

A Qualitative Study of the Risk Factors Leading to Substance Use in Bhutanese Youth

Dechen Doma & Ian Wickramasekera II

Abstract

Substance abuse and dependence among the youth population in Bhutan is already a huge concern for the Bhutanese family system, society and the country as a whole. Youths, who accounts for 60% of the total population of Bhutan are considered the future leaders of the country (National Statistics Board [NSB], 2017). Therefore, there is an urgent need to identify the factors that lead youth to substance abuse and dependence in Bhutan. This study sought to explore an in-depth understanding of the risk factors that are associated with substance abuse and dependence among Bhutanese youth. Interview data were collected through semi-structured interviews from 28 participants adopting a qualitative research methodology. The study revealed that factors such as peer pressure, family environment and easy accessibility played an important role in drug use and addiction among the participants. Other factors such as curiosity and low self-esteem have also contributed to participant drug abuse. To the researchers' knowledge, the present study was the first qualitative study on this topic to be conducted in Bhutan.

Key words: *Bhutan, Substance abuse & Dependence, Risk factors*

Drug use has been reported to be a problem in cultures from around the world for many millennia. For instance, there is archeological evidence that cannabis consumption in human beings may date as far back as 7,000 BCE (Crocq, 2007). 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 rise in drug use among the youth of the world is particularly alarming. For example, according to UNICEF (2010), 84% of drug users in Bhutan were between the ages of 13 and 24 years old. Furthermore, 43% of drug users in Bhutan were reported to be students. (UNICEF, 2010). Several studies, including a recent one by the Bhutan Narcotic Control Authority (BNCA, 2017), have demonstrated that Bhutanese youth report using a variety of substances including cannabis, opioids, inhalants, and a variety of prescription medications. Twenty-two percent of the high school students reported using cannabis in this study (BNCA, 2017). The use of pharmaceutical opioids was also reported at significant levels (Tshomo, 2017) in recent studies of drug use in Bhutan.

The epidemic of increasing drug use among the young Bhutanese population is a huge concern for the Bhutanese family system, society and the country as a whole. His Majesty, King Jigme Khesar Namgyal Wangchuck in his Royal address to the Nation on the 17th National Day, 2007 pronounced "I have always believed that the nation's future is mirrored in the quality of her youth and that is the governments sacred duty to provide a conducive environment for young people to become strong, capable leaders for the future" (as cited in NYP, 2011, p.7). Therefore, there is an urgent need to explore the risk factors that contribute to drug addiction and especially in Bhutan where there has been little in-depth study of the phenomena. The Royal Government of Bhutan has taken various interventions to combat drug addiction such as establishing rehabilitation centers, enacting drug laws, and putting new drug policies in place. Furthermore, the Bhutan Narcotic Control Authority

(BNCA) has taken charge of providing advocacy and education on substance abuse prevention, treatment, and rehabilitation along with operating two treatment centers: Bhutan Institute of Wellbeing, and the Samzang Residential Drug and Alcohol Rehabilitation Centre in Bhutan.

Drug abuse and addiction is not confined to any particular demographic group such as gender or even social economic status (Wawasi & Nderu, 2017). Previous research has identified adolescence and early adulthood as a particularly vulnerable period for the development of substance abuse, when the young people are developing their identity (Wawasi & Nderu, 2017). In this regard, there is no way to identify any one single factor that may lead to drug addiction, as the nature of addiction differs from person to person. A variety of environmental and biological risk factors are thought to increase the chances of drug abuse in an additive way (NIDA, 2014). Environmental factors include the family, peer, and school settings that can facilitate the early use of substances. Biological factors include a person's genetic endowment, which is estimated to account for between 40 and 60 percent of a person's vulnerability to addiction (Drapela, 2006; Wawasi & Nderu, 2017). Similarly, Jêdrzejczak (2005) identified three factors causing addiction: i). Effect of pathological families on young people's behavior; ii) Easy access to drugs; and iii) Influence of groups of people of the same age on youth into taking drugs. Jêdrzejczak's (2005) study was corroborated by Arsenault et al., (2018), who have said that the cause of addiction among the youth is associated with problems in their school, family, and community environment. Likewise, (Lussier et al., 2010; Hawkins et al., 1992) assert that risk factors such as family drug use and easy accessibility of drugs have a higher probability of leading youth into addiction. In addition, easy drug availability in the community increases the probability of developing problematic substance use as young people try drugs out of curiosity and peer pressure (Mesic et al., 2013).

Risk and protective factors may vary from person to person but also depend on the cultural values of the society in which a person is living (Volkow et al., 2016). Bhutan typically had more of a collectivist cultural value until recent times which promoted strong family and community involvement. However, more recent Western and individualistic influences have arisen in Bhutan. Lama Zhenphen reports that many of his clients have difficulty living without parental support or guidance which might have been less typical in Bhutan's past. (Personal communication, May, 14, 2018). Furthermore, many Bhutanese school counselors have reported hearing repeated stories about the role of divorce and parental neglect from young people with drug problems. However, to the author's knowledge, there has been very little research examining the risk and protective factors towards developing substance use 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 have struggled with drug addiction and serious school difficulties.

Methods

Objectives of the study

The purpose of this study was to explore the various risk factors of Bhutanese youth experiencing drug abuse and dependence. The researchers sought to investigate the life histories and narratives of individuals who have experienced the phenomena of drug abuse in the context of Bhutan. The researchers wished to gain an in-depth understanding of the experiences of Bhutanese people who have experienced drug abuse, attended drug treatment, and/or who have had significant interactions with drug users such as counsellors in schools.

Study Sample

The present study is a qualitative investigation of 28 participants who volunteered to be interviewed about their knowledge of risk and protective factors for developing problematic substance use in Bhutan using a semi-structured interview. The participants included in the study consisted of two groups. The first group was comprised of 14 substance abusers seeking treatment from either the Bhutan Institute of Wellbeing, Samzang Residential Drug and Alcohol Rehabilitation Centre in Bhutan, Drop in centres and a number of schools in Bhutan. All study participants in this group were at or near the termination phase of their treatment. The second group consisted of 14 participants who were counsellors working in government agencies such as schools, hospitals, the Bhutan Narcotic Control Authority, and/or the two major rehabilitation centres. Counsellors were required to have at least five years of experience working with alcohol and drug addiction in Bhutan. All participants were required to have the ability to communicate fluently in English and Dzongkha languages so that they could participate fully with the study.

Interview Questions

The primary interview question asked of each participant was: "What are some of the factors that lead to drug use and addiction among the youth in Bhutan?" The participants were also then asked questions such as: a) "According to you what are the factors that influence youth to become addicted to drugs? Can you explain in detail?" b) "What are the factors that influence you to take drugs?" c) "How did addiction to drug affect your life?" & d) "Can you describe how you felt after attending the Drug Education (DE) addiction program?"

The interviews were conducted face to face with the 28 participants who were selected for the study. Prior permission for the interview was sought from the counsellors and clients. At the start of each interview, the researcher explained the purpose of the research and the participants were provided with an informed consent form for them to sign. The participants were encouraged to ask questions and were told that they could withdraw from the study at any time with no penalty. The participants were assured of the anonymity of their responses. The length of the interview for each participant was between 25 – 30 minutes. The interview was recorded using a Sony digital voice recorder. The interview was conducted in English and Dzongkha, depending on the preference of the participants.

Ethical Considerations and Institutional Approval

Approval for the clients in the Drop -In -centre was sought and obtained from the Bhutan Narcotic Control Authority. Approval for the clients from the two rehabilitation center and schools was sought and obtained from the concerned agencies. The researchers followed the research ethics guidelines for approval from the Office of the Vice Chancellor, Royal University of Bhutan (RUB).

Qualitative Data Analysis

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 researchers were guided by a six phase approach to thematic analysis established by Braun and Clarke (2006). The data collected were read, transcribed, coded and themes were generated based on the common responses of the participants.

Results

Major Themes

Braun and Clarke (2006) state that coding is a process which helps the researcher to identify portions of the data that appear catchy and interesting. The process of coding was done manually after listening to the interviews and by making notes on transcripts of the interviews. The process of coding involved two stages. In the first stage, codes were derived within each of the two groups of participants (drug users vs. counselors). The researchers assigned a key word or phrase to each theme as it emerged and then proceeded to analyze all the transcripts in a systematic way. In the second stage, the researchers repeated the process of coding across the groups, which allowed the researcher to further collapse the codes into themes and categories as they emerged. This stage of coding included organizing and tallying the frequencies of codes across all the groups and looking for patterns and emerging themes. The process of coding enabled the researcher to gain a better insight into the various factors that lead youth to drug addiction. The ideas, themes, and concepts were coded and collapsed to fit into categories.

Deductive and inductive methods of analysis were used for the qualitative data of the study. For example, the inductive approach allowed the researchers to explore new themes that emerged from the data. Similarly, using a deductive approach helped the researchers to explore the factors that lead to drug usage that were already commonly assumed by the participants. Three primary themes emerged from the coding process: (i) Peer pressure ;(ii) Ease of accessibility;(iii) Lack of parental support. Factors such as low self-esteem and curiosity also stood out as less common but significant important factors leading to drug use and addiction among some of the participants. To avoid misinterpretations, syntactical errors accompanying the participant's quotes from the interview have not been corrected and the participant's quotes are reported here verbatim.

Peer pressure

Peer pressure in this study refers to the social influence that peers can have on each other, although that influence does not necessarily need to be negative. According to Martinet et al., (2017) young people experience peer pressure either directly or indirectly which can result in engaging in risky behaviors such as drug use. The majority of the participants highlighted peer pressure as one of the main contributing factors to substance use among Bhutanese youth. Participants discussed that this factor and attributed it to the need to belong and identify with a group of peers who might have already begun substance use or began using together. For example, one participant (client S25) said, "the factor that influence me to take drugs was mainly my friends, they introduce me to marijuana, when I was in class six". This perception was further supported by client S28, "lots of my friends are drug addicts, among ten friends only one or two must have grown up well rest eight of us became drug addicts" (P28). The majority of the counsellors also highlighted that many young people get attracted to drug use though the influence of their peers who are seen as "Cool".

Lack of Parental Support

A majority of participants also identified a lack of parental support as one of the major risk factors contributing to drug use among young people in Bhutan. Most of the counsellors reported that young people who are abusing drugs often come from broken families. These young people may lack guidance from their parents in terms of advice, care and values. These changes can be attributed to the shift of family dynamics in Bhutan from traditional to nuclear families. There may also be an effect of how outside cultural influences may be shifting Bhutanese society from a collectivist identity to an individualistic culture. Traditionally, the family system in Bhutan used to be based on collectivist society in which all extended family members lived together and where elders played the role of primary caregivers. However, twenty-one participants expressed that their family environment and lack of parental support made them vulnerable to drug use. For instance, one of the participants (counsellor S12) said "I feel, lack of guidance from parents or significant people in their life... not have anyone to advice, care and impart values they become victim of substance use and misuse".

The counsellors also highlighted that the most common comments made by their clients were that they came from a 'broken family', 'single parent', 'lack of parental love and support', and abusive family dynamics. The participants reported that many parents in Bhutan today are working long hours away from home and some parents have even migrated abroad to work. This leaves their children with their relatives or a single parent that may leave some young people at greater risk of negative peer pressure to use drugs and alcohol. For instance, counsellor S9 said, "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". To which one of the client participants responded "Sometimes when I don't get love, care and guidance from my parents, and when they ignore me knowing that I abuse drugs, I feel hopeless and sad due to that I prefer to seek solace into drugs" (S19).

Easy Accessibility

Easy accessibility to drugs emerged as the third most common risk factor that participants reported in the study. Some of the clients explained in detail how they were able to access marijuana and other prescription drugs through the porous Bhutanese border with India. For example, counsellor S4 said, "through my experience of working 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 drugs ... it is cheap and easily available". Some of the clients expressed easy access in terms of getting drugs from their peers. For instance, S23 said, "I can get the tablets easily from my friends and my neighbours." Most clients reported that that drugs like marijuana are abundantly grown within the country of Bhutan and also easily available across the border. These abundantly grown marijuana plants are even said to be illegally exported to India where it is processed and sold back to the Bhutanese. For example, one participant stated (S20) "we get from the border and it costs about Nu 75 per packet". Most of the counsellors reported that marijuana plants are found everywhere growing naturally in Bhutan and it is therefore not easy to avoid these plants.

Minor Themes: Curiosity and Low Self Esteem

In addition to the three themes discussed in the prior sections, themes such as curiosity and low self-esteem emerged as some of the contributing factors that influence youth to drug use and addiction.

Curiosity

Some participants indicated that curiosity led them to experiment with drugs. For example, one of the counsellors stated that when peers “glorify the use of drugs, they become curious and start as experimental users, which develops into occasional user, and they become regular user and subsequently they become addicted” (S5). Some participants also identified curiosity as the source of their eventual pathway to addiction. For example, informant S 15 said, “nobody taught me, I was really curious and interested in trying new things. My first drug was marijuana, when I was in class four”. Furthermore, when I saw older boys with the “cool factor” I started using different drugs”.

Low self esteem

Some participants reported that low self-esteem was an important risk factor that makes young Bhutanese people vulnerable to addiction. Some of the counsellors explained that many young people may be taking drugs to cope with low self-esteem. For example, counsellor S2 said, “youth these days take drugs, when they are not able to cope with their studies and compete with their friends”. These ideas were further elaborated by S14; “some youth compare themselves with financially privilege ones and feel miserable and find drug as a solution”.

Some of the clients also expressed a belief that drug usage provided them with a way of coping with their problems. For example, one of the clients said, “throughout my childhood I faced lots of hardship and the only way to comfort my self was using drugs with my friends. Using drugs helps me to forget the pain and hardship” (S22). However, some participants emphasized their use of drugs was not necessarily linked with hardship and poor self-esteem. Some participants reported that they had an easy life overall but still fell victim to substance abuse.

Discussion

The current qualitative study has gathered information from the lived experiences of clients and counsellors on the antecedents to drug addiction in Bhutanese youth. Three major risk factors and two contributing risk factors emerged through thematic analysis. The three major themes were peer pressure, easy accessibility, and family environment. These findings are consistent with findings of related studies carried out elsewhere in the world (Jadidi & Nakhaee, 2014; Morojele & Brook, 2001; Martinet et al., 2017; Wawasi & Nderu, 2017). Similar findings were also reported by other researchers (Foo, Tam & Lee, 2012; Martins et al., 2017) who found 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 behaviour.

Previous research has been limited in Bhutan, however qualitative analysis of interview data with young offenders in police custody conducted by Dorji (2015) reported peer pressure as one of the leading factor to drug use and crime in Bhutan.

Dorji (2005) also reported that 31.9 % of Bhutanese youth live with single parents and struggle with addiction. 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. These findings are consistent with findings from Hosseinbor et al., (2012) who reported that that parents play a major role in strengthening self –esteem and confidence in youth. Factors such as poor communication, lack of interaction and problem solving skills within a family affects an individual’s indulgence in drug use (Masood & UsSahar, 2014).

Easy accessibility of drugs through the Bhutanese porous border with India and easy access to drugs like marijuana was also a common contributing factor among all the participants. As, Clark (2013) aptly observed, “marijuana growing along the road sides, in gardens and vegetable patches, in wasteland, in forest and even in cracks in the pavements or in overgrown gutters on buildings in Bhutan`. Some participants in the interview said, ‘we get our daily dose from the border, and it is easy for us as we know the dealer, who sells marijuana for us’ (S16, S18 & S21). Likewise, drugs like marijuana are abundantly grown within the country and youth can venture into the fields of marijuana and rub marijuana plants out of curiosity along with their peers. The findings from this study is consistent with the findings of Liddle and Rowe (2006), in which the study found out that environmental factors where drugs are readily available can increase the chance of youth getting involved with drug use and addiction.

Similarly, many participants expressed their concern about recent changes in Bhutanese family culture resulting in broken families, single parents, and a lack of a positive environment in their homes. This may encourage youth to go out of their homes and seek solace with peers who are into drug use. These findings are also consistent with the finding from the study carried out by Dorji (2005) that 31.9 percent of Bhutanese youth live with single parents and struggle with addiction. Conversely, relational values are shifting, as elders are not around to provide emotional support. For example, Nuken (2011) explains that the traditional Bhutanese value system and social cohesion seems to be fast fading as an increasing number of young people are finding comfort and pleasure in technology and an emerging ‘party’ culture. The participants also identified risk factors such as curiosity and having low self-esteem as contributing to drug use in Bhutan. These findings are consistent with prior studies such as Rejani (2015). Rejani (2015) discusses that poor academic performance is associated with having low self-esteem, which encourage young people to seek drugs as a way to cope up with pressure.

Summary & Recommendations

The current study provides qualitative insights into the various risk factors for drug use among Bhutanese youth. This study identified peer pressure, family environment, and easy accessibility as the major contributing factors to drug use and addiction among Bhutanese youth. It is also evident from the study that drug use in Bhutan is complex and interrelated with multiple factors contributing to the onset of drug abuse. Thus, interventions to reduce drug abuse in Bhutan could focus on the individual level, family context, and community as a whole.

Implications of the study

The findings from the study are significant because they have implications for policy expectations, drug prevention, and drug rehabilitation. From a policy perspective, the Bhutan Narcotics Control Authority (BNCA) is expected to control and prevent drug use and addiction in the country. The findings from this study may guide BNCA to reconsider their approaches towards prevention and drug treatment with Bhutanese

youths. First, the drugs laws need to be enforced, with interventions such as random and targeted searches by the concern agencies to curb the ease of accessibility of drugs. Second, measures could be taken to target the easy accessibility of drugs like marijuana, which are currently grown widely in Bhutan. In addition, imported drugs are easily available within the country. In reality, this study seems to identify a gap in the enforcement issues that allows for easy accessibility of various drugs in Bhutan. Some possible solutions to this problem might be:

1. The researchers would like to recommend that the Minister of Education consider strategizing and planning increased activities to channel and engage youths to develop positive growth and development.
2. The BNCA could emphasize prevention programs to parents and dropout prevention programs to youth in the community.
3. The researchers would like to recommend that the Ministry of Education could increase education to all teachers on basic courses in guidance and counseling.
4. The researchers would like to recommend that governmental policy makers work to appoint social workers in each school to meet the needs of students at risk of drug abuse and dependence at the miso, micro and macro levels.

Limitations and Suggestions for Future Research

There are some limitations of the study that should be taken into consideration. This study sample only covered six districts out of the twenty districts in Bhutan with a small sample of participants who were clients and counselors. The views of parents were not sought and these may prove useful to examine in future studies given the three main findings are all related to family environment in some way. The researchers recommend that future studies could be carried out on a larger scale using qualitative and quantitative methods to sample the whole twenty districts of Bhutan, the perspectives of parents and the perspectives of other potential participants such as drop-outs from schools, and other relevant social institutions who may be knowledgeable about the risk factors leading to drug addiction in Bhutan.

References

- Arsenault, C. E., Fisher, S., Stevens-Watkins, D., & Barnes-Najor, J. (2018). The Indirect Effect of Ethnic Identity on Marijuana Use Through School Engagement: An African American High School Sample. *Substance Use & Misuse*, 1-10.
- Bhutan Narcotic Control Authority. (2017). Review of functions of drop –in- centre services. Final Report: Thimphu: Bhutan.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Clark, A. (2013). *Where pigs do fly*. Australia: Australian Broadcasting Company, Foreign Correspondent, 1999: Journeyman Pictures.
- Crocq, M. A. (2007). Historical and cultural aspects of man's relationship with addictive drugs. *Dialogues in clinical neuroscience*.2007 Dec; 9(4): 355–361.
- Dorji, L. (2005). Voices of Bhutanese youth: Through their dreams, experiences, struggles and achievements. Retrieved from <http://www.bhutanstudies.org.bt>
- Dorji, L. (2015). The analysis of reported crime among young people in Bhutan. In *crime and mental health issues among young Bhutanese people*. Thimphu: National Statistics Bureau.
- Drapela, L. A. (2006). Investigating the effects of family, peer, and school domains on post dropout drug use. *Youth and Society*, 37(3), 316-347.

- Foo, Y. C., Tam, C. L., & Lee, T. H. (2012). Family factors and peer influence in drug abuse & 58: A study in rehabilitation centre. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(3), 190-201.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64.
- Hosseini, M., Bakhshani, N. M., & Shakiba, M. (2012). Family functioning of addicted and non-addicted individuals: A comparative study. *International Journal of High Risk Behaviors & Addiction*, 1(3), 103– 114.
- Jadidi, N., & Nakhaee, N. (2014). Etiology of drug abuse: A narrative analysis. *Journal of Addiction*, 2014.
- Jêdrzejczak, M. (2005). Family and environmental factors of drug addiction among young recruits. *Military Medicine*, 170(8), 688-690.
- Liddle, H. A., & Rowe, C. L. (Eds.). (2006). Adolescent substance abuse: Research and clinical advances. Retrieved from <http://ebookcentral.proquest.com> Created from une on 2018-10-29 01:01:08.
- Lussier, K., Laventure, M., & Bertrand, K. (2010). Parenting and maternal substance addiction: Factors affecting utilization of child protective services. *Substance Use & Misuse*, 45(10), 1572-1588.
- Martins, J. G., de Paiva, H. N., Paiva, P. C. P., Ferreira, R. C., Pordeus, I. A., Zarzar, P. M., & Kawachi, I. (2017). New evidence about the “dark side” of social cohesion in promoting binge drinking among adolescents. *PloS one*, 12(6), e0178652.
- Masood, S., & Us Sahar, N. (2014). An exploratory research on the role of family in youth's drug addiction. *Health Psychology and Behavioral Medicine: An Open Access Journal*, 2(1), 820-832.
- Mesic, S., Ramadani, S., Zunic, L., Skopljak, A., Pasagic, A., Masic, I. (2013) Frequency of substance abuse among adolescents. *Materia Socio-media*, 25(4): 265-9. doi: 10.5455/msm.2013.25.265-269. Epub 2013 Nov 24.
- Morojele, N. K., & Brook, J. S. (2001). Adolescent precursors of intensity of marijuana and other illicit drug use among adult initiators. *The Journal of Genetic Psychology*, 162(4), 430-450.
- National Institute on Drug Abuse (États-Unis). (2014). *Drugs, brains, and behavior: The science of addiction*. National Institute on Drug Abuse (NIDA).
- National Statistical Bureau. (2017). Statistical yearbook of Bhutan - 2017. Thimphu: Bhutan National Statistical Bureau.
- National Youth Policy. (2011). *Department of youth and sports*: Ministry of Education. Retrieved from http://www.youthpolicy.org/national/Bhutan_2011_National_Youth_Policy.pdf
- Nuken, A. B. (2011). Risk taking behavior A study of youth in Dimapur Nagaland. *International Journal of Scientific and Research Publications Volume (3) Issue 3*.
- Rejani, T. G. (2015). A review on teen drug use: Risks and protective factors. *The International Journal of Indian Psychology*. Retrieved from <http://www.ijip.in>.
- Tshomo, D. (2017, June,27). Urgent need to address drug abuse and its illicit trafficking. Retrieved from www.kuenselonline.com/urgent-need-to-address-drug-abuse-and-its-illicit-trafficking/
- UNDP. (2013). *Millennium development goals (MDG) acceleration framework: Youth employment in Bhutan*, <http://www.bt.undp.org/>
- UNICEF (2010). Protecting adolescent and youth from substance abuse. Kuensel: The National Newspaper, Thimphu

- Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, 374(4), 363-371.
- Walcott, S. M. (2011). One of a kind: Bhutan and the modernity challenge. *National Identities*, 13(3), 253-265.
- Wawasi, K. D., & Nderu, K. (2017). Antecedents and effects of substance abuse and addiction among urban adolescents in Kenya. *Journal of Advanced Psychology*, 1(1), 23-49
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About the Authors

Dechen Doma is a visiting researcher at Shukutoku University, Japan. She heads the Centre of Contemplative Counseling Education and Research and teaches Counselling at Samtse College of Education. She has a Master in Counseling, Health Sciences from Curtin University, Western Australia and is a certified supervisors in counseling in Bhutan. She is also the Board member of Bhutan Board for Certified Counsellors.

Ian Wickramasekera II is an Associate Professor within the Department of Transpersonal Counseling at Naropa University in Colorado, USA. He is the author of over 50 articles on counseling, humanistic psychology, hypnosis, indigenous wisdom traditions, meditation, and mind/body medicine. He is a Fellow of the American Psychological Association and Science Editor of the American Journal of Clinical Hypnosis.