a majority of the youth take drugs out of curiosity, while some use drugs to impress their peers and express their sense of independence from parental and societal norms and obligations (Tshering, 2018).

Jêdrzejczak, (2005) identified three factors causing addiction: i) the effect of pathological families on young people's behavior; ii) easy access to drugs; and iii) groups of people the same age influencing youth towards taking drugs (p.688). Jêdrzejczak's study is corroborated by Arsenault et al., (2018), who have said that the cause of addiction among youth is

associated with numerous problems such as academic attainment, negative attitude towards school, family, peers and influence from community (p.1445). Likewise, Lussier et al., (2010) and Hawkins et al., (1992) assert that risk factors such as family drug use and easy accessibility to drugs have a higher probability of resulting in addiction in youth. In addition, drug availability in the community increases the risk factors as youth are more likely to try drugs out of curiosity and eventually become dependent on drug use (Mesic et al., 2013).

Furthermore, Rejani (2015), suggests that parents involvement with substance use, especially single parents, are potential contributors in influencing youth into addiction. This claim is supported by a study conducted by Scalese et al., (2014), that found that youth who have authoritative parents have a lower risk for addiction (Peña et al., 2017). However, risk and protective factors may vary from person to person, depending on the culture and associated values such as individualism and collectivism. Risk and protective factors can affect youth at different stages of their lives (Volkow et al., 2016). However, generally the literature on clinical studies also links early childhood experiences such as parental separation, rejection, violence at home and lack of open communication to having greater risk of drug addiction and mental health problems (Kumar & Tiwari, 2008; Rejani, 2015).

In Bhutan, there is a growing concern about the impact on youth of the dynamic shift to nuclear (and often single parent) family units from the traditional extended family culture. Reports from the counselors suggest that many of their clients have difficulty living without parental support or guidance, which lead them into taking refuge in substance abuse and addiction (Dorji, personal communication, May 14, 2018).

Furthermore, school counselors have been hearing repeated stories about parents being divorced and parents not spending time with their children. Yet, no substantial research has been carried out to validate the risk factors in Bhutan. However, a few studies such as Dorji's (2005) *Voices of Bhutanese Youth,* published by the Centre for Bhutan Studies (CBS), indicated that 31.9 percent of Bhutanese youth living with single parents struggle with addiction and discontinuation of their studies.

According to Sherab, Howard, Tshomo & Tshering (2017), today's youth in Bhutan are increasingly attracted to drug use due to their poor performance in academics, unemployment, lack of support from their family, peer pressure and migration from rural to urban areas to seek employment. As mentioned previously, the rate of youth unemployment has been

increasing over the years. For instance, according to the World Bank Group (2018) the unemployment rate has increased to 6.5 percent since 2015. Studies have found clear links between substance abusers and being jobless and invariably being unproductive. Thus, youth may engage with peers and use drugs to cover the reality of the hardships faced (Mesic et al., 2013).

2.5.1. Peer pressure

The World Drug Report (2017) states that most youth use and abuse substances to cope with social and psychological challenges that they experience during different phases of their development, often as a way to cope with personal and social maladjustments. They also resort to drugs to 'feel good' or simply to socialize. Wells (2006) defines peer pressure as an individual being influenced by a social group. The author further contends that the gravity of peer pressure is intensified during preteen and teen years. Literature indicates that during the developmental stage youth experience peer pressure either directly or indirectly, which results in engaging in risky behaviors (Martins, et al., 2017). Similarly, a qualitative analysis of Interviews with young offenders in the police custody conducted by Lham Dorji (2015) reported peer pressure as one of the leading factors for crime and addiction in Bhutan. Using drugs with peers is viewed as an important factor among the male students as compared to female students (Panda, Chowdhury, Dhendup&Pahari,2009).

According to Peltz (2013), youth are likely to engage in substance use and abuse in their peer group for a number of reasons. First, they use substance in order to get the feeling of being accepted and feel the sense of belonging in their peer group. Secondly, they take substance or drugs to get rid of unpleasant feelings that arise from failures, rejection, pain, loneliness, and most importantly to retain their peer group (pp.7-10).

Peer pressure is found to be the strongest predictor of substance use in youth, and youth prefer to associate with peers when there is conflict at home (Jadidi & Nakhaee, 2014). Youth prefer to identify themselves with peers than to their parents, thus leading to a higher risk in exploring drugs and antisocial behavior (Wawasi & Nderu, 2017). The risk factors are greater when youth mingle and interact with other youths who engage in drug use and peer approval is strong to be a part of the group (Jadidi & Nakhaee, 2014).

2.5.2 Family environment

According to Hosseinbor et al., (2012), parents play a major role in strengthening self-esteem and confidence in youth. Factors such as poor communication, lack of interaction and poor problem-solving skills within a family affect an individual's indulgence in drugs. Lavee and Altus (2001), report that individuals with a dysfunctional family were at a higher risk of relapse than those who were not. Similarly, several studies have shown that environmental factors such as parental care and guidance, parenting styles or behaviors, positive parenting relationship and role modeling are some of the factors that help to protect youth from getting into drugs. Absence of protective factors leads to a higher risk of substance abuse and addiction (Jadidi & Nakhaee, 2014; Peña et al., 2017; Rejani, 2015; Scalese et al., 2014). Similarly, Zangpo (2017) reports that the environment where the youths are raised has changed. He says, "the most common comments made by his clients are that they come from a 'broken family, single parent, either living with step mother or father, or have lack of parental love and support'" (see New Times, New Challenges for Bhutanese Youth, para 4). In sum, youth are drawn towards drugs when the two universal human needs – the need to feel good about themselves and the need to belong, are not met (Peltz,2013).

2.6 Measures taken to combat substance abuse and addiction in Bhutan

In recent decades Bhutanese society has experienced the problem of substance abuse and addiction and efforts are being made by the Government to mitigate the problems. In fact, the Royal Government of Bhutan (RGoB) is the largest service provider in Bhutan as previously stated. Both the governance and service delivery are structured on the foundations of the development of the four pillars of Gross National Happiness (GNH). The Parliament of Bhutan endorsed the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) in 2015. The Bhutan Narcotic Control Authority (BNCA) was established in 2016 as per the provisions of the NDPSSA Act, 2015. Since then, the BNCA has acted as a nodal agency of the government for all matters related to narcotic drugs, psychotropic substances and substance abuse. The BNCA has collaborated with various agencies such as the Ministry of Health, Minister of Education and Law enforcement agencies to regulate drug control and response in the country. For example, the law enforcement agency especially, the Royal Bhutan Police, is responsible for controlling all criminal activities related to narcotic and psychotropic substances (BNCA,2013).

The Ministry of Health is mandated to provide treatment and detoxification services and is responsible for establishing treatment centres for drug dependents. The Detox Unit at the Psychiatric Ward in the National Referral Hospital in Thimphu is the only treatment centre approved by the BNCA to provide a detoxification program with medical assistance (BNCA, 2013). Currently, the hospital has a ward with 20 beds shared amongst patients seeking treatment for alcohol and drug addiction and for serious psychiatric treatments. The hospital has about 25 to 30 outpatients visiting every day seeking treatment (Nirola, personal communication, June 14, 2018). Similarly, the Ministry of Education is responsible for Preventive Education and Awareness programs for youth in Bhutan. The Ministry of Education has employed 115 full time counselors in schools to address youth issues including drug issues (Gyeltshen, 2017).

According to Bhutan Board Certified Counselors (BBCC), the term "professional counselor" refers to those individuals who have an advanced degree, extensive training and certification/licensure from the BBCC. However, counselor also refers to a person who has specialized addiction training or has completed training in Mental Health Facilitation and Substance Abuse Assessment. Counselors in Bhutan work with individuals, groups and families and also in community settings as informal social workers or case managers in civil society organizations, schools, clinical settings and other relevant fields. In addition, under the auspice of the Bhutan Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2015 (NDPSSA), the reform initiative to create rehabilitation centres and drop-in centres was recently introduced in Bhutan. Currently, there are approximately eight drop-in centres in the country (BNCA,2013).

Rehabilitation services are provided by the Civil Society Organizations. Currently, there are two rehabilitation centres in the country. A recent initiative of the Youth Development Fund, a civil society organization in Bhutan, is the establishment of the Institute of Wellbeing (IW). The Institute of Wellbeing has the capacity to take in twenty-five clients with sixteen beds for men and nine beds for women. According to Sonam Jamtsho, an addiction specialist at the Institute of Wellbeing, IW is the only well-established rehabilitation and treatment centre in the country (personal communication, 21st May, 2018). Similarly, the Samzang Residential Drug and Alcohol Rehabilitation Centre in Paro has the capacity to take in eighteen clients. Currently, they offer their service only to men. The duration of the treatment process is about three months. It is worth noting that while the services such as in-patient treatment and drop-

in centres are free; civil society organizations charge a fee. For example, the rehabilitation treatment at the Institute of Wellbeing costs about five thousand Ngultrum, which is about $US 67.20 for a duration of three months The fees charged for each client at the Samzang Residential Drug and Alcohol Rehabilitation Centre is about five thousand, five hundred ngultrums, which is about $US 73.90 for the duration of three months. In addition, the Drug Prevention, Treatment and Rehabilitation Division under the BNCA carries out advocacy and sensitization programs on drugs, addiction and drug laws to students, teachers, out of school youth, parents, communities and policy makers. The BNCA has so far trained and awarded International Certified Addiction Professional (ICAP) level 1 certificates to about 47 addiction professionals in government agencies and civil society organizations, including school counselors, health professionals, medical professionals, nurses, armed forces personnel, psychiatrists, lecturers, and law enforcement officials (BNCA, 2017). The certification and training program are carried out in collaboration with the Colombo Plan.

The Drug Advisory Program of the Colombo Plan addresses the growing drug problem by building capacity for drug demand reduction in the Asia and Pacific Region. It is spread across 27 countries and Bhutan is one of the first countries to complete the in-country training and credentialing of addiction professionals (Tshering, 2017).

The Royal University of Bhutan has contributed in providing training for professional counselors at two professional qualification levels: the Postgraduate Diploma in Contemplative Counselling and the Master's in Contemplative Counselling and Psychology. Both of these programs are offered at Samtse College of Education in the Royal University of Bhutan. Recently, the Khesar Gyalpo University of Medical Sciences also established a Bachelor's program in clinical counseling (Tshedup, 2016).

The Fourth King of Bhutan, King Jigme Singye Wangchuck, according to whom "the future of our nation lies in the hands of our children," has repeatedly stressed the importance of Bhutanese youth. As a result, in 2003 the Ministry of Education, the Royal University of Bhutan and the Zhung Dratshang (Central Monastic Body) came together and launched the popular program of *Choeshed Layrim* (Buddhist discourse) for schools and university colleges. The program was introduced with the aim to prepare future generations with values and principles, positive hopes and aspirations that will build a compassionate, tolerant and a caring society, with the overall aim to drive Bhutan to be one of the most secure, prosperous and happy nations in the world (Ngedup, 2006, p.1).

Accordingly, the former Letshog Lopen[3] travelled across the country to deliver the Choeshed Layrim and later wrote the book *Nazhoen Samjor Lekchey* (Positive Intent Action for Youth), which became the required text for teaching Choeshed Layrim in schools (Rinchen, 2014).

In summary, there are three treatment contexts outlined above: government agencies which include schools, hospitals and drop-in centres; civil society agencies which include two rehabilitation centres, and the *Choeshed Layrim* which is a program based on the traditional teachings of Buddhism. In addition, in the preliminary research process, a third treatment context was revealed – an informal community outreach role in working with youth in the community. Without any affiliation to any agency and yet with a working knowledge of the treatment services in Thimphu, there is one Western Buddhist monk who has taken on such a role. His inclusion in this research means community outreach is the third treatment context explored.

2.7 Perspectives on Addiction – Western and Buddhist

According to Warren (2012), the beliefs and misconceptions about the nature of addiction have changed overtime. For instance, in earlier times addicted individuals were subjected to shame, isolation and stigmatization. Basically, addiction was viewed through the lens of moral failure and addiction was judged as a flaw in personal character and as failure. An addict was blamed for not being responsible. Most often societies resorted to religious, ethical and moral norms to stop the addiction (Pickard, Ahmed & Foddy, 2015). As previously suggested, this has certainly been the case in Bhutan, and such an attitude can still be found, especially among the older or rural populations who have been less exposed to modern understandings. However, the United Nations Office on Drugs and Crime (UNODC) World Drug Report (2014) states there is no standard definition of drug use as it differs from country to country. The Western scientific perspective provides a general approach to understanding addiction. Addiction tends to be approached as brain-based disease leading to chronic relapse where addicts are seen as having no control over their addiction (Rhodes & Johnson, 1996). In addition, the modern understanding of addiction also highlights the harmful consequences of addiction. For example, the American Society of Addiction Medicine (ASAM) defines addiction as “a disease process characterized by the continued use of a specific psychoactive substance despite physical, psychological, or social harm” (Colvin,

[3] Letshog lopen (Karma Acharya), one of the five spiritual ministers in the Central Monastic Body in Bhutan.

2008, p.4). These definitional perspectives replace moral judgement and stigma attached to addiction (Salas-Wright, Lundgren & Amodeo, 2018).

According to Salas-Wright et al., (2018) and Straussner (2012), professionals who are engaged with individuals in the treatment of addiction in community centres, schools, health clinics, recovery homes and correctional settings, recognize addiction as a disease. Similarly, in Bhutan, professionals working in agencies such as Narcotic Control Agencies (e.g. BNCA), hospital based treatment centres, schools and drop-in centres, as well as rehabilitation centres view addiction as a disease and they follow the NIDA definition of addiction (Kumar & Mudaliar, 2016).

In this way we can make a broad distinction that the Western concept of addiction is founded on a chronic relapsing disease model which is related to chemical and brain-based changes in the individual. In Buddhism, addiction is associated with the mind. The Buddhist perspective on addiction would therefore emphasize the need of intervention programs which aim not at the brain so to speak, but at the person. This is in keeping with many Western critics of this scientific approach to addiction. For example: “It’s the minds of addicts that contain the stories of how addiction happens, why people continue to use drugs, and if they decide to stop, how they manage to do so” (Satel & Lilienfeld, 2014, p.24). This position cannot be understood exclusively through the lens of a disease model as it does not accommodate the emotional logic that triggers and sustains addiction (Satel & Lilienfeld, 2014, p.21). According to Taylor (2010), medication helps to rebalance the body of an addict but if the mind is still dissatisfied, then the addict is likely to head straight back into addiction (p.9).

However, what distinguishes Buddhism is that it provides a systematic view of human craving in relation to both mind and cosmology. In the Buddhist understanding, addiction is seen a craving related to suffering. The Buddha recognized that all craving arises from addiction or intoxication of the mind and declared addiction or repetitive cravings as the root cause of suffering. In early Buddhist scriptures, intoxicants referred mostly to fermented and distilled liquor as alcohol was the only intoxicant available (Groves, 2014). According to Levine (2014), addiction creates suffering and for addicts it may manifest as “stress created by craving for more, never having enough to feel satisfied, lying to hide your addiction, feeling ashamed of one’s action, feeling unworthy, feeling of anger and resentment, fear of the consequences of one’s action, fear of being isolated, feeling greedy, needy, selfish, … suffering is the anguish and misery of being addicted” (p.4). From the Buddhist view,

addiction is the aggregation of perceptions, feelings, beliefs, and past volitions which result in the "addicted mind." However, Buddhism does not consider the root cause of our problems to be an external agent of this life, but rather an internal agent developed over many lifetimes – the habitual tendencies – from lifetimes to lifetimes – of our minds (Tsering, 2006, pp1-5).

In the Buddhist cosmology, addiction is thought of as being a hungry ghost, "a state of intense and unsatisfied cravings" (Groves, 2014, p.987). Hungry ghosts are creatures with large empty bellies with a small scrawny neck and tiny little mouths, so that they never get enough to fill their empty bellies (Maté, 2010). The hungry ghost is interpreted as one of the six psychological entrapments or six realms. The six realms are: the god realm, asura realm, animal realm, ghost realm, hell realm and human realm (Trungpa, 2005). Similarly, addiction is a typical example of a hungry ghost's meandering life in constant craving and suffering, barely alive and solely dependent on the next dose whose effect will soon fade away, leaving longing for another dose (Groves & Farmer, 1994; Levine, 2014). Here again there are similarities with some Western addiction writers. For example, Maté describes addiction to be like filling the emptiness from outside (Maté, 2010). Furthermore, Maté (2010) defines addiction as any behavior that gives temporary relief or pleasure, but has negative consequences and not able to be given up despite the negative consequences. Drugs are viewed as painkillers as they soothe the pain experienced by the addicts. Therefore, an addict takes drugs for the pain to cease. Likewise, Taylor (2010) defines addiction as a mental habit in which a person has no conscious control over his or her mind. Addiction thus gives short-term pleasure and long-term pain. It is a mental state in which our personal needs override the needs of others (p 9). She says:

We like the feeling of what we did and then wanted more and more. The more often we do something, the more likely it is that it will become a habit. Whatever the pressures on us at that time, we cannot avoid the fact that we made an initial decision, and then lots of additional decisions, so addiction begins with the mind (Taylor, 2010, p.4).

Taylor (2010) goes on to assert that working with the mind is the only way to be free of addiction. Tsering (2006), using Buddhist understanding, refers to the "Buddha's three stages of freeing the mind to recover from addiction": first, recognizing the addiction; second, seeking help; and third, understanding the origin of the addiction and choosing the most effective therapy (p.2). The same approach is also reflected in the framework of the Four

Noble Truths: the first truth, the truth of suffering, is the illness. The second truth, the truth of the origin of suffering refers to the cause of the illness. The third truth, the truth of cessation, is the understanding that a complete cure is possible. And the fourth truth, the truth of the path that leads to cessation, is the cure. The framework of the four noble truths, although it encompasses the entire Buddhist spiritual path with numerous complex methods of study and practice, can be applied equally well to the nature of the mind in relation to addiction (p.2).

When addiction in Bhutanese society is perceived through the lens of Buddhist religion and spirituality, the craving mind can be understood with compassion, recognizing it as the root result of misdeeds that may have accumulated over lifetimes. Further, most religious teachings in Bhutan focus on human values and morality (RGoB, 2015). Bhutan's Fourth King, His Majesty Jigme Singye Wangchuck, the founder of the Youth Development Fund, during his reign as King always urged policy makers, teachers and all those in charge of the education and development of children as the country's future citizens to instil in the youth of the fundamental values of the mind. These included three aspects: 1)'*sem dag dzin thabni' (*taking care of one`s mind); 2) *sem dring-di zoni'* (making one's mind strong founded on what is true and right as opposed to being feeble); and 3 '*sem gochoep zoni'*, (making the mind useful). In Bhutan it is upheld that these values will help the youth to understand that their actions should cause no harm to others (including the rest of nature), but rather benefit them, and through this bring greater peace, harmony and happiness to others around them including themselves (as cited in Thinley, 2016, p.31).

2.7.1. Western Approaches to Addiction

According to the National Institute on Drug Abuse (2016), Western approach means interventions based on scientific research which can treat addiction, help people change destructive behavior, avoid relapse and free an individual from drug addiction. In this study, Western approach refers to empirical approaches that are in theory and practice informed by the principles and practice of research and psychotherapy practice developed in the West

The Western approach uses a number of treatment methods; according to Straussner (2012), there are numerous treatment approaches showing moderate evidence for helping addiction. Yet, there is no "single-treatment approach in treating alcohol and drug addiction" (p.128). Therefore, there is a growing literature evaluating existing practices that use a wide variety of treatment approaches to deal with youth with alcohol and drug use. Among the approaches

that are considered effective for treating addiction are Cognitive Behavioral Therapy (CBT), Motivational Interviewing Therapy (MI), Person-Centered Therapy (PCT), Solution-Focused Brief Therapy (SFBT), Harm Reduction (HR) and group psycho-educational approaches. There are also approaches such as the Twelve-Step program that have also been found effective in treating addiction. Amodeo and Lopez (2013) stress the fact that choosing the best intervention that best suits the treatment of a client based on the readiness, severity, and urgency of the client should be considered. However, as previously noted, there is no specific treatment targeted towards treating cannabis/marijuana for youth (Dennis et al., 2004).

In Bhutan, given the incorporation of Western-based training in addiction, some of the common approaches such as CBT, MI, PCT, SFBT, or Family systems approach, are used by the program implementers in various organizations such as the BNCA, schools and drop-in centres and rehabilitation centres (Kumar & Mudaliar, 2016). The provision of awareness programs for drug prevention are widely accepted. In addition, Western treatment approaches to mental health are increasingly incorporating mindfulness practice (Enkema, et al.,2020). Mostly drawn from the work of Kabat-Zinn, the modern mindfulness movement has seen mindfulness utilized as secular practice in addiciton treatment. This approach has also been introduced in Bhutan in the Western-based approaches as identified. In addition, there is another approach to mindfulness especially utilized by counselors working in the schools who are graduates of the Postgraduate Diploma Contemplative Counselling Psychology (PgDCCP) program offered in the Samtse College of Education under the Royal Universty of Bhutan. Mindfulness is the integral part of the PgDCCP program that was developed in colloboration with Naropa University. Drawing on the teachings of Naropa University's founder, the Tibetan Buddhist Master Chogyam Trungpa, this practice of mindfulness can be distinguished as contemplative mindfulness since it is a modern secular form of mindfulness, drawing on both the traditional approach of Buddhism and contemporary Western psychology. According to Chophel (2019), the graduates of PgDCCP are expected to practice mindfulness meditation and offer mindfulness-based intervention to their clients. Thus the practice of contemplative mindfulness has also been used as a treatment approach in some of the treatment centres in Bhutan. However, there is scant literature on the application of mindfulness in the context of Bhutan.

A brief outline of both Western and mindfulness approaches to addiction are discussed in detail. Some links are also made to Buddhist understandings to help bring forth point of convergence.

2.7.1.1. Cognitive-behavioral Therapy (CBT)

According to Filges and Jorgensen (2018), cognitive behavioral therapy focuses on enhancing self-confidence to resist drugs and improve problem solving skills and coping with stress. CBT is considered one of the most researched treatments and universally agreed interventions in treating addictive behavior and preventing relapse (Botvin, Baker, Dusenbury, Tortu, & Botvin, 1990; Filges & Jorgensen, 2018; McHugh, Hearon, & Otto, 2010; Hodge, 2011). CBT is a time-bound, structured approach to address maladaptive thinking, emotions, and behavior of clients through psychotherapeutic sessions. Therapeutic sessions include role-playing, teaching positive skills and disputing irrational thinking in clients (Wright, Beck, Newman, & Liese, 1993). Similarly, Beck et al., (2005) report that use of CBT interventions allows the therapist to help clients to identify their dysfunctional beliefs of addictive behavior and help them reduce cognitive dissonance.

CBT based interventions are used to address a wide range of psychological problems. (Chahine, 2013; Nurius & Macy, 2008). CBT in combination with motivational interviewing has also been effective in addressing addiction issues (McHugh, Hearon, & Otto, 2010). According to Trigo et al., (2018), CBT intervention that emphasizes motivation and skills to abstain from cannabis dependence was found to be effective.

In Bhutan, the program implementers working in various organization such as rehabilitation centres, treatment centres, schools and in drop-in centres were found to be using CBT in all settings (Kumar & Mudaliar, 2016). Moreover, CBT has significantly equipped program implementers and is a widely used intervention strategy with respect to bringing about behavior changes both in groups and individuals in Bhutan (Wahab, 2005).

In addition, CBT is versatile and adaptable to a variety of settings and is found to be effective with clients from a wide range of socioeconomic and cultural backgrounds (Nurius & Macy, 2008, p.101). CBT can also be tailored according to the needs of individuals and group settings (Filges & Jorgensen, 2018). Likewise, CBT also shares some common ground with Buddhist mental training approaches or Buddhist meditation practices. When CBT is combined with these Buddhist approaches, it is commonly known as “mindfulness-based cognitive therapy” (Somers-Flanagan & Somers-Flanagan, 2012).

2.7.1.2. Motivational Interviewing (MI)

Miller and Rollnick (2002) defines motivational interviewing as a "client-centered approach with directive methods for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (p. 25). MI focuses more on expressing empathy in understanding the client's perspective and emphasizes the intrinsic motivation of the client. Similarly, Hohman (2011), reports that the concepts and methods of MI are more congruent to social work values. However, Sarpavaara (2017) is of the view that external factors such as sociocultural factors should be considered alongside intrinsic motivation although MI has been widely accepted as evidence-based treatment practice by social workers working in different settings including schools, rehabilitation centres, and drug and alcohol treatment centres in hospitals (Hohman, 2011). It is evident that MI can be applied as an independent treatment approach (Barnett, Monti, & Wood, 2001), but when combined with other interventions it has shown positive results especially in terms of motivating clients to change across various cultures (Burke, Arkowitz & Menchola, 2003; Filges & Jorgensen, 2018; Hohman, 2011; Lundahl & Burke, 2009). The MI approach is widely used and is infused with other approaches like the twelve-step approach in the treatment centres in Bhutan (Kumar & Mudaliar, 2016).

2.7.1.3. Person-Centered Therapy (PCT)

Carl Rogers developed person-centered therapy based on his direct interactions with his clients in therapeutic settings. PCT evolved from the humanistic school of psychology (Teater & Kondrat, 2010). According to Coady and Lehmann (2016), PCT emphasizes the need to see through the lens of personal growth by using a counselor's or social worker's key qualities such as congruence, acceptance and empathy. When such interpersonal conditions are sufficiently shown by the social worker it empowers the client for self-growth and actualization. The PCT approach assists clients to enhance their emotional and physical security, become resilient, and to respond to each situation as they face it in their life (Payne, 2014).

According to Rogers (1995) the concepts of respect, empathy and unconditional positive regard are the crucial components in the working relationship between the counselor and the client. Using these approaches, the counselor is able to explore how the environment has impacted the client's identity and self-concept. PCT also prepares clients to respond to any situation that life throws at them (Payne, 2014).

Coady and Lehmann (2016) mention three core conditions, namely congruence, acceptance and empathy that are important in therapeutic interventions. For example, congruence refers to the counselor or social worker's ability to genuinely listen to their clients and to be aware of the present moment which helps to relate to the client experiences. In Rogers' words, the experience of congruence occurs when "the feelings the therapist is experiencing are available to him, available to his awareness, and he is able to live these feelings, be them, and be able to communicate them if appropriate" (as cited in Coady & Lehmann, 2016, pp 301-302). The second core condition is acceptance, which enables the counselor to accept their clients unconditionally. This enhances effective communication between the helper and the client. The third core condition is empathy in the context of therapeutic session, which refers to the counselor's accurate understanding of the client's feelings and communicating this understanding to the client (Coady & Lehmann, 2016). According to Rogers (1995), these core conditions are the most important forces that may bring change in the client. The person-centered concept of empathy, respect and unconditional positive regard has some similar features with the Bhutanese Buddhist beliefs and concepts of collectivism, and compassion over security and power (Lester, 2015; Mikulas, 2007). Similarly, the core principle of PCT asserts that every human being has the capacity to discover their true self (Teater & Kondrat, 2010), which is similar to the Buddhist belief that every individual has the potential to recognizes their basic goodness or Buddhahood.

Carl Rogers' theory explains the importance of providing the necessary conditions such as i) being congruent (being genuine, authentic or real in the counseling session), ii) unconditional positive regard (no evaluation or judgement of client's feelings, thoughts and behaviour), and iii) accurate empathic understanding (understanding of client's frame of reference and communicating back to the client) in order to facilitate and bring change in the client's behaviour (Corey, 2005).

The PCT model can be used as a strength-based approach. However, there are some limitations to it as it is difficult to define concepts such as empathy and unconditional positive regard, even though in practice these concepts are effective (Cengage, 2016).

2.7.1.4. Solution-Focused Brief Therapy (SFBT)

The SFBT model of treatment was developed by Steve DeShazer and Insoo Kim Berg in Milwaukee, Wisconsin, and it is widely applied to a variety of clinical problems such as depression, drug and alcohol abuse, school related behavioral problems and domestic abuse

(Matsumoto, 2006). SFBT is based on the philosophy of social learning principles and focuses on behavior modification and change, rather than the problem alone. It emphasizes more on developing solutions than it does on understanding a presented problem (DeShazer et al., 2020). The major principle of SFBT is the need to encourage clients to change their own behaviour rather than placing blame on other people and situations (Koob, 2003; Murphy, 2015). It further motivates the clients to recognize their own resources and strengths in solving the problem. Similarly, Hopson and Kim (2004), report that use of SFBT interventions allows the counselor to explore and understand the inner strengths of the clients, which helps to develop new coping skills, which in turn can result in increased resiliency in dealing with future problems.

In SFBT the client is viewed as an expert (DeShazer et al., 2020), and the problems presented by the clients are seen as part of the process of change (Koob, 2003). The use of SFBT techniques such as the counselor taking the position of "not knowing" or leaving all preconceptions about the problem and its potential solutions aside were found to be effective in establishing working relationships and building trust among the youths (Hopson & Kim, 2004). Similarly, questions such as exception questions, miracle questions and scaling questions allow the counselor to explore the coping skills and strengths clients already have, which could be useful in resolving the issues (Hopson & Kim, 2004).

SFBT approaches are found to be applicable to treatment of youth across all ages and issues (Arnold, 2003; Murphy, 2015). Furthermore, SFBT can assist the counselor in helping clients to build their self-confidence which can help them to cope more effectively in their later life (Hopson & Kim, 2004). Although, SFBT is applied to a wide variety of clinical problems, studies have indicated that SFBT was just recently founded in the 1980s and it does yet have a great deal of research materials as compared to other well-established interventions such as cognitive behavioural therapy (Matsumoto, 2006).

2.7.1.4. Harm Reduction Model (HRM)

According to Vakharia and Little (2017), the movement of harm reduction as an approach developed from a humane, compassionate and pragmatic perspective on interventions. The harm reduction model is pragmatic in the sense that it is non-diagnostic in nature and does not prescribe the same treatment for all substance users. Similarly, Tatarsky (2003), Lushin & Anastas (2011), and Vakharia & Little (2017) report that the HRM focuses on paying

attention to the client's immediate social context needs, and the recognition that the treatment starts where the client is.

In recent times, HRM has gained attention as a promising approach for treating individuals with drug and alcohol addiction (Vakharia & Little, 2017). It values the principles of empowering the clients, respect for the client and being nonjudgmental about their addiction problem. For example, the primary goal of HRM is to empower the client to develop coping skills to reduce their substance use, by involving them as an active partner in the treatment plan (Lushin & Anastas, 2011, p.96).

The interventions are drawn from various schools of psychotherapy such as the psychodynamic, cognitive behavioral therapy and humanistic approach (Tatarsky, 2003; Lushin & Anastas, 2011). According to Vakharia and Little (2017), HRM is an integrated approach that is widely accepted by psychologists, social workers and helping organizations. Studies have shown that the HRM model can be applied to a wide variety of settings such as clinical practice theory, as an intervention model, in personal and group therapy, and as a policy framework and can be used for social movements (Lushin & Anastas, 2011; Vakharia & Little, 2017). Based on its versatility, Rothschild (2015) coined HRM as the third wave of addiction treatment.

2.7.1.5. Western Mindfulness

The most researched and evidence-based treatment based on the concept of mindfulness was developed by Jon Kabat Zinn in the early 1990s. He developed the Stress Reduction Clinic based on the Buddhist mindfulness practice in the Western context in 1997. Kabat Zinn defines mindfulness as "paying attention in a particular way, in the present moment, and attending closely non-judgementally" (Kabat-Zinn, 1994, p.4). The practice of Western mindfulness in psychotherapy was established by Kabit-Zinn where he introduced mindfulness in the Western clinical context and developed programs focused on mindfulness-based stress reduction. Over time this approach has proliferated and contributed to the development of mindfulness-based cognitive therapy (Kabat-Zinn, 2003). Since then, the concept of mindfulness has become well-known across the world. Mindfulness has been incorporated and put into practice in the corporate world, in business, schools, treatment centres and most commonly as self-help movement in the Western world (Wooldridge, 2013). In recent times, researchers and scientifically-oriented psychotherapists have begun to explore the application of mindfulness in medical practice, mental health practice and

education (Baer, 2006; Greenland, 2010; Shapiro& Carlson, 2009). Studies have also demonstrated that mindfulness-based approaches have been applied to a number of psychological problems including stress reduction, substance use, addiction, relapse prevention, behavioral change, psyhcological disorders, grieving and mental health issues (Bowen et al., 2009; deDios et al., 2012; Sharma, Sharma & Marimuthu, 2016). Similarly, in Bhutan, mindfulness practice as a secular approach, whether from the tradition of Kabat - Zinn or contemplative mindfulness from the tradition of Chogyam Trungpa, is gaining attention in schools and in some treatment centres.

2.7.1.6 Mindfulness in treating addiction

Lhamo, Gayphel, Rinchen and Daker (2017) are of the view that the practice of meditation or mindfulness can be considered as a standalone tool or can be blended with other treatment approaches. Mindfulness practice cultivates the process of opening up and staying in the present moment, which will enable the social workers to connect to their client's feelings and help them to open up to their experiences (Logan, 2014). Mindfulness can serve as a protective factor for both the counselor and the client as a self-care method (Decker, et al., 2015).

It is suggested that meditation has some therapeutic values since it can increase the ability to stay present and cope with the present feelings, and increase awareness of the inner sensation without becoming overwhelmed. Furthermore, mindfulness-based intervention encourages the clients to be aware of the substance-seeking mind and teaches clients to cope with addictive behavior by paying attention to the current emotions and physical sensation with a non-judgmental acceptance rather than focusing on the addictive mind (Garland, 2013). For example, Tang, Tang and Posner (2016) report that working with one's own mind help improve self-control, improve the regulation of one's emotions, and reduce craving in addiction. Additionally, Groves and Farmer (1994) state that "in the context of addiction, mindfulness means becoming aware of triggers for craving and choosing to do something else which might ameliorate or prevent craving, so weakening the habitual response" (p.189). Mindfulness practice disrupts the phase of craving by letting in remedial mechanisms in the form of non-judgmental, non-reacting and accepting craving responses as a counter conditioning response, in dealing with urges and temptations of cravings (Marlatt et al., 2004; Young, DeLorenz & Cunningham, 2011).

Blume (2005) further describes meditation as an effective cognitive-modification technique to aid in changing drug addiction and states that:

Meditation generally includes a strong mindfulness component, which teaches clients how to stay focused on the present moment rather than worrying about the future or fretting about the past (Blume, p. 191).

According to Blume, mindfulness practice is increasingly being advanced as an important aspect of working with addiction. Moreover, mindfulness is a tool, frequently used in the Twelve-step Approach, where the recovery addicts practice meditation as a main component in their group meetings (Young, DeLorenzi & Cunningham, 2011).

In sum, mindfulness is the process that helps a person to change both situation and self. For example, Ngo (2012, p.19) states that the practice of mindfulness helps us to see deeply into things, to see how we can change, how we can transform the situation and in order to transform the situation, one has to transform the mind. To transform the mind is also to transform the situation because the situation is the mind and mind is the situation. Dzongsar Khyentse, a traditional Buddhist teacher, states all emotions such as being happy, sad, frustrated, or having doubts arise because of mind. Mindfulness can be used as a tool to look at the inner qualities and state of mind and connect to all emotions as they arise (as cited in Gyeltshen, 2018, p.3). Incorporating meditation and contemplative approaches in treating psychiatric issues and drug use has seen good success rates in Bhutan (Dorji, as cited in UNODC, 2018).

2.7.1.7. Twelve Step Approach

The twelve–step model was initially developed and used by the Alcoholic Anonymous group and later incorporated in other treatment modalities such as Narcotics Anonymous, and Marijuana Anonymous (Grubb, 2016). This was mostly carried out by twelve–step fellowships to help people to overcome their excessive consumption of alcohol (Harris et al.,1999) and help people address a broad range of issues related to excessive dependence on drug and addictive behaviors (Bøg et al., 2017).

The twelve-step program is found to be effective in promoting spiritual growth, which manifests in self-acceptance, acknowledgment of one`s addictive nature, and greater humility (Potik, 2010, p.269). A number of studies have provided encouraging evidence, such as

maintaining sobriety and significant improvement in their mood and behavior (Donovan et al., 2013). The twelve-step approach accentuates connection with the high power of compassion and unconditional support combined with personal responsibility to recover from addiction. Of course, choosing a higher power depends on the clients' own religious orientation (Potik, 2010).

Studies have shown that the twelve-step program helps to transform the mind of youth by empowering them through the development of patience, acceptance and personal transformation. And when connected with spirituality, it has shown positive results in maintaining abstinence and empowerment to deal with relapse (Grubb, 2016). Conversly, youth with low religious practice or who are not affiliated with religious practice may not able to assimilate into the twelve-step approach (Kelly et al., 2011). According to Holtzhausen (2017), spirituality is a process that allows the client to liberate addiction by changing the inner consciousness and the outer circumstances. "Spiritual traditions and practices provide a way to experience self beyond self-hatred and view substance abuse as a condition that needs liberation" (Holtzhausen, p.2).

According to Kumar and Mudaliar (2016), the twelve-step approach is widely used in the rehabilitation and in the drop-in centres in Bhutan. Similarly, the twelve-step program is used as an intervention in psychiatric wards and in the treatment of alcoholic patients. What is unique about its adoption in Bhutan is that it is indigenized in the context of the cycle of birth and samsara model (Lester, 2015). Currently, in Bhutan, recovering addicts who have about two or more years of sobriety have formed groups to run the twelve-step program, mostly to support each other by meeting twice a month. Their meeting point keeps shifting, as they don't have a permanent venue to hold the meetings. Recently, these self-help groups are supported by the psychiatric department in the Jigme Dorji Wangchuk National referral Hospital in Thimphu (Dorji as cited in UNODC, 2018). Following a similar principle, some recovering addicts have established a forum called Narcotics Anonymous in Bhutan to support recovering addicts (Tshering, personal communication, Feb 24, 2018). However, there is limited Bhutanese literature on the effectiveness of using the twelve-step model as an intervention program for treating drug use and addiction in the country.

2.8 Buddhist approaches to addiction

According to McWilliams (2014), a Buddhist approach to addiction prevention and intervention methods such as mindfulness help to address mental wellbeing by recognizing the changing nature of phenomenal experience, and help to separate disruptive thoughts and emotions, as they arise moment to moment. These experiences do not require adherence to any religious elements (p.117).

However, it is worth noting that previous studies indicate that youth who are more involved in religious activities are less likely to be involved in abusing drugs. And attending religious ceremonies and activities may provide emotional support, which often acts as a protective influence for youth to refrain from abusing drugs (Knight et al., 2007). However, studies have also found out that despite being religious and having more religious friends, youth are likely to try marijuana at a later stage of their life. (Adamczyk & Palmer, 2008). In Thailand there are a number of Buddhist-based programs for treating addiction. For example, according to Groves (2014), Thamkrabok monastery in Thailand uses an approach to treating addiction which typically includes the use of medicinal plants during the detoxification phase and often induces extensive vomiting. The healing process also employs various procedures for internal and external purification (e.g. purging). This treatment includes rhythmic repetitive readings, cleansing baths, and massages; the use of group ritual provides a support system for developing a positive identity and coping skills (p.342). It also includes practices such as making the addicts take a vow, meditation sessions, dharma talks and daily chanting (p.989). However, the detoxification procedures resemble the "cold turkey treatment," where the addicts were locked up in a cell to deal with withdrawal by themselves (p.450).

According to Luang Poh Charoen, the physical detoxification is only 5 percent of the healing process and the 95 percent has to come from the client. This indicates that one has to take the responsibility for one's action and consequences. Similarly, Narong Chaiyatha[4], a Buddhist monk at the Mongkol temple in Thailand, claims that practicing mindfulness or meditation and applying morality (shila), concentration (Samadhi), and wisdom (Panna) are the only Buddhist approaches to the treatment of addiction (p.196).

[4] Pichler, C. (2013). A Buddhist way of drug rehabilitation in Thailand-Approaching drug addiction with loving kindness: An Interview with Phra Maha Narong Chaiyatha. *ASEAS-Österreichische Zeitschrift für Südostasienwissenschaften*, *6*(1), 195-201.

From a cultural perspective, many Bhutanese generally view Buddhism as a religion, and associate its activities with elements of belief and local practices, often leading to treating Buddha as a deity. The term "Buddhist approach" may have different meanings or associations depending on the schools (Mahayana, Hinayana and Vajrayana) of Buddhism and the situation in which it is put to use. For the purpose of this study, Buddhist approach refers to *Choeshed Layrim* (Buddhist discourse) as an approach implemented by the *Zhung Dratshang* (central monastic body) as an intervention to substance abuse and addiction. The influence of Buddhist literature and key philosophical concepts of *Choeshed Layrim* are based on the Mahayana approach as practiced by the *Zhung Dratshang* in Bhutan.

Buddhist monasteries in Bhutan do not run rehabilitation or treatment centres. However, prominent religious figures from the Central Monastic Body conduct *Choeshed Layrim* or Buddhist discourse through community dharma offerings, religious talks, and other forms of service including television and radio services (RGoB, 2015, p.4). Similarly, religious programs covering dharma talks on the preciousness of human existence, the law of cause and effect, and highlighting the negative karma that could accumulate from alcohol and drug use are disseminated to the general public and targeted groups such as schools and institutions to discourage alcohol and drug use and to help youth change their perspective towards life (Thinley, 2012).

As stated earlier, the *Choeshed Layrim* was introduced in 2003 by the *Zhung Dratshang* (central monastic body). The program was intended to focus on the time-tested profound Buddhist values aimed to bring positive changes in the minds of youth and encourage them to understand the sacred values and principles of the Buddhist teachings (Rinchen, 2014, p.126). According to Thinley (2012), *Choeshed Layrim* captures the essence of training one's mind to look in and become aware of one's thoughts and emotions, and learning to be mindful of one's actions in body, speech and mind (p.98).

The *Choeshed Layrim* (Buddhist discourse) for youth emphasizes the five faults of indulging in drugs. These are: i) obstacle in one's academic pursuits and goals, which focuses on the importance of education, living a meaningful life, and recognizing the negative impacts of drugs; ii) wasting away one's own precious life and usefulness, which emphasizes the value of recognizing the need to invest one's time in activities that are socially productive and beneficial. It also underscores the importance of understanding the negative impact of indulging in drugs and possessing a negative mind and how these can lead to become

unworthy of one's own learning; iii) understanding the causes of unhappiness for parents and teachers, emphasizing how drugs can destroy a person's relationship with parents and teachers and how this ignorance can affect one's life; iv) wasting of wealth and resources, emphasizing how the use of drugs and alcohol can lead to loss of resources and the person who does this may experience rejection by loved ones; it also emphasizes the need to understand the legal implications of the mindless use of one's wealth; and v) understanding the cause of conflict and impediments to prosperity, emphasizing that drugs can lead to family conflicts and fights and that can destroy oneself and others (Rinchen, 2014, pp.185 - 188).

Besides these topics, *Choeshed Layrim* also covers talks on the truth of Karma (cause and effect). Cause and effect, often-called Karma, is considered to be the foundation of all Buddhist study and practice. The concept teaches how cause and effect arises, and everything that exists is a result of various conditions and causes. In the Buddhist tradition, Karma refers to action driven by intention (*cetanā*), which leads to future consequences; specifically, good intentions make good actions whereas bad intentions make bad actions (Cozort, 2016, p.172). Again, for example, consuming drugs has its negative effects not only on the health and wellbeing of the individual who misuses them, but also on the people around the user. In other words, the addict is responsible for creating the cause of their experiences such as suffering and destructive actions (Chödrön, 2017). This is simply Karma in action in real life.

It is a shared understanding that Buddhist monks are regarded as spiritual teachers in the society (Marma, 2017). Therefore, it is common to see Bhutanese people visiting monasteries to seek advice from Buddhist monks and nuns in matters related to career, business, naming babies, sickness, death rituals and psychological support (Doma, 2019). In addition, people prefer to seek a shaman to conduct rituals to cure diseases related to addiction and relapse. Rituals and astrology are seen as a dominant factor that influences the continuing positive emotional wellbeing of the Bhutanese people (Calabrese & Dorji, 2013). Research study on the influence of religiosity reveals that youth who participate in religious ceremony are less likely to take drugs than those who do not participate (Adamczyk & Palmer, 2008). Furthermore, religion prohibits illegal drug use; youth who are more religious and have knowledge and practice of religious beliefs will be more conscientious and mindful about drug use and would not use marijuana. In addition, family religiosity with strong religious beliefs may instill an anti-drug attitude in children, which could influence youth to stay away

from peers using marijuana. Likewise, if peers are religious and have strong religious beliefs about drug use, then they are less likely to use marijuana because youth are more likely to be persuaded to follow their peers (Adamczyk & Palmer, 2008).

In Bhutan most of the traditional healing practices are based on rituals and spiritual beliefs, which are deeply influenced by Buddhism. For example, the National Institute of Traditional Medicines (NITM), recently renamed the Faculty of Traditional Medicine (FTM) under the Khesar Gyalpo University of Medical Sciences, mostly prescribes indigenous medicine to treat drug addiction. The method of traditional healing practice and promoted by FTM is underpinned by the Buddhist view of cause and condition. Hence, in addition to recommending the use of locally produced medicines, a physician at FTM also advices the patient to seek spiritual help including consulting Buddhist astrologers, highly knowledgeable Buddhist teachers and practioners, praying to the medicine Buddha, engaging in meditation practice, and other recommendations depending on the need of the client.

2.8.1 Traditional Buddhist Meditation

According to Dalai Lama (2005), the basic approach to mental training is embracing the practice of mindfulness and becoming consciously aware and seeing things as they really are. Kyabgon (2013), elaborates this understanding when he says, “through the practice of meditation we discover which states of mind, emotions, thoughts, and attitudes are beneficial and which are harmful to ourselves and others, and also how these states influence our interactions with other people and the way we live our lives” (p.40). Kyabgon goes on to say that without the experiential journey of meditation, one cannot attain wisdom. Trungpa (2005) further highlights the importance of meditation in relation to studying one’s mind as a basic grounding for working with others.

According to Buddhism, the mind can be affected in different ways. How it is affected will depend on the cause and effect of the given situation that occurs at any point of time in person’s life. This understanding is illustrated by Dzongsar Khyentse Rinpoche[5], who emphasizes that there is only one problem: distraction, and therefore the only solution is mindfulness. The cause of distraction or addiction is when we fail to recognize and control

[5] Dzongsar Khyentse Rinpoche, is a renowned Buddhist Master, author, filmmaker and the founder of Khyentse Foundation and Choki Gyatso Institute, Dewathang, Bhutan.

our own mind. Without controlling one's mind, which is intrinsic in nature, there is no point in controlling the extrinsic factors that contribute to addiction. In sum, as Dzongsar Khyentse Rinpoche explains, meditation or mindfulness is one of the tools to experiment with and explore the inner working of the mind (as cited in Gyeltshen, 2018, p.1). Adopting a similar line, Narong Chaiyatha also says that through the practice of meditation, one's mind becomes stable, and this stable mind is able to see the real problem of addiction. This ability of the mind enables a person to discover the cause of the problem (Pichler, 2013).

Mindfulness practice is central to the practice of Buddhism although the flow of ideas and literature is abundant in the West in relation the methods and techniques of mindfulness-based meditation and mindfulness approaches (deDios et al., 2012). As a matter of fact, most of these approaches adopted in the West are carefully drawn from Buddhist texts. The concept of mindfulness is ironically flown into Bhutan from the West in the form of secular Western and contemplative mindfulness. According to Dorji, (2008), mindfulness meditation is an inherently Buddhist practice, and has been practiced and guarded by the *Zhung Dratshang* for centuries in Bhutan. However, the profound practice is still not available for the common people in Bhutan. Nonetheless, the encouraging trend now is that Buddhist-based approaches to helping the youth with issues of drug use in particular are becoming popular and increasingly being accepted as more profound and sustainable than those which come in from outside.

Similarly, *Dzongsar Khyentse* emphasizes that Bhutan as a Mahayana country has many kinds of rich, profound and deep meditation practices such as *shamatha*, *vipassana*, visualization and dissolution practices (as cited in Gyeltshen, 2018, p.2). However, people are not aware of their own tradition and heritage. He further states that in the earlier times, the traditional concept of mindfulness practice was not heard of by the common person. It existed only for the monastic practitioners, as meditation practice was considered as a religious path to awakening (as cited in Gyeltshen, 2017, para. 1).

In recent times, Western scientists including psychologists, medical doctors and researchers, brain researchers, social scientists and others have discovered that Buddhist meditation can rewire the brain circuits to produce a healthy mind and body. Indeed, psychologists have adapted and modified Buddhist meditation as Western secular mindfulness practice all over the world (Lynn, 2015). Although the concept of meditation practice is organic to the Bhutanese, it has not been available to the common people, as many Bhutanese masters still

believe that letting it go to the masses may dilute the scared and profound teachings of the Buddha (Dorji, 2015).

However, in the recent times, the *Zhung Dratshang* has taken some initiatives to incorporate basic meditation to the *Chosehed Layrim* program for schools and colleges. Likewise, at the Chokyi Gyatsho Institute in Dewathang in eastern Bhutan, the Buddhist monks have started offering mindfulness programs for the Bhutanese educators, youths, social workers, counselors, and others. (Gyeltshen, 2018). Dzongsar Khyentse Rinpoche asserts that mindfulness with the Buddhist tradition helps individuals to understand that human development begins by looking into the inner quality and state of one's own mind. This was further substantiated by Mipham, (2013), Thrangu (2011), and Trungpa (2005), that working with one's own mind helps to better resolve problems rather than relying on external sources to resolve the problems.

In sum, Buddhist meditation practice is more about working with inner self rather than projecting to the external world. As Trunga (2005) describes Buddhist meditation practice, it is a way of clarifying the actual nature of one's mind (p.9).

2.9 Community outreach to addiction in Bhutan.

The United Nations Office on Drugs and Crime (2018) states that community outreach treatment services are provided to address the complex variety of needs of drug dependent people. It also entails working in an organized setting or organizations with different multidisciplinary teams including physicians, nurses, social workers and psychologist. Similarly, (Krabbe, et al., 2021) defines outreach as a recommended strategy to provide support, address barriers to accessible healthcare and foster health-promoting practices among groups commonly described as hard-to-reach and hidden populations (p.1). Likewise, *Planet Earth Primer* (n.d.) explains community outreach as an effort taken by individuals in an organization or groups to connect with specific population or audiences or general public. Community outreach treatment programs are widely practiced in the West and most of the services are targeted to certain groups of the population such as homeless, hidden populations, or people who do not have any access to services. The majority of the community outreach services are carried out by non-governmental organizations by a team of professionals (Krabbe, et al., 2021; Penzenstadler et al., 2020). However, in the context of Bhutan, the

community outreach treatment program is unique and different as compared to the Western practice. For instance, informal community outreach intervention in Bhutan is carried out by an individual, popularly known as 'Lama' by the youth of Bhutan. Lama is a Buddhist monk from Wales in the United Kingdom. He has spent 28 years practicing and studying Buddhism in Taiwan and Japan. He has been helping youth and substance abusers and organizing drug outreach programs in Bhutan for the last 12 years. His approach to dealing with addicted youth is unique and different as he does not follow any Western or method practices nor is he affiliated with any organizations. For example, his approach of providing a community outreach program is driven by the Buddhist principal of compassion. For instance, he believes in seeing addicted youth from a non- discrimination view and looking at addiction through the lens of compassion, and understanding the cause and conditions (see New Times, New Challenges for Bhutanese Youth, 2017). Lama's contribution to youth is so efficient and widespread that it can be categorized under "community approach" in the context of Bhutan. Recently, in 2015, he was awarded a National Order of Merit, Gold by His Majesty the King of Bhutan for his service to helping Bhutanese youth with substance abuse and addiction (Tshering, 2015). However, there is dearth of literature on this approach and there is a dire need to explore the treatment approach taken by this individual monk.

2.10 Summary

Table 2.1 below shows a brief summary of the salient features of the two dominant approaches to helping youth come out of drug use. For the purpose of this study the two approaches are named Western approach which is clinical in nature, and the Buddhist approach which is by nature focussed on social wellbeing.

Table 2. 1 *Summary of Characteristics of the two Approaches*

Western *Clinical approach*	**Buddhist** *Social wellbeing approach*
Views addiction as a chronic relapsing brain disease	Views addiction as craving of the mind which leads to suffering
Interventions are focused on clinical aspects (extrinsic)	Internal purification of the mind, training of the mind (intrinsic)
Western treatment approach is more informed by evidence-based practices such as cognitive behavioral therapy and motivational interviewing and	Buddhist treatment approach is more informed by Buddhist values and principles such as karma, preciousness of life, and traditional healing practices

psychosocial education	
Western or contemplative mindfulness is integrated as a part of treatment approach	Buddhist Meditation is used as a tool to explore the inner working of the mind
Western treatment approaches are used in the government and civil society organizations	Buddhist treatment approaches are used by the Buddhist monastery
	Community outreach treatment service is more informed by Buddhist values and principles

2.11 Conclusion

This chapter provided an overview of perspectives and insights from previous studies and general scholarly commentaries on substance abuse and addiction, its problems, and the interventions associated with a wide variety of methods in the international context. The chapter also examined literature related to Western and Buddhist approaches to substance abuse and addiction carried by the program implementers working in the four treatment contexts of government agencies, Buddhist monasteries, civil society organizations and community outreach.

From the literature review it is clear that much research on the benefits, challenges and opportunities of CBT, MI, SFBT, PCT, and Western mindfulness practice discussed in the foregoing sections of this Chapter comes from practices in the West. Although, similar treatment approaches to substance abuse and addiction are adopted and practiced by program implementers in government agencies and civil society organizations in Bhutan, this study has shown that no empirical studies have been carried out on these treatment approaches. Hence, not much is known about the effectiveness of these treatment programs on the mental state and quality of behavior of the clients. Similarly, not much is known about the risk factors that these programs entail.

The review of literature showed that the Buddhist approach followed through *Choeshed Layrim* was introduced in the schools and university colleges with the aim of making Bhutan's youth population and its future citizens understand the sacred values and principles so richly inherent in Buddhist teachings, and help them cultivate these values in their lives to bring about positive change in their mind and behavior. In the present context, however, there is a paucity of literature related to the learning materials such as guidelines on the methodology and process of conducting the *Choeshed Layrim*. In spite of these limitations, it

is evident from the limited literature available that the *Choeshed Layrim* approach to addiction addresses wellness in a holistic manner in contrast to the Western biomedical approaches that focus on treating addiction as a disease separating the mind and body.

Choeshed Layrim is an indigenous approach based on insights and practices drawn from Buddhism. It is a holistic and culturally focused treatment approach which helps a person to recognize their mind, body, emotion and spirit as one entity. This is expected to bring about positive change in the minds of the youth. However, no study has been carried out to find out the impact of this holistic approach in bringing a positive change to the behavior of youth who unfortunately use drugs.

A study of available documents undertaken as part of the literature in this study indicated that Western- or contemplative mindfulness as a secular approach has been used as a treatment approach by the government and in civil society organizations. It is also evident from the literature that there is some sort of informal community outreach treatment program run by an individual in the context of Bhutan. However, there is a paucity of literature to assess whether these approaches have any positive effect on clients. From the review of literature, it is evident that all program implementers in the government agencies and civil society organizations covered in this study used most Western approaches and mindfulness as a treatment approach to substance abuse and addiction within their organizations. On the other hand, Buddhist monasteries used the Buddhist method through *Choeshed Layrim* as an intervention to substance abuse and addiction. However, there is no clarity regarding the approaches taken by these agencies due to lack of prior studies. Although there is an abudance of literature available in the international context, there is currently a dearth of literature in the Bhutanese context. There is no scholarly work on the treatment approach to substance abuse and addiction in Bhutan. This study will be the first to explore the Western and Buddhist treatment approaches to substance abuse and addiction.

The present study attempts to fill the existing gaps in understanding the relative roles and advantages of Buddhist and Western approaches as systematic methods of treating substance abuse and addiction in Bhutan as seen from the perspective of program implementers in the country. The following chapter will discuss the methods used to collect, analyze and interpret the data required for this study.

Chapter Three: Research Methodology

3.1 Introduction

Research methodology, according to Mouton and Marais (1988), refers to the logic of the application of systematic methods to the investigation of phenomena. The importance of choosing an appropriate research methodology is highlighted by Kothari (2004) who emphasises the importance of selecting research methodology and techniques to best answer a particular research question. This study aims to explore the various treatment approaches to substance abuse and addiction in the four treatment contexts and the effectiveness of the treatment approaches in the four treatment contexts. This will be done through the method of qualitative research design carried out in two phases: Phase 1 will begin with the exploration of various treatment approaches in the four treatment contexts in Bhutan; Phase 2 will explore the *effectiveness* of the treatment approaches in the four treatment contexts. To understand the process clearly, this chapter presents a detailed discussion of the methodology that was employed to address the research question. It provides an overview of the paradigm choice, research design, data gathering strategies, approaches to data analysis, the purposive sampling strategies including the criteria employed to select the informants, trustworthiness of the study method, and ethical considerations.

3.2 Research Paradigm

A research paradigm refers to set of basic beliefs or assumptions that the researcher brings to the research project (Creswell, 2007; Denzin & Lincoln, 2003). In order to arrive at and choose a suitable paradigm approach to the study, four different worldviews: pragmatism, participatory, post-positivism, and constructivism, as outlined by Creswell (2009), were explored. The purpose of examining each paradigm meticulously was to find the paradigm that is best suited to this study. After analyzing the comparative advantages of these paradigms, the researcher was convinced that the constructivist paradigm was the most suitable for this research. Hence, design of the study was guided by this (constructivist) epistemological worldview.

Creswell and Poth (2018) are of the view that, shaped by their own experiences and background, the constructivist researcher makes an interpretation of the meaning from their findings. Thus, qualitative research is often compared or referred to as interpretive research.

Constructivists emphasize the importance of experience – especially lived experience – of individuals and acknowledge that through experience, knowledge and meaning are socially constructed (Schwandt, 1994). The researcher tries to understand the complex world of lived experiences from the point of view of those who live it (Creswell&Creswell, 2017; Mertens, 2010; Schwandt, 2000). Based on the constructivist approach, the aim of the study was first to explore the treatment approaches used to intervene in substance abuse and addiction in Bhutan. The second aim was to find the effectiveness of these approaches to treating substance abuse and addiction in the four treatment contexts of government agencies, civil society organizations, Buddhist monasteries and community outreach as well as schools and drop-in centres.

Given the nature of the study and the research question, the constructivist paradigm enabled the researcher to understand the world through the eyes of the participants as they see it. It was assumed that the constructivist–interpretivist allows the researcher to bring in her interpretation of the participants' views, and the approach would likewise allow the researcher to bring in her interpretation of the participants' views and that the reader would be able to interpret the meaning in the participants' words as well as through the researcher's words (Creswell, 2007). Thus, guided by the constructivist paradigm, the role of the researcher was to draw together the perspectives of program implementers in government agencies, Buddhist monasteries, community service, and civil society organizations as well as clients seeking treatment in those four treatment contexts in Bhutan.

The epistemology adopted in this study views reality as socially constructed, based on multiple truths and the various social factors that influence the lives of individuals (Liamputtong, Anderson & Bondas, 2017). The epistemology approach is often known as Interpretivism (Creswell & Creswell, 2017: Liamputtong, et al., 2017). According to Creswell, "the subjective meaning is not simply imprinted on individuals but are formed through interactions with others, and through historical and cultural norms that operate on individuals' lives" (2018, p.24). Creswell& Poth (2018) go on to say that, "The goal of research, then, is to rely as much possible on the participants' view of the situation" (p.24). Similarly, Teather and Kondrat (2010) claim that social constructivism is more relevant to exploring views of the participants as the "reality is equally constructed by both individual and social factors" (p.72).

According to Payne (2014), social construction has a distinctive approach to research where in the researcher and the participants share the same stage, which enables the researcher to investigate the situations from different points of view. The outcome represents a complete picture of a complex human situation. Constructivism or Interpretivism supports the importance of perceptions, meaning generation and interpretation, and researcher insight and personal reflection about the meaning of the data (Payne, 2014). Creswell (2008) again states that a qualitative researcher is never far away from personal views while interpreting the data. As Liamputtong et al., (2017) rightly put it, the constructivist paradigm allows the researcher to "grasp the subjective meaning" of the stories that the participants tell. It provides an avenue for the respondents to articulate their meaning within their social realities (p.14).

Considering the advantages of constructivism, this study consolidates individual knowledge and seeks common ground for multiple viewpoints based on approaches to substance abuse and addiction practiced in government agencies, Buddhist monasteries, community service and civil society organizations and their respective clients, and the views of students who had attended *Choeshed Layrim* (Buddhist discourse). Accordingly, multiple views of the research participants as they saw and understood the issue of drug addiction and their interventions were collected and analyzed. The researcher consolidated program implementers' multiple views which included both Western and Buddhist approaches to substance abuse and addiction in Bhutan. While clients offered perspectives on their experiences in treatment, bringing forth areas they identified as contributing to treatment effectiveness. This formed Part 1 of the research process, while Part 2 offered an opportunity to use this material related to the clients' perceptions on the effectiveness of the treatment approaches to compare and contrast program implementers views on this area.

Social constructivist ideas emphasize that change for social institutions and individuals is always possible, although it may be slow, and social experience often reinforces stability rather than change (Payne, 2014, p.3). Given the aim of the study, which was to explore the treatment approaches to substance abuse and addiction in Bhutan and their effectiveness, because a study of the various approaches entailed a deeper exploration of individual perspectives and lived experiences, a careful choice had to be made between the qualitative and qualitative methods of investigation. Accordingly, within the constructivist frame work, the most suitable means of exploring the approaches to substance abuse and addiction was through a qualitative approach. The qualitative method enabled deeper insights into the

nature of the problem substance abuse and addiction investigated in this study. Thus, methodologically it was made sure that the qualitative method and the data gathering tools used in this study and the key research questions explored were congruent with the salient features of the constructivist paradigm.

3.3 Research Design

A research design is like a blue print which facilitates the smooth sailing of the various research operations such as data collection and data analysis. The research design should be done meticulously, keeping in view the objective of the research and without any error in the design as it might destroy the whole operation or project (Kothari, 2004). This point is underscored by Vaus De (2001, p. 9) who says that the "function of a research design is to ensure that the evidence obtained enables us to answer the initial question as unambiguously as possible." Flick (2008) also highlights the importance of research design: "The design of an investigation touches almost all aspects of the research, from the minute details of data collection to the selection of the techniques of data analysis" (p.4). In addition, research designs "are distinguished by their recursiveness and flexibility, often weaving back and forth between research question, data collection, and data analysis. In this fashion, the researcher may formulate research questions based on new findings seeking new samples of respondents, or pose new questions to existing study participants" (Padgett, 2017, p.62).

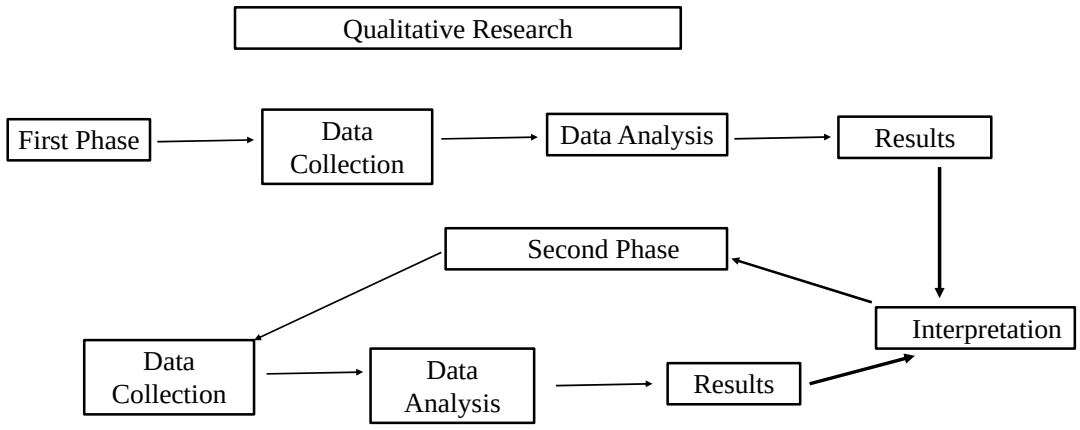
In order to achieve the research goal and to focus on the different elements of the study the researcher adopted a research management matrix (see Thinley, 2010, p.206 [see Appendix 3.1]). The research management matrix helped the researcher to be mindful of the timeline of the key activities and the outcomes to be achieved. It worked as a constant reminder of the research questions, areas to be explored, and the data to be gathered and for what purpose. It also had a mirroring effect on the researcher as the matrix reflected all the three research questions and reminded the researcher of the main issues to be studied and explored and the specific data required to answer the research questions. It also kept the researcher fully aware of the key activities concerning the collection of data, their analysis and their timely completion (Thinley, 2010, p.58).

This study is the first of its kind, as no prior or related research on the various treatment approaches to substance abuse and addiction has been done, nor on the effectiveness of the

treatment approaches of the four treatment contexts as explained in the earlier chapters. The exploratory design starts with the first phase of the qualitative study leading to the second phase of the study. This study uses the design to collect data as shown in figure 3.1.

Figure 3. 1

Sample design to collect data for this study



The figure above illustrates the two phases employed in this study to collect data for this qualitative research. Phase 1 of the study begins with an exploration of the various treatment approaches in the four treatment contexts in Bhutan which will be carried out by collecting data (n-38) through qualitative research questions. This data will be used in answering the first part of the research question (RQ1). In addition, the interviews in Phase 1 also address the research sub-question related to participants' understanding of the antecedent cause and conditions of youth drug abuse and addiction in Bhutan. The data generated from Phase 1 on the factors that contribute to the effectiveness of the treatment approach from the clients will lead to Phase 2.

Phase 2 of data collection in this study emerges from Phase 1 on the basis of the client participants' responses to factors contributing to effectiveness of treatment; this phase is divided into three parts; i) data from the responses of clients in Phase 1 will be analyzed and used to construct a rating scale; ii) the rating scale is to be administered to program

implementers(n-18).iii) data via open-ended interviews collected from program implementers on factors contributing to effectiveness of the treatment approach. The process of data collection will be explained in the following sections.

3.3.1 Qualitative Method

A qualitative research design was chosen for this study as it emphasizes the importance of exploring research questions in natural settings and delineating the lived experiences of the participants. The qualitative approach helps the researcher to hear the participants' voices from their own perspectives and interpret them from these perspectives (Creswell & Creswell, 2017; Liamputtong 2013). According to Carpenter and Suto (2008), a qualitative researcher seeks to understand and reflect the inside perspectives, views and lived experiences of an individual or a group. The qualitative researcher investigates the meaning people ascribe to their interactions and experiences within the social world (Carpenter & Suto 2008).

Specifically, several advantages were identified as the key reasons for choosing the qualitative methodology. First, it allowed the researcher to explore and gain a deeper understanding of addiction issues among the youth in Bhutan. Second, it provided contextual understanding of various treatment approaches to interventions for drug addiction especially in relation to the broad categories of Western and Buddhist approaches adopted by the program implementers in Bhutan. Third, this method enabled the researcher to explore the inner perspectives and understanding of the lived experience of youth regarding the services they received from the treatment centres they attended. Finally, it allowed the researcher to interpret the participants' experiences in terms of social and cultural contexts.

The researcher also considered herself as a key research instrument in this qualitative research based on her rich professional experiences of working with addiction issues for a decade. The researcher considered it important to understand the addiction issues through the eyes of a program implementer and also from the client's perspective. The researcher's positioning as a key research instrument helped the researcher to interact, observe, and delve deep into the subjective experiences of the participants. It helped the researcher gain a deep understanding of the nature of addiction, interventions and the participants's social and cultural contexts. The role enabled the researcher to gather rich data which otherwise would

not be possible through a positivist approach. The data gathered from the researcher's professional experiences and observations were used for both content and thematic analysis. The researcher was convinced that a quantitative study might not capture or explore the lived experiences and deeper emotions of the participants in as great detail as the rich and meaningful stories that the same participants would tell in a qualitative setting.

The study used a qualitative approach to data gathering, analysis and interpretation within a constructivist frame. The rationale for using the qualitative design was to explore deeply the participants' views pertaining to the research questions as conveyed specifically via the interview questions. This approach helped to gather deep insights into the issues of addiction explored in the study. Furthermore, the qualitative design allowed the researcher to delve deeper into participants' perceptions and opinions related to the three themes: the two predetermined themes of Western and Buddhist approaches, and any emergent themes. Further, it provided an understanding of the relationships between the four treatment contexts and their impact on the clients experience of the programs offered.

The qualitative approach allows the researcher to ask open-ended questions, which enables the participants to express their thoughts and experiences openly or without hesitation. These kinds of responses cannot be solicited numerically, or through multiple-choice questions or by asking close-ended questions. In the words of Denzin and Lincoln (2003), a qualitative researcher examines "things in their natural settings." They attempt "to make sense of or interpret phenomena in terms of meanings people bring to them" (p.3).

The study followed Creswell's design as it allowed the researcher to understand that data collection is a thread of interrelated activities aimed at exploring multiple answers to the research questions (Creswell & Creswell, 2017). In order to understand the issues raised by each research question and to find answers, it was important for the researcher to collect data from different sources. In fact, the researcher made sure that the data collection tools were developed, data sources identified, the data analysis techniques were described clearly, and ethical issues were considered carefully.

3.4 Data Gathering Method

The data for this study was gathered in two phases: i) in Phase 1 the data was gathered from (n 38) participants which included 18 program implementers from the four treatment contexts and 20 clients who have attended the treatment from the four treatment contexts. Phase 2 the data was gathered from 18 program implementers from the four treatment contexts. The selection of research sites and participants remains same for both Phases 1 and 2 in this study. For Phase 2, the participants include only the program implementers from the four treatment contexts.

In this study, the researcher was mindful that data collection was arduous and required detailed attention while planning and collecting the information. In order to carry out data collection based on systematic planning and execution, the researcher followed the five steps that Creswell and Poth (2018) recommend, namely: i) identification of sites and participants; ii) gaining permission for access; iii) consideration of information that will answer the research question; iv) designing instruments for data collection; and v) consideration of ethical issues. As Mutch (2005) rightly points out, it was important to ensure that data gathering is "a coherent strategy or a set of strategies for gathering a particular type of data, a particular research technique or a way to gather evidence about a phenomenon" (p.221).

The researcher ensured that any form of data collection was congruent with the primary goal of the research, especially the key issues raised by the research questions. Therefore, the key issues articulated through the research questions were closely and carefully attended to, while framing of the interview guides the selection of participants and the research sites. In order to gather meaningful data that would contribute to generating the major findings to the study, two types of data collection methods were employed: i) semi-structured interviews and ii) document study. The data gathering methods are discussed fully in the sections that follow (3.4.4. and 3.5).

3.4.1 Selection of Research Sites

Research sites for Phase 1 were carefully selected. The selection of the research sites was based on information gathered from document analysis, expert advice, and the researcher's prior knowledge of which agencies or institutions in government and civil society would have rich and meaningful data on drug addiction and interventions. The selection of research sites was guided by the main focus of the study. For example, the recent report from the Law

Enforcement Unit of Bhutan (2018), reported high consumption of cannabis in the northern part of the country, and prescription drugs in the southern part of the country. Cannabis was found to be the most extensively abused drug in the country (see Figure 2.1 in Chapter 2). Easy access to prescription drugs in the southern part of the country may be attributed to its proximity to Indian border where drugs are cheap and easily available. Similarly, in the western part of the country, cannabis is easily available as it is grown abundantly in that part of the country.

The following sections describe how the four different groups of participants align with their key demographic information based on different research sites (locations) where the data were gathered for the study for Phase 1 and Phase 2.

Gathering data from different research sites and from different participants groups enabled the study to gather wide-ranging perspectives about the issue of drug use and interventions. The following research sites are representative of Bhutan as currently, Bhutan has only two rehabilitation centres and nine drop-in centres to treat addictions in the country. Including the program implementers from government agencies, the Buddhist Monastery and one community outreach program implementer, as well as the relevant clients from these contexts, bring the number of research participants for Phase one to a total of 38. Similarly, for Phase 2 a total of 18 research participants, which included 8 program implementers from government agencies; 5 program implementers from the Buddhist Monastery, 4 program implementers from civil society organizations and one community outreach program implementer were selected from these sites for phase 2.

Group 1: **Government Agencies**

Eight program implementers from government agencies were selected covering the Bhutan Narcotic Control Authority (BNCA), the Ministry of Health (MoH), and the Ministry of Education (MoE). These included one from the BNCA, one from Psychiatric Division under the MoH, one from Institute of Traditional Medical Services under the Ministry of Health. Under the MoE, five from Educational settings (which included one from the College of

Education and four from Higher Secondary Schools). All these program implementers are professionals[6] in their own field.

The main purpose of selecting one participant from BNCA is because BNCA is the nodal agency of the government dealing with all matters related to narcotic drugs, psychotropic substances and substance abuse. The Demand Reduction Division and Supply Reduction Division under the BNCA are responsible for prevention, early detection, treatment, and rehabilitation and after-care services of drug dependent people and drug users. The BNCA oversees the drop-in centres one from which clients were recruited (see below, group 5). The participant selected from BNCA is licensed as an International Certified Addiction Counselor by the Colombo plan and a National Certified Supervisor certified by the Bhutan Board of Certified Counselling (BBCC) in Bhutan. The participant has rich experiences in dealing with youth with drug addiction issues.

The Psychiatric division was selected as it is the only division in the Ministry of Health that provides treatment and detoxification services in the country. The participant is a senior psychiatrist and an International Certified Addiction Counselor and also a National Certified Supervisor by the BBCC in Bhutan. The participant has rich experiences working with drug addiction and mental issues in Bhutan.

The Institute of Traditional Medicine Services was selected as one of the sites for this study as this is the only institute that provides traditional medicine services in Bhutan. The participant is a traditional medical practitioner and has rich experiences in treating addiction using traditional practice.

Schools and colleges were selected as important sites for research for three reasons: first, most youth are in school and colleges; second most activities related to substance abuse and addiction are carried out by youths in schools, and third, all the program implementers in these educational institutions are International Certified Addiction Counselors and National Certified Counselors (e.g. certified by BBCC). This group of participants has rich experiences working with addiction related issues with youth in schools and colleges.

[6] Professional in this study refers to the various positions such as program officer, medical practitioner, school counselors, psychiatric, Buddhist practitioners and addiction specialist. The program implementers hold different positions in their parental organizations.

A total of nine clients(8 male and 1 female) represented the Government agencies. This group of nine participants who were seeking treatment in drop-in-centres, hospital, traditional medicine hospital and educational institutions. The main purpose of selecting the drop-in centre (DIC) as one of the research sites is to gather qualitative data from the clients here who had come in conflict with law due to addiction issues before they enrolled in the centre. The DIC was considered especially important for this study as DIC falls under government agencies, and it is here where youth who had been confronted with the law owing to problems with drug use are sent for treatment by the MoH with support from the BNCA. Schools and colleges were selected as research sites because youth who abuse drugs are mostly in schools and colleges.

Group 2: **Buddhist Monasteries**

This group was represented by five Buddhist monks from the *Zhung Dratshang*, which is the Central Monastic Body. According to the Constitution of Bhutan, the *Zhung Dratshang* is an autonomous institution; the Chief Abbot of the institution is Je Khenpo,who is considered as the crown jewel of the religious hierarchy. There are also five *Lopens*, who are in charge of specialized religious disciplines and are members of the Supreme Sangha Council: they are conferred ranks equal to a government ministers by the constitution. They are further assisted by district Abbots (*Lam Neten*), who are the representatives of the Central Monastic Body at the district level.

All program implementers are Buddhist practitioners and hold different positions in the *Zhung Dratshang*. The purpose of selecting the monks as research participants was because they provide *Choeshed Layrim* (Buddhist discourse education) to schools and colleges twice a year. The main aim of providing *Choeshed Layrim* is to provide Buddhist values and philosophy, including mindfulness education,which are time-tested to bring about positive changes in the minds of the youth. The aim is to also help youth to develop habits of resisting the abuse of drugs and alcohol and to understand the negative consquences of addiction to themselves, their family and society as a whole. All five monks are senior Buddhist practitioners.

A total of five students(4 male and 1 female) represented the Buddhist monasteries. This group was selected from five different schools and colleges as research sites. This group of students was selected as research participants because of their identified history of substance use/abuse and each had attended the *Choeshed Layrim* program in their respective school.

Group 3: **Rehabilitation Centres**

This group comprised of four program implementers - two from each of the two rehabilitation centres: The Institute of Wellbeing and the Samzang Residential Drug and Alcohol Rehabilitation Centre. All of them are professionals in their own field.

The main purpose of selecting the Institute of Wellbeing as an important research site was to gather first-hand information from the only well-established rehabilitation centre in Bhutan. The two participants from this institute have rich experiences working with addiction among the youth. One of the participants is an addiction treatment specialist and International Certified Addiction Counselor. The other participant is an International Certified Addiction Counselor and National Certified Counselor. The other research site – Samzang Residential Drug and Alcohol Rehabilitation Centre – was selected because it is also a leading residential drug and alcohol rehabilitation centre in Bhutan. The two participants from this centre have rich experiences dealing with drug addiction. Both of them are peer counselors certified by the BBCC.

A total of six clients(5 male and 1 female), respresented the civil society organizations – three each were based in the Institute of Wellbeing and the Samzang Residential Drug and Alcohol Rehabilitation Centre respectively. The purpose of selecting clients from these agencies is because this is the only two rehabilitation centres which provided treatment for addiction in the country.

Group 4: Community Service

In this group, the participant is a Buddhist monk who is not affiliated with the *Zhung Dratshang*. This monk is a Buddhist practitioner who has been working for the last twelve years continuously with youth with addiction-related issues in their lives. He has been playing an active role in supporting youth who have a history of drug use and addiction for enrolment into rehabilitation centres within Bhutan and outside, providing free meditation sessions and helping to integrate youth back into society. He has been offering this service purely out of compassion and is not paid for his services. Recently in 2015, he was awarded the National Order of Merit in recognition of his contributions to youth development, especially helping those affected by drugs. So, given his remarkable contributions as a youth worker, he was selected as one of the informants for this study. The program implementer from the community service has access to clients in the Drop-in centres, schools and rehabilitation centres. Participants in this study are summarised in Table 3.1 where the participants' organization/institution, role, and age are noted.

Table 3. 1 *Number of Participants from the four Different Groups for Phase I*

Agencies	Program implementers	Age group	Client	Age group	Number of participants
Government agencies					
Bhutan Narcotic Control Authority (BNCA)	Deputy chief officer	45	Drop-In Centres	19 -26	4
Jigme Dorji Wangchuk National Referral Hospital (JDWNRH)	Psychiatrist	56	Client	24	2
Institute of Traditional Medicine Services (ITMS)	Dungtsho	49	Client	16	2
Educational Institutions	Counselors	35-40	Client	16 -24	9
Buddhist Monasteries					
Zhung Dratshang	His Eminent Ex. Laytshog Lopen	72	Client	16	2
	His Eminent Tshugla Lopen	58	Client	22	2
	Lam Neten	58	Client	18	2
	Lam Neten	43	Client	16	2
	Lam Neten	36	Client	16	2
Civil Society Organizations					
Institute of Wellbeing	Director, Institute of Wellbeing	44	Client	18–34	5
	Counselor	32			
Samzang Residential Drug and Alcohol Rehabilitation Centre	Peer counselors	35-40	Client	21-34	5
Community Outreach					
	Buddhist monk	72			1

3.4.2 Purposeful sampling

Sampling plays a vital role in qualitative study as it is concerned with selecting individuals who are able to provide rich information based on their experiences and who can articulate their lived experiences (Creswell & Poth 2018; Morse, 2006).

Liamputtong (2013) asserts that a qualitative researcher gets their sample for meaning rather than frequency (p.14). According to Patton (2002) "the purpose of purposeful sampling is to select information-rich cases whose study will illuminate the question under study" (p.169). This assertion is supported by Carpenter and Suto (2008), who are of the view that purposeful sampling of specific individuals and setting can provide crucial information, which otherwise cannot be obtained from other means. Within the framework of a constructivist-qualitative design described above, the researcher was convinced that research participants for this study should be selected based on the principle of purposiveness or purpose. Hence, the researcher employed purposeful sampling for this study.

There are several kinds of purposeful sampling strategies but for this study, a criterion based sampling method was employed, which involves selecting respondents that meet a set of criteria (Patton, 2002). The strength of criterion-driven sampling permits selecting samples that are likely to provide rich information based on the participants' experiences. For example, the purpose of this study was to explore the various treatment approaches to substance abuse and its effectiveness as offered in different organizations such as government and non-government settings regarding interventions to substance abuse and addiction among youth in Bhutan. In order to meet that purpose, the researcher selected individuals who could share their experiences working with youth addiction and clients who have experienced drug addiction and treatment as well as potential victims. As Creswell (2009) asserts, the researchers select individuals and sites that best answer the research question.

Sample size

A total of 38 participants (Phase1) and 18 participants (Phase 2) were selected for this study. In qualitative study, there is no set rule or formula to determine the sample size as in the quantitative study (Liamputtong, 2013). According to Carpenter and Suto (2008) the sample size of the study is determined by the nature of the research. For the purpose of this study, the sample consists of 38 participants, based on the concepts being studied. The details of the selection of the samples are discussed below.

The inclusion criteria for Phase 1 consisted of program implementers and clients from the four groups:

1. *Government agencies:* Bhutan Narcotic Control Authority, Jigme Dorji National Referral Hospital, Institute of Traditional Medicine Services, schools and colleges and clients in the drop-in centre, and school students who attended the *Choeshed Layrim* program.
2. *Buddhist monasteries:* Monks in the *Zhung Dratshang* and clients in schools and colleges.
3. *Civil Society Organizations:* Program implementers in two rehabilitation centres and their clients.
4. *Community Outreach:* Represented by a Buddhist monk who is not affiliated with any organisation or monastery. The clients from DIC/rehabilitation centres and school seek support from the community service provided by the this program implementer.

The inclusion criteria for Phase 2 consisted of program implementers from the four groups:

1. *Government agencies:* Program implementers working in Bhutan Narcotic Control Authority, Ministry of Health, Ministry of Education.
2. *Buddhist monasteries:* Monks in the *Zhung Dratshang* teaching *Choeshed Layrim*.
3. *Civil Society Organizations:* Program implementers in two rehabilitation centres.
4. *Community Outreach:* Program implementer working in community outreach is represented by a Buddhist monk who is not affiliated with any organisation or monastery.

In this study, purposeful sampling was employed for all the participants; however, the selection criteria varied for different groups. Details of the criteria for the selection are shown in Table 3.2

Selection criteria for research participants (Phase 1 & Phase 2)

Program implementers:

The program implementers that met the following criteria were chosen as research participants:

- Had at least five years' experience of working with drug addiction. They should have some experiences of treating and providing counseling services.

- Worked in government agencies, civil society organizations, and community outreach, and have experiences treating clients with addiction issues.
- Belonged to *Zhung Dratshang*, and have imparted *Choeshed Layrim* (Dharma discourse).
- Willing to participate in the Interview.
- Could communicate in English or Dzongkha: interviews were conducted in English for all the program implementers except the Buddhist monks.

Selection criteria for clients

- Willing to participate in the interview.
- Clients at the termination stage (rehabilitation, schools).
- School and college students who had attended a *Choeshed Layrim* program for at least three years.
- Could communicate in English/Dzongkha: interviews for the clients will depend on their comfort level.

Table 3. 2 *Selection Criteria of 38 Participants (PI 1- PI 18:Program Implementers (PI); Cl 19-Cl 38: Clients (Cl): g represents government agencies: b represents buddhist monasteries: r represents rehabilitation centres and c represents community outreach.*

Participants	**Criteria**
PI1g, PI 2g, PI 3g PI 4g, PI 5g, PI 6g, PI 7g, PI 8g	Had at least five years of working experience with youth addiction Belonged to government agency Willing to participate in the interview Could communicate in English quite well as the interview was to be conducted in English
PI 14b, PI 15b, PI 16b, PI 17b,PI 18b	Belonged to Buddhist monasteries Willing to participate in the interview Had at least five years' experience teaching *Choeshed Layrim* Could communicate in *Dzongkha* as the participants are not educated in English
PI 9r, PI 10r, PI 11r, PI 12r	Had at least two years of experience working in the rehabilitation centre

Participants	Criteria
	Willing to participate in the interview Could communicate in English quite well as the interview was to be conducted in English
PI 13c	Had at least five years of experiences working in community service Could communicate in English Willing to participate in the interview
Cl 19g, Cl 20g, Cl 21g, Cl 22g, Cl 23r, Cl 24r, Cl 25r Cl 26r, Cl 27r, Cl 28r, Cl 29g, Cl 30g, Cl 31g, Cl 32g, Cl 33g	Addicted to drugs and substances Clients are at the termination stage so that they can share their perceptive on the treatment services Could communicate either in English or Dzongkha
Cl 34b, Cl 35b, Cl 36b,Cl 37b, Cl 38b	Had attended *Choeshed Layrim* sessions at least for two years Addicted to drugs and substances Belonged to a school/college that has a *Choeshed Layrim* program willing to participate in the interview Could communicate in English/ Dzongkha

Table 3. 3 *Participant profile - Each Participant has been given a Respondent code to maintain their Confidentiality [PIg: Program Implementer; Cl: Clients; g: government agencies]*

Respondent	Gender	Agency type	Location	Working experience	Qualifications
PIg 1	M	Govt. Agency	North	10 years and above	International Certified addiction counselor
PIg 2	M	Govt. Agency	North	15 years and above	International Certified addiction counselor
PIg 3	M	Govt. Agency	North	15 years and above	Medical practitioner
PIg 4	F	Govt. Agency	South	8–10 years	International Certified addiction counselor
PIg 5	F	Govt. Agency	North	8-10 years	International Certified addiction counselor
PIg 6	M	Govt. Agency	South	5– 10 years	National certified addiction counselor

Respondent	Gender	Agency type	Location	Working experience	Qualifications
PIg 7	F	Govt. Agency	North	1 – 3 years	National certified addiction counselor
PIg 8	F	Govt. Agency	South	8- 10 years	International certified addiction counselor
Clg 19	M	D.I.C	South	Client	High school drop out
Clg 20	M	D.I.C	North	Client	High school student
Clg 21	M	D.I.C	South	Client	High school drop out
Clg 22	M	D.I.C	North	Client	High school drop out
Clg 29	F	School	South	Student	High school student
Clg 30	M	School	North	Client	High school student
Clg 31	M	School	North	Client	High school student
Clg 32	M	School	North	Client	High school student
Clg 33	M	School	North	Client	High school student

Table 3. 4 *Participant profile - Each Participant has been given a Respondent code to Maintain their Confidentiality [PIr: Program Implementer, r: CSO: Clr: clients from rehabilitation centres]*

Respondent	Gender	Agency type	Location	Working experience	Qualifications
PIr 9	M	CSO	North	8-10 years	Treatment specialist & International certified addiction counselor
PIr 10	F	CSO	North	5– 8 years	International certified addiction counselor
PIr 11	M	CSO	North	5 -8 years	Peer counselor
PIr 12	M	CSO	North	5 – 8 years	Peer counselor
Clr 23	M	CSO	North	Client	High school drop out
Clr 24	M	CSO	North	Client	Primary school drop out
Clr 25	F	CSO	North	Client	High school students
Clr 26	M	CSO	North	Client	High school drop out
Clr 27	M	CSO	North	Client	High school drop out
Clr 28	M	CSO	North	Client	Primary school drop out

Table 3. 5 *Participant profile - Each Participant has been given a Respondent code to maintain their Confidentiality [PIb: Program Implementer, b: Buddhist monasteries: Clb: clients from school]*

Respondent	Gender	Agency type	Location	Working experience	Qualifications
PIb 14	M	Monastery	South	16 years and above	Practitioner
PIb 15	M	Monastery	South	8–10 years	Practitioner
PIb 16	M	Monastery	North	16 years and above	Practitioner
PIb 17	M	Monastery	North	16 years and above	Practitioner
PIb 18	M	Monastery	North	16 years and above	Practitioner
Clb 34	M	School	North	College student	College student
Clb 35	F	School	South	College student	College student
Clb 36	M	School	North	High School	High school student
Clb 37	M	School	South	High School	High school student
Clb 38	M	School	South	High School	High school student

Table 3. 6 *Participant profile - Each Participant has been given a Respondent code to maintain their Confidentiality [PIc: Program Implementer, C: community service]*

Respondent	Gender	Agency type	Location	Working experience	Qualifications
PIc 13	M	Community Service	North	12 years and above	Practitioner

3.4.3 Designing and piloting the interview questions

The interview questions for Phase 1 went through several rehearsals on designing and remodification on the interview questions with the principle research supervisor,who had an extensive research experience especially in the use of qualitative research approach. To further refine the first set of interview questions a pilot test of the questions was undertaken from a sample of program implementers as well as students within the school system. After the pilot test, the interview questions were further refined to meet the requirement of the study. Originally the interview schedule for the government agencies, Buddhist monasteries, civil society organizations and community service consists of six questions related to relevant aspects of substance abuse and addiction and approaches. Similarly, the original interview schedule for the clients consisted of seven questions related to substance abuse and addiction and their personal experiences on the treatment approach. Likewise, the second set of

interview questions for the program implementers on the qualities of the program implementers in the four treatment contexts were tested. After discussion with the supervisor[7], the second draft of interview guides (first set and second set) was refined significantly to primarily focus on clarity, simplicity and answerability and most importantly, they were aligned with the purpose of the study. The revised interview schedule consists of 5 interview questions for the government agencies, Buddhist monasteries, civil society, community service and clients in the treatment centre and seven interview guides for school students who had attended the *Choeshed Layrim* program.

The designing of interview questions for Phase 2 went through several rounds of discussion on design and mode of interview questions to meet the research question. After several rounds of discussion with the supervisor, Phase 2 interview questions were divided into two parts: i) the first part of the interview question (see Appendix 3.3 Interview guides) and ii) the second part rating scale questions which were extracted from the data (see Appendix 3.3.1). Both interview questions are designed to answer the factors contributing to the effectiveness of the treatment approach in the four treatment contexts. The interview questions for Phase 2 (Part 1) went through several rounds of discussion with the supervisor. The original interview questions scheduled for the program implementers in the four treatment contexts consisted of three questions related to factors contributing to the effectiveness of the treatment program offered in the four treatment contexts. After discussion with the supervisor, the second draft of interview questions was significantly refined and aligned to the purpose of the study. The final approved second set of interview questions consists of two types of research questions: i) interview questions and ii) a rating scale question for the four groups, namely government agencies, Buddhist monasteries, civil society organizations and community outreach, which were tested.

Maxwell (2013) states after the refinement of the interview questions, the researcher is ready to pilot test the interview with people who mirror the characteristics of the sample to be interviewed for the actual study. A pilot test was conducted to check the clarity of the questions. The aim of the pilot test was to strengthen and revise the interview question before the actual interviews; the “best way to tell whether the order of your questions works or not

[7] The process of data analysis during the phase 1 has been supervised by Professor Dorji Thinley, Royal University of Bhutan. The intense refinement of interview question for Phase 2 and the procedure of data analysis has been supervised by Prof Kathleen, Dean Naropa University.

is to try out in a pilot interview" (Merriam, 2009, p. 104). Through piloting, the researcher aims to understand whether the participants can answer the questions and get a realistic sense of the duration of the interview. Moreover, the pilot test was considered necessary to strengthen the quality of the data obtained from the interview (Castillo, 2016). The pilot test enabled the researcher to test the clarity of the interview process and whether participants were able to answer the questions, as well as check the duration of the interview and the choice of the environment. It also provided the researcher valuable experience in conducting interviews. However, there was no major tuning required after the intense refinement done under the guidance of the supervisor.

3.4.4 Semi-Structured Interviews

Kvale (2007) defines an interview "as a specific form of conversation where knowledge is produced through the interaction between an interviewer and interviewee (p.27). In qualitative research, an interview is conducted to understand the respondent's world through their eyes. It should help unfold their experiences by discovering their world and interpreting their meaning in the context of their lived experiences (Creswell & Poth 2018; Kvale & Brinkmann, 2009).

There are three types of interviews: *structured interviews, semi-structured interviews and unstructured interviews.* Based on the nature of the purpose of this study, the researcher employed semi-structured interviews. The use of semi-structured interviews enabled the participants to be open to speaking without any imposed limits as long as they spoke within the boundary of the interview topic (Edwards & Holland, 2013). It also allowed the researcher some flexibility in using prompts to ensure that respondent answered the main question (Rowley, 2012).

Kvale (2007) further describes the semi-structured interview as "an interview with the purpose of obtaining descriptions of the lived world of the interviewee with respect to interpreting the meaning of the described phenomena" (pp 7-8). The use of open-ended questions in the interviews enabled the research participants to share their perspectives with the researcher in an unrestrained manner and helped the researcher to delve into the hidden perceptions of the research participant and make sense of the underlying meaning as stated during the interview session (Creswell, 2012: Liamputtong, 2013; Rubin & Rubin, 2012).

For this study, a semi-structured interview guide comprising of six open-ended questions was used for Phase 1. Likewise for Phase 2, a semi-structured interview guide consisting of one open-ended question and a rating scale question which consisted of 17 qualities of program implementers was used for this study.
The interview guide was designed with the aim to answer the main research question. As Rowley states, "in some sense, the origin of the research questions influences the choice of interview questions" (2012, p.263).

While designing the questions, the researcher was mindful not to frame leading, interpretive and factual questions. For each interview question, probes were used as part of the interview to get additional information. For example, probing follow-up questions such as, "Can you tell me more?" or, "You mentioned 'it is really about the mind.' can you elaborate?", "What does that mean to you?" were used to support the main questions.

3.4.4.1 Conducting the Interviews (Phase 1)

The researcher conducted one-to-one interviews with the 38 participants selected for Phase 1 of this study The researcher was mindful not to interrupt interviewees, and instead took notes of the points on a here and now basis, particularly noting some of the non-verbal cues and intonations, and later sought clarifications. A semi-interview guide for Phase 1 (see Appendices 3.2 and 3.2.1) was used to elicit information based on the research questions. Prior permission for the interviews was sought from the program implementers and clients. At the start of each interview, the researcher explained the purpose of the interview and participants were provided with a consent form (Appendix 3.4) for them to sign. The participants were encouraged to seek clarifications on the consent form and matters related to the interview. The researcher explained to the clients who were research participants the importance of telling their stories about their experiential journey with drugs and the treatment process. The participants had the freedom to refuse to respond if they found it very sensitive or if revisiting their past experiences was difficult. The participants were informed that their data would be treated with confidentiality; this was done during the process of signing the consent form, as some of the clients required explanation in their respective language.

The length of the interview for each participant was between 25-30 minutes for Phase 1 of this study. The interview was conducted in English and Dzongkha, depending on the proficiency of participants. For example, a total of ten participants were interviewed in Dzongkha (National Language): five in the Buddhist monasteries, one in the traditional hospital, two in the Institute of Wellbeing centre, and two in the drop-in centres. The monks were not educated in English, and clients who were school drop-outs preferred Dzongkha to English language. Fifteen other participants were interviewed in English, while the remaining thirteen participants' interview recordings were done in a mix of English and Dzongkha, as some clients and school students preferred to express themselves using mix of the two languages. The choice was given to the participants to choose the language, based on their language comfort. The researcher was keen in getting answers to the research questions. The researcher was well versed in Dzongkha and English, so an interpreter was not used during the interviews. However, after the first transcription, the researcher sought help from experts in proofreading the transcripts of the Buddhist monks to ensure that the essence of the meaning was not lost, as the transcripts contained certain Buddhist technical terms. The transcriber consent form (Appendix 3.5) was used for this purpose.

Probing follow-up questions were used more with clients. To follow up during the interview, some specific questions were also asked during the process of the interview, for example, "*What do you mean by rock bottom?"* During the interview process, the researcher respected the silence, or pauses the interviewee made. This allowed the participants to process what was being said. By allowing these pauses, the researchers got more insights into the respondent's current feelings during the interview (Liamputtong, 2013).

3.4.4.1.1 Conducting the Interview for Phase 2

The interviews for the second phase begin with one-to-one interviews with 18 participants for Phase 2 (first part), followed by rating scale questions for all 18 participants in the second part, which were used to extract information based on the research questions. Prior permission was sought from the program implementers. At the beginning of each interview, the researcher explained the purpose of the interview and consent form to the program implementers. The process of explaining about the purpose, consent form and maintaining confidentiality about their data was not difficult, as the same group of participants had

already participated in Phase 1 of the study. However, the researcher made sure to explain the importance of their participation in the interviews to share their personal experiences working with clients in the four treatment contexts.

The length of interview for each participant was between 25-30 minutes. The interview for the program implementers working in the government agencies and in community outreach were conducted in English. While the interview for the Buddhist monks was conducted in Dzongkha and for the program implementers in the rehabilitation centres, the interview was conducted in English and Dzongkha, depending on their proficiency and comfort. The choice of language was given to the program implementers as the researcher was more interested in getting answers to the research questions. The researcher, as mentioned earlier, was well versed in Dzongkha and English.

3.4.4.1.2 Rating Scale

Rating scales are generally used in quantitative studies aiming to capture information from a larger sample or population. However, Frey (2018) states that rating scales can be used in qualitative study in educational and psychological measurement to collect empirical data to aid in supporting the study. Goodwin & Goodwin (1996) further emphasize that qualitative data can also be analyzed by designing a rating scale along with an agreed scale to access the quality of the product or service. Likewise, Simister (2017) elaborates that a rating scale allows qualitative data to be presented numerically or graphically through simple summary tables.

In order to build a foundation of the qualitative study on the factors contributing to the effectiveness of the treatment approach of substance abuse and addiction in the four treatment contexts, the researcher developed a rating scale question which included seventeen items on the qualities of program implementers as identified by clients in Phase 1. Provided with a list of seventeen items on the qualities of program implementers, the program implementers were asked to rate each quality with 1 being the most important, and 17 being the least important.

In this study, the rating scale questions ranging from 1–17 was developed considering the constructivist approach because the researcher felt the need to contextualize the rating scale in order to bring in more about their experiences rather than interpretation of their experiences. For example, using the Likert scale with five points, the participants might end up rating merely ‘strongly agree’ or ‘strongly disagree’. For example, in this rating scale,

qualities are provided and participants are asked to read and rate instead of ticking agree or disagree (See Appendix 3.3.1). Employing the rating scale would provide more information on the qualities they identify that they bring in their treatment approach as compared to clients' ratings. In this way it was possible to compare and contrast the client's perceptions on what contributed to the effectiveness of treatment approach with the program implementer's view. For the computation of the study, 1 to 5 has been formatted conditionally as most important; 6 to 10 as important; 11 to 15 as least important and 16 – 17 as no importance. The rating scale question was administered to the program implementers (n=18) to build the foundation of the qualitative study. At the beginning of the implementation of the rating scale, the process of using the rating scale was explained to the research participants. The research participants were given time to answer the rating scale question assigned to them. The findings from the rating scale will help the researcher to establish what qualities contributed to the effectiveness of the treatment program as understood by the program implementers.

3.4.4.2. Recording and transcribing the interviews

Both the interviews for Phase 1 and Phase 2 (first part) were recorded using a digital voice recorder. Using the recorders helped the researcher to protect against loss of information and to conduct the interview with ease. The recording supported the researcher in generating a verbatim transcript of the interview without being biased. However, there were some limitations to using audio recording. For example, some participants from the rehabilitation centre refused to conduct the interviews using voice recorder, as they felt uncomfortable when their voice was being recorded. Being cognizant of the feelings of the participants was consistent with what Minichielloe et al., (2008) have to say, that some informants fear being recorded as they feel that they would be recognized by their voice if their information went public. Therefore, measures were taken to address this limitation. The participants were given a choice, or preference in the interviews. Some of the participants preferred to answer the interview question by writing down instead of responding verbally. Accordingly, the researcher sat face to face with the participants, to be available for clarifications if required. Of the total 38 participants in Phase 1, nine participants preferred to give written responses to the questions. The participants (n18) who were program implementers in the four treatment contexts in the Phase 2 first part preferred to give face-to-face interviews.

The interviews were conducted in an environment that was free from distraction and was comfortable for the interviewee and the researcher. For example, the interview for the clients in rehabilitation was conducted in the counseling room which set the confidential tone for the interview. The researcher was mindful of the distance between the participants and the interviewer. The participants were informed about the confidentiality and protection of their identity and their conversation. They were informed that the data would be used only for the research purposes and that the data would not be made public or shared with any individual. The interviews were conducted face-to-face where the voice could be heard and the recorder was placed in between the researcher and the respondent. By doing so, the researcher was able to get a clear recording of the conversation and was able to observe the interviewee's non-verbal communication.

The researcher transcribed the interview verbatim. The process of transcribing the audio materials enhanced the engagement of the researcher with the data. The advantage of transcribing the data enabled the researcher to reflect on the notes taken during the interview process, which provided insights while transcribing the audio recordings. The researcher transcribed the interview in a Word format and created a file to save the transcripts from loss or damage.

In Phase 1, a total of twenty transcripts from the 38 interviews were emailed back to the participants to check whether the transcriptions were in accordance with what they had said and to confirm their accuracy. Similarly, a total of 19 transcripts were emailed back to the program implementers to confirm their accuracy to the interview given by them. The participants had the freedom to delete any information they considered inaccurate or inappropriate and they were encouraged to provide additional information if they wished. The remaining 18 transcripts for the 18 participants could not be mailed because they didn't have any access to mail. This issue was raised and clarified before the interviews were conducted and the participants requested not be connected again after the interviews as they were in the termination stage of their rehabilitation program. All 20 participants from Phase 1 of the interview and 18 participants from Phase 2 mailed the transcripts back to the researcher with feedback that generally said that the transcriptions were accurate, while four participants requested to that extraneous fillers such as `ahs`, `aaa,`and `ums` be removed

from the transcript. Also, two of the participants removed the word `*la*`[8] from their transcripts. Accordingly, the word `la` and the extraneous fillers were removed from the four transcripts. As the data weaves into the process of analysis and interpretation, qualitative researchers may seek verification of preliminary findings by going back to the study participants (Padgett, 2017).

3.5 Document Study/ Secondary Data

According to Bowen (2009) documents are social facts which contain words and images and are shared through publications, media, journals, policy guidelines, emails, minutes of meetings, books and brochures, among others. Creswell (2012) states that a document provides valuable information on the research site and participation and are a useful guide for the researcher in understanding the phenomena under study. Document study was considered an important data gathering tool in this study and helped to gather valuable information for answering the research questions. As Thinley (2009) rightly explains, valuable information can be derived from a document that may normally be difficult to obtain through surveys or interviews. According to Hodder (2012), Merriam (1998), and Patton (2002), documents contain unobtrusive data that help the researcher uncover events, meanings and discover insights relevant to the research problem and the questions. A document can be either a personal document or an official document (Hodder, 2012; Thinley, 2009).

In this study, a wide variety of official documents such as annual reports and policies, print media such as the national newspaper *Kuensel*, institution websites, and information from websites relevant to the research questions were studied. Document analysis helped to frame the research questions, identify the sites and select the research participants for the study. For example, prior to interviews, many documents published by relevant agencies were reviewed. This helped the researcher to gain a clear understanding of what each organization was doing and what their policy and program perspectives were. For example, the study of documents from the Bhutan Narcotic Control Authority showed that the BNCA manages the drop-in centres (DIC) and all youth who are in conflict with the law associated with addiction issues

[8] The word *la* is often used as a sign of respect when responding.

are referred to the DIC for addiction treatment. This enabled the researcher to identify youth as one of research participants.

Thus, document analysis helped to fill the gap caused by the dearth of literature on addiction and intervention programs in Bhutan as mentioned in Chapter 2. It provided the study rich insights into the current programs and practices related to addiction in Bhutan. As Barlow (2016) rightly says, "Documents are increasingly recognized as being insightful and rich data, dispelling the notion that they are a dry and dull data source" (p. 378).

As shown in Table 3.7, it was important for the researcher to be selective about the types of documents studied for this research. To ensure the quality of documents to be studied, it was important to understand the typology of documents. Accordingly, the important aspects of a document such as the document type, authorship, period covered by the document, and the degree of access were established. Information gathered from documents was analysed using thematic analysis and content analysis techniques (see Table 3.7).

Table 3. 7 *The Typology of Document*

Document type	**Authorship**	**Period covered**	**Degree of access**	**Data analysis technique**
Policies	Bhutan Narcotic Control Authority		Published and not published	Thematic analysis
Report on alcohol and other drug use	UNICEF	2013	Published and available upon request	Content analysis
Report on observation of International day against drug abuse and illicit trafficking	UNICEF	2014	Published and available upon request	Content analysis
Report on Colombo Plan Drug focal meeting	UNICEF	2014	Published and available upon request	Content analysis
Annual Report	Youth Development Fund	2011 - 2012	Published and available free online	Thematic analysis
Report on enhancing Drop-in-Centre Service	UNICEF	2015	Published and available upon request	Thematic analysis
Report of the Major activities	BNCA	2016 - 2017	Published and available upon request	Content analysis
Archives	Kuensel National Paper		Published and available free online	Content analysis

Document type	Authorship	Period covered	Degree of access	Data analysis technique
Drug Education and Rehabilitation services program	Youth Development Fund		Published and available free online	Thematic analysis
Emails/ websites	Monasteries/ YDF/BNCA Kuensel National Paper		Published	Content analysis
National Baseline Assessment of Drug and Controlled Substance Use in Bhutan	UNDOC	2009	Published and available free online	Content analysis
REVIEW OF Drop-In - Centre Services	BNCA	2017	Published	Thematic analysis
Alcohol and Other Drug Use Young People and AOD Services in Bhutan An assessment	UNICEF for BNCA	2013	Published	Thematic analysis
Report on Enhancing of Drop-in-Centre Services	BNCA		Not published minutes of the meeting	Thematic analysis
Crime and mental health issues among the youth Bhutanese people	National Statistics Bureau Thimphu	2015	Published	Content analysis
Standard Operating Procedures for Child Protection Program of Dratshang Lhentshog	UNICEF		Published	Thematic analysis
Child Protection Program Strategy and Action Plan for Dratshang Lhentshog	UNICEF	2017		Content analysis
Feast for the Fortunate: Positive intent action for youth	*Zhung Dratshang*		Published	
Narcotic drugs, psychotropic substances and substance Abuse Act of Bhutan 2015	National Assembly of Bhutan	2015	Published	Content analysis

Source: Adapted from (Thinley, 2009, pp.4)

3.6 Analyzing the Data

Data from the interviews from both Phase 1 and Phase 2 (first part) were analysed systematically and by following a series of steps. As described in the sections that follow, the researcher had to listen to the audio materials several times and very closely each time. This

was followed by transcribing the recorded interviews into readable texts. Then the interview transcripts were read very closely and repeatedly so that the researcher was able to understand the participants' perspectives and inner feelings as evident in their responses. Close and repeated reading of the transcripts enabled the researcher to generate thematic codes followed by development of thematic categories. In this study, data were analysed using a thematic analysis approach. Thematic analysis is defined as an approach to pattern recognition within the data, where emerging themes become the categories for analysis (Fereday & Muir-Cochrane, 2006).

The importance of using thematic analysis is supported by Braun and Clarke (2006) who stated that thematic analysis is flexible and can be used for both inductive and deductive approaches. The process of data analysis in this study followed the steps below .

3.6.1 Acquainting with Data

The first stage of transcribing the data for both Phase 1 and Phase 2 (first part) began by listening to the audio recording of the interview several times. The researcher's familiarization with the data began by listening to the audio recordings of each interview. The process of listening to the audio recordings was repeated until the researcher became closely familiar with the depth of the content of the data (Braun and Clark 2006). The process of repeated listening to the audio helped the researcher to gain a preliminary understanding of the participants' experiences. The process was useful as it made the transcription of the recorded interviews easier.

3.6.2 Transcribing the Data

After repeated listening, the researcher transcribed the verbal data verbatim into written form. The researcher transcribed 36 interviews out of 38 interviews in the Phase 1. Similarly, the same process was conducted to transcribe the Phase 2 (first part) interview data. The researcher transcribed all 18 interviews. However, a professional transcriber was hired to transcribe two interviews from the Phase 1 provided by the Buddhist monks in order to capture the meaning and the concept as narrated by the participants. The researcher ensured that the professional transcriber understood the Royal University of Bhutan ethical requirements concerning transcription. The transcribers written consent was also sought and obtained. The researcher crosschecked the transcriptions with the audio-recorded interviews

to ensure accuracy. During the process of transcribing the interviews the researcher started to discover patterns and developed rough ideas about themes and possible significant findings. After transcribing the interviews verbatim, the researcher repeated the process of listening to the audio with the transcribed data to ensure that all information was captured as provided by the participants. This lead to the next phase.

3.6.3 Reading the Data

Braun and Clark (2006) suggest repeated reading through the data before the coding process. Accordingly, the researcher read through the transcripts both from Phase 1 and Phase 2 (first Part) over and over again to become familiar with the meanings in the interview texts. Along with the process of repeated readings, the dominant phrases and words that were meaningful and relevant to the research questions were underlined. As suggested by Creswell (2012), initial thoughts and reactions to the texts were scribbled down at the side of the texts. The researcher repeated the process multiple times for all the transcripts, to become intimately familiar with the interviews, and began to notice phrases and themes relevant to the research question. As suggested by Braun and Clarke (2006), the researcher read through the entire data at least once before the coding process.

3.6.4 Generating Codes (Phase 1)

Braun and Clark (2006) state that coding is a process which helps the researcher to identify portions of data that appear catchy and interesting. Coding can be done manually by making notes on the texts, or using highlighters to indicate potential patterns. After becoming acquainted and comfortable with the data, the researcher began generating some initial codes by highlighting and underlining the chunks of the data and marking up specific segments of the text. Data were coded for each transcript by highlighting and underlining the text that stood out as significant and meaningful. These text segments were assigned codes. For example, codes such as ‘factors’ ‘method’, ‘approach’ ‘effectiveness’ and ‘qualities’ were assigned for each transcript (see Appendix 3.6). The process of coding involved two stages: first stage codes were derived within each group: government agencies (see Appendix 3.7), Buddhist monasteries (see Appendix 3.7.1), civil society organizations (see Appendix 3.7.2), community service (see Appendix 3.7.3), clients from the drop-in-centre, schools and rehabilitation centres (see Appendix 3.7.4), and clients who have attended *Choeshed Layrim* (see Appendix 3.7.5). Assigning a key word or phrase to each coding enabled the researcher

to focus on chunks of text that were significant. It helped the researcher to go through the transcripts in a systematic way and identify themes that answered the research questions.

In the second stage, the researcher repeated the process of coding across the groups, which allowed the researcher to collapse the codes into thematic categories. This process helped to remove unwanted codes. This stage of the coding process included organizing and tallying the codes across all the thematic groups and looking for patterns and emergent themes. The ideas, themes and concepts were coded and collapsed to fit into broad thematic categories.

A similar pattern was followed for all the four contexts – Buddhist monasteries, civil society organizations, community outreach, and clients in the government agencies, clients in the civil society organizations and clients in the school. After the data were coded, the researcher listed all the codes within the data set. Each code was given a brief description of its meaning, which was later compiled into a single file. For example, any segment of the data which used the term Karma (cause and effect), was highlighted and labeled with the code "Buddhist approach". Similarly, any segment of the data which spoke about 'cognitive behavioral approach,' was highlighted with the code 'Western approach.' Likewise, segments of data which did not fall under the two approaches were highlighted as 'Emergent theme.' This assisted the researcher to locate chunks of data across each transcript and insert them under the appropriate codes (see Appendix 3.8). The coding process for this study was done manually. (see Appendix 3.8.1: Sample of colour- coding within and across the groups).

The researcher listed the common themes within each of the five groups. Finally, the codes across all the five groups were listed. The process of analyzing the data within and across groups enabled the researcher to delve into both emergent themes and predetermined themes. In the process, some codes that did not fit under any of the thematic categories were left out as significant, while some other codes were either modified, renamed or clubbed with other codes. Creswell (2012) explains that the process of collapsing the codes into categories helps in removing redundant codes. Then the codes were finalized.

3.6.4.1. Generating Codes (Phase 2)

After becoming familiar with the Phase 2 (first part) data, the researcher began generating some intial codes by highlighting and underlying the chunks of data and marking up

segments of the text. Data were coded for each transcript by highlighting the text that stood out as significant and meaningful. These text segments were assigned codes. The process of coding involved two stages: first stage codes were derived within each group: government agencies, Buddhist monastery, civil society organization and community outreach. Assigning a key word or phrase to each coding helped the researcher to go through the transcripts in a systematic way. The process of coding within the groups allowed the researcher to collapse the codes into thematic groups and look for patterns and emergent themes. In the second stage, the researcher repeated the process of coding across the groups, which allowed the researcher to collapse the codes into thematic categories and look for patterns and emergent themes. The coding process for this study was done manually (see Appendix 3.8.2 sample of color -coding within and across the four groups).

Phase 2 (second part) data containing the seventeen qualities of program implementers were listed using the rating scale of 1-17, where 1 to 5 has been formatted conditionally as "most important," 6 to 10 as "important," 11 to 15 as "least important" and 16 – 17 "not important." The use of a rating scale helped in deriving codes and themes from the content of the data itself.

3.6.5 Developing Thematic Categories (Phase 1 and Phase 2)

Deductive and inductive methods of analysis were used to derive meaning from the data. A deductive or top-down approach is when the researcher brings to the data a series of concepts, ideas or topics that is used to code and interpret the data (Braun & Clarke, 2006). Whereas an inductive, or bottom-up approach, is driven by what is in the data itself. Accordingly, in this study, categories[9] and codes[10] were inductively developed within the two predetermined themes for Phase 1. Likewise, one category and ten codes were inductively developed for Phase 2. As suggested by Braun and Clarke (2006) "thematic analysis can be used for both inductive (data-driven) and deductive (theory-driven) analyses, and to capture both manifest (explicit) and latent (underlying) meaning" (p.298).

In this study, using the inductive approach allowed the researcher to explore new themes that emerged from the data, which had not been explored previously. Similarly, using the

[9] A category is word/phrase which describes a group of codes
[10] A code is a word/phrase which represents a single idea

deductive approach helped the researcher to explore the approaches to substance abuse and addiction that were already practiced by the program implementers. The inductive part of the data analysis involved an iterative process of creating categories relevant to each of the four themes: Western approach, Buddhist approach, Integrated approach and community outreach. All relevant information and data segments were entered into the codes the whole segment of data was entered to get into the context of the four themes. The coded texts (extracts) were then reviewed in order to find out their relevance and meaning relevant to the codes. A report of the analysis (see Chapter 4), which includes the data extract was produced. This report illustrates the story related to the four themes.

3.7 Research Quality Criteria

According to Guba and Lincoln (1994), trustworthiness refers to the degree of trust one can place on research findings. Liamputtong (2013) defines trustworthiness as the quality of enquiry used as a measure to evaluate qualitative study (p.24). Most qualitative researchers hold the view that realities are socially constructed and views constructed by an individual cannot be measured but can be interpreted (Liamputtong, 2013). Thus, to ensure the quality of a study, Lincoln and Guba (1985) propose a set of four quality criteria, which are *credibility, transferability, dependability and conformability.*

According to Lietz & Zayas (2010), it is important for a qualitative researcher to achieve trustworthiness in a study. They elaborate that a qualitative study is considered trustworthy if the researcher has sincerely gathered the perceptions of participants and accurately represented these in the findings (Lietz & Zayas, 2010). In Padgett's (2009) words "qualitative research should reveal a consistency and integrity of approach that is easily recognized by the reader and the reviewer" (p.102). Since this study was based on the constructivist paradigm, which identifies with the researcher's interpretation, intuitions and reflections about the data, it was important to address whether the research participant's perceptions are authentically gathered and interpreted. This study employed criteria developed by Lincoln & Guba (1985).

3.7.1 Credibility

According to Carpenter and Suto (2008), credibility is "based on the constructivist assumption that there is no single reality but rather multiple realities that are constructed by people in their own contexts and require authentic representations of experience that can be

seen as plausible by the participants" (p.149). Liamputtong (2013) encourages qualitative researchers to focus more on multiple realities and truths, and evidence (p.25). Guba and Lincoln (1994) state that credibility represents the confidence in the truth of findings. They are of the view that credibility can be established through a process of prolonged engagement and triangulations. Following the principles of credibility in this study, efforts were made to ensure that the data collected from participants in government agencies, civil society, and educational institutions were based on the accurately represented participant's perceptions and were reported with accuracy and consistency. The researcher ensured that feedback on the data and interpretations were obtained from the participants through the member checking and review of findings by the supervisor. Finally, the context and setting in which the program implementers and clients were situated were described.

3.7.2 Transferability

According to Padgett (2017) transferability refers to generalizability, not of the sample as in quantitative terms but of the study findings (p.210). Transferability as described by Carpenter and Suto (2008) asks "to what degree can the study findings be generalized or applied to other individuals or groups, contexts or settings" (p.149). As Carpenter and Suto (2008) point out, transferability relates to the degree to which the qualitative finding informs and facilitates insight within contexts other than in which the research was conducted" (as cited in Liamputtong, 2013, p. 26).

The researcher does not claim that the findings from this study will be transferable to global contexts. However, the treatment approaches presented may be relevant to counselors working in the rehabilitation centres, schools and treatment centres in Bhutan. It was assumed that the insights and perspectives derived from the key findings of the study will inform policies and programs related to substance abuse and addiction in Bhutan. For example, some aspects of tradtional approach that are practiced in the Buddhist monasteries in Bhutan can be adapted by agencies and institutions in government and non-government sectors in Bhutan. Since this is the first study of its kind in Bhutan, it was assumed that the constructivist-qualitative approach that the study took and the rich variety of perspectives emerging from the study will facilitate the development of intervention programs that are relevant to Bhutan's largely Buddhist social and cultural context.

3.7.3 Dependability

According to Chilisa (2012) dependability refers to the method of finding whether the research findings fit the data from which they have been derived. It is the responsibility of the researcher to ensure that the process employed is logical, traceable, and clearly documented (Tobin & Begley, 2004, p. 392).

In order to ensure dependability in this study, the researcher provided a detailed description of the research design and the methodology. Close attention was paid to the established norms and techniques of conducting the qualitative interviews, transcribing and coding, analyzing and presenting the data.

3.7.4 Conformability

Conformability is the ability of the researcher to prove that the findings and the interpretations are clearly derived from the data and not form the imaginations of the researcher (Chilisa, 2012; Padgett, 2017; Tobin & Begley, 2004). Lincoln and Guba (1985) describe conformability "as the degree to which findings are determined by the respondents and conditions of the inquiry and not by the biases, motivation, interests or perspectives of the inquirer" (p.290). The researcher, being an experienced counselor and mindfulness practitioner, was careful to bracket her own feelings and not be judgmental or biased during the process of interviewing the participants and while transcribing and interpreting the data. Moreover, being an experienced practitioner helped the researcher to understand their non-verbal communication, which was crucial, as most clients could not articulate fluently in English or Dzongkha. This was important as the researcher relied on the inductive approach of theme generation in order to understand their perspectives on the treatment programs and the impact of these approaches on their lives. However, no qualitative researcher is absolutely free of subjectivity or the influence of the researcher as it is based on interpretations. In order to minimize biases and to enhance conformability, the researcher ensured that the data were collected from participants with lived experiences. In the process of recording, transcription was done verbatim and the interview transcripts were sent back to the participants to cross check acceptability and accuracy.

3.8 Presentation of the Findings

The data gathered from the program implementers and clients were meant to answer the same research questions. For example, the data gathered from the drop-in-centre and schools were examined to see the effectiveness of the Western approach and the quality of the program implementers in the treatment programs. Similarly, the data gathered from the school students who attended the *Choeshed Layrim* was meant to examine the effectiveness of the Buddhist approach and the quality of the program implementers. Likewise, data gathered from the two rehabilitation centres were meant to examine the effectiveness of the integrated mindfulness approach and the quality of the program implementers. In addition, the data gathered from the community outreach examined the quality of the program implementer in the treatment approach.

As evident in Chapter 4, the findings from the interviews are presented mainly in form of thematic descriptions containing multiple perspectives and patterns illustrated by the participant's statements from the interview. The findings are organized according to the research questions and further explored for deeper meanings (Creswell, 2008) associated with research the questions. A detailed discussion of the findings of the study is presented in Chapter 4. The implications for existent knowledge, policy and practice based on comparison and contrast with past literature and research and personal reflections about the data are provided in Chapter 5.

3.9 Ethical Considerations

This study received ethical approval from the Office of the Vice Chancellor, Royal University of Bhutan (RUB) (Appendix 3.9). Since this study involved visiting the two rehabilitation centres, approval was sought and obtained from the Director of the Institute of Wellbeing Centre via letter Ref:/BIW/MISC/2018/1207/ dated 22/06/2017 for carrying out the study (see Appendix 3.10) and the Chitheun Phendhey Association, via letter Ref:/CPA /adm-17-229/2017/ dated 20/6/2017 for conducting the study (see Appendix 3.11). Approval was also sought and obtained from the Deputy Director to visit the drop-in-centre, Bhutan Narcotic Control Authority via letter BNCA/DRD/2018 -2019 dated 23/6/2018 (Appendix 3.12). Informed consent was gained from all the participants involved in the study and adherence to the SCE/RUB guidelines for consent of human participants was ensured (Appendix 3.13)

Considering the academic qualifications and experiences of the participants (clients) in the rehabilitation centres and school, the researcher ensured that the consent form was clearly written and explained clearly to the participants as well. Accordingly, each participant was briefed about his or her right to refuse to participate in the study prior to signing the consent form.

Before the interview, the researcher engaged the client in rapport building, especially with the clients, to make them feel comfortable. Important ethical matters such as the purpose of the study, protection of the anonymity and explaining the purpose of the study and maintenance of confidentiality was explained at the outset of the interview. Protection of anonymity is particularly important as Bhutan is a small country and it is not difficult to identify participants in a study. Anonymity of participants was ensured in the transcript files as well as in the data segments quoted in the dissertations chapters. Pseudonyms were used for the participants. While gathering data, interviews were conducted in a private space where the clients could express themselves confidently and nobody could overhear the conversation and all measures were taken to protect privacy. As required by RUB policy, all questionnaire and interview data gathered from the participants – both in print and electronic forms – and their signed consent forms were stored in a secured location in the Department of Contemplative Counselling and Psychology in Samste College of Education, Royal University of Bhutan. These data will be destroyed after five years.

3.10 Summary

This chapter has described the research design and methodology that were employed in the study. It introduced the constructivist paradigm which underpinned the study. Supported by a qualitative approach, the methodology of study allowed taking in multiple perspectives, meaning-making, and interpretations based on the participant's lived experiences, personal intuitions and reflections. Qualitative data were gathered from 38 participants through semi-structured interviews for Phase 1. Similiarily, data were gathered through semi-structured interviews and a rating scale from 18 participants for Phase 2 of the study. A purposeful criterion based sampling strategy was employed to select the research participants. The findings from the data provided insights in relation to the research questions. Findings of the studies congruent with the three research questions are presented in chapter 4.

Chapter Four: Analysis of the Data

4.1 Setting the Context

As set out in Chapter 2 (2.6), a landmark initiative taken by the Royal Government of Bhutan to combat substance abuse and addiction was the creation of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) in 2015 by the National Parliament. This led to the establishment of the Bhutan Narcotic Control Authority (BNCA) in 2016 as the nodal agency of the government to deal with all matters related to narcotic drugs, psychotropic substances and substance abuse in the country. The BNCA has established 8 drop-in centres across the country to provide treatment services to the clients who were referred by government agencies such as hospitals and law enforcement agencies. Likewise, the two rehabilitation centres under the Civil Society Organizations (CSOs) have provided rehabilitation services. Despite the interventions from the Government and the CSOs, the *Zhung Dratshang* (Central Monastic Body) also sought to intervene in youth substance and addiction in 2002 through the introduction of the *Choeshed Layrim* (Buddhist discourse). Furthermore, informal community outreach instigated by an individual Buddhist monk has provided another means of intervention to the problem of addiction amongst youth in Bhutan. Together, these four treatment contexts provided a unique opportunity to understand how in the Buddhist country of Bhutan, Western and Buddhist-based approaches to youth drug abuse and addiction were potentially intersecting and diverging. On this basis, the researcher sought clarity on two aspects: i) the treatment approaches to substance abuse and addiction carried out in the four treatment contexts of government agencies, *Zhung Dratshang*, civil society organizations and community outreach; and ii) the factors understood by both clients and program implementers as contributing to the effectiveness of the treatment approaches in these four treatment contexts.

The review of the literature reported in Chapter 2 identified that there has been no qualitative study carried out on the various treatment approaches to substance abuse and addiction, nor any empirical study done to evaluate the treatment programs offered in the various treatment organizations in Bhutan. Based on the gaps identified, the study set out to explore the four treatment contexts in relation to Western and Buddhist approaches to substance abuse and addiction as practiced by the program implementers. To pursue this, the researcher asked the

overarching research question: *What are some of the treatment approaches adopted to intervene in youth substance abuse and addiction in Bhutan?*

This question was explored within the context of the work of program implementers in the four treatment contexts identified for this study: (i) government agencies, which comprised of program implementers in the Bhutan Narcotic Control Authority (BNCA), Psychiatric division, Institute of Traditional Medicine Services, Schools, and Colleges; (ii) Buddhist monasteries, which comprised of five monks who are senior Buddhist practitioners in the *Zhung Dratshang*; (iii) civil society organizations represented by program implementers at the Institute of Wellbeing and Samzang Residential Drug and Alcohol Rehabilitation Centre; and (iv) community outreach, represented by one Buddhist monk, who is not affiliated with the *Zhung Dratshang* or any other organization. Interviews were conducted with both clients and program implementers to distinguish the approaches and to explore the interface of Buddhism and Western approaches, including the possible integration of mindfulness in relation to three distinctive forms suggested. This formed Phase 1 of the research process.

The second research question was: *What contributes to the effectiveness of the treatment approaches to intervene in youth substance abuse and addiction?*

This question was first explored in Phase 1 within the context of the experiences of clients seeking treatment across three treatment contexts: the drop-in centres, schools and colleges which represented the government agencies; clients in the schools who attended the *Choeshed Layrim* program representing the Buddhist monasteries; and clients seeking treatment at the Institute of Wellbeing and Samzang Residential Drug and Alcohol Rehabilitation Centre, representing the civil society organizations. Based on the clients' responses to the factors which contributed to the effectiveness of treatment, Phase 2 was instigated. Phase 2 included three aspects: the development of a rating scale constructed from the responses of clients in Phase 1, and the rating scale question was administered to program implementers(n-18), followed by a short questionnaire for program implementers to explore the question of effectiveness. In this way, the program implementers in the four treatment contexts were engaged to reflect on the quality of their attributes when working with clients in their respective treatment centres.

The third research question was causal: *What are some of the factors that lead to substance use and addiction among the youth in Bhutan?* This research question was explored within the experiential contexts of all research participants in this study (n-38), which includes both the program implementers and their clients.

The findings discussed in this chapter are based on the views of the participants, comprising program implementers (PI) and clients (Cl) who participated in the semi-structured interviews. The participants came from four groups: (i) 8 program implementers from government agencies, identified as *PIg*, 4 clients from the drop-in centres and 5 clients from school identified as *Clg;* (ii) 5 program implementers who are Buddhist monks, identified as *PIb* and 5 clients from school identified as *Clb;* (iii) 4 program implementers from the two rehabilitation centres, identified as *PIr,* and 6 clients from the two rehabilitation centres, identified as *Clr; and (iv)* one program implementer from the community outreach, identified as PIc. The details of the participants have been discussed in detail in Section 3.4.1 in Chapter 3.

Phase 1: Approaches to Youth Drug Abuse and Addiction

From the semi-structured interviews, two broad findings were identified: firstly, although three treatment approaches of Western, Buddhist, and community outreach were distinguished, these are not necessarily discreet categories. That is, there is intersection between Buddhist and Western approaches across the four treatment contexts. This is borne out by the fact that the analysis demonstrates that codes are not uniquely associated with particular approaches. For example, mindfulness and empathy, emerged as a prominent code in the Western, Buddhist, and community approaches. As a result, the overarching findings of the approach to treatment of youth substance abuse and addiction in Bhutan can be described as an integrated approach. The second broad finding relates to the fact that mindfulness is present in all four treatment contexts. Whether formally built-in to the treatment program (for example, in the civil society organizations) or dependent on the individual program implementers with the practice (as in government agencies) as indeed through the integration of the *Choeshed Layrim* in both of these treatment contexts, a mindfulness-based approach is integral to youth drug abuse and addiction treatment in Bhutan. However, as had been noted at the beginning, “mindfulness’ cannot be understood as one kind or approach in Bhutan. Across all four treatment contexts, mindfulness was identified as a linking approach and differences in understanding of “mindfulness” were evident. To reflect both this diversity and the constitutive role mindfulness plays in treatment, a fourth approach has been proposed: a mindfulness-based approach. Therefore, in identifying these two broad findings – the integration of approaches across the treatment contexts and the utilization of mindfulness in all three treatment contexts leading to the

distinction of a fourth treatment approach called a mindfulness-based approach, the unique richness of treatment in dealing with the contemporary problem of youth substance abuse and addiction in Bhutan is demonstrated.

In summary, the four treatment approaches to youth drug abuse and addiction are 1. the Western approach, as practiced by the program implementers from the government agencies and civil society organizations; 2. the Buddhist approach, as practiced by the program implementers in the Buddhist monasteries; 3. community outreach as a service provider by a Buddhist monk; and 4. a mindfulness-based approach, inclusive of Western secular mindfulness, *Chogyam Trungpa*'s contemplative mindfulness, and Buddhist meditation practice.

The discussion of the major approaches emerging from the findings of the study is provided in the following sections. The discussion of each approach is supported by the actual spoken words of the participants gathered from the interviews. To avoid misinterpretations, syntactical errors conveying the participant's quotes from the interview have not been corrected; therefore, the participants' words have been written verbatim.

4.2 Approaches to Drug Addiction

The treatment approach implemented in the four contexts of government agencies, Buddhist monasteries, civil society organizations and community outreach were discussed under four themes, namely i) Western Approach, ii) Buddhist Approach, iii) Community outreach and iv) Mindfulness-based Approach.

4.2.1 Approach 1: Western Approach to Substance abuse and Addiction

In the context of this study, the theme *Western approach to substance abuse and addiction* refers to empirical approaches that are in theory and practice informed by the principles and practice of psychotherapy developed in the West. The insight into Western approach is drawn from the program implementers working in the government agencies, civil society organizations and clients from the two rehabilitation centres, schools and drop-in centres (DIC). This theme has one category and its associated codes (see Table 4.1). Discussions of each category follow, including remarks from participants that reveal the theme of the Western approach.

Table 4. 1 *An Overview of Categories and Codes for the Western Approach*

Theme 1	Category	Codes
Western Approach	Approach employed by the program implementers	• Cognitive behavioral therapy • Motivational Interviewing • Group and individual counseling • Twelve-step approach • Skills Development and Reintegration

4.2.1.1 Category: Approaches Employed by Program implementers

In this context, the approach refers to the way or method adopted by the program implementers in dealing with substance abuse and addiction based on their experiences and understanding of the various approaches to treating addiction. The program implementers in government agencies such as the Bhutan Narcotic Control Authority (BNCA) used these treatment approaches with their clients in the Drop-in Centres (DIC). The program implementers in the schools used this treatment approach with their clients in schools, while the program implementers in hospitals used this treatment approach with their clients in the psychiatric ward. Similarly, the program implementers in the Institute of Wellbeing (IW) and Samzang Residential Drug and Alcohol Rehabilitation Centre (SRDARC) use these approaches in their treatment centres. Thematic codes or sub-themes within this category are Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and group and individual counseling, Twelve-step approach and skills development and reintegration.

Cognitive Behavioral Therapy (CBT): Eight program implementers stated that CBT is one of the effective treatment methods in schools and treatment centres. For example, Plr 9(IW) said of the clients, “They have been cognitively impaired by the substances, so cognitive behavioral therapy target on the behavioral changes and cognitive part.”

Similarly, PIg5 (school) articulated:

I consider cognitive behavioral therapy the most effective therapy for me while dealing with clients having addiction problems … as it helps to explore client’s patterns of behavior leading to self-destructive actions and beliefs that directs these thoughts. Furthermore, it

helps in seeking alternative thinking while providing coping strategies to handle potential stressors.

Overall, program implementers identified CBT as one of the most effective approaches in dealing with cravings, clarifying thought processes, and helping clients to be aware of their irrational thoughts. To support this perception, PIr10 (IW) said:

Clients have been able to keep track of the thought records and they have been working very well with the functional analysis they have introduced. They say this relates very well to their personal life right now.

To validate this perception most of the clients in the treatment centre said that using CBT techniques helped them to be aware of their irrational thoughts and the behaviors associated with that thought. Clr 23(IW) demonstrated an example of using the CBT techniques. “When I have craving, I write the situational thoughts, feelings, behavior and consequences. Because of this I forget my craving.” Clr 25(IW) further supported the benefit of learning CBT technique: “Cognitive behavior therapy in this session taught me to how to covert our irrational thoughts into rational thought”

Motivational Interviewing (MI): Six program implementers acknowledge using MI as an effective approach in treating substance abuse and addiction. For instance, PIg1 (BNCA) stated that the “motivational interviewing method is one thing we need to focus on. It motivates the clients to come for treatment”.

Most program implementers have indicated that the MI method is used as part of any treatment program. For example, PIg5 (school) and PIr9 (IW) expressed:

We use motivational interviewing with contemplative approaches like mindfulness activity with client. These joint approaches motivate them to reflect on their habits in a meaningful way.

Group and Individual Counseling: Six clients from the rehabilitation treatment centres stated that the support they received from the group counseling motivated them to bring some change in their behaviour and thinking patterns. Attending group sessions helped them to be informed about various coping skills. Some of the clients also reported that attending individual counseling was helpful when their personal counselor spoke about their personal recovering journeys from drugs. Such talk motivated and provided them with the hope they too would come out of their current situation of addiction. Some clients in the Drop-in Centres (DIC) demonstrated an example of these perceptions. For instance, Clg19 (DIC) expressed that, “attending group counseling provided me hope to see that there are many

others like me and I can also share my inner feelings to release my stress." Similarly, Clb21 (DIC) also expressed that, "attending group session was a life-changing moment for me as I got motivated in reading, and my counselor helped me to continue my education". Likewise, another client from the Institute of Wellbeing said,

"After completing ninety days, I would learn 90 skills and these skills will be used when I am back to the mainstream, I mean when I am back to the society. I am hoping that these skills will benefit me (Clr23 [IW]).

When it comes to the impact of individual counseling, most of the clients in the school said that attending individual counseling sessions helped them to overcome their addiction. For instance, Clg29 (school) said, as a result of "attending counseling, my counselor helped me to overcome marijuana addiction".

Similarly, seven program implementers expressed that they had supported the program by providing individual and group counseling. For example, PIg1 (BNCA) said, "the main treatment component is individual and group counseling, where they are educated on harmful effects of drugs and addiction."

Two program implementers in the hospital articulated that our services are passive, we don't reach out but when parents and relatives bring their youngster for treatment, we provide counseling and encourage for long-term rehabilitation (PIg2 & PIg3).

Similarly, in the school settings, voluntary clients come to seek counseling and most clients are referred by teachers, parents and peers (PIg5 & PIg7).

PIg8 (college) notes, "we bring together the clients addicted to drugs, with similar kinds of drugs and we do lots of brainstorming." Overall, the program implementers covered in this study reported that individual and group counseling sessions are provided as a strategy to minimize drug use. Some program implementers (e.g. PIg7 and PIg8 in school) and PIr10 (IW) stated that they received huge positive responses from group counseling.

Twelve-step Approach: Three program implementers in the Samzang Residential Drug and Alcohol Rehabilitation Centre (SRDARC), Paro, reported that they followed the twelve-step model as an intervention to treating drug addiction in their centre.

Some of the clients said that following the twelve-step approach helped them to become sober and become more positive towards life. For example, Clr26 (SRDARC) believed that, "After attending the twelve-step program, I learnt to manage my time, and became polite and honest". Similarly, PIr11 (SRDARC) said the twelve-step approach helped the client to connect themselves through prayers and meditation.

Participants CIr27 (SRDARC) highlighted that:

Attending this program improved my thinking power and my physical health and attitude and gave me another life to live, free without the use of drugs.

Overall, most of the clients indicated positive changes in their behavior. For example, Clr 28 (SRDARC) said, "This program has made my life better and I learnt how to value family and my own health".

Skills Development and Reintegration: The Institute of Wellbeing and Samzang Residential Drug and Alcohol Rehabilitation Centre (SRDARC) also offers programs related to building skills and reintegration to empower clients with skills and vocational experience as a part of their treatment at the centre.

Four program implementers in the centre identified skills development and reintegration as a part of their treatment program. For example, two program implementers said that skill building is mostly to do with enhancement of their vocational knowledge or vocational skills so that they can make a living once they go out of the wellbeing centre (PIr 9 & PIr10) [IW].

Two program implementers (SRDARC) identified vocational training as a part of their skill development (PIr12 & PIr13). On the contrary, PIb14(Buddhist practitioner) stated:

We try to find some training courses or schools or whatever so they can move on. For example, to learn the skills, I engage the recovering clients in a café, where they will do dish washing, work as a waitress for about eight months. Then I request for a five-star hotel to take them as an intern. Usually if they work well, they are employed. Furthermore, some of the clients are sent abroad for chef training.

4.2.1.3 Summary of the Main Points from Western Approach

The majority of the program implementers in the government agencies and the two rehabilitation centres indicated that approaches such as CBT, MI and group and individual counseling were the most used Western approaches to treating addiction in their treatment contexts. From the data, it is evident that these approaches were widely accepted and

practiced in treatment centres across Bhutan. In the civil society organizations two additional Western approaches were identified: Twelve-Step and skill development and reintegration. In relation to the finding of integration of treatment approaches, Skill Development and Reintegration, which is distinctly Western, is also utilized by in the treatment context of community outreach, which is identified as predominately a Buddhist approach. Since it is undertaken by a Western monk, it presents a uniquely Buddhist/Western fusion. Furthermore, besides the Western approaches, some program implementers in the government agencies and rehabilitation centres are also utilizing mindfulness, which is explored below under the Mindfulness-based approach.

4.2.2 Approach 2: Buddhist Approach to Substance Abuse and Addiction

In this context, the theme *Buddhist approach* to *substance abuse and addiction* refers to teaching of *Choeshed Layrim* by the *Zhung Dratshang* (Central monastic body) as a treatment intervention to substance abuse and addiction. The key findings under this thematic category include program implementers demonstration of their knowledge and skills in conducting *Choeshed Layrim* (Buddhist discourse) based on their experiential and profound knowledge of Buddhism. This theme has one sub-theme (category) and sub-themes (codes) (see Table 4.2). The thematic category is discussed along with quotes from participants' responses to the interview questions.

Table 4. 2 *An Overview of Categories and Codes for the Buddhist Approach*

Theme 2	Category	Codes
Buddhist Approach	Approach used by the *Choeshed Layrim* Buddhist monks	• Karma (Cause and effect) • Meditation/Training the mind • Isolation • Youth engagement in the monastery

4.2.2.1. Category 1: Approach Used by Buddhist Monasteries

This thematic category refers to the method adopted by Buddhist monks to set up intervention programs for substance abuse and addiction in Bhutan. Valuable insights and perspectives were drawn from the program implementers teaching *Cheoshed Layrim* as a treatment approach. The program implementers in the Buddhist monasteries used these methods to teach clients in the school and two education colleges in Bhutan. Clients who had

participated in *Choeshed Layrim* in both secondary schools and colleges were also interviewed. The dominant theme is *Choeshed Layrim* (Buddhist discourse) with sub-themes described in the following sections.

***Choeshed Layrim* (Buddhist discourse):** The program implementers in the monasteries have adopted *Choeshed Layrim* as targeted treatment approach to intervene in youth substance abuse and addiction.

According to the findings from the study, a majority of the program implementers confirmed that *Choeshed Layrim* was conducted twice a year in their schools and colleges. The common aim of conducting this program was to provide a Buddhist value education, including the teaching of Karma (cause and effect), and meditation and training the mind, a time-tested method to bring positive change in the minds of the youth. Six program implementers highlighted that the best method to teach values and skills in young age are through the teaching of *Choeshed Layrim*. For example, PIb18 asserted that there are

> three main elements for learning - first youth should be aware of what learning or knowledge is; second, they should be aware of the purpose of learning; and third they should be aware of the various obstacles to learning. If youth are aware of these three points, they will not indulge in abusing drugs. And understanding these three main purposes of learning is equivalent to *dham phe choe* or dharma teaching.

Similarly, PIb14 and PIb16 said:

> From the Buddhist point of view, there are four approaches to stop drug abuse; through one's conduct (*choelam*), through study of Buddhist text (*dharma teaching*), and through meditation and etiquette (*gom-pa bjawa dang choepa*).

On a similar note, PIb17 stated, "I see the utmost need to teach moral values and a code of conduct through *Choeshed Layrim.*" PIb15 supported this idea and said, "In order to combat drug addiction issues, we lamas have developed *Choeshed Layrim.*" Overall, program implementers identified that teaching *Choeshed Layrim* in combination with oral transmission and use of visual presentation followed by empowerment was found to be effective. PIb17 provided an example of some aspects of *Choeshed Layrim* that were found useful to students:

> Spiritual teachings through arts and depiction of the wheel of samsara, arts of hell realm and arts of series of life of the Buddha depicting various karmic actions and its effect while Buddha took rebirth in different realms.

Some of the clients from the schools and colleges expressed their views and opinion on the *Choeshed Layrim* session, many supporting the above perception. Clb34 (college) said; "I learnt about karmic effect and recognize Buddhist values such as empathy and compassion." Clb35(school) articulated his understanding of *Choeshed Layrim* thus: "To me I learnt the meaning of life and to focus on right living, right understanding and right communication." Similarly, Clb36 (school) said, "*Choeshed Layrim* is all about mental state of mind which is within our reach."

Likewise, Clb38 (school) shared his experience:

After attending the *Choeshed Layrim* program, we get more ideas, values, and it empowers us. The lama taught us the preciousness of life and said drug shortens our life and makes our life miserable … 'drug is the source of all misery' like ego, attitude problem and family problems. After attending *Choeshed Layrim*, I became a changed man.

More of the clients from the school and colleges expressed their views and opinions on the *Choeshed Layrim* session. For example, Clb35 (college) said it is an opportunity to train our mind. Similarly, Clb38 (school) said, "I learnt the importance of life, values of helping people in need … it empowers us to fight our depression not by drugs" Clb38(school). "The advice given by Lama, through the teaching of religious text is considered as a timely intervention to stop drug users and I find it very effective" Clb36 (school). Clb34 (college) also identified *Choeshed Layrim* as auspicious because "I learnt lots of values, since we all are unenlightened souls, we cannot say what is wrong or right… committing sins can accumulate bad deeds."

However, also on the contrary, some clients said that they found it challenging to attend some sessions on *Choeshed Layrim*. For example, Clb36 (school) said, "to be honest, *Choeshed Layrim* can be monotonous and boring that makes people sleepy." On a similar note, Clb37 (school) expressed that *Choeshed Layrim* can be "boring if lengthy but if shortened with meaningful interaction, then it would be more exciting."

In response to these comments, some of the program implementers said that despite having many Buddhist approaches, it is difficult to deliver those teachings to their level. For instance, PIb14, who is a senior practitioner and head of the monastery expressed,

There are many Buddhist approaches to treat addiction, however, it is not easy to apply because most of the Buddhist terms are in Sanskrit, and difficult to translate and make them understand.

Another senior practitioner, PIb16, further supported this perception:

There are many Buddhist approaches but many do not understand *chokyed* (religious language) and we cannot translate 80,400 volumes of Buddha's teachings to Dzongkha. Even if we do, we cannot translate them precisely.

In addition, some program implementers expressed that students have little exposure to Buddhist studies in school which deprives youth of the understanding of sacred values and principles of the Buddhist teachings (PIb17& PIb15). However, when the teachings about '*Shet Ja Tshe*,' which explains about the eighteen realms of hell are understood, there was a significant decrease in substance abuse" (PIb14). This is explored in more detail in the Code: Karma.

Karma (cause and effect): Six program implementers identified teaching concepts such as Karma as one of the best techniques to make youth realize the consequences of taking drugs in this life and the next life. For example, PIb17 said;

We narrate on the action and fruition depicting what is the fruition owing to one's karmic action. Depicting the arts of six lives of wheel of samsara and the arts of the series of life of the Buddha are helpful too.

PIb15 further elaborated the importance of teaching the concept Karma:

From the Buddhist perspective, young people must be aware of their moral and ethical behavior, because actions and thoughts have consequences for this life and the next. Likewise, the preciousness of human life is considered as the best opportunity as it provides the best possibility for an individual to accumulate enough positive merit for happiness and wellbeing in the present and the next life.

Similarly, PIb18 conveyed that,

Creating awareness of one's evil karma accumulation and linking karmic actions with some of the six realms such as hungry ghost and animal realms were found to be effective.

Participant PIb14 further stated that:

The main talk we conduct in school is about cause and effect (*ley Judrey*). From the Buddhist point of view, it is mainly about the "Dos and Don'ts of human conduct" … "addicts should have knowledge on the ten non-virtuous deeds; three sins of the body, three sins of speech and four sins of mind". All these sins should be avoided.

This idea was supported by (PIb16 & PIb15), who said that narrating the source of addiction through our religious beliefs helps youth to think about their action and behavior. For example, PIb16 said that, stories based on Buddhist teachings help youth to understand the consequences of using drugs:

One demoness prayed that when she died to let the blood and pus flow/emit from her body (like monthly period) and turn into a tree. She prayed that everyone become fond of this tree - some to eat leaves, some to sniff, some to smoke the leaves and to let whosoever use these leaves get spoiled. She prayed that this plant creates lot of problems in this world. This is the plant (tobacco) that had germinated from her blood and pus. The tobacco's source itself is not good and that's why tobacco is not good. It is the most impure substance". This is in

accordance with the Buddhist teachings. In the Buddhist system, we do not produce it [tobacco and drugs].

Some clients in the school covered in this study supported the impact of story telling:

After listening to the story, some of my friends stopped smoking marijuana and voluntarily went to see the school counselor (Clb38& Clb36).

Overall, the program implementers indicated that understanding the concept of cause and effect has taught students to focus on right living, right understanding and right communication. An example of this perception was highlighted by PIb15:

Visually showing them the realms of hell and explaining about the rebirth in hell and rebirth in heaven … has positive impact and inspires them to leave drugs.

Some clients who said that learning about karmic effect helped them to understand the value and meaning of life, validated this perception. For example, Clb35 (college) said, "I learnt that bad karma would lead me to hell and suffering." Clb 38(school) said, "I learned how to mend these wrong actions and make it right." He further articulated that "I learnt that addiction can affect my studies in my present life and after I die, I will be born in hell. I think such beliefs will prevent youths like us to do away with drugs".

On the contrary, one of the clients Clb36 (school) said,

I was afraid of looking into the different sections of hell where people would be kept in accordance to the sins they have committed.

Isolation: Four program implementers identified that the process of isolation, or temporary removal from the environment can help change youth's perspectives. For instance, PIb14 stated:

Since corporal punishment is banned, we isolate that person for some duration and let him forget about drugs. For example, the first step is to advise and provide guidance on human lives and values from Buddhist text. The second step is to make them prostrate and circumambulate. The third step is to make them serve tea (*Mang Jga*), which means serving tea to monks; and the last resort is to transfer them to other remote monasteries for a duration of a month or two, where substance is not available.

Similarly, PIb17 said:

First and foremost, the thing we make them aware of the pros and cons of the drugs and try to isolate them from the town during their break because an individual's thinking varies from different places. For example, youth who reside in town have different mindset; while they are at sacred places like *Phaojoding*[11] they have different mindset. While they are at sacred places they are at peace, which is the right time for self-reflection, while in town there is lots of distraction.

[11] Phaojoding is considered as one of the most sacred meditational sites in Bhutan.

Conversely, PIb 16 said:

The four Buddhist approaches are (*Zhi, Gye, Wang and Drag).* The first approach *Zhi* we advise not to indulge in substance abuse and, explain to him the negative effects of substance. In the second approach *Gye*, we provide counseling while keeping the person in the limelight of care and attention. In the *Wang* method, we shift his place of stay and separate him from friends who are abusing and explain the consequences. When all these approaches fail then we use *Drag*. Here we use force and scolding but these days we cannot use the last approach (corporal), which involves the use of force to discipline, which by doing we would entail the violation of the international norms. However, we are willing to use the fourth approach if need arises as Buddha has said "the ox that fails to understand, strike him with heavy order of the King".

Overall, the program implementers reported that change in environment and visiting religious sites had positive influence in helping youth to stay away from using drugs and helped them open to positive feelings. PIb15 exhibited an example of this perception:

The experience of circumbulating chorten or chanting mantra, visiting religious sites is so enriching and it helps to overcome the problems in life, rather than staying at home, having to undergo all kinds of thoughts and emotions … we transfer them to other remote monasteries for a duration of a month or two, where substance is not available.

Youth Engagement in Monastery: Three program implementers expressed that engaging youth in various dharma courses and practices, giving them opportunity to immerse in spiritual practice, as well as the practical experience of being a monk during the summer and winter break were found to be effective in keeping youth away from activities related to addiction. For example:

For the past three years we have organized ten days program during the summer and winter break where the students can join the monasteries and engage in various dharma practice such as pilgrimage, meditation, reciting of prayers and engage them in various dharma practice (PIb17 & PIb18).

This was further confirmed by some program implementers. For example, PIb14 said, "I firmly believe that this is time to rely on our religion and cultural institutions to get spiritual support and moral support".

PIb17 further supported this idea:

I would like to affirm that coordinating a pilgrimage and taking them on an excursion is very beneficial. For example, it is mainly about one's habit, and correcting the mind is very much important at initial, as drug addictions are the results of uncontrolled mind, however, the dwelling place also varies.

PIb18 further elaborated:

So, from their early age, we have to engage them to take part in religious activities … (which) will help them to tame their mind. It is more powerful than medicine.

Program implementers generally argued that engaging the youth in spiritual activities helped clients to change their perspective towards life and bring in change in their perception. This perception was supported by PIb 17: "Every year, I come across 14 – 20 youth who have quit drugs and alcohol and confess in front of us personally".

Clb33 (DIC) validated this perception by;

By attending *namshey gomdrel* Choeshed Layrim, I enrolled in the monk program, visited many religious sites. This program helped me to understand suffering and the cause and effect of taking drugs and I realized that it is more beneficial to become a monk than to continue my education. If I become a monk, it will help me in this life as well as in my next life.

4.2.2.3 Summary of the Main Points from the Buddhist Monasteries

This study has shown a majority of the program implementers highlighted that teaching Karma (cause and effect) was effective in bringing positive change in the minds and attitudinal behaviour of youth. Most of the clients interviewed in this study have indicated the benefit of dharma-based interventions. For example, they generally reported that engaging in various spiritual practices such as attending *Namshey gomdrel, Lekshey lamten,* and visiting *Lhakhangs* or scared places has had a positive impact on their lives. Attending such programs has helped them to change their perspectives towards life. On the other hand, some clients expressed difficulty in understanding the esoteric concepts from the Buddhist discourse that they received and found the approaches not so interesting to them. Most of the program implementers identified meditation as the only tool to train the mind and bring positive change in the behaviour. Since meditation was identified as an integral component of the Buddhist approach to treatment, this is explored in detail in the mindfulness-based approaches below.

4.2.3 Approach 3: Community outreach to Substance abuse and Addiction

In the context of this study, the theme *community outreach to substance abuse and addiction* refers to the service provided as an intervention to substance abuse and addiction, given by an individual who is from the West and is an ordained Buddhist monk. The service provided

by the Buddhist monk is purely based on his own passion to provide service to bring positive change in the life of the Bhutanese youth who are suffering from substance abuse and addiction. The approach has one thematic category and its associated codes (sub-themes) (see Table 4.3). Discussion of each category along with the quotes from the participant that reveal the theme of community outreach are discussed in the next session.

Table 4. 3 *An Overview of Categories and Codes for the Community Outreach*

Approach 3	Category	Codes
Community outreach	Approach used by the program implementer	• Compassion • Referral • Reintegration

4.2.3.1 Category: Approach used by the Program implementer

In this context, the approach refers to the method adopted by the program implementer in the community outreach to help youth to overcome addiction. Useful insights were drawn from the interviews based on the program implementer doing the community service. The following sections will discuss the sub-themes under this category, namely, compassion, reintegration, meditation and referral.

Compassion: The program implementer reported that his approach to dealing with addicted youth is seeing them with a non-discriminating view and looking at addiction through the lens of compassion and trying to understand the cause and conditions. For example, the program implementer (PIc13) said,

I don't have a specific way or method of sitting down and conducting a counseling session. I just become a friend and try to advise them. I do not believe in time bound sessions with client. As a Buddhist monk, I believe that "every human being has basic goodness, a natural state of purity and through guidance, the goodness can shine".

He further said that he prefers to hang out with them informally to build good rapport. For example,

I just hang out with them, sometimes go to bars and clubs at night and talk. I become friends first, and not judge them as addicts. I would say they need help, not condemnation and judgement. As a Buddhist I would be less likely to give up but never to condemn and judge… Actually, for me it takes me no effort working with youth who are doing well and those who are relapsing often. I help them, thinking that one day they will stop using drugs – and some may never recover – but it is okay, that is the way it is. I don't do for myself.

This was further validated by some program implementers from the government agencies and rehabilitation centres:

In Thimphu we have this Lama X who goes around and reaches out to the people. He is not expecting people to come to him, he rather goes around look for these people, what they are doing. He is more concerned about their wellbeing. So, if somebody is concerned like that, then it becomes easier (PIg2, PIr9. & PIg1).

The program implementers also highlighted that Lama X spends quality time with people who have been to rehabilitation centres. They mentioned that he also has a group named after Pink Floyd, as addicts relate to these songs which reflect their feelings, after being abandoned by their significant people.

Referral: The community outreach program also takes initiative to refer clients for rehabilitation treatment. The program implementer reported that their main service has been referring clients to rehabilitation treatment for inpatient and outpatient treatment. For example, PIc13 said,

I used to go to bars and clubs at night to meet youth, to meet youth who are addicted to drugs. We try to persuade them to go to rehab, if they agree, we send them to a rehab. If the family can afford the fees, then they pay themselves. If not, I arrange the fees. For instance, if the family is wealthy, I just advise them and they can manage themselves. If they want me to help them to refer the client to rehab, then we arrange it, but they have to pay the fees to send their child for rehabilitation treatment. If the client is from a destitute family, or families are ignoring them then I pay the full amount

The program implementer said that he follows up with his clients to see whether they have relapsed after completing their rehabilitation treatment. For example, he stated:

I follow up with them quite strictly. I go to their houses at night, if they are not picking up the phone. I just turn up at night, to check, or If I think they are lying, I will go into their house to see whether they are really there, or really doing what they are telling me.

This was further validated by some of the clients who had seek support from the community outreach. For example, some clients reported,

"In case anybody needs help in the middle of the night he would just show up. He was dedicated and committed. He is a good human being and is understanding" (Clg21 & Clr23).

A majority of the clients, who has been referred to rehab by the program implementer claim that they attribute their recovery to the treatment received from the community outreach (Clb19. & CIg 20).

Reintegration: The program implementer further said that his job is to help clients to get some training after they come back from the rehabilitation, so that they can reintegrate back to the society. For example, the PIc 13 said,

Usually when they come back from rehab, if they want to become a chef then they work in a café for six to eight months. They do whatever they have been told from serving, cleaning toilets, washing, or whatever they are asked they should do cheerfully. They have to do everything properly and on time. If they do well, then we request La Merridan or Aman Kora or one of the five start hotels or resorts to take them for six months. Usually, they do and if they do well, sometimes they keep them there. Another option comes from Thailand, then we send them out there as they get better exposure and usually, they want those options.

The Program implementers claim that the service provided at the community outreach is able to reintegrate the clients back to their normal lives. For example, PIc 13 said,

I think we are doing pretty well. Some of them are doing very well. We have two guys in Aman Kora, we have three or four in a Thailand five-star resort, two in Malaysia, three of them just left to Siliguri to do art training. We try to find different things. They don't need to be class XII to become a chef and also gives them a buzz or fun and also gives them a discipline.

4.2.3.1 Summarizing of the Main points from the Community Outreach

This study had shown that service provided by the community outreach was a distinct approach in making positive changes in the lives of the Bhutanese youth, especially with addiction issues. The treatment approach is similar to the Buddhist approach as the approach aligns with Buddhist principles of compassion and basic goodness. It is also evident from the study that referral and integration of clients back to society plays a major contribution in helping youth to return to being independent. In this way, the community outreach is a hybrid of both Buddhist and Western approaches. It is evident from the study that community outreach treatment service is run by an individual but its contribution to youth is widespread across the other three treatment contexts such as drop-in centres, schools and rehabilitation centres. It was also evident that the program implementer in the community outreach, besides supporting clients, also takes time to teach meditation to the clients and others in the community. This is presented in the fourth approach – Mindfulness-based approaches.

4.2.4 Approach 4: Mindfulness-based Approaches to Substance Abuse and Addiction

In this study, the theme of *mindfulness-based approaches to substance abuse and addiction* was developed to refer to how these three approaches, Western, Buddhist and community outreach, are in effect united in incorporating this fourth treatment approach. In this way, mindfulness can be understood as a linking approach, since it appears in all the treatment contexts distinguished in three ways: as a Western-based secular mindfulness (Kabat-Zinn), contemplative mindfulness (*Chogyam Trungpa*) and Buddhist meditation. As a result, a

mindfulness-based approach to treatment is found in the following ways: 1. Integrated in the general approach of the treatment context wherever the *Cheoshed Layrim* is included; 2. Formalized as a treatment intervention, for example in the civil society organizations, and 3. Informally presented as a treatment intervention, dependent on the program implementers training and background. This is particularly relevant to the treatment context of government agencies. However, it is noted that in the Buddhist context of the *Cheoshed Layrim* there is some criticism, or at least skepticism, of the Western-based secular mindfulness approach.

This broad theme or approach has one thematic category and its associated codes (sub-themes) (see Table 4.4). Discussions of each category along with the quotes from participants that reveal the theme of the Integrated approach will be discussed in the next section.

Table 4. 4 *An Overview of Categories and Codes for the Mindfulness-based Approach*

Approach 4	Category	Codes
Mindfulness-based approach	Approach used by the program implementers	• Integration of Mindfulness

4.2.4.1 Category: Approach Used by Program Implementers

In this context, the mindfulness-based approach refers to the application of mindfulness in the three treatment approaches -Western, Buddhist and community outreach. Useful insights were drawn based on the interviews with both the program implementers and clients in government agencies, Buddhist agencies, civil society organizations and community outreach which are outlined below. The following sections will discuss the sub-themes under the category "mindfulness-based approach." In this discussion, the government agencies, civil society organizations and community outreach are presented together. We begin with the Buddhist approach.

Buddhist treatment approach: Meditation: Six program implementers indicated that teaching youth to meditate helps them to discipline and tame their mind. Taming one's mind could change the perspective of youth towards drugs. For example, PIb16 expressed that, "If someone is sick due to illness, then the patient has to be treated with medicine." But for the addiction problem, "training of mind is required to treat drug addicted youth."

Similarly, four program implementers expressed that meditation is the only way to train the mind (PIb13, PIb17, PIb14, & PIb18). PIb14 echoed a similar position by stating that:

Our mind never stays at one place, it keeps wandering. For instance; if I think of going after a woman, physically I can't because I am a monk and it is beyond my ethics. However, my mind can, as my mind goes after her I need to be mindful about it, but if I am conscious and aware and mindful about it, my thoughts will instantly be abolished.

Plb 13 said that "For me working with mind is important as mind becomes the powerful component of our personality." PIb14 further elaborated that:

In order to train our mind, we have to focus on *Nyendro.* For example, we have to focus on the position of meditation, sitting posture, keeping our back straight like a bow, keeping our eyes focused on the tip of nose and we have to focus on mind as if it has been captured inside a glass.

Some clients in the college conveyed that they were motivated to practice meditation. For example, Clb 34 said, "meditation sessions teach us right from the sitting position … it helped me to calm down my mind and eradicate our negative thoughts...It is an enriching program for the mind, as it shows the path to righteous living and conduct" (Clb34).

Overall, the program implementers in the Buddhist monasteries highlighted that meditation is the only way to train and bring change in behavior and mind. For instance, PIb17 expressed:

Our mind can bring about change not only at the level of mind but at the level of our action. For example, if the addicts take care of their mind, the addicts will learn to think positively and act positively in their life.

On the contrary, program implementer PIb17 (senior Buddhist practitioner) shared his observation on the meditation practice with the following words:

Meditation practice is the best method but directly letting youth practice meditation is felt kind of a punishment for them and it never works. For example, meditation is introduced in schools but there is no proper guidance, rather than instructing them to stay silent for a while, and 'remaining silent is not a real meditation in Buddhism.' In addition, "the meditation methods expressed by experts from other countries, they just focus on remaining silent for a while, whereas in Buddhism it is utmost important to control the mind, meditate for a long duration and subdue one's own mind and five defilement poisons of desire, hatred, ignorance, ego and misery.

The Mindfulness-Based Approach in Government Agencies, Civil Society Organizations and Community Outreach

The program implementers from the civil society organizations and government agencies and community outreach generally reported using all three approaches to mindfulness; often

incorporating mindfulness with the Western approach in their treatment. Seven program implementers (including five program implementers in the schools) said that meditation practice included the use of personal experiences and insight informed by the spiritual tradition of Buddhism. According to them, mindfulness practice means bringing personal mindfulness experiences to clinical practice.

In the following paragraphs, the perceptions of some of the program implementers in the (government agencies) about mindfulness practice are presented along with the views of the program implementers in the rehabilitation centres.

For instance, PIr9 (IW) expressed:

In integrated approach, we focus on mindfulness practice and mindfulness practice is integrated in all the sessions, so this is what constitutes the integrated approach. For example, PIr10(IW) said, "Integrated approach actually means mindfulness meditation, and we have mindfulness practice in every session".

Similarly, PIg5 (school) refers to using as a "blend of mindfulness in counseling sessions … in order to achieve utmost good result for youth in their recovery from addiction." In addition, PIr9 (IW) stated:

(The) Mindfulness approach is effective as it deals with the science of mind, which has profound ways of dealing with conflicting emotions. My personal experience of mindfulness-based contemplative counseling has a lasting impact; it is like changing them inside out.

Similarly, school counselors generally found utilizing mindfulness with the Western approach including Western evidence-based approaches such as cognitive behavioral therapy and person-centered based counseling and Western mindfulness either from the John Kabat tradition or contemplative mindfulness from the *Chogyam* tradition.

The program implementers conveyed that mindfulness practiced in the centres helped the clients to be aware of the present moment and notice their cravings. For example, PIr10 expressed:

I love mindfulness practice. For me it is a powerful approach to help people to take care of their mind. Furthermore, my clients expressed that mindfulness practice has a lasting impact as it allows them to understand that everybody is intrinsically a Buddha.

PIb6 (school) supported this perception. Drawing on the Contemplative Mindfulness tradition of *Chogyam Trungpa* and the idea of 'basic sanity," they gave the following example:

Trusting the sanity in individuals and providing unconditional support at all times can boost their morale and confidence to address the challenges precipitated by individual or societal change.

In addition, PIg7 and PIg5 (school) expressed:

we must take stock of our ancient knowledge and wisdom and at the same time open our heart to the helping traditions of the West, too (PIg5). Mindfulness practice has helped me to cultivate qualities such as to be present in the moment, attentive, patient, accepting, being non-judgemental, supporting and always negotiating (PIg7).

Similarly, PIr10 (IW) emphasized the benefit of using the mindfulness approach:

It helped individuals to regain their level of confidence, for instance just by listening to their lived experiences and reflecting their feelings and emotions encouraging their individuality and helping them recognize their pattern of thinking.

In addition, PIc13 said, "For me I feel some kids need to be pulled up because they are sinking and get depressed." PIg4 (school) said, "Many clients were saying that it is a powerful strategy. Even the lama supported this perception".

Not only in schools and colleges but also the program implementers in the other government agencies also expressed the importance of meditation. For example, PIg1 (BNCA) stated:

We also have other components such as mindfulness practice. Mindfulness … practice is also put as part of the treatment program, where the client is made to practice that 30 to 60 minutes a day.

Further, the program implementer from the community outreach approach provides some meditation sessions to those clients who are in the detox centre and Drop-in Centres. For instance, he said:
I teach meditation in the rehab and prison. We have a little place for meditation where they can come and sit personally. On Tuesday, I go to the hospital and teach meditation in the detox centre. And in the evening, we have some meditation in the Youth Development Fund that is open for everyone.

Some of the clients from the drop-in centres supported this stance with the following examples:
Our lama visits our place and counsels us. Once a week, all children related to drug cases come together in a room to share our thoughts and express. Our Lama also conducts meditation for us (Clg19 & Clg21). Attending such meetings motivated us and feel relief as there is someone to help us.

For instance, PIr 9(IW) articulated that, "for me, looking at mind was a powerful method. It helped me and I think it will help other people to take care of their mind."

On a similar note, PIc13 said:

Every human being has basic goodness, a natural state of purity. He illustrates this with an example of a diamond buried in the mud. Irrespective of how long the diamond is buried, it is never tainted or contaminated by the mud. The diamond represents the mind and the mud the ignorance. As a Buddhist monk, his approach is to explore the basic goodness in the clients and help them to discover the diamond in themselves through the practice of mindfulness meditation.

Clr 24(IW) supported this perception:

After coming here, I acquired many skills and knowledge, which is of immense help to me. For example, I learnt to get up early, I say my prayers and the most important thing that I learnt is about timing and how to take care of my body.

In general, the program implementers in the government agencies, civil society organizations and community outreach were in agreement that mindfulness practice is educational and it taught clients to be present in the moment and observe their craving mind (PIb13). Likewise, PIg6 (school) said, "The integrated practice focuses so much on looking into one's own mind in relation to the body." In addition, PIg 6 said that mindfulness practice helps individuals to regulate their emotions and regain their level of confidence to work with their cravings.

The program implementers in the civil society organizations, community outreach and government agencies summarised their understanding of mindfulness practice in these words: "Mindfulness practice deals with the science of mind, has profound ways of dealing with conflicting emotions" (PIr10) [IW]. "It is educative and its practices are enlightening" (PIg5) [school]. "It helps the individual to regain their level of consciousness in a particular context" (PIg6) [school]. It deals with profound truth (PIb13) [monk] and it can be never out-dated, what more do we want?" (PIr 9) [IW].

The clients in the Institute of Wellbeing demonstrated their understanding of the mindfulness practices as follows. For example, Clr25 (IW) said:

It helps me in being mindful about any activity that I do. Yesterday I had strong craving and then I meditated. It disappeared after few a minutes and I understood that I need to control my mind to control my addiction.

In addition, Clr23 (IW) said:

Mindfulness has helped me to become more self-reflective and see my strengths. This practice has made me realise the purpose of living and taught me that happiness lies within us and we have to find our own happiness.

Clr 24(IW) further supported this perception when he said, “mindfulness changed the way I thought about my life, the people around me and it has even increased my power of concentration”. Similarly, (Clr 24) said, “I realized that being born a human being, there is a need to control our mind; so, going from here, I would be able to live my life in a meaningful way” (Clr 24).

The program implementers from the government agencies and civil society organizations summed up that their approach to treatment is limited only to the Western approach and mindfulness, but can be combined with various other approaches for example, PIr10 (IW) stated that integrated focuses on mindfulness practice, human values and *Choeshed Layrim*. Physical wellbeing and skill building is taken into consideration.

On a similar note, PIg3 (hospital) said;

Our clients are exposed to mindfulness practice, and given opportunity to practice meditation. We invite lamas and Rinpoches to preach and conduct spiritual programs.

This was further elaborated by PIg3 in the traditional hospital:

We have three groups: *dharma takers* for students from higher Secondary schools are students enrolled fulltime in the monastery for ten days: *lekshey lamten* for students from junior high schools, they attend two hours’ session per day as days’ scholars, and students from the primary schools come to cite prayer of *Jeten Wangchuk* and Guru Rinpoche to accumulate good fortune, along with their parents. All these programmes are organized during the summer and winter break to engage the students.

4.2.4.3 Summary of the Main Points from the Mindfulness-Based Approach

Mindfulness-based approaches have been shown to be integral in all four treatment contexts. Both program implementers and clients have identified mindfulness as an important component of treatment. In bringing forth this as a distant approach, it can be seen how Western mindfulness, either from the John Kabat tradition or contemplative mindfulness, is utilized in conjunction with Western-based approaches. In the civil society organizations, this is described as an integrated approach. Similarly, in the context of schools, the integration of

contemplative mindfulness with Western evidence-based approaches is utilized as a part of the treatment process. However, the degree of utilization depends on the program implementers background. The program implementers across the government agencies and rehabilitation centres highlighted the benefit of using mindfulness as an approach in their treatment centres. The Buddhist approach as in *Choeshed Layrim* is evident in the government agencies and rehabilitation centres because the relevant agencies invite Buddhist monks to teach in their treatment agencies. Comparably, the Buddhist approach is evident in the community outreach while also including Western approaches such as reintegration. However, it is noted that on the contrary, some of the program implementers from the Buddhist monastery raised their concern over the practice of Western mindfulness that is introduced in the school by experts from the West.

4.2.5 Conclusion on the Four Treatment Approaches to Substance Abuse and Addiction

Most of the program implementers in the government agencies and the two rehabilitation centres were found using interventions based on Western approaches — Cognitive Behavioral Therapy (CBT) integrated with Western mindfulness in the rehabilitation centres. The common approach between the two rehabilitation treatment centres was the integration of Western approach skills-building and reintegration as part of their treatment process.

Interestingly, the program implementers in the Buddhist monasteries were found to be using only the Buddhist approach with no element of Western approach. Their treatment approach is more focused on teaching Buddhist concepts such as Karma (cause and effect) and meditation. Besides teaching the Buddhist concepts, they also organize programs to engage youth in dharma activities in the monasteries. The program implementers in the Buddhist monasteries highlighted that understanding the Buddhist concepts and engaging in dharma activities has helped students to change from within.

However, the overarching theme which links the four treatment approaches is integration. That is, there is not a hard-line distinction between these approaches. For example, since *Choeshed Layrim* is taught in government agencies such as school and colleges, and counselors in these school predominately use Western approaches, integration between Buddhist and Western approaches is naturally happening. While we find that in the civil society organizations in both rehabilitation centres, the *Choeshed Layrim* is also incorporated

and integrated with the predominately Western approaches which range from CBT to the Twelve-step program. This is also true in hospitals and drop-in centres. However, it is important to note that these Buddhist approaches were not mentioned as a treatment approach in these organizations, although the program implementers valued these approaches.

We also see an integration of the Western approach skills training and reintegration in both the civil society organizations and the community outreach approach which is considered a Buddhist approach. The one exception therefore is that with the Buddhist approach of the *Choeshed Layrim*, there is no integration of the Western approaches into the program they deliver — even though the program is offered in treatment contexts which provide Western approaches.

In addition, it is important to note that each treatment organization was found to be using a different type of mindfulness as an approach. However, the degree of use and type of mindfulness training used differed in each treatment context. For instance, some program implementers in the schools were found to be using a contemplative mindfulness practice as a technique to help their clients deal with cravings and develop ability to connect with themselves with others. Likewise, the program implementers in the rehabilitation centres have integrated Western mindfulness as a part of the treatment approach. However, the application of mindfulness, either Western or contemplative, in the rehabilitation programs and schools depended on the program implementers experience and knowledge.

The interventions taken by these agencies based on the Western and Buddhist approaches are found to be preventive in nature, while the interventions taken by the civil society organizations and community outreach are found to be reactive in nature. In sum, the intervention in substance abuse and addiction in the four treatment contexts can be categorized into Western, Buddhist and Mindfulness-based approaches; however, the overarching theme is integration, in which these three treatment approaches are either formally or informally integrated. The exception, of course is the Buddhist approach of *Choeshed Layrim* which although integrating traditional Buddhist meditation practice, does not incorporate Western approaches into its program.

Table 4. 5 *Approaches taken by Government, Buddhist Civil Society Organizations and Community outreach*

Government agencies	**Buddhist monasteries**	**Civil society organizations**	**Community outreach**
Western approach	*Buddhist approach*	*Western approach*	*Community outreach*
Cognitive behavioral therapy Motivational Interviewing Group and individual counseling *Mindfulness*	Choeshed Layrim (dharma teaching) • Karma (cause and effect) • Meditation/ Training the mind • Isolation • Youth engagement in the monastery	Twelve-step Approach Reintegration Cognitive behavioral therapy Group and individual counseling	Compassion Referral and Reintegration
Contemplative Mindfulness as a secular approach Informally part of the treatment dependent on program implementers. Formalized in Choeshed Layrim	Meditation/ Training the mind Formalized in the treatment program	Western mindfulness as secular approach Formalized in treatment intervention Formalized in Choeshed Layrim	Buddhist Meditation Formalized in treatment approach
Treatment			
Preventive in nature	Preventive in nature	Remedial in nature	Preventive and remedial in nature

4.3 Factors that Contribute to the Effectiveness of Treatment Approaches

Identifying the factors that impact the effectiveness of the treatment approaches will be based on the client's experiences of the treatment received from the four major treatment contexts. The information on the client's experience on the treatment approach was drawn

through qualitative interviews. Since clients are the direct beneficiaries of the treatment provided by the agencies it was important to consider their views and opinions on the treatment received from their respective treatment centres. As a result of the clients' reflections on their experiences of treatment across the four main treatment contexts, two themes were drawn out: i) *Impact of program offered by the four treatment contexts (***4.3.1.)** and ii) *Qualities of program implementers for effective delivery of the treatment program (***4.3.5)**.

4.3.1 Clients perceptions on treatment effectiveness in Government Agencies

In the context of this study, the theme *quality of program* refers to program implementers and clients' views and opinions on the treatment program offered in Drop-in Centres and schools. The categories and codes within this theme are shown in Table 4.6.

Table 4. 6 ***An Overview of Categories and Codes on the quality of Government Agencies***

Agency	Category	Codes
Government Agencies	Perception of the clients from the Drop-in Centres and schools	• Effectiveness of the program • Quality of the program implementers

4.3.1.1 Category: Perception of Clients in Drop-in Centres and Schools

In this context, the perception of clients in the Drop-in Centres and schools means their views and assessment on the substance abuse treatment program provided by the program implementers in their organizations.

Effectiveness of the program: Nine clients attributed their change to the substance abuse treatment program they received in their treatment centre. Some of the clients from the Drop-in Centres said that the psycho-education session was therapeutic and informative. For example, Clr 26(SRDARC) articulated his experience; "I was motivated as they provided us guidance and solutions to different problems. They do not teach from the course but through their personal experiences with drugs."

Similarly, Clg 19(DIC) expressed that, "one thing I learnt is I need to be independent or look for a job to keep myself engaged and busy otherwise I will land up in the same situations." In

addition, Clr 23(IW) said, “this three months’ course has taught me coping skills, which will help me when I go back to the society where drugs are easily available.”

Overall, most clients noticed some positive changes among themselves after attending the treatment program. For example, Clg30 (school) said, “This program has helped me cope with my cravings and how to stop triggers.” Likewise, some other clients in the school said that working with their school counselor helped them to overcome their marijuana addiction. “My counselor really helped me in to give up marijuana” (Clg31). Similarly, Clb 33 (school) stated that, “attending counseling sessions, I could openly share my feelings and talk to the counselors which slowly helped me to give up drugs.” In addition, Clg19 (DIC) expressed, “He does not mix up his experiences into any kind of intellectual things. He shares his true experience with me”.

Quality of the program implementers: A majority of the clients said that the positive qualities of the program implementers motivated them to change their behaviour and their attitude towards the treatment. For example, Clr25 (IW) said, “he has got all the qualities such as compassion, knowledge, skills and attitude.” Similarly, Clg21 (DIC) highlighted, “for me his words like ‘one day at a time’ lead in a regaining way” was motivating and inspiring. Likewise Clg 19(DIC) stated that “When they provide solutions, they do not teach from the course but through their experiences. And they are non-judgmental about our behavior.”

Some clients from schools said that the personal qualities of their counselor attracted them to attend counseling sessions. For example, Clg29 (school) said, “she is very polite and she does not share with others what is discussed between us.” According to Clg33(school), “she is accepting, approachable and a good listener.” Likewise, (Clg 29) [school] said, “she does not scold unlike others and has a good heart` and I feel she is like my parents.”

Clients (e.g. Clg31, Clg32 & Clg33) in school also related qualities they saw in the program implementers such as ‘approachable’ and ‘friendly,’ ‘good listener’ and ‘understood me and non-judgemental’ .Clg30 expressed that “she is always friendly so that's why I can also be friendly, so that I can speak what I want.”

4.3.2 Clients' Perceptions on the Program Offered by Buddhist Monasteries

In the context of this study, the theme *quality of Choeshed Layrim* refers to clients' views and opinions about the *Choeshed Layrim* (Buddhist discourse) program offered by the Buddhist monks in the schools and colleges and its impact on their lives. The categories and codes within this theme are shown in Table 4.7.

Table 4. 7 *An Overview of Categories and Codes for the quality of the Choeshed Layrim*

Agency	Category	Codes
Buddhist Monasteries	Perception of clients on the Choeshed Layrim	• Effectiveness of the program • Quality of program implementers

4.3.2.1 Category: Perception of Clients (Students) on the Choeshed Layrim.

The perception of clients in the school and colleges refers to their views about assessment on the *Choeshed Layrim* offered by the Buddhist monasteries.

Effectiveness of the Program: Many of the clients expressed that *Choeshed Layrim* was effective in helping them to understand the values of life and have aided them in some ways. For example, Clg33 (school) expressed:

After attending *namshey gomdrel Choeshed Layrim* I learnt about *Galsay Laglen*, (the Thirty-seven practices of all the Bodhisattvas). I replaced marijuana with *Wangpo Kuensel* (clearing all sense faculties). Visiting many religious sites helped me to understand suffering and cause and effect of taking drugs. I realised it is beneficial for me to become a monk rather than to continue my education; it will help me in my next life.

Many of the clients expressed that attending *Choeshed Layrim* was interesting and that it was different from other programm. It helped them to see their addiction from a different perspective. Some of their responses are articulated in the following examples.

Some of the clients from the colleges said:

"They teach us how important our life is, values and meaning…drugs shorten our life and make our life miserable" (Clb 34 & Clb 35). In addition, Clb 36 expressed that they "learnt about karmic effect and Buddhist values of empathy, sympathy, kind and compassion". Client 37b said, "for me it was about calming down our mind and eradicating our negative thoughts." "I learnt the value of helping others in need" (Clb 38).

Some of the clients indicated that the advice given by the monks are considered more important as they are learned lamas. For example, Clb 36 said:

In order to stop the rate of drug users, we need *Choeshed Layrim* and I personally find it very effective. Through *Choeshed Layrim* the Lamas give advice through the teachings of religious text.

This was further supported by Clb 37, who said:

(The) *Choeshed Layrim* program is effective in preventing drugs. They give us inspirational talk and sometimes they tell stories of hard work, sometimes-emotional stories that touch our heart and those people who use drugs they emotionally get inspired.

On a similar note, Clb 36 (school) said, "I have observed some changes in some of my friend's perspectives after attending *Choeshed Layrim*." In addition, Clb38 (school) said, "some of my friends stopped using drugs."

Quality of Program implementers: Five clients in the school said that the quality of the program implementers stimulated/motivated them to attend *Choeshed Layrim*. For example, Clb36 (school) stated his counselor had "quality such as the way he talks and interacts with students, frank and connects us with examples that can relate to our life".

Similarly, Clb37 (school) said:

He has the quality to change our mind. He quoted many examples in the form of stories related to our life which made us listen to his speech more. Keeping the entire samsara in mind, he gave explicit examples, which make us happy and satisfied.

The majority of the participants stressed the qualities such as "good communication," "ability to make session lively," "ability to use humor," "inspirational talk that touches our heart" and "ability to explain in English and Dzongkha which makes the session effective" (Clg33, school) and (Clb34 & Clb35, college).

Overall, clients indicated that sessions delivered by monks are highly regarded for their esteemed delivery of their services. For instance, Clb37 said that Lam Neten (head monk) for him was very wise and generous, and said:

Lam Neten has quoted so many examples in a sequence in the form of story related to our life and made us listen to his speech even more. Secondly, during his speech he had the quality to change our mind and divert it to the right path.

Likewise, Clb38 (school) expressed "this lama was very frank and straight and as well he was very gentle… very charming, and his words and he could persuade people".

On the contrary, Clb36 (school) stated, "Sometimes the *Choeshed Layrim* can be monotonous and boring that makes people sleepy but with jokes the session becomes lively." This was further supported by Participant Clb35 (school), in order to make the session lively, "he narrates stories to explain the meaning… when he explains in English, I can understand the meaning".

4.3.3 Clients Perception on the Quality offered by Rehabilitation Centres

In the context of this study, the theme *quality of program refers* to clients' views and opinions about the substance abuse treatment programs offered by the Institute of Wellbeing and Samzang Residential Drug and Alcohol Rehabilitation Centre. The discussion of the theme in the light of the clients' perceptions about the substance abuse treatment program and its impact on their lives. The categories and codes within this theme are shown in Table 4.8.

Table 4. 8 *An Overview of Categories and Codes on the quality of Civil Society Organizations*

Agency	Category	Codes
Civil Society Organisation	Perception of clients on the substance abuse treatment programme	• Effectiveness of the program • Quality of program implementers

4.3.3.1 Category: Perception of Clients on Rehabilitation Centres

In this context, perception of clients means their views regarding the substance abuse treatment programs offered by the Institute of Wellbeing and Samzang Residential Drug and Alcohol Rehabilitation Centre and its impact on the lives of young people.

Effectiveness of the Program: Many of the clients in both the rehabilitation centres have acknowledged the value of the substance abuse treatment programme offered in the centres and attributed their recovery to this program. Some clients in Institute of Wellbeing articulated their views on the treatment program as positive and educational. For example, Clr23 (IW) said:

After attending this program, my thinking has changed. Before it was very rare for me to think positively. For example: the first thing I would be thinking will be about drugs, and where I will get drugs. How will I get it? I would be occupied with these thoughts, but now my thinking has changed.

Clr25 (IW) further supported this perception when he said, “This program has really brought changes in me, it is all about our thinking, I have learnt to control my mind.”

The clients in the Samzang Residential Drug and Alcohol Rehabilitation Centre highlighted that the Twelve-step Approach was effective in helping them to overcome their addiction. Some examples of their perceptions are articulated in the following quotes below:
Clr26 (SRDARC) said, “I learnt to keep one person clean and sober for a day. You stay another day clean and sober” which means if I do something good for someone who is suffering, the same thing will come back to me in a positive way.

Similarly, Clr28 (SRDARC) expressed his views, “Those sessions on overcoming craving and coping skills and how to avoid relapse were very helpful for me when I go out of this program.”
Many of the clients highlighted that their perception towards life changed. These perceptions have been supported by Clr 24(IW): “I learnt to control my mind.” Others said that they “Felt happy and lucky… gave me another life to live free without the use of drugs” (Clr27 & Clr28) [SRDARC] and that the program “helped me to overcome my anxieties” (Clr25)[IW].

Conversely, Clr23 (IW) said,

I cannot say for sure about my thinking because in the rehab, I cannot get access to any substances, nor exposed to environment where drugs are available, when will I relapse, we never know.

Quality of the Program Implementers: Six clients stated that the personal qualities of the program implementers had a strong influence in bringing change in their behavior and attitude towards treatment. For example, some of clients stated:

My role model was my personal counselor who was a recovering addict, the most beneficial is talking to counselor who had the same experience. I feel they understand our problems more than other counselors” (Clr19, DIC), (Clr23 & Clr24, IW) & (Clr26, SRDARC).

Participant Clg19 (DIC) further supported these perceptions:

Listening to their story … it made me think, if they can change, why can’t I? We get motivated plus they gave us guidance and they gave us solutions for different problems. When they provide solutions, they do not teach from the course but through their experience.

Similarly, some clients were impressed by their use of good language, the way they speak in English as well as in Dzongkha and their well-planned lesson. They also said that they have good support from the addiction-recovery counselor (Clr 26 [SRDARC] & Clr25 [IW]). Overall, the participants said that qualities like self-disclosure (Clr27 [SRDARC]) and good management and care (Clr24) [IW], and "being 'polite, being frank and using jokes" (Clr 25) [IW] were helpful in bringing some change in their attitude towards addiction.

4.3.4 Clients Perception of the quality of Program Offered by Community Outreach

In this context this study, the theme *quality of the program offered by community outreach* refers to clients' views and opinions on the service received from the community outreach service. The discussion of the theme is in the light of clients' perception on the community outreach to treating addiction. The categories and codes within this theme are shown in Table 4.9.

Table 4. 9 *An Overview of Categories and Codes on the quality of Community outreach*

Agency	Category	Codes
Community outreach	Perception of clients on the service provide by the community outreach	• Effectiveness of the program • Quality of program implementers

4.3.4.1 Category: Perception of Clients on Community Outreach.

In this context, the perception of clients refers to their views regarding the support received from the community outreach. Since clients are the direct beneficiaries of support received from the agency, it was important to consider their view and opinion on the service received from the agency.

Effectiveness of the Program: The majority of the clients from the Drop-in Centres, schools and rehabilitation centres have stated that they have benefitted from the support received from the community outreach. Some clients in the Drop-in Centres voiced that they were able to attend a rehabilitation program and stay clean and employed due to the support received from the community outreach. For example, clients said of the program implementer,

He was so motivating and does not judge, looking at him the way he tried to convince me to attend rehabilitation was assuring me hope in my life. I am living my life clean and sober due to the support (Clg 19 & Clr 22).

Similarly, some clients from the Drop-in Centres expressed that the support received encouraged them to build courage to stay clean, and motivated them to change for better. For example,

He listens to us with respect. He has all the qualities of compassion, skills and attitude and he was available anytime when we need him" (Clb 19); I thought I will never be able stay clean but through the support from Lama I could attend rehab and now I am working as a chef (Clb 21).

Clr25 further supported this perception when he said, "he supports other people without any conditions without expecting anything in return."

Quality of the Program Implementer: The majority of the clients stated that the personal qualities of the program implementer has motivated and supported them after the rehab.

For example, Clb 24 stated,

"After coming from the rehab, I was introduced with other agencies for jobs and motivated me to attend some meetings and share my personal experiences".

Similarly, Clb 19, said that meeting with Lama gives me comfort as I feel there is someone to help us and I trust that he will help me to overcome my addiction. Overall, the participants said that qualities like good understanding, polite, and compassion helped them to seek support from the community outreach.

4.3.5 Conclusion on the Perception of Clients on the Qualities of Program Implementer

As shown in Table 4.10, all clients from the four treatment centres highlighted the effectiveness of the treatment approach depended on the personal qualities or attributes the program implementers bringing in the treatment program. For example, clients who attended the treatment program under the government agencies reported their program implementers exhibiting positive qualities such as being polite, accepting, approachable, being a good listener and non-judgmental helped them in bringing change towards treatment process. Some of the clients from the Drop-in Centres and rehabilitation centres highlighted that program implementer's ability to share their personal experiences with drugs motivated them and made them feel accepted without being judged. Similarly, students who attended *Choeshed Layrim* found their program implementers' ability to explain and translate some of

the Buddhist terms helped them to understand the value of life and see addiction from a different perspective. They also emphasized that implementers' qualities such as being frank and compassionate motivated them to attend the *Choeshed Layrim* program. Likewise, the clients who attended the rehabilitation centres said that the personal qualities of program implementers had a strong influence in helping them to overcome their issues. The clients who benefited from the community outreach treatment program defined the program implementer as someone who gave them hope and is compassionate and supportive.

Table 4. 10 *Perceptions of Clients on the Qualities of Program Implementers*

Agencies	Quality of the program implementers
Perception of clients from the Drop-in-Centres, schools and psychiatric ward on the treatment approach offered by the government agencies	Motivating and inspiring Polite, accepting, approachable and good listener Compassionate Non- judgemental Sharing of personal experiences
Perception of clients from the schools and colleges on the treatment approach offered by Buddhist monasteries	Frank, kind, compassionate, understanding Good communication skills Ability to use humor and make session lively Ability to speak in English and Dzongkha Quality to touch hearts and change our minds.
Perceptions of clients from the rehabilitation centre on the treatment approach to substance abuse treatment program	Sharing of personal experiences Polite, frank, humorous Non-judgemental,accepting, compassionate Good management, caring Good communication

4.3.6 Self-assessment of Program Implementers for Effective Delivery of the Treatment Program

As shown in Table 4.10 above, clients' identified attributes of the program implementers as most important in contributing to treatment effectiveness. This was reported consistently by all the participants (clients) covered in the Phase 1 of the study. In order to bring value to the study, it was important to compare and contrast how client's and program implementers understand the role of positive attributes of program implementers in treatment effectiveness.

This was carried out in three ways. First,by administering the rating scale questions, which was constructed consisting of seventeen qualities of program implementers based on the qualities perceived by clients's responses on factors that contributed to effectiveness of the treatment program in Phase 1. Second, the program implementers rate the qualities from 1-17 as 1 stands for most important quality and 17 as the least quality, so a direct comparision with clients' rating could be established. Third, a short interviews with program implementers asking a limited number of open-ended questions related to program implementers qualities which contribute to treatment effectiveness could be undertaken to gain further understanding. By employing the three ways the following attributes (Table 4.10) was extracted from the program implementers.

The participants here include: program implementers from the government agencies, the *Zhung Dratshang*, community outreach and civil society organizations. The theme has one category (sub-theme): qualities of program implementers and its associates' codes (see Table 4.11). The main theme and sub-theme will be discussed in the light of the views and perceptions of participants on the qualities of program implementers and their impact on the delivery of the treatment program.

4.3.6.1 Self-assessment of the Program Implementers of the Required Qualities for Effective Delivery of the Treatment Program in the Four Agencies

In the context of this study, the theme *qualities of program implementers for effective delivery of the program* refers to the views and opinions of the program implementers from the four major treatment contexts. The discussion of the theme is in light of the program implementers perception and views of their own qualities. The categories and codes within this theme are shown in Table 4.11.

Table 4. 11 *An overview of categories and codes on the qualities of program implementers for effective delivery of the program*

Agencies	Category	Codes
Government agencies, *Zhung dratshang*, Rehabilitation centres, and Community outreach	Qualities of program implementers	• Caring • Positive nature • Good listener • Accepting • Polite

Agencies	Category	Codes
		• Trustworthy • Empathy • Loving and kindness

4.3.6.2 Category: Qualities of Program Implementers

In this context, the category qualities of program implementers refer to personal characteristics or qualities of the program implementers that largely impact positive outcomes of the treatment approach. In the section that follows, specific qualities including caring, having a positive nature, being a good listener, accepting, being polite, trustworthy, empathetic and showing loving and kindness are discussed as reported by the participants.

Caring: The majority of the participants highlighted caring as one of the most important quality of program implementers to connect with their clients. According to the program implementers, demonstrating personal qualities such as caring has shown to be effective in treating clients and has shown positive changes in the client's attitude in receiving treatment in counseling. Some of the program implementers provided an example of this perception.

For example, PIg7 (school) said,

I also found my inner qualities such as being caring, concerned, loving, kind, understanding and empathetic has really helped me to encourage people seek the services.

On a similar note, PIb14 (monk) stated,

In life we need to have the qualities of caring. If we do not have genuine intentions of caring, having qualifications such as a master degree or PhD will not make a difference in the life of the students.

In supporting the above perceptions, PIg2 expressed that;

I think as an addiction professional, no matter how qualified you are, I don't think you will be able to give in your best, if you are not genuinely interested. And the client may also not benefit from what you are doing, and then if you are not empathetic and caring … again qualification, I think will not suffice.

Overall, the program implementers highlighted that the treatment was effective when program implementers exhibited a caring nature. An example of this perception was validated by PIc13 when he said, "The ability to help relies on human qualities, and so without a sense of caring the help will merely be text-book-like and robotic."

This was further supported by PIg4, who commented,

Caring means, we should take care of the emotions of clients. For instance, emotions are very sensitive and that's why I said we have to be caring. If we take care of emotions of clients, you will be able to connect with clients.

Positive nature: Seven program implementers indicated that exhibiting a positive nature has encouraged clients to come forward to avail the treatment. Some of the program implementers expressed their views on positive nature. For instance:

Positive nature in the sense a person must be positive and must have a positive outlook towards life towards people with addiction … and if you are infested with all this negativity then I don't think you have done a good job. (PIg2).

Similarly, PIb 18 expressed that it is very important to keep in mind when dealing with difficult clients we need to cultivate personal qualities like positive attitude with good listening skills.

On the contrary, some program implementers (PIc13, PIb14, PIb2) believe that being genuine is more important than having a positive nature. For instance, PIc13, articulated that, "I think being genuine is more important than having a positive nature." In addition, PIb14 (monk) expressed, "All the teachers need to have the qualities of *Laksham Namda* (genuineness and clarity). Having these qualities helps us in dealing with our students".

Similarly, PIg2 emphasized the benefit of being positive and genuine in his treatment approach:

I was genuinely involved in helping people with addiction. Therefore, I went all out, all out of my way to help these people in the sense I was going beyond or beyond that particular time and even reach out to people who needed my help. So that's why even during weekends I would make sure that I would make programs go visit these people in the treatment centre, talk to them and genuinely express my concern to help these people, so clients do appreciate, they really think and feel that I was being really genuine and they open up, and then this I think basically, this also actually helps clients in opening up because they really feel that someone is really concerned about them and then they tend to seek help.

Good listener: The majority of the program implementers from all the four treatment contexts highlighted listening as one of the most important qualities one should possess as a program implementer. For example, PIc13 said, "It is important to allow a person to speak freely about their issues and not impose our values and ideas on them." Similarly, PIb15 stated that "It makes a lot of difference in the life of students when we listen attentively." Likewise, PIg5, said "in simple, being able to be a good listener can make our clients feel trusted, accepted and cared."

Some of the program implementers from the school said, "When you are a good listener, you should be able to understand the problem, and also understand the need of your client" (PIg8).

Likewise, PIg1 expressed that,

through my personal experience when I was trying to listen to clients and also trying to understand what they are talking about … I also found out that was very effective and they tend to be more engaging (PIg1).

Similarly, PIg 6
When a counselor actively listens to the client, the client actually feels connected to the counselor and that is the one way of making the client really open up. For instance, one of my clients said, I have an issue with my friend but later on like a client ended up sharing all his addiction and then all family issues that he or she has (PIg8).

Similar perceptions was shared by the program implementers from the rehabilitation centres. For example, (PIr 9 & PIr12) said that,

As a peer counselor working in the rehabilitation, in order to work well with the clients, we need good listening skills to listen to their issues attentively, and give appropriate response or feedback. Once they feel that the counselor listens and understand them, they trust us.

This was further elaborated by (PIb1):

The ability to understand at least from where he is coming from, the reasons why he is into the addiction would make a big difference, that is what I feel. To be able to understand that person. At least to listen to him for around 30 – 40 minutes and then trying to just listen at that point of time, just listen to him however foolish it may sound to us. But listen to him and try to understand where he coming from makes a big difference.

Accepting: A majority of the program implementers working in the four treatment contexts acknowledged the quality of acceptance or ability to accept as one of the key qualities of an effective helper or service provider. For example, the program implementer from the Zhung Dratshang expressed that,

We need to possess the qualities of being available or ready to help students whenever needed or required. In other words, we need to be committed. Regarding qualifications like degree, masters and PhD would not make any difference if one does not possess clear intentions and genuineness to help students (PIb14).

Similarly, one program implementer (PIg8) highlighted the importance of acceptance in the following statement:

So, there is so much need for acceptance because many times like many of the children who comes for the counseling are those who are deprived of so many things in life. So, when someone is there to really accept him or her the way they are, it really helps the child to feel good and then feeling cared (PIg8).

Similar views were also shared by (PIg5): “We should be very open and approachable to the clients. Others also validated the benefit of being approachable to clients. For example, “I am more accommodating as compared to many others people. Sometimes some clients even go to the extent of begging for my session” (PIb3).

The need to possess the quality of acceptance was further elaborated by PIc13, who said, “Acceptance is an important quality to attract addicts from the street”. He further emphasized that:

It is important not to be judgmental, but to deal with a situation in a pragmatic way. Usually, I start any meeting with an addict by telling them that being an addict doesn’t make them a bad person and they are certainly no worse than me due to their addiction, but it is going to mess them up and so they need to deal with it.

Polite: Some program implementers are of the view that being polite is an essential skill for an effective treatment. For instance, PIc 13 stated, It helps if the addict feels that they can relate to you. I often talk about rap songs or tattoos with the addicts so that they relax and open up (PIc13).

Similarly, PIb 7 highlighted:

Being polite, kind and friendly has immensely helped me render my services. The secrecy (confidentiality), comfortable gestures from counselor and open space is the most unique atmosphere that they love to avail the services unlike getting help from other people. (PIb7).

This perception was further supported by PIg1:

I would say that person should have an amiable personal character, good values and a good human being with a mind to help others combined with the training and the qualifications would make, I would say, is desired in a person working in our profession.

Trustworthy: Some of the program implementers highlighted the importance of trust in building relationships with their clients. For instance, (PIg4, PIg8 & PIg 7) from the school said that, “it is very important for the counselor to establish that trust relationship with the client to make the client open up and then share whatever issues he or she has” (PIg8). Likewise, PIg7 said, “The warmth that the client receives from the counselor contributes to building the trusting relationship.

Similarly, the program implementer from the community outreach articulated that:

As many addicts have been let down in their lives, it’s important for them to believe that you will always be there for them whatever they do or however many times they go off track (PIc13).

Empathy: The quality of empathy emerged as emergent theme from the data. A majority of the program implementers indicated the importance of owning empathy skills as one of the important qualities of the program implementers to reach out to the clients seeking treatment and support. For example, (PIb 18) emphasizes that:

in order to understand the real issue or problem, we have to see them through the eyes of our own child or brother or sister or even as their friend. Above all, we need to support emotionally or have empathy to them.

A similar perception was shared by PIb3:
we require a lot of empathy which sometimes we lack or we don't take into consideration, or simply sometimes we are overworked or anything. I mean they are not able to handle on their own that is the reason they visit us, and if we don't provide that support immediately then with whatever compassion we have.

This perception was further supported by (PIr11&PIr12):

The first quality would be to see a client as human being not as an addict; we have to connect them with their suffering, who are aspiring to be happy and I guess people who come to rehabilitation, their program of finding happiness had gone wrong.

In addition, (PIb 7) said, viewing the clients through the lens of empathy was found very helpful in letting clients open up. Likewise, PIg 7 said,

"The empathy, friendly nature, concern, deep sense of helping willingness and calmness has really helped me do well" (PIg8).

Loving and Kindness: The quality empathy emerged as emergent theme from the data. The program implementers from the Buddhist monasteries consider loving and kindness as an important quality to impart Buddhist teaching during the *Choeshed Layrim* program.

For example, PIb 15 reported that:

As taught by the Buddha, if we could provide to the wishes of the children, not only tangible and material objects but through the way we communicate with them, care for them, show love and kindness, compassion all these help children develop curiosity and they will come to learn and explore our Buddhist teaching.

This was further supported by PIb18:

And while teaching *Gyalsay Laklen*, and religious discourse we have to teach softly as the main concept of *Gyalsay Laken* is all about being compassionate. That's when we teach about compassion and being compassionate, we have to demonstrate right from our voice.

Similarly, PIb 17 said:

According to me, Loving and Kindness should come first, then right behaviors, then right management. I think that out of many good qualities, loving others is most important because while teaching and preaching to students, we can help them to learn with good intentions.

Likewise, PIb 18 further elaborated support for the perception:

As a teacher we need to have good qualities like be passionate, understanding, compassion, dedication, loving and caring (PIb18).

4.3.7 Conclusion on the Qualities of Program Implementers that Positively Impact Effectiveness of the Treatment Approaches across the Four Treatment Contexts

The effectiveness of the treatment approach offered was gauged through the lens of the clients as they are the direct beneficiaries of the treatment programs. The views of clients were drawn in the Phase 1 as shown in Table 4.12. The clients in the Drop-in Centres, schools and hospitals and rehabilitation centres have listed qualities such as being polite, accepting, approachable, non-judgmental and a good listener as well as personal sharing as contributing factors to the effectiveness of the treatment approaches in their treatment contexts. While students who attended *Choeshed Layrim* listed qualities such as kindness, compassion, ability to speak in English and Dzongkha and good communication skills as contributing factors to the effectiveness of the *Choeshed Layrim*.

The views of the program implementers on the qualities of program implementers are drawn from their responses from the rating scale questions and short interviews related to program implementers qualities which contributed to treatment effectiveness. As shown in Table 4.12 the program implementers have listed qualities such as being caring, having a positive nature, showing acceptance, being polite, trustworthy, and a good listener as contributing factors to effectiveness of the treatment program.

Both the clients and program implementers agree that positive qualities such as being caring, having a positive nature, being accepting, polite and trustworthy as key contributors to the effectiveness of the treatment. It is important to note here that the clients' perceptions of the qualities of program implementers is based on their observation and experiences during their interaction with their program implementers either in counseling sessions, group sessions or attending sessions in their respective treatment centres. Likewise, program implementers' views on the need to exhibit or cultivate personal attributes or qualities are more informed by their own experiences and background.

It is also evident that there is some difference in perception on the qualities. For instance, the program implementers articulated loving and kindness and empathy as the contributing factors to effectiveness. On the other hand, clients communicated self-disclosure as one of the contributing factors to effectiveness of the treatment.

Table 4. 12 *Comparison of Client's Views and Program Implementer's Views on Qualities*

Clients Perceptions on Program implementers qualities	**Qualities which contribute to effectiveness: Program implementers views**
Motivation	Caring
Good understanding	Positive nature
Good communication	Good listener
Polite	Accepting
Frank	Polite
Accepting	Empathy
Self-disclosure	Trustworthy
Good listener	Loving -Kindness
Positive nature	
Trustworthy	
Friendly	
Caring	
Approachable	
Role model	
Humor	
Good management	

4.4 Antecedent to Drug Addiction

In this study, antecedent to substance abuse and addiction also emerged as an important theme as reported by all the 38 participants covered in the study. The participants include: i) program implementers in the government agencies and their clients. Program implementers in the government agencies include those in the Bhutan Narcotic Control Authority, Psychiatrists, *Dungtsho,* school counselors and clients in the Drop-in Centres and schools ii) Program implementers in the Buddhist monasteries and clients in school and colleges; iii) Program implementers and their clients in the Institute of Wellbeing and Samzang

Residential Drug and Alcohol Rehabilitation Centre; and finally the Program implementer from the community outreach. This theme has two categories (sub-themes): environment risk factors and social risk factors and their associated codes (see Table 4.13). The main theme and the sub-themes will be discussed in light of the views and perceptions of participants about antecedent to drug use.

Table 4. 13 *An Overview of Categories and Codes for Antecedent to Drug Addiction as Perceived by the Program Implementers (PI) and clients (Cl)*

Theme	**Categorization**	**Codes**
Antecedent to substance abuse and addiction as perceived by the Participants	Environmental risk factors	• Peer pressure • Ease of accessibility • Curiosity • Lack of parental support
	Social risk factors	• Lack of awareness • Exposure to Western influence • Stigmatization • Low self-esteem

4.4.1 Category 1: Environment Risk Factors

In this context, the category of environmental risk factor refers to a person's social and cultural situation that increases their probability of becoming addicted to substance abuse. The participants generally reported that environmental factors had a strong influence on youth leading to substance abuse. In the sections that follow, specific factors including peer pressure, ease of accessibility, curiosity, and lack of parental support are discussed as reported by the participants.

Peer Pressure: Twenty-two participants[12] identified peer pressure as one of the major and common factors that influenced youth to drug addiction. A majority of the program implementers said peer pressure plays an important role as most youth feel the need to belong to some groups and identify with a particular group. Some program implementers provided examples of this perception. PIg2 (gov) stated:

Young people can get pressurized to belong to some groups of friends,
and they see that the only way to do it is to imitate what everyone else is doing.

On the contrary PIg3 (gov) said that it is due to their past karmic deeds:

It is viewed that we are the result of our past. So, the youth who are into drugs at present have not done any good deeds in their past life. They were engaged in doing bad deeds rather than good deeds.

Many of the clients said that their peers who were already into drugs influenced their lives. Clients in the government agencies provided an example of this perception. For example, Clg29 (school) expressed that, "The factor that influences me to take drugs was mainly my friends, they taught me when I was in class six".

Similarly, Clg21 (DIC) said that "Lots of my friends are drug addicts. For example, among ten friends only one or two must have grown up well, rest eight of us became drug addicts."

The clients from the rehabilitation centres highlighted similar perceptions. For example, client Clr23 (IW) said, "I got into drugs because of peer pressure and I got influenced to have pleasure and waste time." In addition, Clg32 (school) stated, "Some friends tell me to use just today, tomorrow you don't have to use. It's okay but drugs are such a thing that once you taste, you keeps on liking to taste it".

Ease of Accessibility: Twenty-one participants in this study reported that easy access to drugs was one of the factors that led youth to drug addiction. According to the program implementers, easy accessibility to drugs in the community is one of the major contributing factors that enable youth into addiction. For example, some program implementers expressed that having multiple open borders with the neighbouring Indian towns has made drugs accessible to young people. These perceptions were supported by PIg4 (gov):

[12] Participants refers to both program implementers and clients

From the experience of having dealt with my clients, it is found out that the proximity to the Indian bordering town has been the greatest factor that influences our students to experiment with drugs … it is cheap and easily available.

Similarly, PIg6 (gov) said, "Our border which is open to India where drugs are not controlled especially, like we have so many borders that is easy access for our students to get drugs".

While some program implementers expressed that easy access to drugs was contributed to by the vast growth of marijuana/cannabis plants within the country, some of the program implementers supported this perception. For instance, according to PIg7 (gov) ,"A maximum number of my clients are marijuana users and marijuana is grown everywhere and abundantly available along the riverside."

PIb16 (monk) validated the abundance of marijuana when he said, "From my window I can see youth rubbing marijuana in the open field but I cannot do anything, because I am scared that the child will attack me in that state of intoxication."

PIr9 (IW) supported this perception:

"Marijuana is available abundantly free everywhere. It is grown in the wild so you can see it just beside our office. Since our place is near the border area, which makes easy access to drugs, they can easily purchase from India (PIg8) [gov].

The fact that youths have easy access to drugs was validated by the clients as the following quotes from the clients' interview transcripts show: "I started with marijuana, it is available and we rub marijuana to make hash, we bunk school, we don't have to buy as it is easily available" (Clg19) [DIC]. And "we get it from the border areas and it costs about Nu 75 (US1.07) per packet" (Clg29) [school].

Participant Clr 23(IW) confirmed this:

I used to inject ketamine frequently… my friend who has worked at animal husbandry unit would bring (soft laugh) me the ketamine but I am more into tablets and pills because I can get the tablets easily from my friends and my neighbours… but regarding the ketamine it is a bit risky to use also and we don't get more regularly.

This was further elaborated by Clg21 (DIC), who said, "my boundary is like surrounded by drug addiction people, and right my growing age. When I was very young, I saw drugs"

Curiosity: Sixteen participants expressed that curiosity led to experimenting drugs among the youth. For instance, PIg5 (gov) stated:

When they come across friends who glorify drug use, they become curious to use. They start as experimental users, which develops into occasional user. When they go on using occasionally, they become regular user and subsequently they become addicted.

Clg20 (DIC) identified curiosity as the source of his addiction. He states

No body taught me but I was really curious and interested in trying new things. My first drug was marijuana, when I was in class four. Furthermore, when I see older boys with the "cool factor" I started using different drugs.

Some program implementers reported that curiosity and lack of knowledge led to addiction. Most young people start using drugs out of curiosity and some take drugs for recreation. According to PIg1(gov), "The younger a person who tries out drugs, the greater the risk for that person to develop drug-related problems". A similar perception was shared by PIg2 who said that

People start using drug or alcohol to satisfy their curiosity. They see their parents or relatives use them and then they get curious and start using.

These perceptions were supported by Clg21 (DIC) who said, "When I was very young, I saw drugs but then at time I was not aware that it was drugs".

Lack of Parental Support: Twenty-one participants expressed that lack of parental support made youth vulnerable to drug addiction. Most of the program implementers said that broken families are a major cause for youth to get into drugs. For instance, PIb13 (monk) said:

There are lots of broken families at the moment so when the families are not functioning well … the pain inflicted by family is a major cause for youth to get into drugs.

This idea was supported by Clg19 (DIC):

Sometimes when we don't get love, care and guidance from our parents having known about us and taking drugs, and when they are ignoring and I feel hopeless and sad due to that, we tend to go into drugs.

Similarly, PIg5 (gov) mentioned "parents are busy with their work and least bothered to spend quality time with their children" he further quotes "some parents are users themselves."

This idea was further supported by (PIr10) [IW] that:

some parents never stay at home; some mothers spend their time partying and some gambling. Father on the other side drinking and children are left at home … youth become vulnerable being alone and take drugs to fill in the boredom.

PIb17 (monk) further supported this perception by stating, “I feel, lack of guidance from parents or significant people in their life… not have anyone to advise, care and impart values, they become victim of substance use and misuse”.

Furthermore, Clg19 (DIC) feels that parents should be responsible:

More importantly, parents should not expose their bad behavior to their children, if parents have issues among themselves, they should sort it within themselves without letting the child know, parents should be a role model.

On the contrary, one of the participants Clg32 (school) commented:

I wonder why the parents are so silent and, you know, and why they don't care for them, what they are doing, where they are going, with whom they are hanging out, so I am just wondering something is lacking from the family also.

This perception was supported by PIb13 (monk) who said that “many of my clients had difficulty living without parental support or guidance, which led them to taking refuge in drugs”.

On the contrary, PIb16 (monk) said:

When drugs become the main cause, there will be subsidiary causes for example. Some say they abused drugs because their mother/father mistreated them, some may say they don’t have wealth … all these are own creation. In reality, all possess inherently good quality. When one’s mind if defiled, it is impossible to think good for oneself and others; only will think bad things.

Citing the 9th century Indian Buddhist Master Shanti Deva (*Gyelsey Zhiwa Lha*) PIb16 said:
The sentient being always strives/ quest for peace or happiness, but they ignore the source/cause of peace and happiness. They don’t want pain and suffering but they pursue things or the sources of pain and suffering.

Some program implementers from the government agencies highlighted:

We haven’t done any study or survey to find out the exact cause in Bhutan. However, when the youngster completes their education, somehow, they do have difficulty getting a well-paying job, leading to further agony (Plg2). Besides academic-oriented education they receive, most of our young people don't have other skills to survive and carry out manual work. All these factors lead to a lot of mental stress, leading to drug addiction (PIg 6).

4.4.2 Category 2: Social Risk Factors

In this study, social risk factors refer to factors within a social context such as lack of general awareness in the society, cultural influences, social stigma, and low self-esteem when a youth find themselves in a social circle.

Lack of awareness: A majority of the program implementers from the Buddhist monasteries reported that youth lack awareness on the preciousness of their lives. For example, (PIb15 & PIb17) expressed that, "Youth are not aware of the value of life and are misusing their precious life and not knowing the difficulty of getting a human life they end up using drugs"

This idea was supported by PIb14 (monk):

It is very rare to be born as human being, it is important to understand the preciousness of life. Life is like seeing a star during the daytime, which is very rare. So, we have to teach them to take care of this human life.

Similarly, PIb18 (monk) said that:

Being a spiritual practitioner, we provide counseling that helps youth to correct the mind of drug users and make awareness on the importance of human life, how difficult is to gain precious human life, the advantage of being born as human and uncertainty to be born as a human easily in the next generation.

Most of the program implementers highlighted that some youth had lack of drug awareness education. For example, "many of the participants were of the view that the youth consume drugs without knowledge about it and gradually they get habituated with it and they cannot leave the habit (PIb16 & PIb13) [monk] and (PIg8 & PIg5) [gov]. This perception was supported by some clients who said most of youth become dependent on drugs without understanding the consequences of the drugs (Clg21) [DIC], (Clb35) [school], (Clb 38) [school] & (Clb 23) [IW].

Exposure to Western Influence: A majority of the program implementers indicated that exposure to Western influence encouraged substance use and abuse by youth. It is considered one of the factors that contribute to the rising trend of substance abuse and addiction among the youth population in Bhutan. For example, PIb14 (monk) said, "Exposure to modern culture and globalization confuses the youth."

Similarly, PIb15 (monk) expressed:

Different languages and different views of the world, youths now are exposed

to Western culture through television and internet. They tend to forget our culture, and youths nowadays are unaware of the significance of our culture.

PIb16 (monk) believes that:

We have reached such a degenerate age—and moreover—the emergence of science and technology and rapid economic growth have contributed to the coming of the dharma-degenerate age. At this stage, good people turn bad. Furthermore, unlike in the past, we are not isolated from the rest of the world, we do not know where America is, but we can hear and know about it. What one 'gets' there, what the people there are doing, we can see right away. So, when all these conditions are available, our young people also naturally fall prey to illegal substances.

Furthermore, some program implementers indicated that exposure to different cultures, different languages and different views of the world influences young people to experiment with behaviors and lifestyles they see through the print and electronic media. Elaborating this idea, PIr 9 [IW] said:

The youth are embracing new culture, commonly known as the pop culture from Korea … they call it the COOL factor among themselves. And, there are specific things that I found working in this field that are typical to Bhutan. Alcohol consumption as a part of our culture, and we are quite relaxed about alcohol drinking …these two factors contribute a lot to the increase in drug and alcohol use. One type of influence comes from 'cool' culture or pop culture that comes from outside the country. These two factors encourage youth to use of pharmaceutical drugs that have chemical contents.

This perception is further supported by PIb16 (monk):

Thinking deeper, I feel we are heading towards the wrong direction …In the past, our parents would stitch the clothes even if it was torn a bit and then wear them properly but nowadays our young people deliberately sever their clothes (laughs). In this crazy age, things go like this but what do we do? That's why, it is important to keep our students/monks least exposed to the external influences [social and cultural] and always give them good advice.

Stigmatization: A majority of the program implementers indicated that stigma keeps the clients away from availing treatment. Most of the program implementers said that addiction is seen as a moral failing and people with addiction have been constantly stigmatized. Addicts have been made to think themselves as failures. Ironically, they live in a society where everybody tells them "*Choe ra yi sem dagdzin bay ma ra*." which means, "the other person should take care of your own mind." Furthermore, "all these have been pushed in their mind and this has stopped them from seeking medical support" (PIr9) [IW]& (PIg7, PIg5 [gov]).

This perception was further supported by PIb13 (monk) who said, “people didn't want to go to rehab, they were afraid, if they go to rehab, they will not get a job and won’t get married.” Some of the program implementers said that stigmatization is prevalent in the country. Addiction is seen as a moral failing than a disease. For instance, PIg1 (gov) said:

Huge number of people come to hospital are alcoholics but only few turn up for drug addiction treatment, although the number of people caught for drug related offence are high. Furthermore, “our record in the institution shows that almost 70 percent of clients that come here are alcoholic, then comes marijuana, then the pharmaceuticals drugs, and then inhalants.

This perception was further supported by PIb16 (monk):

Nowadays, teachers/lopens/lams too are changing. For example, during the selection interviews for school admission, the potential students …who are known for abusing drugs are rejected. If these types of people were rejected, would it help control drugs abuse? These people might do more (bad things) rather than quitting drugs or tattooing.

Some of the program implementers said that most of their clients have expressed being stigmatized in subtle ways. For example, PIr9(IW) expressed, “I was surprised to hear that this wellbeing centre is a jail for useless people using drugs, neither useful to parents nor to themselves.” Some of the program implementers said that factors such as stigmatization compels youth to indulge in drug use. For example, PIb13(monk) said, “Addicts use drugs as an escape mechanism. For instance, when somebody criticizes, insults them, they would do drugs to escape the pain.” Similarly, Clr24 (IW) expressed that:

Addiction has been looked upon with stigmatization for the longest time; it takes a lot to come into the open for addiction as compared to those withother physical illness. Due to stigmatization in the society…recovery from addiction was difficult.

Clg19 (DIC) supported this idea:

Having repeatedly stayed in the prison, I experienced rejection by society with comments like ‘oh these boys, don’t be friends with them … if they see their children with us they scold them and take them away from us.” Furthermore, I couldn’t complete my studies …I always landed in problems with drugs … suspended from the school because of drugs problem.

The participants generally said that educating the people about addiction and cause of addiction can only help reduce stigmatization. Some of the clients expressed that their parents and people in the community should be made aware of addiction as a disease. What is encouraging is that with the awareness programs now being shown on various print and electronic media that tell stories about drug use and addiction, society is more positive about

the problem and help victims come forward for treatment. Some of the clients expressed that their parents and people in the community should be made aware of addiction as a disease.

Low self-esteem: Four program implementers indicated that drugs are used to cope with low self-esteem. For example, one of the program implementers PIg2(gov) said:

People from low economic status when they fail academically and their parents cannot afford to send them to college and they feel hopeless and that probably leads to drug use.

Participant PIg3 (gov) said something similar:

Youth lose their self-esteem and confidence when they are unhappy with themselves due to family breakdown (parents' divorce) and even in the schools, teacher do not care about them and have no solution for their problem.

This was further elaborated by PIb14 (monk) who said that "Some youths compare themselves with financially privileged ones and feel miserable and find drugs as a solution." Some of the clients highlighted that drug acts as a coping mechanism to deal with their emotions. For example, Clb37 (school) said, "We take marijuana when we are not able to cope with studies and compete with friends."

This is elaborated by Clr 25(IW) who said:

Throughout my childhood I faced lots of challenges. Both my parents died when I was 12 years old and I worked as a baby sitter. I grew up working as a dish washer in one of the hotels. Then I got married at 17 and at 19 years, I became a mother. And even after marriage I was still suffering. So, the only solution to keep myself happy is by taking drugs.

4.5 Summarizing the Principal Findings

It is evident that Western, Buddhist and community outreach models present as three principal treatment approaches with mindfulness-based approach emerging as a linking approach across all three approaches in Bhutan. In this we find that in fact integration is the overarching theme. That is, although Western, Buddhist and community outreach approaches can be distinguished, they are not discreet. Western and Buddhist approaches are integrated in all three principal treatment contexts. The emerging approach of mindfulness-based approach finds its unique Bhutanese expression in relation to the presence of three mindfulness approaches: Western secular, contemplative and Buddhist traditional. Here we also find integration of the mindfulness-based approach to treatment in the three principal treatment contexts. For example, the integration of the Western approach with Western

mindfulness is employed as a treatment approach by the program implementers in the government agencies and rehabilitation centres. Their treatment approach is focused more on infusing Western mindfulness as a secular approach with Western evidence-based approaches such as cognitive behavioral therapy and person-centered therapy in their treatment approach. The program implementers from the rehabilitation centres confirmed that the integration of Western mindfulness practice in their psyhco-education sessions has helped clients to be aware of their feelings and thoughts associated with the cravings. Likewise, some of the program implementers in the government agencies viewed the practice of contemplative mindfulness as a tool to cultivate attentiveness, self-awareness and the ability to remain focused in the present moment.

The program implementers in the Buddhist monasteries focussed on teaching Buddhist concepts such as Karma (cause and effect), the preciousness of human life, and mind training as an intervention aimed to bring in positive change in the youth. Beside teaching these Buddhist concepts, the program implementers also organized programs that helped youth to become engaged with the monastery. These methods heightened their understanding of Buddhist values and principles, which also enhanced their understanding on the consequences of abusing drugs in their present and future life. However, it is also evident that all the three treatment contexts utilize the benefit of Buddhist discourse in their treatment centres by inviting Buddhist monks to their respective treatment contexts.

Similarly, the program implementer from the community outreach adopted his own unique ways to reach out to the addicted clients. The community outreach did not align with any distinct Western-based approaches as practiced by the government and rehabilitation centres. However, the services were more informed by Buddhist principles such as compassion to provide support for rehabilitation treatment, and helping youth get back to a normal setting. The program implementer also provides some kind of meditation sessions through the hospital and prison.

When asked about the effectiveness of the treatment programs in the four treatment contexts, the clients across all the four treatment contexts attributed the success of their treatment to program implementers' personal qualities as shown in Table 4.14. A majority of the clients in the rehabilitation centre expressed self-disclosure from their peer counselor (recovering

addicts) as one of the key qualities of the program implementers that motivated them to change their behavior and their perception about treatment.

The participants (clients) across all groups responded positively to the treatment programs. Participants in the schools generally recognized how the program contributed to their understanding of the value of life and how this understanding brought change in their lives. The program also helped to develop positive attitudes and views in relation to the Buddhist approach to addiction. Similar views on the importance of demonstrating positive attributes was highlighted by the program implementers in the four treatment contexts. In comparison, program implementers highlighted 'caring,' 'positive nature,' 'accepting,' 'politeness,' 'trustworthiness' and 'good listener' as program implementer qualities which they believed positively impacted treatment effectiveness.

When it came to the antecedent causes of youth substance abuse and addiction, as shown in the Table 4.14, the participants' views generally showed peer pressure, easy accessibility, curiosity, broken families, stigmatization, and low self-esteem to be the common antecedents to drug addiction. Studies conducted in the West also show these factors as being the most common antecedents to drug addiction. On the contrary, the Buddhist monasteries generally view lack of understanding and awareness about the preciousness of life and the influence of modernization, and pop culture as the main causes of addiction.

Table 4. 14 *An Overview of Summarization of the Principal Findings*

Theme	**Western approach**	**Buddhist approach**	**Integrated approach**	**Community Outreach**
Approach	Cognitive behavioral therapy Motivational Interviewing Group and individual counseling Twelve-step Approach Contemplative mindfulness as a secular approach	*Choeshed Layrim* karma (cause and effect) Meditation/Training the mind Isolation Youth engagement in the monastery	Integrated (mindfulness-based intervention) Cognitive behavioral therapy Motivational interviewing Group and individual counseling Skills development and reintegration	Compassion Referral and Reintegration Meditation

Theme	Western approach	Buddhist approach	Integrated approach	Community Outreach
Treatment			Western mindfulness as a secular approach	
	Preventive in nature	Preventive in nature	Remedial in nature	Remedial and preventive in nature
Effectiveness of program: client's perception on Qualities of program implementers	Motivating and inspiring, polite, accepting, approachable, good listener, compassionate, non-judgemental, sharing of personal experiences.	Frank, kind, compassionate, understanding, good communication skills. Ability to use humor and make session lively. Ability to speak in English and Dzongkha, Quality to touch hearts and change minds.	Sharing of personal experiences, polite, frank, humorous, non-judgmental, accepting, compassionate, caring good communication, and management.	Compassionate, approachable, non-judgmental, good listener
Effectiveness of the Program : Program implementer perception on qualities of program implementers	Caring Positive nature Good listener Accepting Polite, Trustworthy Empathy	Caring Positive nature Good listener Accepting Polite, Trustworthy Empathy Loving and Kindness	Caring Positive nature Good listener Accepting Polite, Trustworthy Empathy	Caring Positive nature Good listener Accepting Polite, Trustworthy Empathy
Antecedent to substance abuse and addiction	Peer pressure, Easy accessibility, Curiosity, lack of parental support, Lack of awareness, Exposure to western influence, Stigmatization, and Low self-esteem			

4.6 Conclusion

The principal findings from the semi-structured interviews (n=38) showed four distinct treatment approaches to substance abuse and addiction in Bhutan: (i) Western approach; (ii) Buddhist approach; (iii) Community outreach and (iv) Mindfulness-based approach. The findings also revealed that three types of mindfulness i) Western mindfulness; ii) Contemplative mindfulness; and iii) Buddhist meditation are utilized as a treatment intervention in the government agencies, civil society organizations and Buddhist monastery. However, the level and category of utilization of Western mindfulness or contemplative mindfulness is dependent on the program implementers knowledge and experience.

It was evident from the findings that integration is the key theme which links the treatment approaches to youth drug abuse and addiction in Bhutan. On one hand, integrating a Western evidence-based approach where Western mindfulness is used as an approach in treating addiction is used in two rehabilitation centres. Whereas, some of the program implementers who are working in the schools used an integrated Western evidence-based approach with contemplative mindfulness as treatment intervention.

The integration of a Buddhist approach in form of *Choeshed Layrim* is evident in the government agencies and civil society organizations. This indicates that agencies who use a Western approach as their main treatment approach also invited Buddhist monks to conduct *Choeshed Layrim* in their treatment centres.

In comparison to these three approaches, the community outreach treatment approach is unique and different. For example, the program implementer in the community outreach does not follow any structured session or treatment. His approach is more of an active approach to helping youth. For example, he reaches out to the client by looking out for them in the street instead of waiting for the client to reach out to him. It is also evident from the study that his approach to dealing with clients in the community is more informed by a Buddhist approach as he is a Buddhist monk. Thus, there is some similarity with the approach in the Buddhist monastery.

It is also important to note that *Choeshed Layrim* was organically developed by the Buddhist monastery to teach Buddhist values and to educate to the youth of Bhutan. The findings also showed that *Choeshed Layrim* is distinctively different from either the mindfulness-based or the Western approach as it retains the integrity of the traditional Buddhist approach to meditation and philosophy.

The principal findings from the semi-structured interviews and rating scale showed that the effectiveness of the treatment approach is measured in terms of the personal qualities or positive attributes of the program implementers in the four treatment contexts. An interesting and useful insight that this study has provided is that the majority of the program implementers who were interviewed in Phase 1 indicated a lack of clarity about how they should judge or validate the efficiency of the program they offered in the four treatment contexts. This was mainly because no research had previously been conducted to validate the effectiveness of the programs offered by the government agencies, civil society organizations,

Buddhist monasteries and community outreach. However, based on Phase 2 of the study, the treatment approaches were evaluated based on the perception that the program implementers themselves had of the qualities of the program implementers across the four major treatment contexts. The findings revealed that personal qualities such as being caring, having a positive nature, being a good listener, being accepting, polite and trustworthy stood out as an effective way to access the effectiveness of the treatment approach across the four treatment contexts.

Participants' views on the antecedents to substance abuse and addiction were based on their observations and experiences. A majority of the participants highlighted factors such as peer pressure, easy accessibility, and lack of parental support as the dominant risk factors leading to substance abuse and addiction. The study has also highlighted that factors such as stigmatization, low self-esteem, and curiosity also contributed as antecedents to substance abuse and addiction among the youth. The findings discussed in this chapter have policy implications for the government agencies, *Zhung Dratshang*, civil society organizations and other stakeholders, which will be discussed in the next chapter.

Chapter Five: Discussion of the Key Findings

5.1 Introduction

This chapter presents an interpretation and discussion of the major findings in relation to the three research questions (see Appendix 3.2). Accordingly, in section 5.2, key findings to research question 1 are discussed in terms of treatment approaches to intervene in substance abuse and addiction cases as carried out in the four treatment contexts. In 5.3, key findings to research question 2 are discussed in terms of factors contributing to effectiveness of the treatment in the four treatment contexts. In 5.4, the key findings to research question 3 are discussed in terms of antecedents to substance abuse in Bhutan.

Creswell (2008) says "qualitative research is interpretive research" and the role of the researcher is to "make sense of the findings" (p.265). Similarly, in this type of research, interpretation cannot be separated from personal views. In the context of this study, interpretation is influenced by the personal views of the researcher's experiences as a professional certified supervisor, counselor, and educator and as a mindfulness practitioner and trainer in Samtse College of Education, Royal University of Bhutan. Thus, the researcher discusses the findings in light of personal hunches, reflections, and intuitions. More importantly, the findings are interpreted in light of literature and prior studies. Participants' actual words from the interviews are presented where relevant to the discussion. To avoid misinterpretation, syntactical errors accompanying participant's quotes from the interviews are written verbatim.

5.2 Treatment Approaches Adopted by Program Implementers in Bhutan

As reported earlier, this study was carried out with no prior studies conducted on the treatment approaches to substance abuse and addiction in the context of Bhutan. Therefore, it was important for this study to explore and understand the different treatment approaches to substance abuse and addiction carried out in the four treatment contexts in Bhutan. In order to understand the various treatment approaches employed by the government agencies, Buddhist monasteries, civil society organizations and community outreach, the researcher explored their experiences and understanding through research question 1: *What are the some of the treatment approaches to intervene in substance abuse and addiction in Bhutan?*

The subsequent sections provide a discussion of the significant findings that emerged from the interviews on the approaches to substance abuse and addiction in the four treatment contexts are discussed within three frames of reference. These approaches include the Buddhist approach as a distinctly Bhutanese treatment approach (5.2.1); community outreach as a unique one-person treatment approach (5.2.2) and a mindfulness-based approach as the dominant treatment approach which was evident in three ways (5.2.3). The three frames of reference are firstly, with the Western approach integrated with mindfulness-based approaches either as part of the treatment program (civil society organizations) or integrated, dependent on individual program implementers (government agencies) or on the basis of need and request (community outreach). Secondly, the integration of the Buddhist approach in all treatment contexts was evident, although the inclusion of the *Choeshed Layrim* program was not necessarily conceived of as a treatment approach by all program implementers. Thirdly, the integration of Western approach skills training in the two rehabilitation centres as well as in community outreach.

5.2.1 Buddhist Approach

As reported in Chapter 2 (see 2.6), one of the measures taken by the Royal Government of Bhutan to tackle drug addiction was to seek support from the *Zhung Dratshang* to intervene in addiction from a Buddhist perspective. Accordingly, the then Minister of Education (1998), appealed to Je Khenpo (Chief Abbot) to intervene to guide youth through moral and religious lessons on the consequences of substance abuse. The National Assembly in the 83rd session resolved that a *Choeshed* program (Buddhist discourse) to be introduced in schools across Bhutan. Thus, the Je Khenpo commanded former Letshog Lopen[13](Karma Acharya), one of the five spiritual ministers in the Central Monastic Body to take responsibility to introduce *Choeshed Layrim* in the schools and colleges in Bhutan. As a result, the Ministry of Education, the Royal University of Bhutan and the *Zhung Dratshang* (The Central Monastic Body), came together and initiated the *Choeshed* program in all Middle and Higher Secondary Schools and the two colleges of Education in 2003. Currently, the District Abbots (*Lam Neten)* in the twenty districts teach *Choeshed Layrim* twice a year in their districts.

[13] Letshog lopen (karma Acharya), one of the five spiritual minister in the Central Monastic Body.

5.2.1.1 What is Choeshed Layrim?

Choeshed Layrim (Buddhist discourse) encapsulates the essence of '*Sem Gochoep Zoni*'(making the mind useful) as highlighted in Chapter 2, (refer 2.7). The main objective of *Choeshed Layrim* is to provide Buddhist value education, which is a time-tested vehicle to bring about positive change in the minds of youth. The *Choeshed* program focuses on teaching Karma, also known as the law of cause and effect, which is considered to be the foundation of all Buddhist study and practice.

As reported in Chapter 4,(see Table 4.2), a majority of the program implementers in the Buddhist monasteries who were interviewed said that conducting *Choeshed Layrim* in schools and colleges was found to be effective in bringing positive change in the minds of the youth. Some of the program implementers reported that Choeshed Layrim is a religious discourse, where students are taught Buddhist concepts such as Karma (cause and effect). These findings were further explored in the interviews. In the interviews majority of the program implementers were of the view that today's youth do not understand the time-tested Buddhist values such as conduct (*choelam),* meditation (*gompa)* and etiquette (*bjawa dang choepa).* The best way to teach *Choeshed Layrim* is through *Zhiney* (calm abiding) meditation and cultivating value-based training by looking into one's mind and becoming aware of one's own thoughts and emotions and learning to be mindful of one's action in body speech and mind (Thinley, 2012). Studies have shown that some 2600 years ago, the Buddha recognised that addictive behaviour could lead to negative consequences; so, he framed and taught ethical guidelines in the form of the five precepts (Groves, 2014; Lovichakorntikul, Walsh&Anurit, 2017).

5.2.1.2. Karma (Cause and Effect)

Teaching the Buddhist concept of Karma emerged as one of the major findings from the interviews. A majority of the program implementers reported that teaching karma was one of the best interventions in substance abuse as it conveys the notion that each individual is responsible for their moral behaviour. It also emphasizes that positive change is always possible if the right cause and conditions are created. Also, every change is the result of cause and conditions. In the interviews, some of the program implementers explained that there is a possibility for youth to change their addiction habit provided that the right

conditions to change are created. Karma is a law that helps a person to recognize the result of all actions and thoughts in this lifetime or next life. For example, action is determined by the intention and intention determines the moral action, which can be good or bad. Teaching the concept of Karma helps a person to understand that their action (for example of abusing substances) could lead to suffering and actions modified can bring an end to suffering. These findings indicate that teaching of Karma has helped youth to cultivate self-discipline, discipline of the mind, body and speech as they learn that modifying their habitual pattern of thinking about drugs can help them change their behaviour and action. This finding is consistent with the literature, which shows that the law of Karma is not rigid but allows for modification. For example, Buddha has said, "Everyone has a certain amount of free will to mould one's life or modify one's action. Even the most vicious person can become a virtuous person if he wants to change his life and makes the effort to do so. However, everything in this world, including man himself is subject to conditions and without the necessary conditions, nothing can arise" (as cited in Sayadaw, 1998, p.84).

A majority of the clients in this interview expressed that understanding the concept of Karma has made some significant impact on their lives in terms of change in their attitudinal behavior. For example, four students stated that learning about the karmic effect helped them to understand the preciousness of life and the value of right living, right understanding and right communication. This could be attributed to the strong influence of the Buddhist worldview of accumulating good deeds in this birth leading to rebirth in the higher realm (Cozort, 2016). This conviction is primarily linked with the belief that bad karmic actions will lead to birth in the hell realm. The concept of karma in the Bhutanese way is often associated with traditional way of explaining illness, misfortune or an unsuccessful life. One's misfortunes are often attributed to the law of karma. For example, the common term such as (*Tshog ma saap)*, which means one has not accumulated good merit in the previous life, is often heard to describe the unequal suffering of human beings in the world. And most often the term "*Tshog ma saap*" is also attributed to youth who are addicted to drugs as they are found engaging in destructive behavior and not valuing the preciousness of human life (Calabrese & Dorji, 2013). The program implementers in the Buddhist monasteries said that linking karmic actions with the six realms (Chapter 2, see 2.7), and attributing the cause or source of addiction to impure actions committed previously (Chapter 4, refer 4.2.2.1) was found to be effective in making youth realize the consequences of abusing substances. The

impact of narrating stories on addiction through religious beliefs was also seen in the work of Kuenzang Thinley[14](2002) in his two books titled *Thangku gei nemik and Chang gei nemik* (ill effects of tobacco products and alcohol), which identifies impure action or defilement in previously committed actions as being the main source of addiction. Similar views were also reflected in the early Buddhist scriptures when the use of fermented and distilled liquor were considered as intoxicants. However, the use of drugs is not specifically mentioned in the ancient Buddhist texts as alcohol was the only intoxicant available then (Groves, 2014).

5.2.1.3. Meditation

Buddha was not only a great teacher but also a great psychotherapist who taught that all things that arise are bound to change. This gave hope to people who struggle with addiction, as the feeling of getting fixated can be powerful in addiction, and people find it difficult to find their way out through the web of addiction. Accordingly, Buddha introduced meditation which is recognized as one of the most powerful methods to deal with the obstinate mind (Taylor, 2010). Santideva (685-783), the great Indian Buddhist scholar and Bodhisattva (compassionate being) says that introspection is important in meditation practice as it allows the process of monitoring the quality of mindfulness practice. He sums up the experience of meditation practice: "In brief, this alone is the definition of introspection: the repeated examination of the state of one's body and mind" (Wallace, 2016[15], n.p).

It is important to know that traditionally, Buddhist meditation training involves three stages, which are *Shila* (discipline), *Samadhi* (the actual practice of meditation) and *Prajna* (insight). In this study, the program implementers mostly come from the traditional Buddhist background and the practice of Bodhisattva is central to the Mahayana Buddhist tradition. Hence, most of the program implementers had the mental disposition towards helping others. The term bodhisattva refers to a person "who is brave enough to walk on the path of the awakened ones" (Trungpa, 2003, p.127). Therefore, the program implementers in the Buddhist monasteries consider meditation as a personal religious practice to train one's mind for better mental ability, and to follow the Bodhisattva path. Walking the Bodhisattva path

[14] Kuenzang Thinley is a Bhutanese scholar and writer and has written number of books on Buddhism

[15] Wallace. A (2016,30, Jan). MaMa Charitable Foundation Visiting Professor in Buddhist Studies Lecture Series 2015/16 (2016,30, Sept). *Buddhist and Psychological Views of Mindfulness*. Retrieved from https://www.youtube.com/watch?v=20PTHJXCFnE

requires a person to receive the "*Jangchupsem, gei dompa*" (Bodhisattva vow), which is a vow taken by a Mahayana Buddhist practitioner to help liberate all sentient beings.

As reported in Chapter 4, a majority of the program implementers highlighted meditation as an effective tool to train the mind of the substance addicted youth, to bring some sense of purpose in their life. This was further explored in the interviews. In the interviews, a majority of the program implementers considered working with the mind as a powerful method to free one's mind from addiction and that the only way to train the mind is through the practice of meditation. For example, PIb16, a senior Buddhist practitioner said, "if someone is sick due to physical illness then the patient has to be treated with medicine, but for addiction problems, training of mind is required to treat drug addicted youth." These findings were supported by Tsering (2006), for example, in his book *Buddhist Psychology: The Foundation of Buddhist Thought.* It says that in Buddhism, mind refers to the inner science. Psychology (the study of what the mind is) and epistemology (the study of how the mind functions) are understood to be crucial aspects of the spiritual path. Medicine and logic are outer sciences, and although considered very important, are accorded less prominent when compared to the inner sciences. Buddhism does not consider the root cause of our problems to be an external agent of this life, but rather an internal agent developed over many lifetimes known as the habitual tendencies of our own minds (pp.1-5). Similarly, Choyni Taylor (2010) in her book titled *Enough! A Buddhist Approach to Finding Release from Addictive Patterns* emphasizes that working with the mind is the only way to be free of addiction. Tsering (2006) further explains how a person can free the mind from addiction using the frame-work of the Four Noble Truths: (i) the first truth, the truth of suffering, is recognizing that abusing drugs is the cause of suffering;(ii) the second truth, the truth of the origin of suffering, refers to the causative factors that lead to abusing drugs; (iii) the third truth, the truth of cessation, is the understanding that a complete cure is possible (need for treatment); and (iv) the fourth truth, the truth of the path that leads to cessation, is the cure. The four noble truths encompass the entire spiritual path with all its many aspects, but we can apply them equally well to the nature of the mind (p. 2).

The importance of using meditation practice as a tool in recognizing the core nature of addiction and its addictive behavior and undoing addictive behavior patterns are indicated in the literature (Marlatt, 2002; Taylor, 2010; Tsering, 2006). Similar findings were also reflected in related studies carried out by Thanissaro (2015), which indicated that youth who

meditated regularly were found to be more resistant to the use of intoxicants and had stronger work ethics. In addition, Phra Chaiyatha a Buddhist monk in his interview "*A Buddhist way of drug rehabilitation in Thailand — approaching substance abuse with loving and kindness"* reports that practicing meditation and applying morality (*shila*), concentration (*Samadhi*), and wisdom (*Panna*) is the only Buddhist way of treating addiction. He further supports his findings with a metaphor to highlight the role of meditation in treating addiction. He said, "If you look into calm water, you can see yourself in the mirror. If the foundation is not stable you can't see yourself. Through *Samadhi* (meditation) you are able to see the real problem. The ability leads to wisdom. Wisdom is the power to realise the truth of things. A stable mind is the condition for it" (as cited in Pichler, 2013, p-196).

The program implementers in the interviews confirmed that teaching meditation to students help them to pacify their mind and help them to overcome their addiction. These findings were validated by some students in the following comments:
"Attending meditation session helped me to calm down my mind and eradicate our negative thoughts" (CI35b). Likewise, CIb35 said, "It is an enriching program for the mind, as it shows path to righteous living and conduct."

Similar benefits have been reported in the literature; for example, studies have indicated that youth who participate in religiousness are less likely to abuse drugs, therefore religiosity is seen as a protective factor against substance abuse (Adamezyk & Palmer, 2008; Knight, et al., 2007). The influence of religiosity can operate as an independent protective factor for drug users (Gmel et al., 2013). Meditation helps a person to be aware of reality and helps them to differentiate good thoughts from bad thoughts (Kyabgon, 2013).

It is interesting to note that although some students highlighted the benefit of attending *Choeshed Layrim* and attending meditation, there were a few students who shared different views. In the interviews, some students said that it was challenging for them to understand the Buddhist concepts and to attend the session on the meditation practice. Some of the students characterized the session as 'monotonous' and 'boring,' saying it 'makes us sleepy', and is 'lengthy.' These observations could be attributed to the fact that most Buddhist discourse is delivered in *Chokyed* (language of the dharma); "*Chokyed* is the language in which sacred Buddhist texts, medical and scientific treatises and, indeed, all learned works

have been written throughout the course of Bhutan's history" (Van Driem, 1994, p.88) and cannot be adequately translated and explained in *Dzongkha* (National language).

At the same time, some of the program implementers indicated that despite having many Buddhist approaches to treat addiction, they themselves still find it difficult to make it relevant to the current generation as most of the fundamental Buddhist terminologies are in *Chokyed (*language of the dharma). For instance, two senior practitioners (PIb17&, PIb14) from the Buddhist monasteries said that, "It is difficult to translate and make them understand; even if we do, we cannot translate precisely" (Chapter 4, see 4.2.2.1). The program implementers in the interviews also commented that the current education system does not provide adequate focus on Buddhist value education, which is a time-tested vehicle to bring positive changes in the minds of students. Currently, the only access to Buddhist values and ethics in schools is through one single Dzongkha language session. Thus, the youth do not receive an adequate foundation for understanding the sacred values and principles of Buddhist teachings.

These findings are significant and have implications for the Ministry of Education (MoE), as *Choeshed Layrim* is offered mostly in educational settings. The MoE could consider working with the *Zhung Dratshang* to look for possibilities of conducting *Choeshed Layrim* as part of the formal education curriculum in schools in Bhutan. This could be possible by replacing the current value education curriculum with a Buddhist-based values curriculum (non-credited) for primary students especially for Pre-primary until junior high school to be taught by the monks from the *Zhung Dratshang*. Similar practices are visible in some Buddhist countries such as Thailand and Myanmar, where the parents send their young boys to the monasteries as temple boys (*dek wat)* for moral and other life skills training. Likewise, studies on basic Buddhism have been incorporated as a compulsory subject in the primary and junior schools across Thailand (Arunsutalangkarn, 2018).

It may also be important for the *Zhung Dratshang* to appoint permanent teachers (Buddhist monks) to deliver the *Choeshed Layrim* widely across the school system in Bhutan. In doing so, the *Zhung Dratshang* could offer *Choeshed Layrim* sessions more widely, and through these provide meditation sessions on regular basis to youth and program implementers. This could also lead to developing reading materials related to *Choeshed Layrim* so that the materials could be uniformly disseminated by the program implementers throughout Bhutan.

Currently, the Buddhist discourse is conducted by Buddhist monks based on their own experiences and no reading materials are available with reference to the *Choeshed Layrim* taught in the school.

5.2.2 Community Approach

Unlike the other three organizations; government agencies, Buddhist monastery and civil society organizations, the community outreach program is single-handedly carried by the individual program implementer, who is a Buddhist monk from Wales, popularly known as "Lama" by youth and by the general public. This program implementer has no affiliation with any other organization and functions on his own. He has been playing an active role in sending addicted youth to rehabilitation and has made significant difference in the life of the youth by reintegrating them back into society. Recently, in 2015, he was recognised and awarded the National Order of Merit (Gold) in recognition of his contributions in bringing positive changes in the life of Bhutanese youth and helping substance abusers enter rehabilitation programs and later reintegrating back to society by helping them find work (Chapter 2, see 2.9).

As shown in Chapter 4 (Table 4.3) one of the noteworthy findings that emerged from the data was this community outreach approach. It was evident in the findings that community outreach in the context of Bhutan is uniquely different, as it does not fit anywhere near to the community outreach as practiced in the Western context. For example, in the Western contexts and other parts of the world community-based outreach services are provided by group of professionals working in an organization. As a result, community outreach consists of a team of experts reaching out to certain populations or the hidden population in their communities (Chapter 2, refer 2.9).

In the context of Bhutan, the program implementer has been volunteering his services for the last 14 years, offering a service to send youth to rehabilitation treatment without any affiliation with any organizations or institutions. This approach of community outreach is more informed by Buddhist principle. In the interviews, the program implementer reported that his approach of dealing with addicted youth is seeing them through the lens of compassion, and understanding the cause and condition. As a result, the approach taken by the program implementer is a voluntary effort to increase the well-being of youth by helping

them to change their perception and helping them to overcome their addiction-related issues. The program implementer said that he does not follow any formal counseling method or structured method to help the addicts. His approach is by visiting the addicts at the clubs and at times looking for addicts on the street at night, as well as physically checking on clients by visiting homes after they come back from the rehabilitation treatment (see Chapter 4, 4.2.3.1). The services provided by the program implementer could be recognised as community outreach based on compassion.

5.2.2.1. Major activities carried out by the community outreach

One of the popular services carried out by the program implementer in the community outreach program is sending clients for rehabilitation treatment and helping them get a job after the completion of rehabilitation treatment. It is a common sight to see Lama X sitting in one of the corners in the Ambient café, Thimphu talking to young people, who have either come to seek support to find a job after completing the rehabilitation treatment or who are seeking support to go to rehabilitation treatment.

Rehabilitation: One of the major activities carried out by the community outreach program is to encourage and support youth for rehabilitation treatment within and outside Bhutan. In the interview, the program implementer said it was important for him to go and look for addicts and explain to them the need for rehabilitation treatment. This is effective as many youths maybe in the stage of denial that they need help to overcome their addiction. The program implementer said that it is challenging to persuade them to go for rehabilitation treatment. The program implementer also said that patience and compassion is required when dealing with some of the addicted youth. For example, he said, "whether the kids insult me, or behave rudely to me, or say nice things or thank me, I ensure that they end up in the rehabilitation centre." The community outreach service has gained its popularity since its inception in 2007. The program implementer said that now he has youth coming over through the recommendation of recovery addicts, who have benefitted from community outreach.

Reintegration: One of the other services provided by the community outreach program is the reintegration of the client after their completion of rehabilitation treatment. In the

interview the program implementer said that it is important to engage the clients after their completion of rehabilitation treatment. For example, PIc13 said,

I engage the recovering clients in a café, where they will do dish washing, work as waitress for about eight months. Then, I request for a five-star hotel to take them as intern, and usually they are employed.

It was evident to see youth flocking to Ambient café to meet Lama X. The program implementer said it was important to engage them after the rehab treatment to raise their self-respect and keep them under discipline, otherwise they will feel empty and then they would find drugs an interesting way to fill in their emptiness. When Lama X was questioned on how he manages the funding for rehabilitation treatment and providing jobs for the recovering addicts, he said that he has managed to seek collaboration with local cafes for placing addicts as interns and also managed some scholarships in hotel management. The program implementer reported that the community outreach provided was found to be effective in providing service like referrals and reintegration. These findings on the community outreach approach does not corroborate with findings from the literature on community outreach. In the West and other parts of the world, community outreach is more organized and mostly affiliated with organizations with funding; relying on expertise to reach out to a larger section of the population who are categorized as homeless, hidden population, youth and elderly people. The services cover a wide range of issues ranging from mental health to substance abuse and health related issues (Penzenstadler, Khazaal & Fleury 2020). Based on the researcher's observation, the community outreach program in Bhutan is unique and organically envisioned by an individual to help youth with addiction issues. However, similar findings are supported in faith-based community organizations where individuals are passionately committed to offer their service beyond their structured time. For example, the faith-based community continues to sustain their effort to provide substance abuse prevention and support services even if they run out of the grant funding (Townes et al., 2012).

5.2.3 Mindfulness-based approach

One of the key findings that emerged from the data gathered was the mindfulness-based approach implemented by the program implementers from the government agencies, civil society organizations, Buddhist monastery and community outreach. The integration refers to having some common element across the four approaches. There are three types of integration across the four treatment contexts: 1) integration of the Western approach with

mindfulness-based approaches including Western mindfulness from the Kabat Zinn tradition, or contemplative mindfulness, or the *Chogyam* tradition in the two rehabilitation centres and government agencies; 2) Integration of the Buddhist approach in the government agencies, civil society organizations and community outreach; 3) integration of Western approach skills training in the two rehabilitation centres and community outreach.

1) Integration of the Western Approach with Mindfulness-based Approaches

The program implementers from the government agencies and the two rehabilitation centres follow the integration of Western evidence-based approaches such as the Cognitive behavioral therapy (CBT), and incorporated either Western secular mindfulness or contemplative mindfulness as an approach in treating addiction in their treatment contexts. In the interviews, the program implementers in the rehabilitation centres and schools said the Western approach provides the theoretical knowledge or approach to deal with substance abuse and mindfulness provides experiential experiences for the clients to explore within themselves to understand him/herself as profoundly as possible, in order to understand their addictive nature and emotions. The understanding of using CBT as an intervention in treating addiction was evident to both the program implementers in the government and civil society organizations as both agencies emphasize the use of CBT as an effective intervention in identifying dysfunctional cognition and to modify negative emotions and behavior. These findings are consistent with previous studies by others (Sudhir, 2018; Sheldon, 2011& Waldron & Turner, 2008), which reported that using the CBT approach helped clients change their cognitive-distortion and behavior during the treatment process. CBT as a well-established model for treating addiction is educational in nature and the intervention could be used with any clients at any given time (Kendall& Peterman 2017; Liddle et al.,2008). However, based on the data collected from the program implementers, the theoretical understanding of mindfulness was different between the program implementers in the schools and the two rehabilitation centres. This is likely to be the case based on their training and background. For example, it was evident from the interviews that a majority of the program implementers working in schools under the government agencies are more informed of contemplative mindfulness based on Chogyam Trungpa's tradition. Most of the program implementers working in schools are school counselors who have a good understanding of contemplative mindfulness, as most of them have undergone post-graduate Diploma in Contemplative Counselling Program in Samste College of Education, where they have attended an intensive contemplative mindfulness retreat during their training period. In

contrast, some of the program implementers are more informed by the understanding of Western mindfulness introduced by John Kabat Zinn. It is also interesting to note that there is not much of a distinction between the two types of mindfulness as the basic grounding principle is using the breath to work with the mind. That said, there is a difference in orientation, where contemplative mindfulness retains more connection to Buddhist principles, while Western secular mindfulness has become more formalized as a "psychological" practice orientated to well-being. This can be seen in the distinction between the government agencies and civil society organizations in the utilization of the mindfulness approach in the treatment centre. The program implementers from the two rehabilitation centres state that their treatment approach is unique as mindfulness is integrated in all the psychoeducational sessions and clients are made to practice mindfulness in the treatment centres. While in the government agencies, there is variation in terms of how much understanding program implementers have of contemplative mindfulness and contemplative counseling, dependent on their training. So as mentioned earlier, there are some school counselors who utilize contemplative mindfulness as a part of their treatment approach integrated with Western approach. However, in both cases, mindfulness, either Western mindfulness based on Kabat Zinn or Contemplative mindfulness, is integrated with Western evidence-based practices such as the Cognitive-based therapy in the government agencies and both of the rehabilitation centres.

Some of the program implementers from the rehabilitation centres reported that integrating mindfulness in the session was found effective in guiding clients to explore the inner working of their minds and gain some insight into their addictive patterns. Similarly, program implementers from the schools said that integrating mindfulness helped the clients to be free from distortion and regulate their emotions. These findings supported by a growing body of studies have shown that integrating mindfulness with CBT has a significant impact on clients to help them reduce physical and mental symptoms and increase self -awareness, acceptance and general wellbeing (Johnson 2019). In fact, mindfulness practice has been introduced as an intervention into the main stream of psychotherapy and counseling programs worldwide. One of the most popular programs that stands out is the Mindfulness-Based Stress Reduction (MBSR) designed by Kabat Zinn in 1982. Similarly, Marlatt (2002), in his research in the use of meditation for treatment of addictive behavior found that mindfulness provided experiential experience for the clients to observe their nature of their mind, pay attention to

their thought patterns and cravings and let go of the negative thoughts and cravings while increasing their capacity to be attentive to the present moment (Johnson, 2019).

2) Integration of Buddhist Approach in the Government Agencies, Civil Society Organizations and Community Outreach Program.

One of the significant findings from the data gathered from all the program implementers is the integration of the Buddhist approach in the government agencies, civil society organizations and community outreach. Although it is clear from the findings that there are four distinct approaches to treating addiction across the four treatment contexts in Bhutan: Western, Buddhist, Mindfulness-based and community outreach; it is important to note that the Buddhist approach stands unique without any elements of Western approach. However, the infusion of the Buddhist approach is visible in the agencies where they predominately practice a Western approach. For example, the integration of the Buddhist approach in the government agencies and rehabilitation centres occurs because the monks are invited by the agencies to teach *Choeshed Layrim*. Likewise, it is also important to note that most of the program implementers are Buddhist and because Bhutan is a Buddhist country, and with respect of Buddhism and the initiative of the *Choeshed Layrim*, it is very natural to ensure that Buddhism is integrated into the treatment programs. Furthermore, there are chances that there could be some infusion of program implementers' understanding of Buddhism into their own work, just by the fact of being Buddhist themselves. However, this depends on the program implementers.

The integration of the Buddhist approach with community outreach is on the ground that both the program implementers are Buddhist monks. The integration of the Buddhist approach with community outreach is more evident in the fact that the program implementers are guided by Buddhist principles rather than used as a treatment approach as such. The benefit of integrating some aspects of the Buddhist approach with the Western approach has been found effective by the program implementers in the government and the two rehabilitation centres. These findings are consistent with findings with similar findings from a study (Adamczk & Palmer 2008) which states that the influence of religiosity reveals that youth who participate in religious ceremonies are less likely to take drugs than those who do not participate. Similarly, these findings are further supported by Dorji (2018) who claims that

incorporating meditation and western medications in psychiatric issues has shown significant success rate in Bhutan.

3) Integration of the Western Approach of Skills Training in the two Rehabilitation Centres and Community Outreach.

It is also evident from the data gathered from the two rehabilitation centres and community outreach that there is some integration of the Western approach of skills training in both of these treatment contexts. Program implementers in both these treatment contexts emphasize the importance of skills development as a part of the treatment approach in their treatment centres. However, there is some distinction in the way they carry out the skills training. For example, the two rehabilitation centres have integrated skills training within their treatment approach. While the community outreach program does not educate or train clients but works one-on-one in linking them to jobs as an intern in a café, for example, or employment after they complete the rehabilitation treatment program. In this way, the program implementer in community outreach directly helps clients with hands-on practice and skills development during their intern period.

5.2.3.1. Understanding Mindfulness

One of the significant findings on the approaches in the four treatment contexts is the use of mindfulness in the four treatment centres. As mentioned earlier, three distinct mindfulness methods were evident in the three treatment contexts: i) Western mindfulness as a secular practice of mindfulness based in the tradition of John Kabat, which is mostly utilized in the rehabilitation treatment centres; ii) contemplative mindfulness from the Chogyam Trungpa tradition which is utilized by the school counselors under the government agencies; iii) Traditional Buddhist meditation which is a combination of Buddhist philosophy and mindfulness, offered by the Buddhist monks from the *Zhung Dratshang* in Bhutan. The program implementers from the government agencies and rehabilitation centres have expounded the benefit of using mindfulness as an approach in their treatment centres. On the contrary, some senior program implementers who are seasoned Buddhist practitioners expressed their concern on the trend of introducing Western mindfulness professionals to Bhutan. They said that it is an ironical situation, especially as a Buddhist-based country, where the rich and profound practice of mindfulness are found in Bhutan. In the interviews some of the program implementers commented on how the current practice of Western

mindfulness introduced in schools confuses young minds. For example, a senior Buddhist practitioner indicated that "meditation introduced in schools has no proper guidance and students are instructed to stay silent for a while," however, remaining silent is not real meditation in Buddhism (Chapter 4, see 4.2.4.1). These findings are consistent with the view shared by Wallace (2016), in his concluding presentation on Buddhist and Psychological views of mindfulness, he commented that: Mindfulness meditation has significant benefits but it is important not to equate it with the essence of Buddhist meditation at large (slide, 13). These findings are significant because they suggest a paradoxical situation. The essence of Buddhism permeates into the fabric of the Bhutanese society and has a dominating influence in shaping the traditional values, culture and psychology of the Bhutanese people. In reality, the practice of meditation has increasingly been imported from the West by persons coming to Bhutan to teach this approach and through numerous reading materials now available. As a result, in practice the current findings suggest that despite the rich Buddhist history of Bhutan, this ancient practice of mind training or meditation has not effectively reached out beyond the monastic body. One possible explanation could be that the Buddhist practitioners still believe that the sacred and profound teachings and practices of meditation should not be diluted as they feel that its purity must be protected at all times. These findings are consistent with Dorji's (2015) study that supports that meditation is still seen in Bhutan as an inherently Buddhist practice and has been guarded by the *Zhung Dratshang* for centuries. As a result, it is still not easily accessible to the common people to practice. These views are supported by *Dzongsar Khyentse* who argues that despite the rich, profound and deep meditation practices such as *shamatha, vipassana*, visualization and dissolution practices available in the Bhutanese spiritual culture and heritage, many people are not aware of these resources (Chapter 2, see 2.8.1).

However, in recent times, the program implementers in the Buddhist monasteries have tried to evolve and change with time and make the teachings relevant to the younger generation. One of the first noticeable changes was incorporating basic guidance to meditation in the *Choeshed Layrim* program. This basic guidance to meditation is mostly taught with Buddhist teachings which as found in the research, at times becomes difficult for the youth to comprehend and bring into their daily lives. Nevertheless, generally the practice of meditation initiated by the *Zhung Dratshang* was found useful by the students. However, it has not been able to become the desired foundation of the practice in schools across Bhutan. This could be attributed to the fact that *Choeshed Layrim* is conducted in a workshop format for about ten days and there is no follow up. The findings discussed in this section are

noteworthy as these have implications for the *Zhung Dratshang* and the Ministry of Education (MoE). These findings are significant as it indicates that *Zhung Dratshang* could strengthen the traditional meditation retreat programs for the program implementers and other relevant stakeholders working with youth. In doing so, this may help program implementers understand the essence and value of the practice instead of necessarily importing Western mindfulness without proper guidance.

5.2.3.2 Exceptional Practices

From the data gathered from the four agencies, one of the exceptional practices based on researcher observation is the informal community outreach program. Exceptional in the sense that in its mode of delivery, it is very different from other treatment agencies. As mentioned earlier, the community outreach program is run by an individual without any affiliation with other organizations. The service provided by the community outreach extends to all clients across the treatment contexts and beyond. The program implementer doesn't work with fixed times and he makes himself available for all walks of young people who come to the Ambient café. There is evidence of youth becoming successful after availing help from the community outreach program. For example, many of the recovering addicts are placed as chefs and some are working as peer counselors; there are even clients who are working as chefs in five-star hotels.

5.2.4 Conclusion on the Treatment Approaches in the Four Treatment Contexts

As shown below in Figure 5.1, the main findings of the study exhibited four distinct treatment approaches: i) Western approach: as adopted by the program implementers from the government agencies and civil society organizations; ii) Buddhist approach as employed by the Buddhist monastery iii) Community outreach approach as employed by the program implementer from the community outreach program, and iv) Mindfulness-based approaches as a linking approach across all approaches. Analysis of these four treatment approaches led to the conclusion presented in this discussion chapter that there are three dominant frames of reference to understand treatment approaches to youth drug abuse and addiction to Bhutan:
1. The Buddhist approach as a distinctly Bhutanese treatment approach 2. Community Outreach as a unique one-person treatment approach and 3. An integrated-approach as the dominant treatment approach encompassing the four treatment approaches of Western, Buddhist, community outreach and mindfulness-based approaches. In this, mindfulness-

based approaches emerge as the linking approach found in all four treatment contexts. That said, the study has also identified three types of mindfulness: i) Western mindfulness from the John Kabat tradition: ii) contemplative mindfulness from the *Chogyam* Tradition and iii) traditional Buddhist meditation as seen across all four-treatment context.

Some of the elements integrated across the treatment contexts are summarized below:

1. The integration of Western evidence-based approaches such as cognitive behavioral therapy (CBT) and Western mindfulness (John Kabat tradition) was employed as a treatment intervention in the two rehabilitation centres.
2. The integration of Western evidence-based approaches such as CBT and contemplative mindfulness (*Chogyam* tradition) was used by the school counselors as a part of treatment.
3. The integration of Western Skills training was evident in the two rehabilitation centres and community outreach.
4. The integration of the Buddhist approach as in *Choeshed Layrim* is integrated in the government agencies and the two rehabilitation centres. This happens only when Buddhist monks were invited in these centres. The community outreach approach is more informed by Buddhist approach.

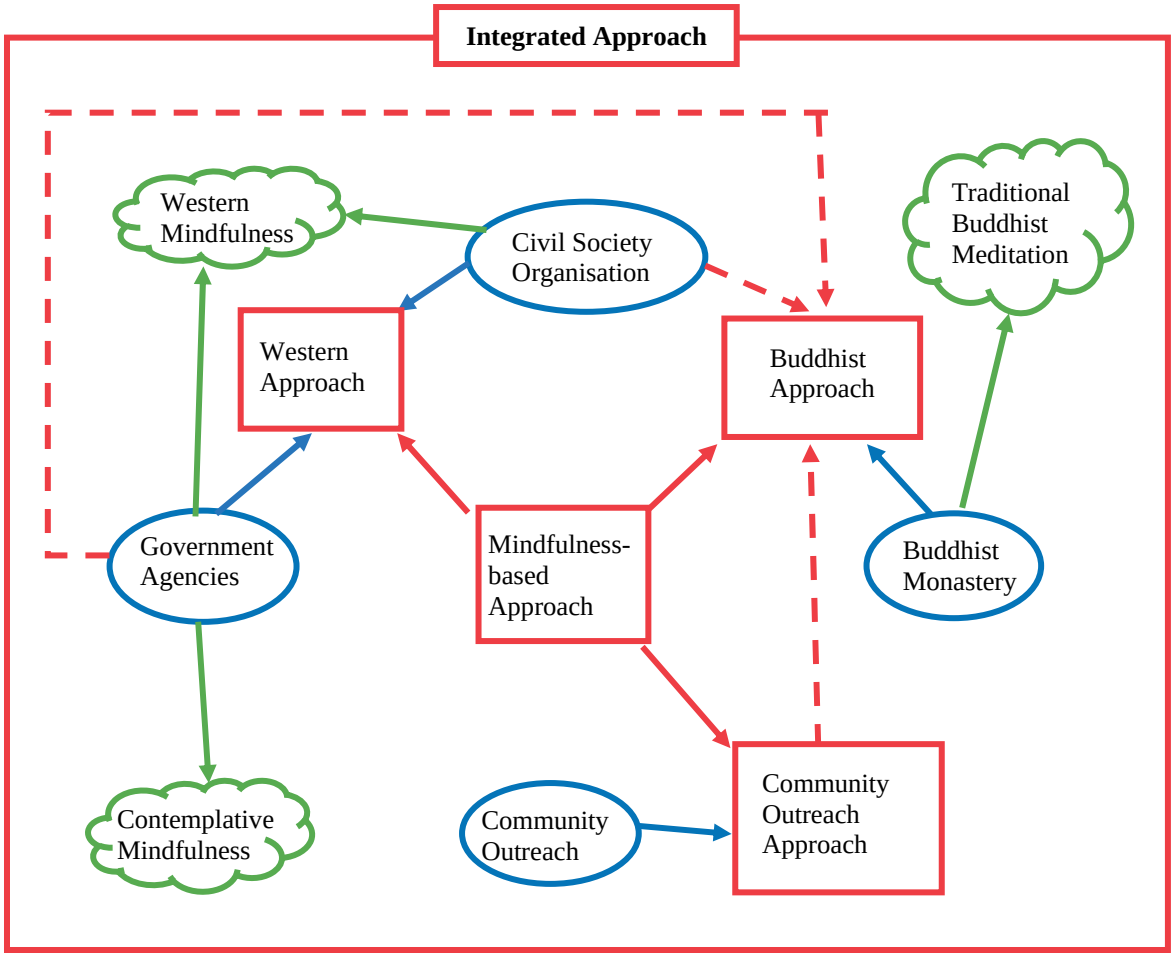
Although the study has identified four types of integration as described above, the utilization of integration differs between each treatment agency. For example, the integration of contemplative mindfulness was used by the school counselors only under the government agencies. In addition, this utilization of contemplative mindfulness was dependent on the program implementers experiences and background. Meanwhile, the utilization and in-depth understanding of Western mindfulness across the two rehabilitation centres was also dependent on the program implementers backgrounds. Western secular mindfulness in these two organizations was integrated as part of the treatment program. Likewise, the community outreach program implementer's approach to mindfulness is more informed by Buddhist Principle but differs in terms of integrating the approach depending on need and request. It is important to note that the program implementers from the Buddhist monastery stand out as an independent organic approach with no influence of Western approach. However, the Buddhist approach of the *Choeyed Layrim* has been included in the government agencies and civil society organization as and when they invite Buddhist monks to their treatment centres. It is also important to note that most of the program implementers in all four treatment centres are Buddhist and this may well influence all of their approaches. Therefore, it is

important to understand that the implemention of whether Western secular mindfulness or Contempaltive mindfulness, it was offered through the lens of Buddhism as most of the program implementers are Buddhist. Thus, the study indicates that Buddhist culture and values impact treatment approach in the context of Bhutan. Therefore, the Buddhist approach can be understood as the linking approach across all treatment contexts. This study also provides further research to see the possibility to develop a Bhutanese treatment approach that best suites to the need of the Bhutanese clients.

Another noteworthy observation is that the community outreach approach is run by a Buddhist monk from the West; however, community outreach is gaining popularity amongst all other three approaches. It could be because of the way it reaches out to youth and some noticeable reintegration is visible in terms of employing recovering addicts.

Figure 5. 1

Treatment approaches in the four treatment contexts



5.3 Factors Contributing to Effectiveness of the Treatment Program

This concludes Phase 1 of the research. As reported in an earlier section, it was important to explore how program implementers and clients understood the effectiveness of the treatment in the four treatment contexts. The researcher explored their views and perceptions of participants through the research question 2. *What contributes to the effectiveness of the treatment approaches to intervene in youth substance abuse and addiction?*

First, we considered this question from the Phase 1 interviews with the clients seeking treatment at the Drop-in Centres (DIC), schools and colleges which represented the government agencies. Students who attended the *Choeshed Layrim* program representing the Buddhist monasteries and clients seeking treatment at the Institute of Well-being (IW) and Samzang Residential Drug and Alcohol Rehabilitation Centre (SRDARC) representing the civil society organizations were also interviewed. The subsequent sections provide a discussion of the significant findings that emerged from the interviews on the qualities of program implementers in the four treatment contexts which are discussed within the frames of reference in 5.3.1. Understanding clients' perspectives from the four treatment contexts sets the context for this discussion.

5.3.1 Understanding clients' perspectives on the qualities of program implementers

A majority of the clients from the DIC, schools, IW and SRDARC expressed that the positive qualities of program implementers played a significant role in their treatment process. In the interviews, most of the clients identified qualities such as 'approachable,' 'friendly,' 'good listener,' 'compassionate,' 'non-judgemental' and 'polite,' as positive attributes that motivated them to change their attitude and behavior during treatment. Most of the clients in the schools highlighted that these qualities helped them in fact to attend counseling sessions and follow up with their program implementers.

These findings are consistent with the study conducted by Lambert and Barley (2001), which confirmed that positive personal qualities of the therapist is the strongest predictor of successful therapeutic relationships and outcomes. These findings are also supported by others (Brill & Nahmani, 2017 and Vivino et al., 2009), who found that social workers with qualities such as acceptance, compassion and empathy had a significant impact on the

addicted clients in terms of helping them acquiring a new sense of meaning in their life. Similarly, the need for qualities such as being non-judgmental and compassionate as a counselor has been emphasized in the studies carried out by the UNODC on drug use situations and responses in schools and communities in Bhutan. This study recommends that the treatment providers should reach out to drug users with more understanding of the cause of addiction and compassion, instead of making judgements of clients (Panda, Chowdhury, Dendup &Pahari, 2009). These findings are further supported by Corey (2005) and Mearns and Throne (2000), who are of the view that the key essential qualities of a counselor to better understand the clients is by providing unconditional positive regard, demonstrating empathy and being congruent in the counseling session. This finding is congruent with the findings by other researchers such as Lambert, et al., (1992) and Hubble, Duncan, & Miller (1999), which report that 30 percent of client recovery depends on whether the program implementer is able to demonstrate empathy by listening and paying close attention to the client, providing unconditional positive regard by accepting the client and being congruent by demonstrating genuineness in the session. Similar findings were also reflected in Srichannil and Prior (2014) that personal qualities of social workers have greater impact on the therapeutic process than their technical skills.

It is important to note that the clients from the two rehabilitation centres stated that self-disclosure was one of the qualities they considered contributed to the sense of their program implementers being a role model. In these interviews most of the clients said that the program implementers are 'frank,' 'use humor' and share their own personal experiences with drug addiction in a way that made them feel closer to them and also gave hope to overcoming their own addiction. This perception is supported by Chaiyahta, a Buddhist monk who runs a rehabilitation centre in Thailand. He reports that one of the significant impacts of the rehabilitation program is to see recovering addicts as a role model who serve to motivate new clients through their lived experiences. Similar findings were also reflected in a study carried by Lester (2015) *Bhutanese Counselors' Experiences with Western Counselling: A Qualitative Study*, where he commented that the clients in the rehabilitation centres in Bhutan see their counselor as an "expert" and look at them as their role model.

Some of the clients explained that talking to program implementers who are recovering addicts was found to be more beneficial as they provided them with ideas and ways to cope with their current cravings and other issues related to addiction. These findings are consistent with the findings of Sacra (2017) who explains that clients in rehabilitation find

talking to their personal counselor (recovering addicts) to be effective as they provided ideas and ways to cope with their current cravings and other issues related to addiction. These findings are also reflected in the recent report by the BNCA (2017) *On the Review of functions of Drop–in Centre Services,* which reported recovering addicts gaining popularity by sharing their lived experiences with their clients.

Most of the program implementers in the rehabilitation centres follow the CBT techniques as one of the main approaches in their treatment centres. This could also attribute to the use of self-disclosure with their clients. The CBT therapist incorporates self-disclosure as a part of intervention to develop a strong working alliance and instilling hope in clients (Dryden, 1990). Similarly, the humanistic approach by Roger (1951) supports therapist self-disclosure in fostering relationship with the client. The findings were further supported by Barrett & Berman (2001), who said that the clients responded more positively to counselors who shared their experiences with the clients than those who did not disclose their experiences. However, the use of self-disclosure in a session is debatable as is the question of what to disclose and how much to disclose.

The clients who attended *Choeshed Layrim* described the qualities of their program implementers based on the session they attended. When asked about the qualities of the program implementers, a majority of the students from school and colleges who attended the *Choeshed Layrim* described their program implementers demonstrating 'good communication,' 'ability to use humor,' 'frank,' with an 'ability to explain in English and Dzongkha,' showing 'compassion 'and 'understanding.' The possible explanation for these findings could be attributed to two factors. First, humor is essential in the teaching the *Choeshed Layrim* as most teaching is directly translated from the religious text, which could be lengthy and difficult for young people to understand. In this way the *Choeshed Layrim* is mostly a transmission of Buddhist text, which is mostly transmitted through one-way lecturing leaving no room for interactions. Many times, clients who attend the session fail to understand the concepts and find it boring and lengthy. Program implementers trying to infuse humor in the session often seem to lighten the mood of the clients attending the session. For example, one client said, 'sometimes *Choeshed Layrim* can be monotonous and boring that makes people sleepy, but with jokes it becomes interesting' (Clb36).

Second the ability of the program implementers to explain the Buddhist concepts in English and Dzongkha facilitated clients to understand the essence of the teaching. For example, some of the students expressed that it is easier to understand when Buddhist concepts are explained in English. The ability to use both English and Dzongkha could be contributed to the recent change in the enrollment of the monks in the *Zhung Dratshang*. In recent times, there is an increase in number of Buddhist monks who have enrolled after completing high school and few monks have joined the monk body after completion of modern education. The program implementers emphasized the need to explain the Buddhist concepts in English as the students do not value traditional Buddhist teaching as regard to modern education. This may suggest that Western influence has become more attractive in the minds of the youth which leads to disregard for Bhutanese values and culture. The possible explanation could be attributed to the current education system where the *Choeshed Layrim* is offered only twice a year to the students with no reading materials and no follow up. These findings are significant and have implications for the policy makers and the Ministry of Education to rethink and explore how the *Choeshed Layrim* could be strengthened in the education system.

5.3.2 Program Implementers and the Effective Delivery of the Treatment Approach

In order to explore and understand the factors which contribute to effectiveness of the treatment approach, the same research question, *What contributes to the effectiveness of the treatment approach to intervene in substance abuse and addiction?* was employed to the program implementers in Phase 1. However, when asked about the effectiveness of the treatment program offered in their agencies, the program implementers from the four treatment contexts were not able to articulate well on the effectiveness of the treatment approach as compared to the response from the clients. It was evident from the findings that the response from the program implementers to the research question was not as developed as identified by the clients. For instance, the findings from the clients on the effectiveness of the program implementers was more detailed and talked more about the qualities of the program implementers having a positive impact in their recovery from addiction, as demonstrated above. In this way, the responses from the program implementers on the effectiveness was not as satisfying, and this led to researcher curiosity as to why the program implementers were not able to express or talk about the effectiveness, or any factors which contributed to effectiveness of their own treatment program. In fact, the researcher went into the interviews in Phase 1 hoping to understand whether effectiveness of the treatment

program is measured in terms of number of relapses or no relapses in the treatment centres, or what other factors could contribute to the effectiveness of the treatment approach. However, based on the inadequate findings from the first phase of interviews with the program implementers on the effectiveness of the treatment approach (as compared to the interviews with clients), the researcher decided to instigate Phase 2 of the research by collecting data from the program implementers across the four treatment agencies in Bhutan. The researcher felt that it was important for this study to explore what qualities in program implementers the program implementers themselves saw as contributing to effectiveness in treatment, as it had been an area nominated by clients as promoting a positive impact in the treatment approach. The subsequent sections provide a discussion of the significant findings that emerged from the interviews (phase 1 with clients and phase 2 with program implementers) on the characteristics of program implementers which contributed to the effectiveness of the treatment program in the four treatment contexts are discussed within two frames of reference: 5.3.3. is a discussion on understanding the program implementers' perspectives, while 5.3.4. compares and contrasts the understanding of clients and program implementers.

5.3.3 Understanding program implementers perspectives

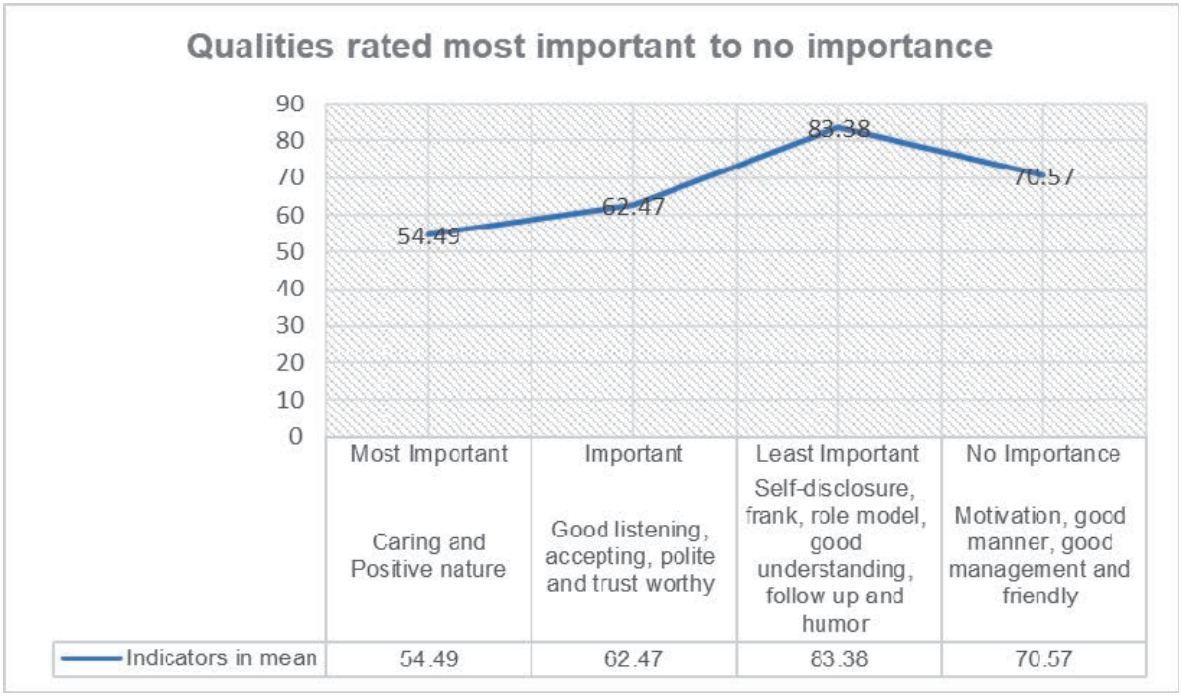
As shown in figure 5.2, The vertical axis on "most important" is calculated based on two variables items: Caring and positive nature from the rating of 1 to 17. In vertical cumulation, the caring and positive nature is cumulated to 11 which is 64.71 is the percentage calculated. The cumulation of the percentage is aggregated to 54.49 which is the most importantly rated. Since the scale is factored (SF) on the measure of 1 to 17. The "order of qualities from most important to no importance" is from 1 as most important to 17 as no importance. Like wise, the four classifications on the horizontal axis were obtained based on the variable grouping where the rating is considered. The "most important" is caring and positive nature; in the "important", there is listening, accepting, politeness and trustworthy; in the "least importance", there is self-disclosure, frankness, role model and good understanding and in not important, it is the motivation, good management and good communication.

As shown in figure 5.2 below, the most important qualities are "Caring and Positive nature" with a mean value of 54.49; important values are good listening, being accepting, polite and trustworthy record a 62.47 mean. Significant findings from the 2nd part of the interview

relating to the qualities of the program implementers to make their service effective are discussed within the two themes i) most important qualities; and ii) important qualities.

Figure 5. 2

Qualities rated from most important to no importance



Most Important Qualities: As shown in Figure 5.2, a majority of the program implementers have considered having a caring and positive nature as one of the most important qualities required for the program implementers for effective delivery and to connect with their clients. This opinion was further explored in the interviews. In the interviews most of the program implementers expressed that demonstrating a caring nature and interacting with clients has led to a positive change in client's attitudes towards treatment approach. Majority of the program implementers from the Buddhist monastery have articulated that a quality such as caring and being genuine should be second nature to program implementers. For example, most of the program implementers stressed the need to build a respectful relationship with their clients by embodying qualities such as having a positive nature and caring. Without these, they explained that it is less likely to engage clients in the treatment session. Some of the program implementers argued that, regardless of theoretical orientation, when interacting with clients in session whether a psychoeducation session, or teaching the *Choeshed Layrim*, the program implementers need to develop relationships with clients. For example, some of

the program implementers articulated that for an addiction counseling professional, “one has to be genuinely interested to give in your best service to the clients, qualification or degree would not suffice” (PIg 2), in the same tone, PIc13, said, “without a sense of caring, the help will merely be robotic.” In addition, PIb14 said, “if we do not have genuine intentions of caring, having qualification will not make a difference in the life of students”(Chapter 4, see 4.3.6.2).

Studies have shown that therapist’s qualities and actions deeply influence the outcome of therapy. In fact, research consistently finds that therapist qualities play a major role in bringing positive changes in clients (Duff & Bedi, 2010; Min, 2016; Lambert & Ogles, 2009; Westergaard, 2013). It is important for program implementers to develop a helping attitude with a non-judgmental view especially with repeated relapses. As human beings the tendency to get frustrated and angry is not avoidable. In such cases, even if the program implementers have the genuine desire to help the clients it will not be effective. However, if the same program implementers approach the clients with the view of respect and with a positive attitude to understand the causes that lead to substance abuse and addiction, and empathize with clients emotional suffering, a helping, positive attitude will be effective. Program implementers’ deep understanding in the area of substance abuse through their numerous years of working with clients can still assist in developing a positive attitude and positive qualities with their clients. These findings are supported by (Gideon1975; Miller & Rollnick, 2013;Hacke&Comier,1996) which emphasize the value of understanding clients’ experiences and creating a conducive environment of trust and safety to benefit clients to come out of their isolation and connect within themselves and others.

These findings are further highlighted in Carl, Roger in his person-centered therapy emphasizing that attitudes of counselors or helpers are more important than knowledge (1975). An example from the program implementer from the community outreach to support how personal qualities of program implementers transcend techniques was evidenced when he said, “as many addicts have been let down in their lives, it’s important for them to believe that you will always be there for them whatever they do, or however many times they go off track” (PIc13).

The program implementers emphasised that demonstrating qualities such as caring and having a positive nature encourages the clients to open up to their feelings and respond

positively to the treatment, and most importantly, they can feel cared for and respected. A possible explanation could be that most of the clients who are vulnerable to addiction are often deprived of such attention from their loved ones in their lives. When clients receive such attention, it provides a nurturing environment in which the clients feel safe, which further enhances a positive bond between the program implementers and the clients. The program implementers play an important role in connecting and reaching out to their clients by demonstrating such qualities in the session.These findings are congruent with the findings of Lambert & Barley (2002), which reports that therapist attributes and qualities account for 30% of a client's recovery, while techniques account for only 15% of a client's recovery. Many researchers believes that the success rate of any treatment approach or therapist depends more on the therapist than the type of treatment (Luborsky et al., 1986; Miller et al., 2008; Okiishi et al., 2003). These findings are further supported by Cormier & Hackney, (1993) who suggest that caring is the one of the fundamental elements in counseling. Importantly, they go on to say, the source of caring is within the individual. This leads the author to reflect that the development of these qualities is important, but also the valuing of these human qualities in treatment is also imperative as it supports the client's experience of the effectiveness of treatment.

It is interesting to note that the views and opinions on personal attributes or qualities differed for the program implementers, dependent on whether they were in an interview situation or completing the rating scale. For example, when asked about the qualities that could help them to make their treatment service effective, the majority of the program implementers did not mention the term "positive nature." However, when they were asked to rate the qualities on a scale, they rated "positive nature" as one of the most important qualities. A possible explanation could be that most of the program implementers may write more objectively when asked to access their own qualities. Second, most of the program implementers in the government agencies and rehabilitation centres think as a counselor because of their experience and their ratings are informed by Western counseling theoretical frameworks. As a result, more descriptive terms like this may not have been uppermost in their minds when asked directly about their views. Similarly, the program implementers in the Buddhist monasteries' concept of caring (ཇང་བརྩེ་ཅན།) is informed by the core philosophy of compassion (*Jang Chup Sem).* Seen through the Buddhist lens, compassion is seen as the spontaneous altruistic mind of enlightenment, and can be either aspirational or engaging (Lama Yeshe, wisdom archive, 2018). Most of the program implementers in the Buddhist monasteries have

taken the Bodhisattva vow (Jangchupsem, *gei dompa*), which is vow taken by the monks to liberate all sentient beings. These vows also guide monks and nuns to carry out social welfare activities for all sentient beings. For instance, conducting *Choeshed Layrim* is part of such aspiration: to free all Bhutanese youth from addiction by teaching Buddhist values to help develop a positive attitude and build a compassionate, tolerant society in Bhutan (Chapter 2, see 2.8). Similar findings by Marlatt (2002) say that a more compassionate approach towards treating addiction can promote better understanding of their ignorance and their dependency on addiction, rather than simply looking at it as a disease.

Important Qualities: As shown in Table 5.1, a majority of the program implementers highlighted qualities such as being a good listener, showing acceptance, and being polite and trustworthy as important qualities for the program implementers to make their treatment approach effective. In the interviews, most of the program implementers define their qualities based on their own subjective experience of working towards bringing behavioral changes in their clients. The qualities of program implementers have been shown to have a significant impact on clients' recovery process. The personhood of the program implementers is considered as one of the most important factors in building therapeutic relationships with clients. These findings were supported by Corey, Corey & Callahan, (2007), which supports the need to bring in human qualities and life experiences in the session, in addition to acquiring theoretical and practical knowledge. In order to develop interpersonal bonding or working alliances with their clients, the program implementers have identified qualities such as acceptance, trustworthiness, being a good listener and being polite as some of the important qualities that need to be felt by their clients in the session. The importance of acquiring such qualities has been empathized by Carl Rogers (1997) who proposed being real in the relationship, accepting without judgement and striving for accurate empathic understanding of the client's frames of reference (p.96).

Most of the program implementers commented on the need to be a good listener in order to offer a nurturing environment in which the clients felt heard and accepted without judgment. This was particularly important to those clients whose relationships with their parents and other adults may have lacked the dynamic of being heard and accepted. Some of the program implementers shared their personal observations on cultivating the quality of being a good listener in their session. For example, PIb 15 from the monastery said, "in simple, being a good listener can make our clients feel accepted, cared and trusted." On a similar note, some

program implementers said that listening to clients motivates them to engage in the session (PIg1) and also helps them to give appropriate feedback (PIr9 & PIr12). Research has confirmed that therapists exemplifying these qualities with clients exhibited successful therapeutic outcomes (Brito,2014).

Acceptance: Is considered as one of the key qualities of an effective helper. A majority of the program implementers have stated that exhibiting positive attributes such acceptance provides an opportunity for open communication, which also creates a feeling of trust in the clients towards the program implementers. Some of the program implementers said that a majority of the clients who are seeking treatment in the rehabilitation centres, seeking counseling in schools or at drop-in centres are deprived of many things in life. Therefore, when program implementers accept the client as he or she presents, it makes them feel cared for, and as a result they find the program implementer more accommodating as compared to many other people in their lives. For example, the program implementer from the community outreach (PIc13) expressed that "acceptance is an important quality to attract addicts from the street." This could be attributed to his view of seeing the addicted clients from a non-discriminating view, and understanding that youth are not born as addicts but they grow into becoming an addict due to numerous causes and conditions (see *new times, new challeneges*, 2017). These findings are similar to Carl Rogers's (1940) concept of a 'client centered' philosophy of emphasizing unconditional positive regard. In this case, program implementers would play an important role in accepting the clients as they present. For instance, to accept the client unconditionally, the program implementer will have to see and hear the clients through the lens of being non-judgmental, then the program implementer may be able to hear and see the person who has come to seek help.

Qualities such as acceptance and politeness promote a feeling of comfort, which contributes to trust in the program implementers. Most of the qualities expressed by the program implementers as important qualities are more usually expressed through nonverbal communication. The nonverbal communication is experienced or observed by the clients in the treatment process. However, the program implementers' understanding and responses often rely upon their personal experiences of working with addicts in the rehabilitation centres, schools and Drop-in Centres. The program implementers also tend to demonstrate a far greater understanding of how clients benefit when they exhibit such qualities during the treatment process.

Trustworthy: Trust or trustworthiness means the client's belief in the program implementer's capability to help them understand and help them find a way out of their current situation of being dependent on drugs. A majority of the program implementers in the schools, rehabilitation centres and government agencies responded that being trustworthy is one of the important qualities to begin their relationship of confidence and trust with clients. This understanding of the need for trust and its importance is based on both their own theoretical and practical knowledge of how to promote change in their clients.

However, one of the program implementers said that in his 14 years of experience working with addicted clients, that trust goes both ways. For example, he noticed that it is important to provide the same level of trust in the clients, even if they relapse or go off track. Youth who are addicted and seeking treatment in terms of counseling and rehabilitation treatment find it uplifting to see program implementers having trust in them despite their addictive behaviour. This could be attributed to the fact that most parents and significant people around addicted youth are unaware and find difficult to relate to youth's addictive behavior and frequent relapses. And they do not have patience and trust in their children. Therefore, it is difficult for the addicted youth to reconcile with their parents and they find it challenging to cope with their present situations. In this kind of scenario, when program implementers believe their story, it gives the clients confidence to trust their relationships and changes their perspective towards treatment. Although there is research focusing on practitioner characteristics that contribute to change in clients attitudes and behaviour (Duff & Bedi, 2010; Lambert, 1992; Westergaard, 2013); the role of any therapeutic encounter is worthy of more robust investigation as there is little research in relation to program implementers' experiences of working with youth in the treatment centres in the context of Bhutan and elsewhere.

Empathy: Empathy emerged as one of the key findings from the interviews. As reported in Chapter 4, see 4.3.6.2) a majority of the program implementers in the four treatment agencies accentuate empathy as one of the essential qualities required to work with addicted youth. Most of the program implementers in the rehabilitation centres, schools, and hospitals agreed that the need to have empathy is important, and to see the clients as human beings rather than as an addict is crucial. Some of the program implementers said that without empathy, they would not be in a position to understand the world view of the clients. Their

responses are a reflection of the humanistic approach, where empathy connotes a genuine feeling of warmth and concern for clients. It is important to understand that it is not a technique, but a respectful attitude or non-judgmental stance toward the clients. Carl Rogers' core conditions in humanistic therapy underscores the importance of exhibiting qualities such as being genuine, providing unconditional positive regard, and showing empathic understanding. Demonstrating such qualities earns trust with clients more than any other skills or techniques. These findings are supported by Lambert, & Barley (2002), McClure & Teyber (2003), and Roger (1975), which report that clients feel deeply understood when the therapist captures the key issues of what the clients have said in the session.

The program implementers in the Buddhist monastery and community outreach link empathy with compassion. Here, the program implementers highlighted that cultivating empathy is the basis for them to understand the suffering of others. For example, the practice of developing positive attributes such as empathy and compassion is considered a core component within the Buddhist tradition (Bumden, personal communication, May 17, 2018). Empathy is mostly defined by Buddhist monks as the ability to put themselves in the other's situation and imagine how it is. Program implementers' empathic approach towards clients with addiction can motivate and enhance their self-esteem, as they are mostly defined by the community as "*langshor thelmi*"(Bhutanese term for young people who are spoiled and difficult to be corrected) and mostly neglected by their parents and peers. This was further supported by some of the program implementers from the Buddhist monasteries, who said that as Buddhists, they would always deal in a Buddhist way because they naturally think as a Buddhist. In Buddhism, it is believed that every human being or sentient being has a Buddha nature, so a Buddhist would be less likely to give up or say that a person is condemned, and would never believe that someone can not get better. PIc13 supported this idea with this example: "addicts might have fallen into dirt, but the dirt has never penetrated their nature." Whatever the person has done it never tarnishes his Buddha nature. Therefore, program implementers insisted on providing empathy when they encounter clients with addiction, so that they can help them discover their basic goodness. These findings are supported by Cohen, Griffin & Wiltz (1982), in studies which highlight that counselors' compassionate approach with substance abusers makes a significant difference in the treatment process.

Loving and kindness: As reported in Chapter 2, (see 2.9), from the Buddhist perspective, the approach to dealing with clients is through a non-discriminatory view, and looking at

addiction through the lens of compassion. Loving and kindness emerged as one of the significant findings from the interviews. Most of the program implementers in the Buddhist monasteries highlighted loving and kindness as one of the important qualities one can bring in a session. In the interviews some program implementers said that for an aspiring bodhisattva, it is essential to cultivate loving and kindness. Their training in the practice of loving and kindness has helped them to uncover their ability to feel and express love and compassion for all sentient beings. For instance, some of the program implementers said that when interacting with young people, they follow the Buddhist teaching "*Doyee Nyoepa Zhi*" which allows them to understand the context of the clients and provide them with care and compassion before starting the session. These findings could be attributed to the strong influence of the Buddhist world-view of seeing the individual through the lens of basic goodness, and following the principle of the "four immeasurables,"(*tshad-med bzhi)* particularly in this context interacting clients with boundless compassion. Similar findings were also reflected by Chödrön (2010), in her book *The Wisdom of No Escape and the Path to Loving and Kindness"* which recommends that it is important to cultivate loving and kindness in ourselves, otherwise it is impossible to genuinely feel it for others. When program implementers demonstrate loving and kindness to their clients, the client can feel accepted and less judged on their addiction. For example, a statement like "*choe rayei sem dandzen bay ma ra"* (take care of your mind) has been pushed into their mind and many youth experience being blamed for their addiction as moral failing by the significant people in their lives.

The program implementers from the schools and rehabilitation centres also identified loving and kindness as a quality that has helped them to understand the values of being loved and appreciated. The program implementers from the schools asserted their understanding of loving and kindness as more of their own attitude of caring and connecting with their clients with non-judgmental view, rather than teaching the client 'loving and kindness' as a technique to practice compassion. Similarly, the views and opinions on loving and kindness from the program implementers working in the rehabilitation centres are based on their own personal journey of addiction, where they have experienced developing bad attitude towards themselves, and as a result have become addicted to substance abuse. Through their lived experiences, they are able to see in their present client the need to be listened to with loving-kindness. Exhibiting such an attitude of loving and kindness perhaps created a feeling of being privileged to be able to receive such love and kindness. In doing so, the program

implementer is able to touch a place deep within the clients that many people would have never approached, thus, enabling clients to share the pain which has been buried deep within themselves. These findings are important as it reveals that program implementers who are genuinely present with the clients during their low periods show a significant difference in their treatment process.

5.3.4 Comparing and Contrasting the Understanding of Clients and Program Implementers

Table 5.1 below shows the comparison of the clients' and program implementers' ratings on their understanding of positive attributes of the program implementers that contributed to the effectiveness of the positive impact on the treatment approach. A high number of the clients from the schools and Drop-in Centres noted qualities such as being 'polite,' 'accepting,' 'approachable,' 'a good listener,' 'compassionate' and 'non-judgmental' of their program implementers which helped them to develop a positive attitude towards treatment approach and brought in positive changes in their behavior. The findings on the qualities from the clients are congruent to program implementers' self-assessment on their qualities. The possible justification for this could be that the program implementers working in the schools are trained counselors providing their treatment services through counseling. The qualities presented by the program implementers in the counseling session could be therapeutic and clients may have experienced these qualities in the session. The other reason could be attributed to their theoretical orientation, where program implementers have learned the need to develop personal qualities in order to connect and build relationships with their clients. Similarly, the response from the program implementers from the Buddhist monastery and community outreach responded with the need to support with caring, loving and kindness, and empathy, which seems to be coming from their own practice of compassion. However, it is interesting to note that the clients who attended *Choeshed Layrim* responded more from the student- teacher point of view. Their responses were more guided by their personal experiences of attending the dharma session, while the program implementers from the Buddhist monasteries responded more from their own experiences of interacting with the students in the dharma session. An interesting point to note is that the clients attending rehabilitation treatment responded with "self-disclosure" as one of the qualities that encouraged them and gave confidence for their recovery. Conversely, the program implementers from the rehabilitation centre responded otherwise. A possible explanation could be that most program implementers in the rehabilitation centre are recovering addicts,

and they may have used self-disclosure as a part of process in the counseling sessions rather than necessarily seeing it as a quality they possess. Despite the large body of knowledge generated on the attributes of counselor behavior that relates to building alliance, the findings do not present qualities that are clearly and consistently identified (Duff & Bedi, 2010). In this research, a direct link between the effectiveness of the treatment program in the four contexts was measured in terms of the qualities the program implementers exhibited in the treatment process. This study also concludes that the understanding of personal attributes is generally guided by the values and culture setting of the program implementers, as most of the program implementers views are predominately based on Buddhist philosophy which is deeply rooted in their culture and values. Similarily, clients understanding of positive personal qualities mostly guided by the influence of Buddhist philosophy which is deeply embedded in their culture and values. These findings are important and therefore have implications and recommendations for the concerned treatment agencies and potentially for the field of addiction treatment more widely.

Table 5. 1 *Comparison of Program Implementers' and Clients' Ratings*

Treatment contexts	**Clients rating of qualities:**		**Program implementers rating of qualities:**	
Ratings	*Very important qualities*	*Important qualities*	*Very important qualities*	*Important qualities*
Government agencies, Rehabilitation centres and Drop-in Centres	Polite, approachable, non-judgmental	Accepting and good listener, Compassionate, Motivating and inspiring	Caring, Positive nature	Good listener, Accepting, Polite, Trustworthy
Buddhist Monastery	Good communication, Ability to explain in both languages (English and Dzongkha), Ability to use humor		Caring, Loving and kindness, Empathy	Good listener, Accepting, Polite, Trustworthy
Rehabilitation centres	Self-disclosure		Caring, Positive nature	Good listener, Accepting, Polite, Trustworthy

5.3.5 Conclusion on the Effectiveness of Treatment Approaches

Carl Rogers (1975) suggested that certain counselor characteristics were necessary in the therapeutic relationship for clients to feel supported and begin the change process. The program implementers from the four treatment contexts believe that the ability to be caring, have a positive nature, show empathy, be trustworthy, show acceptance, be a good listener, and exhibit loving and kindness were significant in the foundation of counseling relationships with their clients. The effectiveness of treatment approaches have been examined in several studies; however, the effectiveness of treatment relates not only to the qualities of the program implementers but also relates to the feelings and level of satisfaction of the clients. Exhibiting qualities such as being caring, positive thinking, accepting, a good listener, and showing empathy whether in the psychoeducation program in the rehabilitation centres or during the *Choeshed Layrim* program, can have a positive impact on the quality of life of addicted youth. Likewise, behavior changes can be accomplished in the clients when program implementers generate positive emotional arousal, commitment and connectedness with the clients. By holding the view of "brilliant sanity" or Buddha nature and the ability to recognize brilliant sanity in clients, the therapist can help their client to change their perception and empower them to overcome their confusion and issues related to addiction. Likewise, it can also guide therapists to attune themselves to qualities such as unconditional positive regard, open awareness and experiential conviction into therapeutic relationships (Strong, 2019).

5.4 Antecedent to Substance abuse

The perception of program implementers and clients about their knowledge and experiences on the antecedents to substance abuse of youth in Bhutan were explored through the research question 3: *What are some of the factors that lead to substance use and addiction among the youth of Bhutan?* As described in Chapter 4 (see 4.4), perception of the program implementers in the government agencies and their clients, perception of the Buddhist monks and their clients, and perception of the program implementers in the civil society organizations and their clients, were explored through this research question. The subsequent sections provide a discussion on the antecedents to substance abuse in relation to the factors that clients and program implementers believe compel Bhutanese youth to drug use and addiction. The discussion is supplemented with participants' views about the contextual factors that either support or impede each theme drawn from the interview data. Exploring

this perception with the program implementers and clients helped build a deeper understanding of the contextual factors that force Bhutanese youth to drug use and addiction.

Antecedents to substance abuse as an important aspect of substance abuse and treatment studies has long been studied and examined in the Western context. However, in Bhutan the general perceptions and views about the antecedents to substance abuse were mostly based on the research and literature available in the Western context, as there was no prior study done in the context of Bhutan. In this study, perception about the antecedents to substance abuse were explored through the lived experiences of the clients and program implementers in Bhutan. Since this question was asked to both the clients and program implementers, they will be referred to as participants in the subsequent discussions. Significant findings from the interviews relating to antecedents to substance abuse are discussed within the four factors - 5.4.1. Peer pressure, 5.4.2. Easy accessibility, 5.4.3. Lack of parental support, and 5.4.4: Exposure to Western Culture.

5.4.1 Peer Pressure

As reported in chapter 4 (see Table 4.13), a majority of the participants in their responses to the interview highlighted peer pressure as one of the main contributing factors contributing to substance abuse and addiction among youth. Most of the clients expressed that they experience peer pressure either directly or indirectly during their developmental stage. This can be attributed to the need to belong and identify with a group of peers and in the process to maintain their presence in the group; most of them are likely to engage in risky behavior such as substance abuse. This perception was also highlighted by the program implementers who said that youth in their teens are more prone to drug use if they hang out with peers who are abusing drugs and other substances. Some of the program also highlighted that most youth are attracted to group of peers who are seen as 'cool' and are easily influenced by their peers. The possible explanation could be that there is a need to get away from pressure such as academic and other life-related issues. Youth often prefer to hang out with peers who are into drugs. The findings of this study are consistent with findings of related studies carried out by Jadidi & Nakhaee, (2014), Morojele & Brook, (2001), Martins et al., (2017), and Wawasi & Nderu, (2017), which found peer pressure to be one of the most robust influences for substance use during the transition to adulthood. Similar findings were also reflected in Martins et al. (2017), which reported that youth preferred to identify themselves with peers

when there is a conflict at home, thus leading to higher risk to exploring drugs and antisocial behavior.

While research evidence is limited in the context of Bhutan, *qualitative analysis of interviews with young offenders in police custody* conducted by Dorji (2015) reported peer pressure as one of the leading factors to drug use and crime in Bhutan. These findings were significant because it has implications for change in the policy expectations in regards to the concerned agencies such as the Bhutan Narcotic Control Authority, the Ministry of Education and other relevant agencies to reexamine into the policy and strategize to capture or channel youth energy towards positive growth and development in Bhutan.

5.4.2 Easy Accessibility

The ease of accessibility to drugs emerged as one of the most common risk factors from the findings. As reported in Chapter 4,(see 4.4.1), twenty-one participants identified easy accessibility to drugs was one of the contributing factors that lead youth to become dependent on drugs. These findings were explored in the interviews. In the interviews, some of the participants explained in detail how they were able to access marijuana and other prescription drugs through the porous Bhutanese border with India. For example, some of the program implementers reported that sharing an open border with neighbouring towns in India is one of the biggest risk factors that encourages youth to experiment with drugs, as drugs are cheap and easily available.

While some clients expressed easy access in terms of getting drugs from their peers and neighbors, most clients in the school reported that marijuana is widely grown and also easily available across the border. Drugs like marijuana are abundantly grown within the country, and youth can afford to venture into the fields of marijuana and rub marijuana plants out of curiosity along with their peers, which may eventually lead to becoming dependent on marijuana. Some of the program implementers described the availability of drugs in the community in their own words. For example, PIb16, a Buddhist monk said, “from my window I can see youth rubbing marijuana in the open field.” PI9r(IW) said, “It is grown just beside our office,” and “abundantly available along the riverside” PIg6 (School). The findings from this study are consistent with the findings of Liddle and Rowe (2006) in which

they found that environmental factors where drugs are readily available can increase the chance of youth getting involved with drug use and addiction.

These abundantly grown marijuana plants are illegally exported to India where they are processed and sold back to the Bhutanese. This was evident from the participant's response to the interviews. For instance, some of the clients from the school reported buying marijuana from the shops near the border. These findings were supported by studies which highlight that increased affordability and accessibility to drugs which might set off early experimenting and consumption among the youth (Elamouri et al., 2018; Jêdrzejczak, 2005; Makhubele & Mdhluli 2018). It has been well documented that youth are more likely to initiate and maintain drug use if they have easy access and the gateway to easy access can be their parents or peers (Gilvarry, 2000; Mesic et al., 2013; Rejani, 2015). Uncovering these details provides us with crucial information about easy access to drugs and may have significant implications for policy makers and agencies such as the Bhutan Narcotic Control Authority in Bhutan. Literature reports that easy availability of drugs depends on the law and norms of the society (Elamouri et al., 2018; Hawkins et al., 1992; Jiloha, 2009).

5.4.3 Lack of Parental Support

A majority of the participants also identified lack of parental support as one of the risk factors contributing to drug use among youth in Bhutan. The program implementers in the interviews reported that most youth who are abusing drugs come from broken families and lack guidance from their parents in terms of advice, care and values. These changes can be attributed to the shift of the family dynamic from traditional to nuclear families in Bhutan. Traditionally, the family system in Bhutan used to be based on a collectivist culture in which all extended family members lived together, and where elders played the role of primary caregivers. However, with changing family dynamics youth were deprived of paternal support and unconditional positive regard (Rogers, 2015) from their family members.

Unlike in the past, in most cases today both parents are working and some parents are more engaged in social activities and nightlife. These findings are consistent with the study carried out by Dorji (2005), which indicated that 31.9 percent of Bhutanese youth live with single parents and struggle with addiction (Chapter 2, see 2.5.2). There is a shift in the relational values as elders are not nearby to provide emotional support. This gap has disconnected

youth from their significant people and has brought in generational gap between the youths and the other family members. For instance, Nuken (2011) explains that a value system and social cohesion seems to be fading quickly as an increasing number of young people are finding comfort and pleasure in technology and emerging party cultures.

The shifting change taking place within the Bhutanese society today, where youth migrate from their ancestral home to urban towns for employment and education, also makes them vulnerable to engage in risk-taking behavior. Rajput (2015) describes these phenomena as breaking the norm of the joint family system, making it inevitable for both youth and parents to work, therefore leaving no time to take care of either their elderly parents or children. Similarly, Lehner (2015, p.9) views the traditional family system as a positive sign as it has significant impact on shaping youth life and sees urbanization as a negative sign for youth.

Similar studies on urban youth employment in Bhutan (Walcott, 2011; UNDP, 2013) suggest that youth who lack parental support are mostly seen on the streets, caught up with drug abuse and violence in Thimphu. Another possible cause for lack of parental guidance can be seen through the lens of unemployment, although no study has been carried out in the context of Bhutan. In addition, in recent times most parents have migrated abroad to work, leaving their children with relatives or other family members. In the Bhutanese family system, most of the relatives and family members do take responsibility to look after their relative's children. Although they might have compassion for them, many lack the wisdom to understand their developmental needs. In the process, most youths are sandwiched between the traditional views and upbringing of their relatives, and their own views and perception. All these factors exert pressure and push youth to the edge, thereby leading youths to hang out with peers who are abusing drugs, or spend more time outside their homes. These findings are consistent with findings from Hosseinber et al., (2012) that parents play a major role in strengthening self-esteem and confidence in youth. Factors such as poor communication and a lack of interaction and problem-solving skills within the family affects an individual's indulgence in drug use (Masood & Us Sahar, 2014).

The program implementers in the interview highlighted that some youth live with parents who abuse alcohol and drugs at home, which places youth at higher risk behavior. This was reinforced by Morojele et al., (2006) and Ghuman et al., (2012) who state that youth imitate the behaviors of their parents, guardians or other influential people and may consider the behavior of drinking and abusing drugs as appropriate and acceptable. An increasing number of empirical studies suggest youths living with low 'family bonding,' 'family conflict' and

lack of ‘emotional bonding’ are often associated with greater risk factors of drug use and addiction (Brook, Brook, & Pahl, 2006; Rejani, 2015; Shanmugam, 2017). Similar studies by Elamouri et al., (2018) found that ‘physical abuse,’ ‘neglect,’ and not being able to provide ‘coping skills’ makes the situation worse for the youth and disrupts social relationships within their family. Studies have found that a lack of clear familial sanctions against substance abuse and an adult model of substance abuse are associated with increased rates of drug use among youth. Similarly, a lack of stability and disorientation within family relationships are risk factors for substance use as well (Jadidi & Nakhaee, 2014; Peña et al., 2017; Scalese et al., 2014).

5.4.4 Exposure to Western Culture

The program implementers from the Buddhist monasteries highlighted that exposure to Western cultures and different views of the world have confused and changed youth’s perceptions towards their own culture and traditions. Today’s youths are unaware of the significance of their own culture. These findings were further explored in the interviews. In the interviews, a majority of the program implementers emphasized modernization as one of the major contributing factors to drug use and addiction among youth in Bhutan. Some participants understand that the upswing of drug use and addiction is because of the abundance of information that is transmitted through television and the internet which has confused the youth. One possible reason could be attributed to Bhutan’s ability to remain isolated for many years until the introduction of television and Internet in 1999. Until then, the word “drug” or the cannabis plant used as psychoactive plant was never heard of. By opening its door to modernization, Bhutan has to grapple with the strong winds of change that come along with it (Rajput, 2015, p.93).

Today’s youth are caught up between tradition and modernization. As Ueda, (2003, p.267) says in her study, *Culture and Modernization: from the Perspectives of Young People in Bhutan*, modernization has alienated youth from Bhutanese tradition, culture and values; as a result, substance abuse, smoking, and criminal activities are seen as a violation to traditional Bhutanese values. “Cultural influence” as per the participant’s understanding, refers to the transition of Bhutanese society from traditional to modern, where influence can be context based, for example, from alcohol as a socially accepted beverage, to the new trend of Pop culture adopted by the youth (Chapter 4, see 4.4.2).

Similarly, Lorelle, Byrd, and Crocket (2012, p.118) remark that, "The very presence of the Western values in the economic and social spheres can create new tensions for individuals to resolve." The adoption of a new culture of forming gangs and abusing drugs by the youth can be attributed to the rapid development which brought in more opportunities, beget competition and pressure to perform better. In some cases, failures brought in pain and frustration, some pressurized by their parents to live their dream and as a result, youth seek drugs as the way to run away from reality (Pelden,2016). These findings are consistent with the study done by Lehner (2015, p.10) where cultural influence from the West is linked with Western fashion, night clubs, violence and materialistic lifestyles. Consistent with the above view, Hawkins, Cummins & Marlatt, (2004, p.309), report that cultural factors such as forced acculturation, urbanization and cultural disruption and alienation from the larger cultures increase psychological problems where youth are overwhelmed by the challenges in their own lives.

These factors are strongly associated with early onset of taking drugs in order to escape the misery associated with living in a stressful environment. Tafoya (2014) says that indigenous culture is critical to developing programs to combat substance abuse, domestic violence, diabetes and suicide (p.76). Oetting and Beauvais (1998) in their study found out that youth with strong cultural values are less vulnerable to addiction and youth who identified with their native culture are less likely to use alcohol and drugs than those who lack connection with their cultural roots. These findings are significant because they have implications for policy change and expectations in regard to agencies such as the Ministry of Education and the *Zhung Dratshang*.

Social changes in Bhutan have put lots of pressure on young people as they are increasingly assessed in terms of their income and jobs. The program implementers from the Buddhist monastery perceived that the young people are more exposed to Western education than traditional knowledge. Most of the program implementers in the Buddhist monasteries consider a person educated if he has a good grounding in the traditional values and knowledge. For example, there is a saying in Bhutanese "*Aie gei youten dei kha chey*," which means a person is considered educated if he or she has the knowledge of their mother. In the Bhutanese context, a mother's knowledge is often referred to as being an inherent aspect of traditional Buddhist values and culture. These views have led to a perception that the traditional social hierarchy in which religious practitioners and elder people are much respected is starting to collapse.

The antecedent to substance abuse, as gleamed through the interviews, are attributed to several factors such as peer pressure, easy accessibility, lack of parental support and cultural influence. Some factors such as easy accessibility and lack of parental support are universal across cultures, and some are specific to Bhutanese culture, such as cultural influence. However, cultural perception and responses to substance abuse are context-based. The implication for research in this field is that these factors need to be addressed through the lens of the youth.

5.5 Summary of the Main Findings from the Study

This chapter discussed the key findings related to the overall three main research questions of the study. Corresponding to research question 1, the findings identified three distinct treatment approaches of the Western Approach, The Buddhist approach and Community Outreach Approach. Upon further analysis of the above three treatment approaches, it was noted that the practice of 'mindfulness' commonly emerged as an integrative linking component across all three treatment approaches, resulting in a fourth new independent, distinct treatment approach here named the "Mindfulness-based Approach" of the study. Therefore, overall findings corresponding to the research of question 1 revealed a total of four distinct treatment approaches through the analysis of data collected.

Similarly, corresponding to research for question 2, the finding revealed that effectiveness of the treatment approach was mainly attributed to positive attributes such as caring, having a positive nature, being a good listener, acceptance, politeness, and trustworthiness.

Finally, corresponding to research question 3, the study revealed that the youths are more prone to substance abuse when they are exposed to risk factors such as peer pressure, lack of parental guidance and support, and easy accessibility to drugs. In addition, this study highlighted that there is no single risk factor which leads to addiciton. Factors such as psychological, environmental and biological are interconnected and influence the cause for substance abuse and addiction.

In conclusion the significance of this study revealed that substance abuse and addiction treatment in Bhutan indicates that the treatment approaches and their effectiveness are impacted by the interface of Buddhism with both clinical Western and contemporary secular mindfulness-based approach.

The findings discussed in this chapter have a number of implications, which will be discussed in chapter 6.

Chapter Six: Conclusion

6.1 The Context of the Study

This dissertation set out to explore and understand the Western and Buddhist approaches to substance abuse and addiction carried out in the four treatment contexts in Bhutan. The central research problem addressed in this study concerned exploring and understanding the various treatment approaches and their similarities and differences across the four treatment contexts. This was important as substance abuse and addiction among the youth is increasingly becoming problematic and a cause of social concern for the Bhutanese families, society, and the country at large. In the Bhutanese context, youth are considered as the future citizens of the country and therefore, it is vital for social workers, counselors and relevant agencies to understand the various interventions, and how they could best be used to address the substance abuse and addiction issues among the youth in the country. Similarly, the role of stakeholders such as the government agencies and civil society organizations and Buddhist monasteries are equally vital in addressing the addiction concerns. Therefore, it was imperative to explore and understand the treatment approaches to substance abuse and addiction in Bhutan. This study has made the first attempt to address these concerns, as no comprehensive study on the treatment approaches to substance abuse and addiction has been published, to the researcher's knowledge, until now. Hence this study explored the various treatment approaches to substance abuse and addiction that are currently practiced by program implementers from the government agencies, Buddhist monasteries, rehabilitation centres and community outreach in Bhutan. This study also sought to understand the factors contributing to the effectiveness of the treatment approaches in the four treatment contexts. Finally, this study explores the factors that have contributed to substance abuse and addiction among youth.

In this final chapter, significant new findings from the study are stated briefly. Recommendations from the findings are then drawn for government agencies, Buddhist monasteries, civil society organizations and the community outreach approach. Based on the recommendations and limitations of the study, areas for further research are discussed. Finally, the chapter states the significance of the present study to the field of knowledge.

6.2 Significant Findings of the Research Questions

The study was conducted through interviews in the context of an exploratory research project thereby seeking responses to three research questions (Chapter 1, see 1.7.1). Answer to research question 1 (*What are the some of the treatment approaches to intervene in youth substance abuse and addiction in Bhutan?)* were sought through data gathered from program implementers and clients in government agencies, Buddhist monasteries, civil society organizations and community outreach in Bhutan through qualitative interviews. The study has identified three distinct treatment approaches: Western, Buddhist and community outreach, and three types of mindfulness: Western secular mindfulness, contemplative mindfulness, and traditional Buddhist mindfulness. Integration of the three types of mindfulness treatment with the three distinct approaches resulted in naming the mindfulness-based approach as the fourth dominant treatment approach.

The study found that the Buddhist approach stands on its own context with no elements of the Western approach. However, it is interesting to note that the Buddhist approach is integrated in the treatment agencies where the Western approach is predominately practiced. The study has found out that an integration approach is the overarching element encompassing all four distinct treatment approaches.

Answers to research question 2 (*What contributes to the effectiveness of the treatment approaches to intervene in youth substance abuse and addiction?*) were sought through data gathered from the clients and program implementers in the four treatment contexts. This study showed that factors such as caring, being a good listener, showing acceptance, and trustworthiness contribute to the effectiveness of treatment programs across the four treatment contexts. The study also revealed that positive attributes of program implementers plays a significant role in bringing change in the clients' perception of the treatment process.

Answers to research question 3 (*What are some of the factors that lead to substance use and addiction among the youth in Bhutan?)* were sought through data gathered from program implementers and clients in the four treatment contexts. The study showed that youth are more prone to substance abuse and addiction when they are exposed to risk factors such as peer pressure, changing family environment, and easy accessibility to drugs. It is also evident

from the study that substance use and addiction in Bhutan is complex and interrelated with multiple factors contributing to the onset of substance abuse among young people.

6.3 Recommendations of the Study

The findings from this study lead to recommendations for the government agencies, Buddhist monasteries and the civil society organizations on a number of areas concerning the treatment approaches to substance abuse and addiction, the effectiveness of the treatment approaches in the four treatment contexts and antecedents to substance abuse and addiction. The recommendations are generated from the interview data analysis chapter as well as discussions in the prior sections of this chapter. Based on the gaps identified, recommendations will be discussed in the subsequent sections.

6.3.1 Recommendations for the Government Agencies

6.3.1.1 Ministry of Education (MoE)

The study showed that there is the utmost need to engage youth meaningfully in order to prevent their undesirable engagement in unproductive activities such as the use of drugs and addiction. The MoE may consider the following to engage youth meaningfully in order to prevent unproductive activities such as drug abuse:

(i) The Ministry of Education may consider strategizing and planning increased recreational facilities to engage youth to develop positive growth and development.

(ii) The MoE may consider collaboration with the *Zhung Dratshang* to explore the possibility of incorporating *Choeshed Layrim* as part of value education into the mainstream curriculum in schools. The MoE could collaborate with *Zhung Dratshang* on strategizing uniform delivery in schools. Further, for effective learning MoE could collaborate with *Zhung Dratshang* in developing materials on the *Choeshed Layrim*. A program on mindfulness training could be imparted for educators, which would improve efficiency in the delivery of the program to the students.

(iii) The MoE may consider providing a substance abuse program to all students —from kindergarten to secondary levels—across all schools in Bhutan. The program could emphasize assertiveness training, mindfulness and self-esteem building along with awareness and knowledge of types of drugs and the consequences of prolonged drug use.

6.3.1.2 Bhutan Narcotic Control Authority (BNCA)

This study showed that some of the program implementers in the Drop-in Centres and rehabilitation centres are peer counselors with complete abstinence, providing treatment services based on their personal experiences and were not adequately trained. The BNCA as a nodal agency can consider taking some measures such as:

1. The BNCA could provide avenues to strengthen and empower the program implementers with training on skills and techniques. Taking such measures could help current program implementers to provide effective treatment services to the clients in the relevant agencies.
2. The BNCA could consider enforcing stricter implementation of rules and regulations and further strengthen collaboration with the law enforcement agencies to curb the substance use and addiction among the youth in Bhutan.

6.3.2 Recommendations for *Zhung Dratshang* (Central Monastic Body)

1. The study showed that *Choeshed Layrim* (Buddhist discourse) has shown a significant impact in bringing positive change in the mind of youth. Hence the practice of teaching *Choeshed Layrim* could be continued and strengthened. In order to further strengthen the practice of teaching *Choeshed Layrim*, the *Zhung Dratshang* could consider appointing one permanent Master (Khenpo) teacher in schools instead of the yearly ten day program.
2. The study revealed mindfulness/meditation as the emerging approach to treating addiction. It is a prerogative of the *Zhung Dratshang* as the utmost protector of Bhutanese tradition to develop meditation/mindfulness programs considering the inclusiveness of all stakeholders. Taking such an initiative could generate context-based meditation practice, and further stop the import of Western mindfulness techniques.
3. The study also showed that engaging youth in programs such as *Lekshey lamten* and *Namshey gomdrel* were found effective in a way by engaging youth with spiritual and cultural values, thereby cultivating positive attitudes towards life. *Zhung Dratshang* could continue and strengthen to reach out across all schools in Bhutan.

6.3.3 Recommendations for the Civil Society Organizations

Since civil society organizations (CSOs) are the key holders to bridge the grey areas unreached by the government, the CSOs could focus more on developing community-based prevention strategies, such as developing and designing community-based youth substance-use prevention programs that allow for maximum contribution from the youth participants in developing and implementing the program.

1. The CSOs could collaborate with the Royal University of Bhutan to design and develop programs on building of youth leadership skills, positive peer cultures, and community-based programs. The substance abuse program should be made available to the community members, local leaders, business people, religious community, and local youth.
2. The CSOs could also collaborate with the BNCA to establish aftercare services such as recreational activities and clubs for recovering addicts to engage them meaningfully.

6.3.4 Recommendations for Community Outreach Program

1. This study has found that community outreach services to intervene in substance abuse and addiction was very effective in referring clients to rehabilitation centres and guiding them after the rehabilitation treatment by placing them back in the society to live a normal life. These practices could be continued and strengthened.

6.4 Significance of the study

The constructivist research design employed in the present study and the findings from it are expected to inform different treatment approaches in the intervention of substance abuse and addiction among the youth of Bhutan. As the first study of its kind, the findings from this study will bring to light the salient features of four identifiable treatment contexts: Western, Buddhist, community and mindfulness-based approaches; The exploration of the four treatment approaches and factors contributing to the effectiveness of the treatment approaches will provide a benchmark for the Bhutan Narcotics Control Authority, civil society organizations and educational institutions to improve their treatment approaches. Understanding and insight generated by the study in relation to substance abuse and addiction will first provide a treatment response to substance abuse and addiction in Bhutan. Second, the findings from this study will open a door for program implementers, social

workers and future counselors in Bhutan to add to the existing gaps of knowledge in the Bhutanese context.

1. The study will provide a credible baseline for civil society organizations and government agencies such as the Bhutan Narcotic Control Authority, Bhutan's educational sector and other stakeholders in the country.
2. This study will form the baseline study for future researchers to carry out research related to substance abuse and addiction, based on the recommendations that emerge from this study.
3. The findings from the study will also serve as a knowledge base or repository for future counselors and program implementers and researchers in Bhutan.
4. The findings of the study will provide policy recommendations to different stakeholders such as government agencies, civil society organizations and Buddhist monasteries with regard to substance abuse and addiciton in Bhutan.
5. The findings from this study will provide a treatment response to drug addiction in Bhutan

6.5 Limitations of the Research

This study, like any other study, has some design limitations and the results of the study should be considered within these limitations. There were methodological limitations due to which many issues could not be explored fully. Majority of the participants i.e., particularly the clients who had attended the *Choeshed Layrim* expressed the significant positive behavioural transformation as a result of such treatments. However, the geographical boundaries of Bhutan also contributed to the limitation of including program implementers and clients only from the western and southern part of the country. Eliciting information from clients and program implementers in the remote schools could have made the findings richer, with deeper and wider perspectives and insights which would have provided a more significant contribution and generated richer findings through greater demographic representation. Like any other qualitative study where the sample size of the participants is usually small, this study also could not involve a wider range of participants especially those individuals or clients who had experienced drug addiction problems distinguished in terms of gender, age or phase of youth, and nature of substance abused. Based on this, a recommendation can be made for further quantitative or mixed method research to address this limitation to investigate the possible effects of specific variables.

The researcher is aware that the data gathered from five schools on *Choeshed Layrim* do not represent a wide perspective on the Buddhist approach as they do not reflect the views and perception of other students who have attended the *Choeshed Layrim*, as views can be subjective and diverse. Therefore, the findings cannot be generalized.

However, the views and perceptions of the program implementers and clients on the treatment approaches and factors that contributed to the effectiveness of the treatment program may not be significantly different, considering the wide coverage of the treatment centres in Bhutan. Therefore, the findings on the approaches and qualities of program implementers can be generalized across all treatment centres.

Despite years of professional experience in teaching pre-service counselors and providing counseling services in the community, another limitation of this study is the principal researcher's limited experience in program evaluation and research.

In summary, this study was conducted in a situation with no prior research on the approaches to substance abuse and addiction in Bhutan. Therefore, the major limitations of the study were related to methodology, sampling, time and literature on Bhutanese practices. Though the professionals and program implementers in Bhutan pursued the issue of intervening (at a preventive and remedial level) with substance abuse and addiction among the most affected population, which was the youth, there was little scientifically documented and published materials or resources except for government records. Therefore, this research is a purposeful endeavor to build a knowledge base of the best practices adopted in Bhutan to intervene in substance abuse and addiction.

6.6 Areas for Future Research

Several areas for further research have been identified based on the multiple implications and limitations of the current study. This study has opened up possibilities for more exploration on the effectiveness of the treatment for future scholarly endeavors and research. It is recommended that future research should focus on more in-depth study of how personal attributes of program implementers contribute to the effectiveness of the treatment approach.

This study has shed light on the potential of traditional meditation as an important technique of treating substance abuse and addiction. Considering the strong influence of Mahayana Buddhism in the life of the Bhutanese people, future researcher could explore more in depth on using meditation as a stand-alone treatment for substance abuse and addiction including all the relevant stakeholders. The inclusion of a wider group of stakeholders would provide a more holistic view on the treatment approach.

This study sample covered six districts out of the twenty districts in Bhutan. The present study on the antecedents to drug addiction is focused only on the program implementers and clients, while the experiences and views of parents were not sought. However, the researcher recommends that future studies could replicate this study on a larger scale covering all twenty districts of Bhutan, garnering perspectives of parents, drop-outs from schools, and other relevant agencies on the antecedents to drug addiction in Bhutan. Such an endeavor would strengthen the generalization of the factors that affect youth in substance abuse and addiction. This can contribute towards ensuring a secure future for the country by providing a transformative experience for the leaders of tomorrow. Given the strong affects associated with peer behavior on youth, future research should explicitly address this issue as well as study how the social context of youth's leisure activities such as sports, attending dharma discourses, arts and music clubs can influence their choice of peers, and their attitude towards drug use and addiction.

Final thought

I strongly recommend all program implementers, social workers, counselors, physicians and people working in helping organizations to practice meditation in order to convert the knowledge learnt to wisdom.

Without practice, without contemplation, a merely intellectual, theoretical, and philosophical approach to Buddhism is quite inadequate … Mystical insights cannot be judged by unenlightened people from the worm's eye view of book-learning, and a little book knowledge does not really entitle anyone to pass judgement on mystical experiences (Bhikhu Vimalo, 1974 cited in Sheikh & Sheikh, 1989, p. 552)

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Appendices

Note: The original title of the dissertation was **"Dealing with Drug Addiction in Bhutan: Exploring both Western and Buddhist Approaches".** However, during the analysis and evaluation process the dissertation title has been changed to " **At the Interface of Buddhism and Western Approaches to Youth Substance Abuse in Bhutan: A comparision of client and agency understanding of treatment and effectiveness"** in order to fit the content and to express the essence of the dissertation. Please note that the ethical procedures has not changed. In the following appendices the letter that seek the permission from relevant agencies and the research ethical consent form has been attached in its original version(i.e using the former title as used in the application process).

Appendix 3.1
Research Management Matrix

Research questions	Data source /who to contact	Data gathering technique	Data analysis technique	Timeframe of data analysis
What are the different types of the approach adopted by the government agency to deal with addiction in Bhutan?	Program implementers of the Government agencies	Interviews	Thematic analysis using coding categorization	Next day following the interview
What are some of the approaches taken by the Buddhist monasteries to deal with addiction?	Buddhist monks of the Zhung Dratshang	Interviews	Thematic analysis using coding categorization	Next day following the interview
What are the different types of approaches adopted by the Civil Society Organizations to deal with addiction?	Program implementers from the Institute of Wellbeing Centre and Samzang Residential Drug and Alcohol Rehabilitation Centre	Interviews	Thematic analysis using coding categorization	Next day following the interview
How is the perception of clients on the treatment approach provided by the Government agencies, civil society organizations?	Clients from the Drop –In – Centre and schools	Interviews	Thematic analysis using coding categorization	Next day following the interview
How is the perception of clients on the Choeshed Layrim Program provided by the Buddhist monasteries	Clients from school and two educational colleges	Interviews	Thematic analysis using coding categorization	Next day following the interview

Source: Adapted from Thinley (2010, p. 206).

Appendix 3.2

Interview questions. Phase 1

Interview Questions (Government agencies program implementers)

1. What is your role in the organization?
2. According to you what are the factors that influence youth to become addicted to drugs? Can you explain in detail?
3. Can you describe the methods your/ organization use in dealing with drug addiction?
4. What approach is the youth De addiction program based on? Can you explain the components in details?
5. How effective do you think the program is?

Interview Questions (Buddhist monasteries program implementers)

1. What is your role in the organization?
2. According to you what are the factors that influence youth to become addicted to drugs? Can you explain in detail?
3. Can you describe the methods you/ organization use in dealing with drug addiction?
4. What approach is the youth Choeshed Layrim program based on? Can you explain the components in details?
5. How effective do you think the program is?

Interview Questions for clients (Drop –in Centers and educational settings)

1. What are the factors that influence you to take drugs?
2. How did addiction to drug affect your life?
3. Can you describe how you felt after attending the DE addiction program?
4. Do you think the program is effective? Please explain in detail. If No why? If yes, what are the changes the program has brought about in you?
5. Can you describe some of the qualities of the program implementer that helped you to change?

Interview question (Students who have attended Choeshed layrim).

1. According to you what are the factors that influence youth to take drugs?
2. How did you feel attending the choeshed layrim program?
3. What did you learn from the choeshed layrim program?
4. Do you think this program is effective in preventing youth from getting addiction to drugs? If Yes, explain in detail, how it is effective If No, explain in detail why it is not effective?
5. What are some of the qualities of the program implementers (monks) that made the program effective?

APPENDIX 3.2.1

Interview Questions for Buddhist Monks Phase 1

སྒྲིབ་དགེ་སློང་ཚུ་དང་གཅིག་ཁར་ འཛེལ་བ་འཐབ་དགོ་ རྩིག

༡ དུ་རིས་ནང་ས་པའི་ན་གཞོན་ཚུ་གིས་ སྨོ་ཇས་ཚུ་ལུ་ སེམས་ལང་ཤོར་ ཐལ་ཡོད་མི་ལུ་ ཁྱོད་རའི་སེམས་ཀ་ལས་ འབད་བ་ཅིན་ དེས་ལེན་དང་ བཅེ་མཐོང་ དེ་ལས་ ཆོར་སྐང་ཚུ་ གཅེ་འབད་ར་འདུག་གཱ་གསུང་གནང་ཟེར་ ཞུ་ནི་ཨིན།

༢ སློབ་དཔོན་ཀྱིས་ འབད་བ་ཅིན་ འབྲུག་པའི་ན་གཞོན་ཚུ་ སེམས་སྨོ་ཇས་ལུ་ ལང་ཤོར་ཐལ་ཡོད་མི་ལུ་ ང་བཅས་རའི་ནང་པའི་ཆོས་དང་འཁྲིལ་ཏེ་ ན་གཞོན་དེ་བཟུམ་ལུ་ སེམས་ལང་ཤོར་ལས་ བཀག་ཚུགཔ་དང་ སེམས་བཅོས་ཀ་རྒྱབ་ཀི་ཚུ་གཅེ་སྦེ་ གྲོགས་རམ་ བྱེད་ཚུགས་གཱ་ལགས།

༣ སློབ་དཔོན་/མཁན་པོ་ ཁྱོད་རའི་ ཨཱཌ་གྷ་/གྷ་ཚང་ ནང་ལུ་ ང་བཅས་རའི་ མི་སྡེ་འཛེལ་བ་ འཐབ་ཐངས་ཚུ་ལུ་ དབྱེ་བ་གཅེ་འབད་ར་ཡོད་གཱ་སློལགས།

༤ སློབ་དཔོན་ཁྱོད་རའི་ གྷ་ཚང་ནང་ལུ་ ན་གཞོན་སྨོ་ཇས་ལུ་སེམས་ལང་ཤོར་ལུ་ཐལ་མིའི་ དཀའ་དལ་ལུ་ ཁྱོད་རའི་ཁ་ཐུགལས་ གཏོང་ལེན་དང་རྒྱབ་སྐྱོར་ གཅེ་སྦེ་མཛད་ནི་སློལགས།

༥ སློབ་དཔོན་ཁྱོད་རའི་ གྷ་ཚང་ནང་ལུ་ཡོད་མི་ དགེ་སློང་ན་གཞོན་ཚུ་གིས་ ང་བཅས་རའི་ མི་སྡེ་འཛེལ་བ་ ཡར་རྒྱས་གཏང་ཐབས་ལུ་ ལྷབ་སྦྱང་དང་ སློབ་སྦྱོང་ཚུ་ གྷ་ཚང་ནང་ལུ་ གཅེ་འབད་རང་ ཡོད་གལགས།

༨ དུས་ཅི་མ་དང་དུ་རིས་ནང་ས་ལུ་བྱོན་ཡོད་པའི་ འབྲུག་པའི་མཁས་གྲུབ་གཉིས་ལྷན་གྱི་གོངམ་ ཚུ་གིས་ ང་བཅས་རའི་ མི་སྡེ་འབྲེལ་བ་ནང་ལུ་ སེམས་ཅན་གྱི་འགྲོ་དོན་ ཕན་ཐོག་ཅན་མ་འདྲཔ་མཛད་ཡོད་མི་ཚུ་གི་སྐོར་ལས་ ལོ་རྒྱུས་མདོར་བསྡུས་ཅིག་ གསུང་གནང་ལཱག།

གཡུས་ཁའི་མི་སྡེ་དང་གཅིག་ཁར་ འབྲེལ་བ་འཐབ་དགོ་པའི་དྲི་བ།

༡ དུ་རིས་ནང་པའི་ན་གཞོན་ ཚུ་གིས་སྒོ་ཕྱེ་ཚུ་ལུ་ སེམས་ལང་ཤོར་ཐལ་ཡོད་མི་ལུ་ ཁྱོད་རའི་སེམས་ཁ་ལས་འབད་བ་ཅིན་ དེས་ལེན་ དང་བཅྱེ་མཐོང་ ཆོར་སྐང་ཚུ་ གཏེ་འབད་ར་འདུག་གམ་ གསུང་གནང་ཟེར་ཞུ་ནི་ ཨིན།

༢ སྒོ་བདེ་ཁེན་གྱིས་ འབད་བ་ཅིན་ འབྲུག་པའི་ན་གཞོན་ཚུ་སེམས་སྒོ་ཕྱེ་ལུ་ལང་ཤོར་ཐལ་ཡོད་མི་ལུ་ ང་བཅས་རའི་ནང་པའི་ཆོས་དང་འཁྱིལ་ཏེ་ ན་གཞོན་དེ་བཟུམ་ལུ་ སེམས་ལང་ཤོར་ལས་ བཀག་ཚུགས་ནི་དང་ སེམས་བཅོས་ཁ་རྒྱབ་ནི་ལུ་གཏེ་སྡེ་ གོགས་རམ་བྱེན་ཚུགས།

༣ ཁྱོད་རའི་ གཡུས་ཁ་ལུ་ མི་སྡེ་འབྲེལ་བ་དང་ ཁས་བླངས་གི་ཐོག་ལས་ གཡུས་ཁ་ལུ་ཕན་ཐོག་ཚུགས་པའི་ལྟ་གཅེ་བཟུམ་རང་ འབད་ཚུགས་གཏ་ ཁྱོད་རའི་བསམ་འཆར་ཨཁད་གནང་ལཱག།

༤ ཁྱོད་རའི་གཡུས་ཁ་ལུ་ཡོད་པའི་མི་སེར་ཚུ་ མི་སྡེ་འབྲེལ་བའི་ལྟ་དང་ ཁས་བླངས་གི་ཐོག་ལུ་འབད་བཙུགནི་ དོན་ལུ་ ཁོང་ལུ་སེམས་ཤུགས་དང་སྒོ་བ་བསྐྱེད་བཙུགནི་ལུ་ ཐབས་ཤེས་གཏེ་འབད་ར་ཡོད་གཏ་ དེའི་སྐོར་ལས་ གསུང་གནང་ལཱག།

༥ ཁྱོད་རའི་གཡུས་ཁ་ལུ་ དཀྱེ་ཚུན་ མི་སྡེ་འབྲེལ་བ་དང་ ཁས་བླངས་གི་ལྟ་འབད་ནི་ནང་ལུ་ ཆ་འཇོག་དང་དཔྱེ་བཞག་བཀྲབ་ཅིག་ གཏེ་འབད་འབད་དེ་ཡོད་ དེ་གིས་ གཡུས་ཁ་ལུ་ ཕན་ཐོག་ལྟ་བ་སྒོམ་ གཏེ་ར་འོང་ཡི་ དེའི་སྐོར་ལས་གསུང་གནང་ལཱག།

Appendix 3.3

Interview Guides (Phase 2)

What are some of the qualities of program implementers that will help to make your service effective?

ག། ནུ་གི་ ལས་རིམ་འདི་ཕན་ནུས་ཅན་ཅིག་ འགྲོ་ནི་དོན་ལུ་ ཁྱད་ཆོས་ གཅིག་ར་ཚང་དགོཔ་ བཟུམ་མཛལ་ལམ་མས།
ལས་རིམ་ལཱ་ལེན་འཐབ་སྐབས་ ཕན་ནུས་ཅན་དང་སྦུས་ཚད་ཅན་འབད་ བས་ཏོག་གི་དེ་སྦེ་ི་ནི།

Appendix 3.3.1

Sample Interview (Rating questions) (Phase 2)

2. List below are some of the qualities of program implementers. List in order of importance from 1 -17, with 1 being the MOST important to 17 being the LEAST important according to your preferences.

འོག་ལུ་བཀོད་མི་ཚོ་ཚུ་ བས་ཏོག་ི་བའི་བསྒང་ སྦུས་ཚད་ཅན་འབད་ལཱ་ལེན་འཐབ་ནི། འོག་ལུ་བཀོད་ཡོད་པའི་ཚོ་ཚུ་ ཁག་ཆེ་ཉིང་དང་བསྟུན་ ཨང་ ། ལས་ ། ཚུན་ཡོད། དེ་ཡ ང་ གནམ་མེད་ས་མེད་ཁག་ཆེཤ་ཡོད་མི་ཚུ་ ཨང་ ། ལ་དང་ ཨང་ ། ཚུན་ཚུ་ ཁག་ཤུང་སུ་ཅིག་སྦེ་ཆེ་བའི་གྲངས་ལུ་བསྡུགས་ ཏེ་གོ་རིམ་འབད་གཏམ་ཁ་ཆུབ་སྟེ་ཡོདཔ་ཨིན།

Qualities	Rate
Caring	བྱམས་བརྩེ་ཅན།
Good listener	ལེགས་ཉོན་ཉན་མི།
Positive nature	གཏིས་ལུགས་ལེགས་ཉོམ།
Accepting	ངོས་ལེན།
Motivation	བརྒྱུད་སྐུལ། སྐུལ་མ།
Good management	འཛིན་སྐྱོང་ལེགས་ཉོམ།
Self-disclosure	རང་གི་གསང་བ།
Approachable	འབྲེལ་བ་འཐབ་ངོ་བདེ་ཏོག་ཏོ།

Good communication	ཁ་སྣབ་ཐང་ས་ལེགས་ཤོམ།	
Frank	ཐང་ཀང་ཀ་སྣབ་ནི།	
Role model	དཔེ་བཟང་།	
Good understanding	ངོས་ལེན་ལེགས་ཤོམ་འབད་ནི།	
Follow up	ངོས་ལེན་དང་རྒྱབ་སྐྱོར།	
Humor	ཆོད་ཐོ་བ།	
Polite	སྐྱོད་པ་བཟང་པོ།	
Friendly	མཐུན་ཀོག་ཀོ།	
Trustworthy	ཟོལ་གཀད་རྟང་བ།	4

Appendix 3.4

Consent Form

Royal University of Bhutan
Samtse College of Education

"You cannot give what you do not have." **Druk Gyalpo**

RESEARCH ETHICS: CONSENT FORM

1. **TITLE OF STUDY**: Dealing with drug addiction in Bhutan: exploring both Western and Buddhist approach.

2. PRINCIPAL INVESTIGATOR

[Name] Dechen Doma
[Department] Contemplative Counselling Education and Research Centre
[Address] Samste College of Education
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[Email] ddoma.sce@rub.edu.bt

CONSENT

Sl No	Statement	Please tick the box
1	I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.	
3	I voluntarily agree to take part in this study.	
4	I agree to interview/focus group discussion/consultation being audio recorded	
5	I agree to the use of anonymized quotes in publications	

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

: 05 365391(Director General) 365274 (Adm) 365273 (Office) 365363 (Fax) P.O Box No. 329
Visit us at www.sce.edu.bt

Appendix 3.5
Transcriber Consent Form

Royal University of Bhutan
Samtse College of Education
"You cannot give what you do not have." **Druk Gyalpo**

Written Consent of the Transcriber

Research Team Contacts
Dechen Doma
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Phone : 05-365274/ 17397040
Email : ddoma.sce@rub.edu.bt

Consent of the Transcriber

I hereby agree to abide the terms laid down below while transcribing the interviews.

I will :

- Ensure that I transcribe to the best of my ability and accuracy,
- Not make any deliberate attempts to find out the identity of the interview
- Ensure confidentiality and anonymity of the interviewee
- Not distribute the audio recordings to anybody
- Not share the points in the interview with others in any circumstances and
- Ensure to destroy the audio recordings irretrievably following transcription

Name:
Date:
Place:
Signature:

: 05 365391(President) 365274 (Adm) 365273 (Office) 365363 (Fax) P.O Box No. 329
Visit us at www.sce.edu.bt

Appendix 3.6

Transcript File (program implementer interview

Para	Transcript Data	Theme/underlying meaning/potential codes
	DD: According to you what are the factors that influence youth to become addicted to drugs? can you explain in detail?	Factors: universal factors are number one peer pressure, number two problems in the family, number three unemployment, and number four is poverty
	PIr9: there are lots of factors but these factors you will see as universals, wherever you go. My experience I have trained about addictions professionals of 29 countries around the world because I am also a trainer from the International Colombo Plan. Wherever, I go I found the causes are same it is quite universal but then there are some specific to Bhutan also so I would like to share all those. Some of the universal factors are number one peer pressure, number two problems in the family, number three unemployment, and number four is poverty. So these four factors, I have seen wherever you go these four are mentioned. Sometimes I wonder are these factors mentioned because we are reading about the addictions that the researchers have done in the West. Since we are reading about the researcher in the West only so we have no other access to the materials but that one so people generalize it. I don't mean to say that it does not happen in Bhutan through my experience I have definitely seen that peer pressure is one of the reasons and then the problems in the family is one of the reason and then poverty is also one of the reason and unemployment. But I guess these four we can read a lot so I will not stress much on it. There are some specific things that I found working in this field that are really typical to Bhutan. I guess like culture in our culture has played a big role in Bhutan. for example, if we are to prove scientifically alcohol is a drug but it is a social drug. Now working in BNCA we don't consider social drug as illegal drug so that's why we don't consider this as a serious problem but if we are to construct alcohol as a drug, then in Bhutan right now this is number one substance that causes addiction. So even our record here in the institution shows that almost 70% percentage of clients that come here are alcoholic, then comes marijuana, then the pharmaceuticals drugs and then inhalants. So why I say culture is our culture is quite relaxed when it comes to alcohol and that is we used as for celebrations, socially as well as in our religious ceremony and then since in religious celebrations people are given some substances made of alcohol which we encourage to take it because it has spiritual or healing powers. so since we are like quite liberal or relaxed in giving in this as a spiritual substance so maybe that is also lead to the other side of letting our youth or people take it socially. That is quite unique to Bhutan, where culture has influenced Bhutan to getting into substance and also like I say that till few years back Bhutan was totally an agrarian	Factors: poverty and unemployment Factor: religious influence Factor: borrowed culture Two major factors: cultural influence within and outside

Para	Transcript Data	Theme/underlying meaning/potential codes
	society and those days, I guess that youth were not used to refreshment like soft drinks laughs let's say other soft drinks or beverages available worldwide. Here, I guess when we are working hard people took it in such a way that this was some sort of reward a reward for working hard in the field so that is another contributing factor, still practiced in some parts of the country. Like I don't want to mention but people generalizing in Bhutan but it happens in the Eastern part of the country, where most are farmers and they think that is some sort of reward or required thing so that how the culture has affected in our situations where addiction to alcohol has increased or has or lots of dependence on alcohol. And another culture that I see is maybe, I don't know whether I should say this culture or whether Bhutan has this culture or not. Now we have this PoP culture coming in that I guess is borrowed … that's is among the youth now. The pop culture and the way they think; I don't know they say COOL factor they call among themselves among the youth. though we have important place from television. These two factors are contributing a lot to increase in drug and alcohol. One from culture side to alcohol and this cool culture or pop culture to the use of pharmaceuticals drugs having chemical contents.	
	DD: can you tell me more on the Pharmaceutical drugs? that is prevalent among the young people.	
	PIr9: in Bhutan, right now we have mostly benzodiazepines, which are all sedative in nature and also the pharmaceutical drugs which are opioids based pharmaceutical drugs, like we have a drug like spasmo – proxyvon plus and relipen both contain opioids. Which are actually depressants or which numb the pain. And sedatives also make you sleep, makes you drowsy so which means both are some sort of depressant or pain relieving in nature so that why I guess people who are … maybe let's say people who are in pain or mentally sad or depressed, I guess they resort to take this drugs and that's how they get addicted to it. Since this drugs not only for pain but they use it to get high also because at certain level it gives you euphoric feelings. So among the youths, I guess this is the main reason they go for abusing drugs because at a certain quantity they get euphoric feelings and I guess that is the reason they take drugs	Factor: to get euphoric feelings Factors: easy accessibility of drugs
	DD: Are there any other drugs?	
	PIr9: Oh yes, yes, like I said alcohol is the highest, next is cannabis. cannabis is next to alcohol because it is available abundantly free everywhere. It is grown in the wild so you can see just beside our office. So that is another reason why youth resort to cannabis. Available	Approaches: individual and

Para	Transcript Data	Theme/underlying meaning/potential codes
	everywhere. DD: Can you describe the methods you/ organization use in dealing with youth addiction among the youth? PIr9: here we provide medical as well as psychosocial treatment. Most of the rehab they give only psychosocial program but here we have both medical and psychosocial program. we have two professional workers here so but we don't do detox here. We do the detox regiment in the JDWNRH at psychiatric ward so after 10 days they are released, so whatever medications need to be followed, we follow up here. And then on other medical aliments like not related to addiction but physiology is also taken care, within the three months they are here. So that's is like psychosocial, psychotropic medication as well as medications for other physiological problems. Now that is just one part. The main part in this three months is the psychosocial therapy that we focus on. We conduct this through individual counselling, through group counselling, through psycho education and then we have self-help groups it comes from NAA traditions. The theories that we conduct are Cognitive behavioral therapy, which is considered by most of the program. Then in individual therapy we use Motivational Interviewing, Solution focused brief therapy, then we use person centered, and then we are in Buddhist country, we also focused on contemplative counselling. These are some of the methods we focus on. DD: What approach is the youth DE(Drug Education) addiction program based on? Can you explain the components in details? PIr9: The entire program that we follow is called the Happiness model. The Happiness model has four core components. Like I said Medical assisted therapy, then we have the Contemplative education, then we have the Physical education, and then we have Skill enhancement or skill building program. These are the four components of our happiness model. Like I said psychosocial and medical I have already talked about it. Contemplative we focus on mindfulness practice and Universal human values and also in our language we call choeshed layrim , the spiritual discourses. These are the three program which we conduct in the contemplative education. Then we have the physical education, we have yoga, games and sports, and other wellness like acupuncture, then we also have this… we are planning herbal hots and baths, so all these comes under the physical wellbeing of the physical therapy. Then we have skill building, that is mostly to so with enhancement of their vocational knowledge or vocational skills so that they can make a living once they go out of the wellbeing centre.	group counselling, and psycho education, cognitive behavioural therapy, Motivational Interviewing Approaches: contemplative counselling Method: Happiness model Approach: choeshed program, Universal human value Approach:skill building Effectiveness: program effective based on small survey No research carried out to evaluate the program

Para	Transcript Data	Theme/underlying meaning/potential codes
	DD: How effective do you think the program is? PIr9: I can't say but this happiness model is operational just for around eight months but last time we had a small survey on the clients we had. who are already discharged from here. right now on the statistics are encouraging. statistics that we corrected are encouraging out of 74 discharged clients so far only 4 have relapsed so that it is a very good indicator as of now, but it is very early to say that it is very successful. yes, we need at least two to five years to comfortably claim that this model is working, nevertheless the small data we collected shows that it is working and also the feedback from the clients after they get discharged. They say that this program is quite different because some of them have stayed in the rehab outside Bhutan and some inside of Bhutan. They say it is quite different and unique so based on this feedback we feel that right now we are happy with what we are doing and also this model is not finalized, it is dynamic, we are going to change looking at the looking into the feedback and also looking at the resources available.	Effective: program is organized and has blend of western and eastern practices
	DD: Sir, you mentioned that your clients have said it is a unique program. what is unique about this program comparing to other rehab program? PIr9: The unique thing they have mentioned comes even from the way the program is carried out. If I am direct. the atmosphere is quite relaxed, they don't feel that they are in some sort of confined area or some sort of a jail, so they feel that it is very relaxed and the rules we have here are like so relaxed that they feel friendly. That is looking from the rules and regulations point of view. Now the main thing is the program itself. The program itself they say that the program is quite organized and regular and they say that the contemplative education especially the mindfulness part and the Universal human value part they say that it is quite unique to them and also the physical education part. The facilities that we have, they are quite happy with that. Here we have the large area. I think because of all the facilities they say it is quite unique.	Approach: mindfulness based lasting impact in bringing change
	DD: based on your experience of using evidence based practice and contemplative counselling. Tell me which one is more effective in bringing a change in the client? PIr9: My personal experience contemplative education would have long lasting that what I feel. Contemplative education let say mindfulness based or contemplative counselling has a lasting effect impact. I think	A blend of approach is effective in changing the client

Para	Transcript Data	Theme/underlying meaning/potential codes
	that is changing them inside out. That is my personal feelings la. Now based on the Western research done and the evidence they have presented because they have been cognitively impaired by the substances so the approaches that some of the theories say or put forward because they are cognitively impaired, we have to target on the behavioral changes and then move to the cognitive part. Sometimes, I feel this is right because working here I see that people when they come in they don't have the cognitive ability to understand the theories or some of the concepts that you put forward to them, so in that situation, I think yes let's focus on the cognitive part and behavioral part and then move into this concept and then about understanding human being, understanding of mind. All these are better ways to introduce later so I can't say right now, whether we should totally focus on contemplative or practice or whether we should go on behavioral based approaches but I guess this is normally people say when they don't have definite answer. I guess mix of all laughs… right now I will also say maybe mix of both will work well.	Factor: stigmatization
	DD: what is the definition of addiction in this Rehab? PIr9: we follow the definition given by the WHO and NIDA (National Institute on Drug Abuse. Addiction is compulsive drug seeking behavior and taking drugs knowing the destructive or harmful effects that are the definition loose definition of what addiction DD: the addiction in this rehab is defined based on the WHO and NIDA	Factor: lack of awareness
	DD: Is there any definition on addiction defined by Bhutan? PIr9: The ACT also has the definition based on science. Now if I am to say definition given by lay people. lay people define addiction as a Moral failure or a person not strong enough to control his or her own mind, that is the definition given by the lay people. So that is what I have heard from people who talk about addiction. Like in Dzongkha they say *"A kho kho ra sem dangjen bay ma chup ba thung yen bey"* ("oh he is not able to control his own mind that why he is drinking").	
	DD: How many percentages of Bhutanese people understand that addiction is a disease, especially professionals like doctors and all?	Factor: lack of knowledge on addiction
	PIr9: I will tell you madam, even the educated lot and some professionals working in the addiction do not feel that addiction is a disease. Only like when I say professionals, I really mean professionals, who are coming back from counselling background. There are certain group of people who still do not believe addiction is a disease. Only certain professional who comes from scientific background like those	Factor: stigma

Para	Transcript Data	Theme/underlying meaning/potential codes
	who have medical background, psychiatric, they consider this as a disease but since we …. I personally believe it because when I was trained in addiction I was brought in that way.. a point of school of thought. I still believe but like I said there are people. Professionals who still don't believe addiction is a disease. They still say that it is not a disease. We cannot compare addiction with other disease but whereas our school of thought. those of us who think addiction is a disease we consider that same as other physical ailments that we have lie TB, cough and cold.	Factor: lack of awareness
	DD: what is the impact on the client, when people consider addiction as moral failing? PIr9: actually, that has impacted them more. What I mean to say is THAT THAT thought has affected… I mean that thought itself is in their mind. Like they are surprised to find that addiction is disease. They themselves still think that it is a moral failing because they have been in a society where everybody has been telling them … like you Know choe ra yei sem dangzen bay ma ra? Which means take care of your mind take care of your mind. *sem dangzen bay me. choe meb gome dei choe ra gei sem jungkhu mei ba.* All these have been pushed into their minds and still they feel it is a moral failing. Still they feel it is a moral failing. And it has a big impact on them and that's why people don't want to take treatment. That's why people don't want to go to the Psychiatric ward of JDWNRH to take treatment because they are stigmatized. When they see people going there. Okay people who failed in life are useless, and that's why they done seek treatment here. For example, Last time I was giving lift to people from Jimmena to Tshaluna. They were saying. I was surprised to hear that this wellbeing centre is a jail. And they were saying oh this useless people using drugs are neither useful to parents nor to themselves are being kept here. I heard that. This woman was narrating the story right from Jimmena to Tshaluna but I took time to clarify and this is the perception of the people on addiction.	
	DD: Is a big challenge for the clients? PIr9: yes yes, that why when we tell them addiction is a disease they tell us, that we need to conduct session for their parents and other people in the community to understand that addiction is a disease and can affect anybody not just them	
	DD: Do you have further comments? PIr9: No, I think I said it all.	

Appendix 3.6.1

Transcript File for Program Implementer (Buddhist Monk Interview

Para	Transcript Data	Underlying meaning/potential codes
	DD: According to you what are the factors that influence youth to become addicted to drugs? can you explain in detail?	factors: exposure to modernization, lack of knowledge, family problems, boredom,
	PIb14: These days our youths indulge into drugs firstly, because of exposure to modern cultureand globalization. There is mixture of culturally different people with different languages and jobs (career). So this confuses the youths. They are into substance abuse without knowing its effects, and some they consume enjoying the taste. The reasons for consumption are, some youths are deprived of family, some financially unstable, they compare themselves with financially privileged ones and feel miserable and find it as a solution. But most youth who are into substance abuse especially those who are from financially sound background. They have everything, they don't know what to do, they are bored and they sort to drug. According to them they get enjoyment and happiness from it. The monk from Dratshang and other lay people consume without knowing about it and gradually they get habituated with it and they cannot leave this habit.	No major issue on addiction
	DD: Can you describe the methods the monastery uses in dealing with youth addiction among the youth?	Methods: Bjawa and choelam,
	PIb14: Firstly, in Dratshang we usually don't have this issue pertaining the size of the monks in Dratshang if we happen to come across this issue then the guidance that we will give are: Let them know why they are into drugs? What are the benefits of consuming drugs? What are the benefits of not having it.? From Buddhist point of view there is a saying that three causes of crime is alcohol (ཆུས་)	
	All the wrong doings are rooted from alcohol. After drinking alcohol people get intoxicated, unconscious and commit sins. And for monks their first obligation to monkhood is avoiding drugs/ any substance that is intoxicating. Under the influence of alcohol, people commit sins such as killing and bad deeds. The ways to stop drug abuse are firstly, from behavior conduct (Choelam) it doesn't look good in the society and good reputation of monkhood gets detrained. Secondly, our mind gets disturbed then we can't do anything. That's why we always connect them through religious talk and preach them. And if this method doesn't help then we let them practice mindfulness. Through this we let them realize the causes and effects of drug abuse.	Method: religious discourse and practice mindfulness

Para	Transcript Data	Underlying meaning/potential codes
	It's not only going to affect in present life but also after life. Ways to help the mind. If the mind wants to eat where the desiring mind does come from where it goes and how it's going to affect me? It's not only going to ruin my present life but also after death, it's going to be the main cause for taking rebirth in underworld (hell). Even If they wish to know the pristine mind, We don't have concrete definition for what mind is and it's hard to explain it to others. It doesn't have particular identification like colors. Mindfulness is learnt through continuous practice, if they are mindful they will never consume it. If they are not being mindful and conscious then soon after the craving they will go and search for it to consume.	Method: Cause and effect, Jung Ney Dro Sum,
	The first step of mindfulness is 'Jung Ney Dro sum' and we are going to be mindful after this practice.Our mind never stays at a place, it keeps wandering. For example: if I think to go after a woman, physically I can't because I am a monk / lama and it is beyond my ethics however, my mind can. As my mind goes after her I need to be mindful about it, but if I am conscious and aware and mindful about it, my thoughts will be instantly abolished.	Method: Choeshed Layrim
	That's why in Dratshang we have 'Choe Shey Lay Rem.'. (Religious program) the one talked earlier is a highest view. In the lowest view we have rules which they can conduct/ not. We have causes and benefits of it as well.	Method: training the mind
	This approach mainly focuses on mending our mind and action (Bjawa and Choepa). As for monks, behavior is the first thing people notice about us, if we consume alcohol and abuse drugs then people will directly judge and comment through our actions and they will start disliking us. As they lose faith in us we commit sin and so both the viewer and I will take rebirth in hell (Ngyen song sum). Monks have several stages where they perfect behavior in them by practicing rituals. Ultimately they aim for training their mind.	Approach: ley judrey, 10 non virtues deeds
	DD: What approach is the youth Choeshed Layrim program based on? Can you explain the components in details?	
	PIb14: the main talk we conduct in school area about cause and effect (ley Judrey) in Buddhism pint of view, it is mainly about the Dos and Don'ts of human conduct. The sins are put together into body and speech (10 non virtues deeds); three sins of the body, three sins of speech and four sins of mind. All these sins should be avoided.	Explanation of 10 non virtues deeds
	DD: Can you explain more on the 10 virtuous deed?	
	PIb14: 10 virtuous deeds are: under three sins of body are killing, stealing and sexual misconduct. Three sins of speech are; lying,	

Para	Transcript Data	Underlying meaning/potential codes
	slander (harsh words) and gossips. Three sins of mind are: covetous(greed), hatred and ignorance. For example, under 3 sins of body, one is killing. In Buddhist context, we belief that every animal has been our parent at some time. We should not kill them. Similarly, we have reasons to support all others sins as well. there are lots of religious to talk about {Lho dho nam zhe and 10 non vitreous act.	factor: Peer pressure
	DD: How is Choeshed layrim session conducted for youth who abuse drugs?	approach: mind training
	PIb14: in this current era youth abuse drugs. Therefore, we relate talk based on drug abuse. There are different types of drug abusers. Some are addicted youth, some consume under peer pressure and some because they are sad and some because they enjoy. Whatever, it is youth should be strong, take control of their minds never resort in such kinds of things. They should look at themselves and take self-realization at the end of the day. Youths should be conscious and mindful about their deeds. If they have this consciousness, they will not commit this deed. At the end of the day they should have some realization that their parents suffered bringing them up and that they are not being any help to their parents.so they should always have this thought in their mind and be aware about their deeds. If they are abusing in, then they life will shine just like the clear moon after hidden clouds. For example, if they abuse drugs then, they will take rebirth in the hell called Muray with thick smoke. There will suffer immensely. And their present life, they will be the cause for all sufferings, for their family and themselves. And we make them look back and realize on their deeds and we can encourage them to stop abusing it.	Approach: Karma(cause and effect). Effective: not defined
	DD: Is the Choeshed Layrim program effective?	
	PIb14: Since, youths are gradually entering into manhood. At the age of 15, 16, if they commit mistake, then elders should mention their conduct. If no they will keep on committing mistakes, not only in this life but in all their lives to come. That is why they should be given advice that they should be helpful to both the country and the people. Since they are going to be future citizens and leaders therefore, we frame Choeshey lay rim.	Approach: conduct, Buddhist discourse, meditation and Cause and effect
	DD: Can you talk on some of the indigenous method that could stop youth abusing drugs?	Method: isolation Approach: Mang, Jga
	PIb14: in the Buddhist point of view there are 4 teachings to stop drug abuse	

Para	Transcript Data	Underlying meaning/potential codes
	Through conduct Through Buddhist text Through meditation Etiquette Since, there is no corporal punishment; we cannot use punishment. however, in Dratshang, if we come across such issues, we isolate that person for some duration and let him forget about drugs. We keep someone to look after him, Kudrung and Abbot gives constant advice after morning and evening prayers. If we don't see any changes in him, firstly we warn him and then Kudrung take charge and give exclusive advice on human lives and its value from Buddhist context. In the last resort, we make them to prostrate. Circumambulate and let them serve tea to monks known as {Mang Jga as penalty. In the past years, we have seen positive outcomes. Through this way, presently under His majesty command we have allocated 24 qualified lamas to 24 different places around the country. So this how we have been serving the country.	

Appendix 3.7

An Overview of collapsed codes and description within the groups (Government agencies)

Codes	Description
Factors	Age / genetic predisposition
	Lack of parental support/ not supportive/ parent supervision is poor/ negative
	Poor supervision / lack of parental guidance/ parents' divorce/ family break up
	Peer influence/ Peer pressure
	Easy accessibility/ proximity to Indian bordering town
	Curiosity
	poor socioeconomic status/ unemployment/ lack of working skills/ pressurized with academic challenges / neglected in schools/ mental stress/ karmic action
	cultural influence
Methods	Established DIC/
	Peer counselors, mostly former drug users/ role of peer counselors
	counselling and referral for detoxification/trained school counselors
	brief intervention/ measure severity index/ severity of the assessment/
	provide detoxification /collaboration and referral/ service to all, / motivation and long-term rehabilitation
	awareness program/ awareness program through media/ awareness program about the medication and treatment/ session on stress management/friendly approach
	provide medication and advice/traditional medication Wangpo kuensel/ wangpo kuensel used as a substitution for drugs but not to treat addiction
	addiction severity assessment and referral /severity of their addiction
	basic sanity/ blend of eastern and western methods
	family counselling
	Cognitive behavioral therapy is one of the common approaches used in the rehab and also Universal values.
Approach	Group counselling /Psycho education/
	Cognitive Behavioral Therapy/ Motivational Interviewing/ Family intervention
	Mindfulness practice/ dharma takers/lekshey lamten/nyendro practice can train our mind/ meditation and recitation of prayers/
	Community meeting/Therapeutic program
	Detoxification/ treatment and medication
	brief intervention, counselling, motivational interviewing and referral
	for rehabilitation /referral for rehab outside the country
	medication to treat craving/introduced opiate substitutions therapy
	supervision
	awareness program
	preventive, remedial and developmental programs
	motivation therapy, contemplative approach/love and care /Buddhist point of view/Mindfulness/contemplative approach works well/ science and religion go hand in hand

Codes	Description
Effectiveness	no study has been carried out/Program not evaluated so far/ No assessment done
	Observation program is effective/ decrease n number of substance users
	receive lots of referral/ Some of the clients are doing well/ benefitting the people.
	program not evaluated so far/program success based on observation/
	Effective at the individual level/Depends on the individual/ program is beneficial to poor families

Appendix 3.7.1

An overview of collapsed codes and description within the groups (Buddhist monasteries)

Codes	Description
Factors	Broken family is one of the major cause/ lack of parental support/ lack of emotional support from privileged family/ lack of family support, financial support/ Family issues, financially crisis/ Lack of parental guidance/ family problems/ relationship issues
	Peer pressure/ Peer influence/ Curiosity/ recreation/ Boredom/
	hide or mask their emotional problems. habitual,
	Impact of modernization / Change in the cultural values/ Exposure to modernization leads to decline of traditional culture/ Disharmony and chaos in the society/ rapid development/ Exposure to western world/ modernization
	Stigma and rejection
	All factors are own creation/Obscuration of the Buddha mind/Not able to control our own mind
	degenerated age, time changing from impurity to impurity/five impurities/
	Lack of knowledge,
	depression
Methods	Look into bars and bars and looking for addicts/ referral and follow up
	Youth are engaged or reintegrated
	appoint qualified lamas to teach choeshed program/Circumambulate/
	Mang Jga as penalty/Isolation/ Isolation/zhi, gye, wang and drag/ Change in environment / isolation from their environment
	Buddhist teaching through conduct/through Buddhist text/through meditation/ etiquette
	train the mind before getting into meditation practice / Meditation/ Religious talk and preaching and then practice meditation/ ngyendro/ tame or train mind
	cause and effect/choelam,
	Awareness/ awareness on the consequences of addiction.
	choeshed layrim/ Teaching about 18 realms/womepai ney/
	choeshed layrim is to teach about morality, which is missing in the school curriculum
	dharma talks on Buddhist ethics/ Instill values and ethics in school right from young age
	wheels of samsara, hell realm, karmic actions, different realms
	Choeshey layrim program is based on the book positive intent action for youth
	Compassion and dedication of merit/ inherent basic
	Positive impact of organizing 10 days' pilgrimage program, change of environment for the youth

Codes	Description
	Youth engagement in monastic system, giving opportunity to immerse in spiritual practice, practical experience of being a monk, and engage in various dharma course and practices/ Namshey gomdrel choeshey
	correct mind, awareness on the precious human life, impermanence of human life, training mind to control obscuration and narrate sufferings of the intermediate stage.
Approach	Buddha nature, so there is no condemnation or judgment/ Compassionate approach
	Mind training/ Mindfulness practices/ cause and effect (ley Judrey/ 10 non virtues deeds
	Bjawa and Choepa/choeshed lay rim/ Jung Ney Dro sum’
	Isolation/ Moral support to disadvantage monks
	Teaching through use of visual pictures of rebirth and hell/ Interactive session with students
	Teaching on the good and bad deeds emphasizing on the realms of hell and rebirth in hell realm
	Awareness program on Bhutanese culture and history and origin of temples/
	suffering of hell
	Mix of Buddhist approach and Conventional approach will be suitable to deal with social issues
	Dharma talk is made relevant to the present context and infused
	Western education has not taught our youth the art of controlling mind or taming the mi
	sense of empathy/ the sense of doing good for others.
	Buddhist teaching has positive influence/ cultural acceptance and how culture can influence or enhance addiction. / emphasize on making awareness and correct their mind/ Counselling.
Effectiveness	The turnout is very good as most youth are doing well.
	effective. Most clients are placed in jobs and some are sent for training.
	Choeshey layrim program is effective as it radiates positive energy
	Program is effective /School children believes in monks more than their teachers/ Positive change in students after attending choeshey layrim

Appendix 3.7.2

An overview of collapsed codes and description within the groups

(Civil Society Organizations)

Codes	Description
Factors	universal factors are peer pressure/ family problems, unemployment and poverty
	cultural influence /emerging new culture adopted by the younger generation
	to get euphoric feelings/ avoid emotional pain/ biological, social and psychological factors
	Easy accessibility/ curiosity
Methods	medical and psychosocial program/ physiology treatment/ psychotropic medication as well as medications for other physiological problems
	Cognitive behavioral therapy, /individual therapy, Motivational Interviewing, Solution focused brief therapy, person centered/ Psycho education sessions/ Group meetings/Skills development/ Individual counselling /Group counselling
	focused on contemplative counselling/ Spiritual development

Codes	Description
Approach	Happiness model/ Contemplative education/ Understanding of mind/ Meditation/ Mindfulness practice/Choeshed layrim Medical assisted therapy/ Treatment and Rehabilitation/ Cognitive behavioral therapy/12 step approach, Trans theoretical therapy Physical education, Skill enhancement or skill building program/ Skills development and reintegration/ vocational activities/yoga, games and sports, and other wellness like acupuncture
Effectiveness	no study carried out. based on the client's feedback less relapse CBT helpful in changing behavior. contemplative approach has lasting impact

Appendix 3.7.3

An overview of collapsed codes and description within the groups (Community outreach)

Codes	Description
Factors	Drugs used as an alternative to hide or mask their emotional problems. lack of parental support Broken families, majority of the addicted youth come from broken families, or family issues. Hang out with friends to escape mental pain
Methods	Look into bars and bars and looking for addicts. Referral, Follow up Compassionate approach and not Accepting anything in return Person sign himself if old enough or find some relatives like cousin to go to rehab and to provide support after rehab. If family is uncooperative then finding other alternatives like friend who is not using drugs
Approach	Mindfulness practices will help in watching and recognizing the thoughts, and feelings Buddhist approach is more based on motivation and not punishing. Buddhism is wisdom based and not moral based. Youth are engaged or reintegrated back to work to keep them occupied and not attracted to drugs Buddhism will look at addiction as suffering and all kinds of suffering as human conditions As Buddhist believe that every human being is a Buddha and has a Buddha nature, so there is no condemnation or judgment Buddhist we would always deal and naturally think as Buddhist Buddhist approach would always believe that someone can get better and never give up because we know that everybody has Buddha nature.
Effectiveness	The turnout is very good as most youth are doing well. The program is effective. Most clients are placed in jobs and some are sent for training. most kids who are neglected are taken care by this monk Rehabilitation program equip addicts with skills to cope up with cravings Effective: 80% of the youth who abused marijuana has psychotic issues.

Appendix 3.7.4

An overview of collapsed codes and description within the clients from DIC, schools and rehabilitation centres

Codes	Description
Factors	Peer pressure/ bad friends/ Peer influence/siblings/ rejection and lack of trust Pampered child/ lack of parental care/ changed my relationship with my mother Environment/Poverty/ parents' divorce/ rejection from families/ No emotional support from parents and siblings Cultural influence/ boost my self-esteem/pleasure/ to gain confidence

Codes	Description
	Easy accessibility/Curiosity
Affect	Communication gap with parents/ my memory became weak, lost my temper, Affected my relationship with my family affected my studies and health/ could not continue education Relationships with parent's and societies/ Family relationships/ breakdown, relationships, time management, negative person, health/ Conflict with law/ ignored by the society/ dependent on tablets
Impact after attending the de addiction program	Understood about myself/ motivated to study and get a job /The need to be independent/ addiction is a disease Motivated/ improved communication skills/life changing experience/got better treatment/ health improved/ become more positive, polite, time management CBT is more helpful/ UVH, CBT and ERT/ counselling brought me changes gave me another life to live/helped me to stop taking marijuana taught different strategies/how to cope with cravings /circle of my friends changed
Program effective	Skills learnt: learnt to deal with craving and copying skills/ Learnt to communicate clearly/ this program really helped me change/ helped me to give up drugs/ Learn how to control mind yoga class is helpful like mindfulness/ I am able to calm down and my mind at peace. Program effective: my way of thinking changed/ human value and need to control mind mindfulness practice helped me to change my character, thinking power, physical health and attitude 12 step program may be useful/program based on happiness and gave importance to happiness
Qualities of Program implementer	self-disclosure/ recovering addict has good experience/ motivated me to change Role model/good listener/ talks in a simple way/ role model my personal counselor recovering addict Good communication skill/ Session is well planned/ good management/ Frank and very polite and good/ soft heart/ nonjudgmental/ being friendly, understanding maintain confidentiality/approachable and friendly

Appendix 3.7.5

An overview of collapsed codes and description within the Choeshed groups

Codes	Description
Factors	Drugs for pleasure, influence of others/
	Peer pressure/ Curiosity/ Lack of awareness/Easy accessibility border area
	Family problems/family divorce/ Family not supportive
	low self-esteem/ Unable to cope/ Poor in studies
Effect	Choeshed layrim is very inspiring/ Calm my mind, understand religion/ empower us with values and discipline us/Keep healthy mind, wellbeing/ I feel as a changed man/ good and happy
Impact after attending the Choeshed Layrim	Karmic effect/, Cause and effect Karma/ eightfold path/ Teaches us what is wrong and bad/ moral and ethical issues/
	Profound Buddhist teaching/ Buddhist values, sympathy, kind and compassion/ Values and meaning of life/, etiquette of religion/ preciousness of life/ learnt the value of helping other people/ preservation of our culture
	Effective in preventing drugs /how to control our mind
Program effective	Helps in finding meaningful life. Mindful living/ meditation session is very helpful
	Shows path to righteous living and conduct/ Opportunity to train mind/aware of the

Codes	Description
	consequences
	helps us to calm down our mind and eradicate negative thoughts/ Some of my friends trying to reduce their intake/
	Choeshed layrim talks about mental state of mind/ talk relevant to present context/ Avoiding bad habits/ Acquiring good habits relevant to our lives/Related to day to day/ effective small changes in avoiding drugs and living normal life
Qualities of Program implementer	Honored esteem delivery/ wise and generous/ frank and gentle quality
	good communication skill/well qualified and well equipped with vast knowledge of religion
	Interacts with students /Frank and makes connection to us

Appendix 3.8
An overview of categories and codes for the three themes (Western approach, Buddhist approach and Contemplative approach)

A. An overview of categories and codes for the themes Western approach

Theme	Categorization	Codes
	Model	Awareness program Addiction severity assessment
		Referral
	Approach	Cognitive behavioral approach Motivational Interviewing approach Individual and group counselling
	Antecedent to drug addiction	Peer pressure Easy accessibility to drugs
		Curiosity Broken families/lack of parental support
Western approach	Qualities of program implementers	Compassion. Polite. Approachable and friendly
		Good listener. Non judgmental
	Effectiveness of the program	Program not evaluated/ no study has been done so far Program has proven effective

B. An overview of categories and codes for the themes Buddhist approach

Theme	Categorization	Codes
	Model	Choeshed program
	Approach	Cause and effect (Karma)
		Mindfulness/meditation/training of the mind Isolation
Buddhist Approach	Antecedent to drug addiction	Culture influence Lack of awareness
		Youth engagement in the monastery
	Qualities of program implementers	Good communication. Ability to use humor
		Ability to explain in both languages (English & Dzongkha)
	Effectiveness of the program	Choeshed program is effective based on personal observation (14 – 20 youth quit using drugs)
		oath of allegiance
		No study carried out to evaluate the program

C. An overview of categories and codes for the themes Mindfulness-based approach

Theme	Categorization	Codes
Mindfulness-based Approach	Model	Blend of Eastern and Western approaches (Happiness model)
	Approach Method	Contemplative education
		Universal human value
		Skills development and reintegration
	Antecedent to drug addiction	Stigmatization
		Low self esteem
	Qualities of program implementers	Role model (recovering addict as counselor)
		Good management and care
		Polite, frank and jokes
		Self-disclosure
	Effectiveness of the program	Effective, the results are encouraging (out of 74 clients only 4 relapse)
		No research is carried out to evaluate the program

Appendix 3.8.1
Sample color coding within groups(Phase 1)

Research questions	PIb14	PIb15	PI16	PIb17	PIb18
What approach is the Choeshed Layrim programme based on? Can you explian the components in detail?	Bjawa and Choepa Cause and effect (ley Judrey) and Migeywa Chu Taming the mind Mindfulness practice Preciousness of life 10 non virtuous deeds Three ways of knowing (Theypa, Sampa and gompa	Karma (Cause and effect) Values through teaching of Bodhicitta Emphasizes on realms of hell and rebirth Basic training on mind Nyendro Meditation	Nashoen Lamten (Guidebook Buddha nature Choshey ley rim Dharma talk is infused with jokes Mix of Buddhist approach and Conventional approach will be suitable to deal with social issues Mind training Teach morality which is missing in modern education Instill values and ethics	Interactive session with students Creating awareness Depiction the wheel of samsara Arts of hell realm Karmic actions Provide opportunity for youth engagement program Meditation program Spiritual teachings and empowerment	Knowledge, understanding and recognizing the obstacles Advising and guiding using ethics and values of Buddhism Imparting dharma TEACHINGS ON SUFFERINGS, clearing sorrow and fulfilling one's happiness
Can you describe the methods yourorganization use in dealing woth drug addiction?	Awareness on the side effect of abusing drugs Guidance and advice Religious talk and preaching Ethics of Buddhism Jung Ney Dro Sum Choeshey Ley rim Bjawa and Choepa training Practice of meditation Cause and effect of using drugs	Choeshey ley rim Teaching Shet Ja Tshe and explain about 18 realms Teaching on suffering this life and after life Moral responsibility	Awareness, Advise, Zhigye Wang drag Session on moral and ethics Basic goodness Develop facilities to engage monks Root cause of addiction Mind training	Lack of knowledge Lack of parental guidance Peer pressure Family problems Depression Relationship issues	awareness and prevention Buddhist teaching Incorporate in education curriculum on the prevention and purpose of learning Knowledge should benefit self and others
According to you, what are some of the factors that infulence youth to become addicted to drugs? Can yoy explain in details	Impact of modernization/ lack of awareness Peer pressure Curiosity Lack of parental support Unemployment Financial crises Boredom Lack of emotional support No recreational support	Rapid development Parents now have limited time Exposed to modernization And decline of traditional culture Lack of parental guidance	Exposure to western world/ modernization degenerated age, time changing from impurity to impurity peer influence lack of parental guidance family problems not able to control mind/ cope with emotions Ning mongpa da (five impurities) Five poisons Change in the culture and style	Counselling to correct mind Awareness on the importance of human life Impermanence Training mind to control obscuration Suffering of the intermediate stage	Habitual Lack of awareness
What are some of the qualities that will help program implementers to make their service	Semkey Communication Building relationships	Positive change Role model Laksham Namda qualities of	Patience time and resources Friendly Gain trust	build relationships Passionate and understanding friendly	build relationships **L oving and Kindness** Polite

effective?	Compassion Empathy **Loving and kindness** Evoke curiosity Friendliness and make them curious	genuineness and clarity. build good relationships by being friendly. Friendly and open. Acceptance.	Build good relationship Curiosity	Empathy Good communication skills Loving and caring Positive attitude		Soft language intonation of voice Nine nobel intentions

Appendix 3.8.2
Sample color coding within groups(Phase 2)

Research question	Qualities					
What are some of the qualities of program implementers that will help to make your service effective?	Strong mentality and be committed. Semkey Communication	Role model **Laksham Namda** Building relationships	qualities of genuineness and clarity. Compassion Empathy	build good relationships by being friendly **Loving and kindness**	Genuine Motivated Evoke curiosity	Friendliness and make them curious
ཀེ། ནུ་གི་ལས་རིམ་འདི་ལན་སྙས་ཅན་ཞིག་ ཚུགས་ཆོག་ཅིག་ འགྲོ་ནི་དོན་ཡུ་ཁུང་ཚོས་ གཅིག་ར་ཚང་དགོངས་ བརྒྱམ་མཛལམ་མས། ལས་རིམ་ལག་ལེན་འཛབ་སྐབས་ ཡན་ཆུས་ཅན་དང་སྡུས་ཚད་ཅན་ འབད་ བས་ཏོག་ག་དེ་སྦེ་ཨ་ནི།	Patience time and resources build relationships build relationships Frank	Friendly Passionate and understanding friendly friendly **Kindness and love**	Gain trust Empathy Empathy polite	Build good relationship Good communication skills Communication skills Soft language	Curiosity **Loving and caring** Attending behaviour	Choice of words

Appendix 3.9

RUB Ethical Approval Form

འབྲུག་རྒྱལ་ཡོངས་གཙུག་ལག་སློབ་གྲྭ།

བསམ་རྩེ་ཤེས་རིག་མཐོ་རིམ་སློབ་གྲྭ།

Royal University of Bhutan

Samtse College of Education

"You cannot give what you do not have." **Druk Gyalpo**

Ref: 23/SCE-RES/2017-18/ 655 Date:10.10.2017

LETTER OF APPROVAL

Ms. Dechen Doma, Lecturer in Counseling is undertaking a research study as a part of her PhD programme at Shukutoku University in Chiba, Japan. Her study is based on the Buddhist Social Work titled *Dealing with Drug addiction in Bhutan: Exploring both Western and Buddhist approach.*

The following questions will be addressed to guide the study:

1. What are the different types of models and approaches to drug addiction in Bhutan?
2. How can Buddhist monasteries contribute in cubing drug use and addiction in Bhutan?
3. What are some of the DE addiction program that are available in the treatment centres?
4. What are the perceptions of individuals who have benefitted from the treatment centers?
5. How can current practices help program implementers in the addiction field to become more effective practitioners?

Her research project went through a series of screening process before it was finally approved by the College Research Committee, Samtse College of Education. The research project was presented to the College Academic members during the sitting of 67th College Academic Committee (CAC) meeting. The project was well received by the CAC members and feedback on the presentation was incorporated into the project.

Finally, the research project was examined by a panel of researchers at the Samtse College of Education, led by the Dean Research and Industrial Linkages.

Her study will require the involvement of the program implementers from the Government agencies, Buddhist monasteries, civil society organization, clients from rehabilitation centers, schools, Drop –in -Centers and students who have attended Choeshed Layrim.

She has met all the ethical requirements mandated by the College. The College Research Committee, Samtse College of Education is pleased to grant her approval to conduct the proposed study, which is fascinating and of great significance to the college and nation at large. She is advised to seek ethical clearance from relevant organizations and institutions which ever deemed relevant.

We would like to wish her the very best in accomplishing her PhD project.

Sincerely,

Sonam Rinchen, PhD
Dean, Research and Industrial Linkages
Samtse College of Education.

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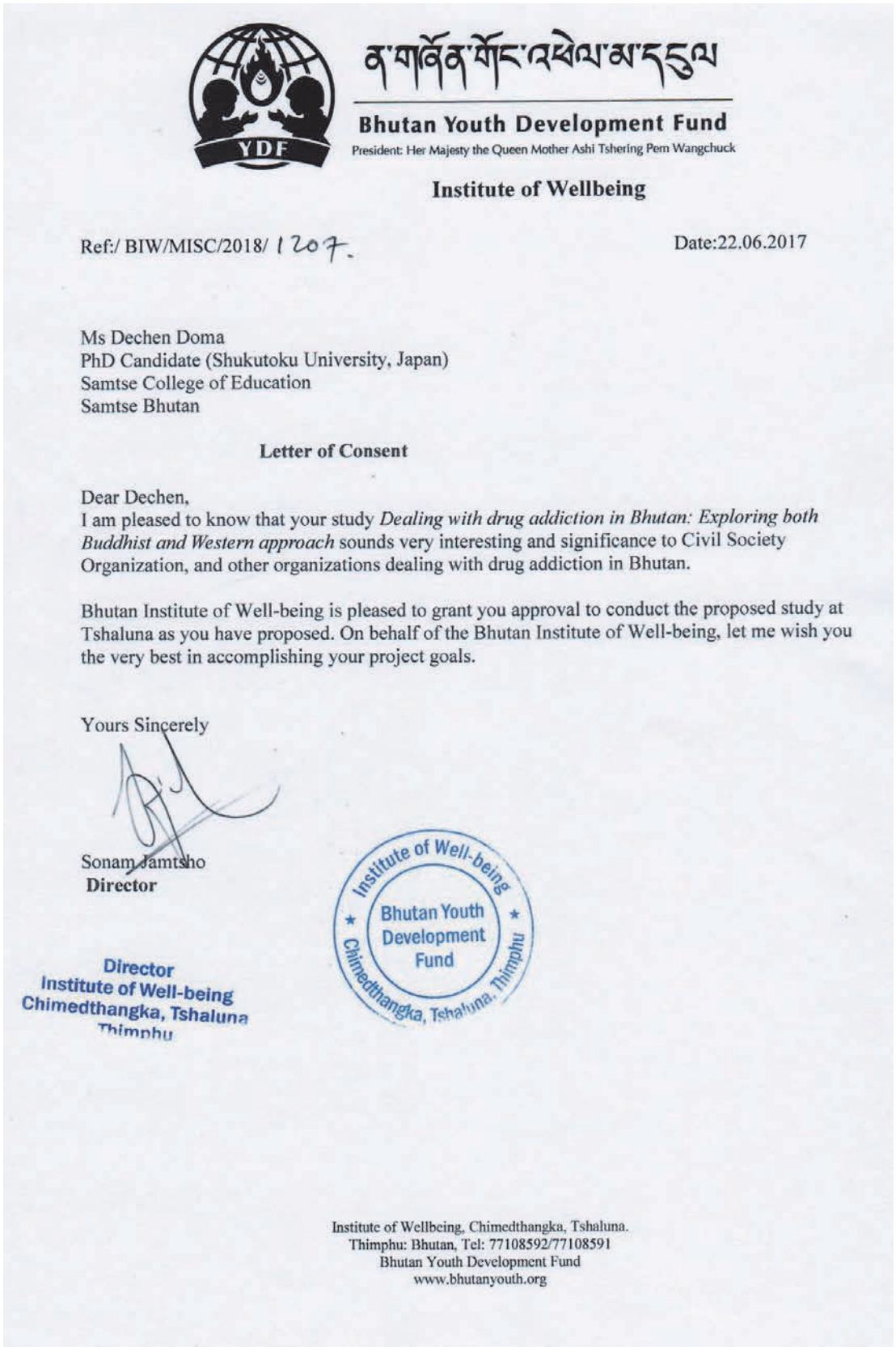
Appendix 3.10

Approval Letter from Institute of Wellbeing Centre



ནཱ་གཞོན་གོང་འཕེལ་མ་དཔུལ

Bhutan Youth Development Fund

President: Her Majesty the Queen Mother Ashi Tshering Pem Wangchuck

Institute of Wellbeing

Ref:/ BIW/MISC/2018/ 1207.

Date:22.06.2017

Ms Dechen Doma
PhD Candidate (Shukutoku University, Japan)
Samtse College of Education
Samtse Bhutan

Letter of Consent

Dear Dechen,
I am pleased to know that your study *Dealing with drug addiction in Bhutan: Exploring both Buddhist and Western approach* sounds very interesting and significance to Civil Society Organization, and other organizations dealing with drug addiction in Bhutan.

Bhutan Institute of Well-being is pleased to grant you approval to conduct the proposed study at Tshaluna as you have proposed. On behalf of the Bhutan Institute of Well-being, let me wish you the very best in accomplishing your project goals.

Yours Sincerely

Sonam Jamtsho
Director

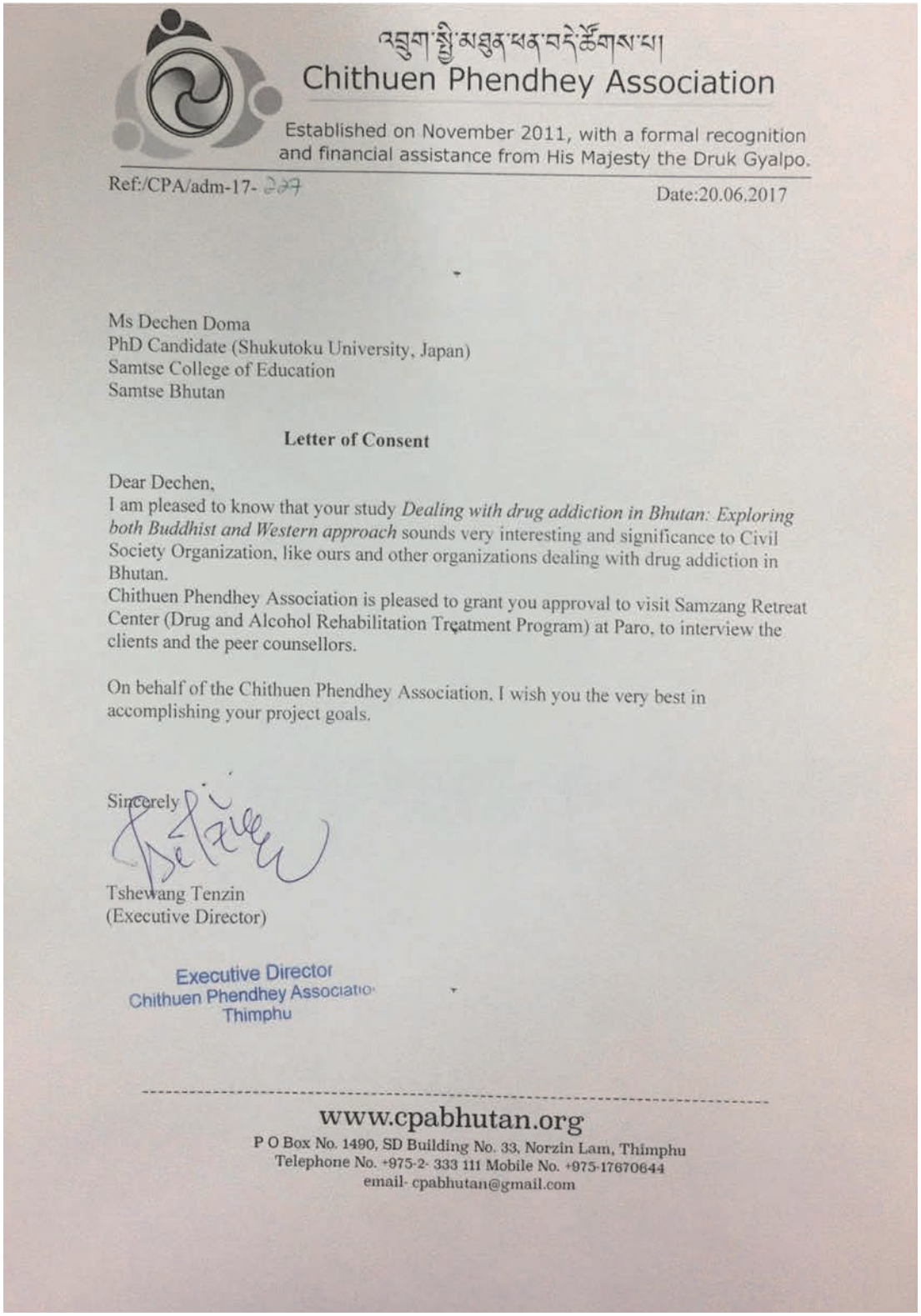
Director
Institute of Well-being
Chimedthangka, Tshaluna
Thimphu

Institute of Well-being
Bhutan Youth Development Fund
Chimedthangka, Tshaluna, Thimphu

Institute of Wellbeing, Chimedthangka, Tshaluna.
Thimphu: Bhutan, Tel: 77108592/77108591
Bhutan Youth Development Fund
www.bhutanyouth.org

Appendix 3.11

Approval Letter from Chitheun Phendhey Association



འབྲུག་སྤྱི་མཐུན་ཕན་བདེ་ཚོགས་པ།
Chithuen Phendhey Association

Established on November 2011, with a formal recognition and financial assistance from His Majesty the Druk Gyalpo.

Ref:/CPA/adm-17- 237 Date:20.06.2017

Ms Dechen Doma
PhD Candidate (Shukutoku University, Japan)
Samtse College of Education
Samtse Bhutan

Letter of Consent

Dear Dechen,
I am pleased to know that your study *Dealing with drug addiction in Bhutan: Exploring both Buddhist and Western approach* sounds very interesting and significance to Civil Society Organization, like ours and other organizations dealing with drug addiction in Bhutan.
Chithuen Phendhey Association is pleased to grant you approval to visit Samzang Retreat Center (Drug and Alcohol Rehabilitation Treatment Program) at Paro, to interview the clients and the peer counsellors.

On behalf of the Chithuen Phendhey Association, I wish you the very best in accomplishing your project goals.

Sincerely

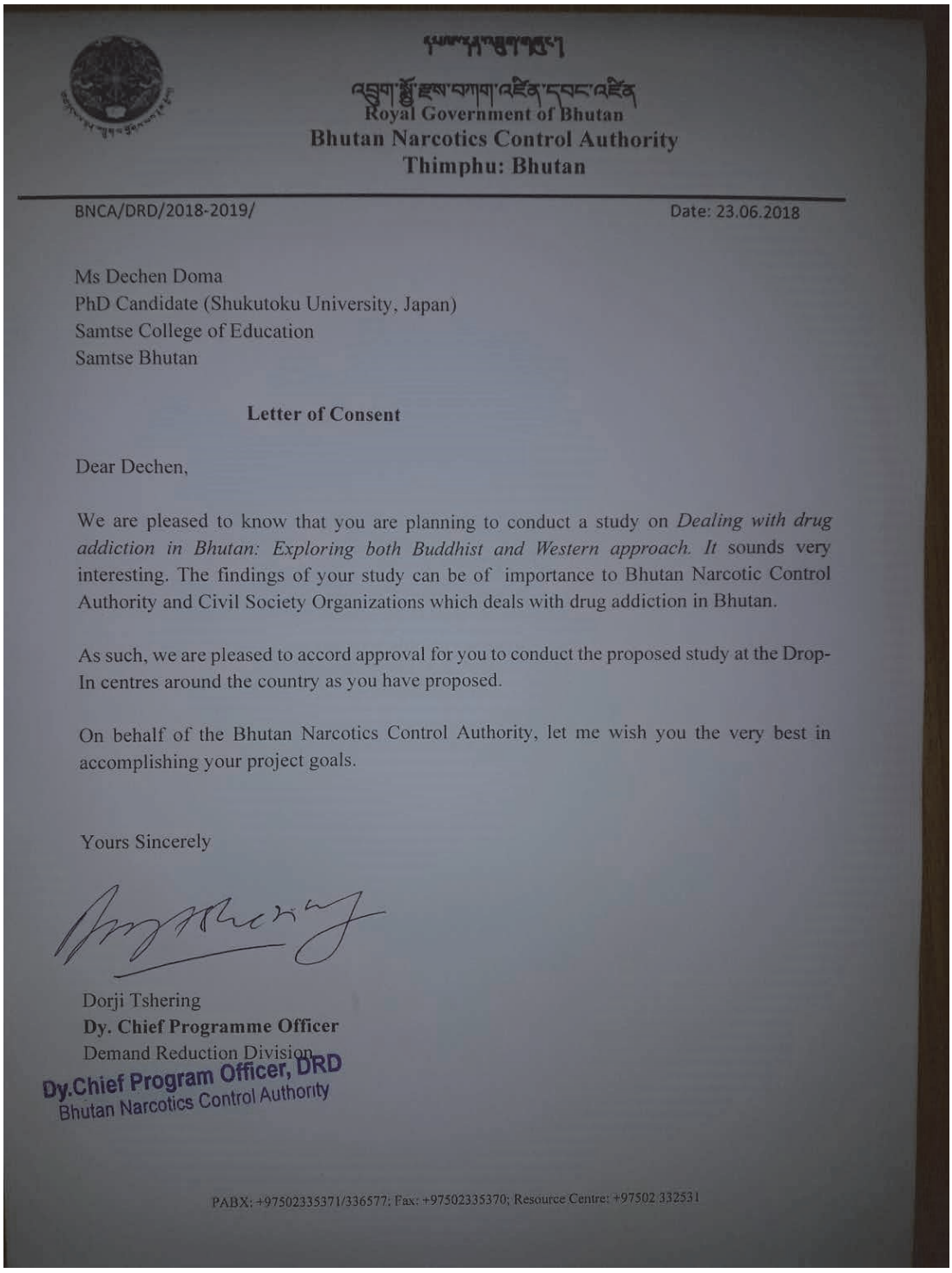
Tshewang Tenzin
(Executive Director)

Executive Director
Chithuen Phendhey Association
Thimphu

www.cpabhutan.org
P O Box No. 1490, SD Building No. 33, Norzin Lam, Thimphu
Telephone No. +975-2- 333 111 Mobile No. +975-17670644
email- cpabhutan@gmail.com

Appendix 3.12

Approval Letter from Bhutan Narcotic Control Authority



Royal Government of Bhutan
Bhutan Narcotics Control Authority
Thimphu: Bhutan

BNCA/DRD/2018-2019/ Date: 23.06.2018

Ms Dechen Doma
PhD Candidate (Shukutoku University, Japan)
Samtse College of Education
Samtse Bhutan

Letter of Consent

Dear Dechen,

We are pleased to know that you are planning to conduct a study on *Dealing with drug addiction in Bhutan: Exploring both Buddhist and Western approach. It* sounds very interesting. The findings of your study can be of importance to Bhutan Narcotic Control Authority and Civil Society Organizations which deals with drug addiction in Bhutan.

As such, we are pleased to accord approval for you to conduct the proposed study at the Drop-In centres around the country as you have proposed.

On behalf of the Bhutan Narcotics Control Authority, let me wish you the very best in accomplishing your project goals.

Yours Sincerely

Dorji Tshering
Dy. Chief Programme Officer
Demand Reduction Division

Dy.Chief Program Officer, DRD
Bhutan Narcotics Control Authority

PABX: +97502335371/336577; Fax: +97502335370; Resource Centre: +97502 332531

Appendix 3.13
SCE/ RUB Guidelines

༄༅ འབྲུག་རྒྱལ་ཡོངས་ཀྱི་གཙུག་ལག་སློབ་སྡེ།
བསམ་རྩེ་ཞེས་རིག་མཐོ་རིམ་སློབ་གྲྭ།

Royal University of Bhutan
Samtse College of Education

" You cannot give what you do not have. " **Druk Gyalpo**

Ref: 23/SCE-RES/2017-18/ 655 Date:10.10.2017

LETTER OF CONSENT

Sir,

Ms. Dechen Doma, PhD Candidate, Chiba, Japan, is undertaking a research study as a part of her PhD programme. Her study is based on the Buddhist Social Work titled: *Dealing with drug addiction in Bhutan: exploring both Western approach and Buddhist approach.*

Her study will require the involvement of the program implementers from the Government agencies, Buddhist monasteries, civil society organization, clients from rehabilitation centers, schools, Drop –in -Centers and students who have attended Choeshed Layrim. She has met all the ethical requirements mandated by the College. The College Research Committee, Samtse College of Education is pleased to grant her approval to conduct the proposed study, which is fascinating and of great significance to the college and nation at large.

We would like to wish her the very best in accomplishing her PhD project.

Sincerely,

Sonam Rinchen, PhD
Dean, Research and Industrial Linkages
Samtse College of Education.

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Appendix 3.17

Letter to interview Participant

Royal University of Bhutan
Samtse College of Education

"You cannot give what you do not have." **Druk Gyalpo**

Letter to interview Participants

Dear Sir/Madam,

I am Dechen Doma, lecturer in Samste College of Education pursuing PhD at Shukutokhu University, Chiba, Japan. I am doing a research study investigating the different approach to drug addiction in Bhutan.

I would like to invite you to participate in the study. The time commitment will be 30 to 40 minutes. I will visit your office and conduct face to face interview whenever it is convenient for you. The research will find out the different approaches to drug addiction carried out by various organization.

The findings from this study will be shared with your organization after it is completed.

In case of any breach of research ethics or inconveniences caused due to the research, you may contact ethicscontact@rub.edu.bt.

Thank you for your consideration to take part in this study. Please confirm your participation in the research at the address given below.

Ms Dechen Doma,
Lecturer
Phone:05365273/17397040

Dr Dorji Thinley
Principle Supervisor
dthinley.sce@rub.edu.bt

: 05 365391(Director General) 365274 (Adm) 365273 (Office) 365363 (Fax) P.O Box No. 329
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Appendix 3.18

Participants' consent form

༄།། འབྲུག་རྒྱལ་ཡོངས་ཀྱི་གཙུག་ལག་སློབ་གྲྭ།

བསམ་རྩེ་ཤེས་རིག་མཐོ་རིམ་སློབ་གྲྭ།

Royal University of Bhutan

Samtse College of Education

"You cannot give what you do not have." **Druk Gyalpo**

ཞིབ་འཚོལ་ཞུགས་ཐམ་ཀྱི་གནང་བའི་འཁྲི་ཤོག

༡ སློབ་སྦྱོང་གི་དོན་ཚན།

འབྲུག་ཡུལ་མཐའ་ཤར་ཨམ་པོང་མི་ཡུ་འཛེམ་པ་འཚམས་ཤེ། ངང་པ་བང་རྒྱབ་སྒོམ་ཁུལ་ནུ་ཡུལ་དཔྱད་བཤད་ཀྱི་ཡུ་མཚན་ལས་འཚོལ་ཞིབ།

༢ ཁྱབ་བདག་ཞིབ་བཤེར་པ། སངས་དབང་རྡོ་རྗེ་འཚེག་ལས།

༡ མིང་ . . . . . .

༢ ལས་རྟེ . . . . . .

༣ ཁ་བྱང་ . . . . . .

༤ འབྲེལ་འཚེག . . . . . .

༥ སྤྱོད་རིགས་ཡིག་འཚེག . . . . . .

གནང་བ།

མགོ	བཤད་འཚོལ	རྟགས་ཚགས་གནང་
༡	གོང་གི་འཚེ་མོག་གི་གནད་དོན་ཁ་གོམ་བཅས་བཤད་ཀྱི་ཡོན་མ་མ་ཚོད་དུ་ལ་དུ་ཡོ་ཤ་ཡུ་ཡང་གི་སྐབས་མོག་ཐུ་ཡོད་ཀྱི་ཡིན།།	
༢	ངས་བཤད་ཐབ་གཏུགས་མེ་འདི་ཁས་ཐུང་གི་མོག་ལས་ཡོན་མ་ཚོད་དེ་ཁ་ལས་རྟག་བཤད་རྟ་ཤ་ནི་ཡང་མེད་པར་འཚོལ་འབྱུ་ཚུལ་ཆོ་ཡིན།	
༣	ངས་སྤྱོད་འདི་ཤང་ལྟ་ཁས་ཐུང་གི་མོག་ལས་འཚེམ་གཏུགས་འབད་ཡིན།	
༤	ངའི་དྲི་བ་དྲིས་ལས་ཐུ་མོག་ཁུལ་གཏུགས་ཐུག་ཐུག་འཚུལ་ཆུ་ཐུ་འགོར་ལས་འབད་ཐུག་འཚུལ་ཞིབ།	
༥	ངའི་དཔང་བསྟུན་ཆུ་གཙང་རྟགས་མོག་ལས་འབད་ཀྱི་ལྟ་ཐག་བཙན་པ་ཡིན།	

བཤད་པ་ཐུགས་མོའི་མཚན་རྟགས། ..... ཐུ་མོག

ཞིབ་དཔྱད་པའི་ མཚན་རྟགས། ..... ཐུ་མོག

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Participant's Initials: _____