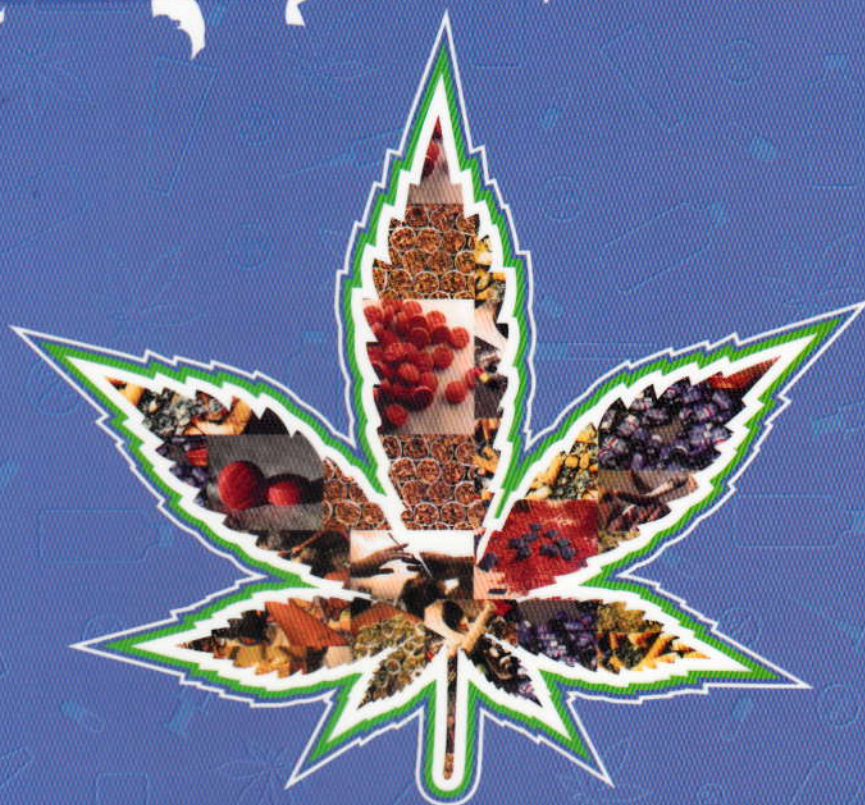


Annual Drug Report

Bangladesh, 2016

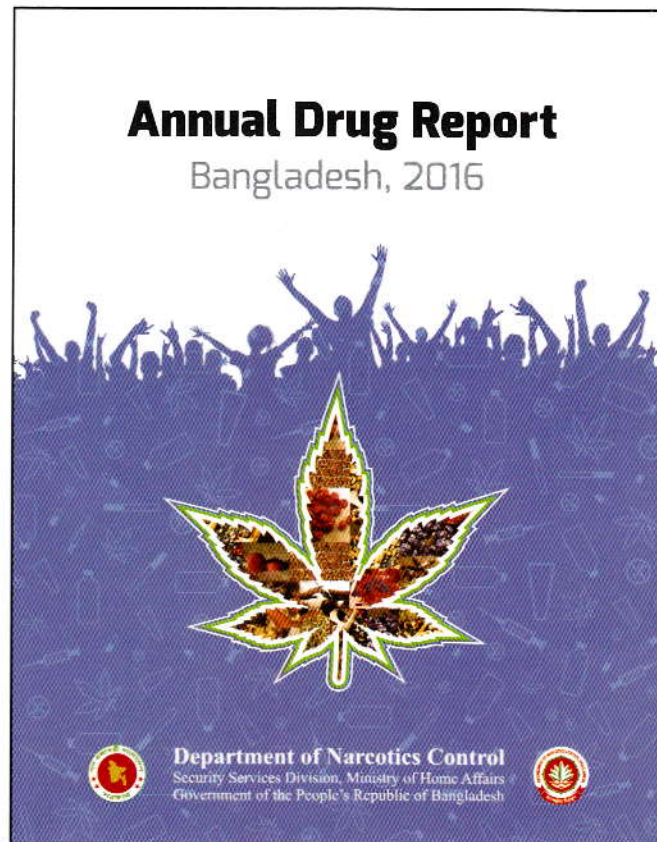


Department of Narcotics Control
Security Services Division, Ministry of Home Affairs
Government of the People's Republic of Bangladesh



ANNUAL DRUG REPORT

BANGLADESH, 2016



Department of Narcotics Control
Security Services Division, Ministry of Home Affairs
Government of the People's Republic of Bangladesh





Minister

Ministry of Home Affairs
Government of The People's
Republic of Bangladesh

Message

The abuse and trafficking of drug is one of the major social problems of the time . It is considered to be a global problem.

The charismatic leader, poet of politics and father of the nation Bangabandhu Sheikh Mujibur Rahman would dream to have a healthy, prosperous and peaceful nation to brand the country as Sonar Bangla. Our honorable Prime Minister, Deshratna Sheikh Hasina, the perfect successor of Bnaga-bandhu, is strictly determined to combat drug menace and adopted zero tolerance policy against drug offence as it is a major threat to achieve the goal of Bangladesh to be a developed country by 2041.

The Government of the People's Republic of Bangladesh enacted the Narcotics Control Act, 1990. This enactment is the principal tool to control drugs menace in the land. Our vision is "To build a drug free Nation." To achieve this goal, the Department of Narcotics Control adopted three strategies including Supply Reduction, Demand Reduction and Harm Reduction. All the law enforcing agencies i.e. Bangladesh Police, Border Guard Bangladesh, Coast Guard, Bangladesh Customs and Bangladesh Ansar and VDP are working together relentlessly in a coordinated and consorted way to render services in apprehending and to take legal action against drug offender.

Bangladesh is signatory to all regional and international conventions on drugs and psychotropic substances. With these external link, Bangladesh is benefitted to make its personnel skilled and experienced through various drug laws training. We developed a cooperative relation with the external agencies those are engaged in combating narcotic offence.

DNC has been publishing the Annual Drug report of Bangladesh since 2010. The report is prepared on the basis of data available and the experiences regarding drug and crime. We tried to address the overall drug scenario of our country like drug trends, nature, people victimized, routes of trafficking drugs, drug-prone areas, treatment facilities and other related issues in this report from analytical point of view. We also tried to insert the scenario of domestic effort and transnational engagement in combating drug menace.

I thank all the effort makers who have worked hard and spent their valuable time in publishing this Annual Drug Report, 2016.

Joy Bangla. Joy Bangabandhu
Long Live Bangladesh.


Asaduzzaman Khan MP



Secretary
Security Services Division
Ministry of Home Affairs
Government of The People's
Republic of Bangladesh

Message

I am pleased to know that the Department of Narcotics Control (DNC) of Bangladesh is going to publish the Annual Drug Report of Bangladesh, 2016.

Drug Report presents a comprehensive annual overview of the latest developments in the world's illicit drug markets by focusing on the production of, trafficking in and consumption of the main illicit drug types and their related health consequences.

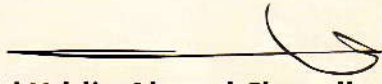
Drug problem has emerged as a global concern because of its devastating consequences. People who live with substance dependence have a higher risk of all bad outcomes that often include unintentional injuries, accidents, risk of domestic violence, medical problem and even death.

Bangladesh is not a drug producing country. All the drugs abused in Bangladesh are manufactured and trafficked from our neighbouring and other countries. A major drug of abuse, Amphetamine Types Stimulants (ATS) or Yaba is coming from Myanmar, posing a major threat to our young generation. To tackle this problem, the Government has taken an initiative to establish a new office of DNC at Teknaf in Cox's Bazar alongside the Myanmar border. The enactment of a new Narcotics Control Act, 2017 is in the process.

The Government is firmly determined to counter all kinds of drug abuses for the greater interests of the nation. Our Honourable Prime Minister Sheikh Hasina is deeply committed to beat the menace of drugs and has already directed all concerned to adopt zero tolerance policy against drug offences. To fulfil this objective, the DNC adopted three strategies, namely Supply Reduction, Demand Reduction and Harm Reduction prescribed and guided by International Narcotics Control Board (INCB) and United Nations office on Drugs and Crime (UNODC). It is to be noted that multi-dimensional steps are being undertaken to strengthen the organizational capacity of DNC and modernize it with the latest technology and equipment. Besides, massive awareness campaign is being organized across the country to sensitize the students and the teachers, the parents and the guardians, the public representatives and the local elders, the journalists and the social workers, the doctors and the law-enforcing agencies and so on. With active support from all such stakeholders as well as the law enforcing agencies like Bangladesh Police, Border Guard Bangladesh (BGB), Coast Guard and Rapid Action Battalion (RAB), the DNC must succeed in the battle against the trafficking and abuses of drugs.

I believe, the Annual Drug Report of Bangladesh, 2016 will be useful in understanding the nature and extent of drug-problem of the country and thus contribute to further policymaking in this regard.

Finally I heartily thank and acknowledge the contribution of all concerned whose tireless efforts have led to the publication of Annual Drug Report, 2016.


Farid Uddin Ahmed Chowdhury



Director General

Department of Narcotics Control

Security Services Division, Ministry of Home Affairs
Government of The People's Republic of Bangladesh

Foreword

Department of Narcotics Control (DNC) has been publishing the Annual Drug Report of Bangladesh since 2010. The report is prepared on the basis of data available and the experiences regarding drug and crime. We tried to address the overall drug scenario of our country like drug trends, nature, people victimized, routes of trafficking drugs, drug-prone areas, treatment facilities and other related issues in this report from analytical point of view. We also tried to insert the scenario of domestic effort and transnational engagement in combating drug menace.

The increasing trend of drug use is alarming not only to Bangladesh but also to the global society in the world. Bangladesh is strategically located between the Golden Triangle (covering Laos, Myanmar and Thailand) and the Golden Crescent (covering Pakistan, Afghanistan and Iran), the two major heroin producing areas of the world. It is surrounded on three sides by India and on one side by Myanmar-the major producer of illicit opium and cannabis; and has sea and air links with many other countries having wide demand for hard drugs.

The Government of the People's Republic of Bangladesh has taken up the drug issues seriously and necessary steps also taken accordingly. The Government established the Department of Narcotics Control (DNC) as the Nodal Agency of the government to fulfill the objectives of the law in question. The Government also firmly committed to save the people from the curse of drug menace at any cost. Honorable Prime Minister Sheikh Hasina declared ``Zero Tolerance" to drug related crimes.

Service provided in harm reduction in Bangladesh constitutes opioid substitution therapy (OST), needle exchange program, inpatient detoxification, outpatient service, family psycho-education and echo training to develop service provider in substance use disorder management. The Government of Bangladesh provide treatment service for the drug dependent people through Central Drug Addiction Treatment Center (CTC) in Dhaka and three regional treatment centers Chittagong, Rajshahi and Khulna. The capacity of CTC is 50 beds, 40 beds for adult male patients and 10 for children and adolescents. The government has planned to establish more six treatment and rehabilitation centers with facilities of 50 beds in each divisional headquarters. In addition a proposal for enhancement of the treatment facility of CTC from 50 beds to 100 beds has been submitted to the Government.

Our young generation is the future hope of Bangladesh. But, they are the main target and victim of drugs. By any means we have to save our young generation from the curse of drugs. In this context our civil society, intellectuals, politicians, literates, GO and NGOs can play an vital role in this awareness program and harm reduction activities. Community clubs and Civil Society Organizations (CSO) can work together with utmost seriousness in order to protect our young generation from this horrible disorder. There is no alternative to create massive awareness campaign against drugs in every sphere of the society alongside of the operational activities.

The Vision of the present Government is to make drug addiction free Bangladesh. Amendment of Narcotics Control Law, development of short-term, mid-term and long-term standard operating system (SOP), infrastructure development, manpower appointment, increase of training and research activities are going on in full swing. I hope, with the implementation of the mentioned steps we would be able to take an integrated approach i.e. Supply Reduction, Demand Reduction and Harm Reduction for drug menace control.

In fine, I would like to extend my heartfelt thanks and appreciations to all who made the gigantic effort to publish the Annual Drug Report, 2016 successfully.



Md Jamal Uddin Ahmed

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Md Jamal Uddin Ahmed

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Editorial

The abuse and trafficking of drug is a common and recognised problem almost all over the world. It seems to be that to understand the present situation of drug, to find out the root causes and also to find out the way out to overcome this problem for the sake of the future generation, the Annual Drug Report would go a long way to help the stakeholders. The responsibility to publish Annual Drug Report mainly goes to the nodal agency combating drug menace particularly to the Research and Publication Wing of the Department of Narcotics Control (DNC). It is really a hard task to compile up all drug related issues in a little book. Somehow we made it without any sort of complexities.

Annual Drug Report of Bangladesh, 2016 is developed using the DNC database and the data from field-level offices. We tried our level best to reflect the actual drug scenario of the country and also regional perspective. We highlighted the role of the Department of Narcotics Control alongwith the role of other government agencies of the country like Bangladesh Police, the Border Guard Bangladesh, Coast Guard, the Customs Intelligence, the Security Services Division of the Ministry of Home Affairs, the Ministry of Education, the Ministry of Information and the role of NGOs also to fight against drugs.

Annual Drug Report of Bangladesh, 2016 is focused on the entire drug control activities like drug trafficking scenario, measures taken, drug trends and modus-operandi of the drug traffickers, age group affected by drug menace and magnitude of the problem of the country. In spite of that there might have some mistakes unknowingly. Any constructive suggestion to highten the quality of Annual Drug Report of Bangladesh would be highly appreciated.

Finally I would like to offer my heartiest and sincere thanks to the Director General for his knowledgeable and all-out support and cooperation to make this Annual Drug Report of Bangladesh, 2016 complete. I would like to extend my sincere gratitude to Additional Director General for monitoring, guiding and observing the entire activities regarding Annual Drug Report of Bangladesh, 2016. I would like to thank also all directors and all other DNC officials including concerned members of the editorial board paid necessary assistance to bring to light this Annual Drug Report on stipulated time.

K. M. Tariqul Islam

(Joint Secretary)

Director (Prevention Education)

Executive Summary

Abuse of drugs is a multi-dimensional serious problem across the world. Among the major problems the modern world facing—abuse and illicit trafficking of drugs is the significant one. Bangladesh is not a drug producing country but suffering from this problem due to its geographical proximities. From the historical point of view, evidence shows the traditional use of drugs in this country. During the Mughal and Re-British era, the use of alcohol, opium and cannabis was common in different festival and religions ceremony. British rulers started opium cultivation as commercial operation to collect revenue. Multicultural social life sometimes inspired the use of drugs in this region.

With the rapid development of our economy alongside the digitization, Bangladesh is encountering a great challenge i.e. to save her young generation from the curse of drug abuse. Bangladesh became affected by drugs during eighties due to the external drug scenario. The Government of the People's Republic of Bangladesh realized the backdrop and enacted the Narcotics Control Act, 1990. This enactment is the principal tool to control drug menace in the land and provides provisions to create mass awareness and treatment to the drug patient. Bangladesh is signatory to all regional and international conventions on drugs and psychotropic substances. We developed a cooperative relation with the external agencies e.g. United Nations Office on Drugs and Crime (UNODC), International Narcotics Control Board (INCB) etc., those are engaged in combating narcotic offence. We developed bilateral agreements with India and Myanmar. We have a Memorandum of Understanding (MOU) with USA.

There is changing trends of consuming drugs on new innovations of drugs. The mid-eighties was dominated by codeine-based preparation (Phensedyl). Heroin was emerged during early eighties and now the trends goes to consuming Methamphetamine (Yaba). The 'crazy medicine' called Amphetamine (Yaba) has become the drug of choice among the young generation over the past few years as it is Cheap, potent, easy to carry and highly addictive. Cox's Bazar and Chittagong Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. According to the data from DNC, 73% Yaba was seized from Chittagong Metropolitan area. Dhaka is the biggest market for Yaba. It appears that Rajshahi Zone has the highest prevalence of both detection and seizure of Heroin. Abuse of Phensedyl is now in a decreasing trend. Dhaka is the highest prevalence area of Buprenorphine and next is Rajshahi. Most of the Cannabis seized in the country is smuggled from India and Nepal. There is also wild growth of Bhang (a species of cannabis plant) in many parts of the country. Almost all the 32 border districts are vulnerable for drug trafficking. On analysis of recent years data on drug abusers, it reveals that the most drug-prone areas in Bangladesh are district wise mainly: Dhaka, Narayanganj, Gazipur, Mymensingh, Chittagong, Comilla, Sylhet, Brahmanbaria, Cox's Bazaar, Rajshahi, Pabna, Bogra, Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barisal, Sathkira and Jessore.

The slum dwellers especially women, being engaged in carrying and peddling drugs are being victim of drug addiction. The disintegration of the old joint family system, business of the parents, formation of nuclear family, absence of parental love and care in modern families where both parents are working, decline of religious and moral values etc. also lead to a rise in the number of drug addicts. Reasons determined of drug abuse through the database of DNC include curiosity and excitement, despair and frustration for continuous failure in works or economic insolvency.

The data from drug addiction treatment services also shows that very few people seek treatment for addiction to sedative, hypnotic and tranquilizer drugs. The Prevalence of abuse of these drugs is more prominent among the female population, population under stress, anxiety or mood disorder and the people with other psychiatric problems. Drug addiction is now prevalent everywhere in Bangladesh; in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. The slums and densely populated parts of cities have high prevalence of abuse of these drugs. Government and Non Government Organizations (NGOs) are fighting together in combating drug menace particularly in harm reduction and awareness campaign.

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Chapter: I

Country Overview: Bangladesh Perspective

Introduction

Bangladesh is situated in south Asia bordered by India and Myanmar with the Bay of Bengal to its south. Historically part of the Indian subcontinent and by extension the former British Empire, Bangladesh became independent in 1971. It is not a drug producing country. It is situated to the central point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran). Its geographical location is very much significant. It gets the problem of drug abuse which hinders the productive forces and handicaps the development process of the country. Drug abuse directly influences the economic and social aspects of a country. This problem is a growing national concern as millions of drug-addicted people in Bangladesh and most of them are young between the age of 15 to 25 years.

Bangladesh is surrounded by India from three sides. The northern and eastern sides are surrounded with hills and mountains. And the western sides is mainly plain land. The hilly regions located to the south-east part of the country is suitable for illicit drug trafficking. The traffickers can easily hide themselves in these hilly forests and traffick the drugs safely. There is four thousand one hundred and fifty six kilometers land border of India by three sides and two hundred and fifty kilometers land border of Myanmar at the south east corner made Bangladesh vulnerable to drug trafficking.

Heroin, Codeine preparations (Phensedyl, Korex, Escuf etc), injecting drugs & Cannabis are trafficked into Bangladesh from India through western and eastern borders. Most of the illicit cultivation of Opium Popy and cannabis and clandestine labs are also located at western and eastern border side of India. Amphetamine (Yaba) is mainly smuggled from Myanmar which is manufactured in clandestine alongside the border of Myanmar near the south east part has increased the drug vulnerability of Bangladesh. At present yaba is the major concern of abused drug among the young generation other than heroin, Codeine preparations (Phensedyl, Korex, Escuf etc), injecting drug & cannabis.

Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic impacts. Drugs have now become a threat to the national economy, public health, peace, social integrity and law and order situation of the whole society of Bangladesh.

Current Drug Scenario:

The 'crazy medicine' called Amphetamine (yaba) has become the drug of choice among the young generation over the past few years as it is Cheap, potent, easy to carry and highly addictive. A densely populated nation of about 160 million people, Bangladesh is now on the front lines of the yaba epidemic. Yaba is mainly smuggled through the Bangladesh-Myanmar border at the extreme South-Eastern area of Cox's Bazar District.



Most of the drugs other than Yaba are smuggled into Bangladesh through the borders of Satkhira, Jessore, Rajshahi, Joypurhat and Dinajpur along the Western region and Comilla and Brmhanbaria along the Eastern region.

According to the recent seizure statistics and reliable data, the major drug market is Dhaka. The districts located on the drug-smuggling routes have more prevalence of drug abuse

than other places of the country. From this point of view, Rajshahi, Natore, Pabna, Sirajgong, Bogra, Joypurhat, Satkhira, Jessore, Khulna, Faridpur, Comilla, Bramhanbaria, and Narshingdi district are also drug-prone areas. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur, Narayanganj, Savar, Tangail and Mymensingh are thus affected by drugs.

Table I : District & Division wise Statistics on Number of Cases and Seizure of Drugs by the DNC in 2016 (Source DNC Database)

Name of Offices	Heroin (gm)		Codeine (Phensedyl)			Cannabis (kg) Seizure		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Dhaka Metro Region	34	0.297	23	512	7.5	816	221.351	66	7121	329	163834
District Narcotics Control Office, Dhaka	2	0.026	0	0	0	71	37.355	0	0	34	1524
District Narcotics Control Office, Narayanganj	14	0.12	2	83	0	80	60.05	4	322	55	6912
District Narcotics Control Office, Gazipur	2	0.03	0	0	0	126	189.1	1	250	18	2369
District Narcotics Control Office, Narsingdi	3	0.02	2	38	0	52	74	0	0	45	2066
District Narcotics Control Office, Munshiganj	6	0.025	0	0	0	15	9.696	0	0	18	1197
District Narcotics Control Office, Manikganj	5	0.022	1	35	0	48	17.91	5	65	45	1950
District Narcotics Control Office, Mymensingh	9	0.295	2	27	0	167	56.96	6	425	43	1013
District Narcotics Control Office, Kishoreganj	1	0.004	5	75	0	61	50.24	2	90	26	1927
District Narcotics Control Office, Netrokona	1	0.002	0	0	0	51	30.35	0	0	8	270
District Narcotics Control Office, Tangail	2	0.013	0	0	0	58	24.056	0	0	98	3940
District Narcotics Control Office, Jamalpur	3	0.006	2	41	0	73	16.66	1	25	12	1325
District Narcotics Control Office, Sherpur	6	0.015	0	0	0	18	2.351	1	5	1	4
District Narcotics Control Office, Faridpur	0	0	6	108	0	79	164.01	0	0	46	3756



Name of Offices	Heroin (gm)		Codeine (Phensedyl)			Cannabis (kg) Seizure		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Gopalganj	0	0	0	0	0	13	2.061	0	0	12	1247
District Narcotics Control Office, Madaripur	0	0	0	0	0	21	6.275	0	0	6	114
District Narcotics Control Office, Shariatpur	0	0	0	0	0	8	0.975	0	0	9	76
District Narcotics Control Office, Rajbari	33	0.362	5	223	0	12	7.745	0	0	37	2324
Divisional Narcotics Control Office, Dhaka	121	1.237	48	1142	7.5	1769	971.145	86	8303	842	195848
Chittagong Metro Region	1	0.02	5	1053	182	147	38.453	0	0	199	264478
District Narcotics Control Office, Chittagong	0	0	1	4	0	9	4.04	0	0	3	49153
District Narcotics Control Office, Cox's Bazar	0	0	0	0	0	41	11.43	0	0	133	483762
District Narcotics Control Office, Noakhali	0	0	2	90	0	41	51.311	0	0	34	1052
District Narcotics Control Office, Feni	1	0.02	5	223	0	26	19.972	0	0	34	1166
District Narcotics Control Office, Lakshmipur	0	0	0	0	0	11	2.21	0	0	11	490
District Narcotics Control Office, Comilla	0	0	2	22	0	60	490.755	0	0	13	939
District Narcotics Control Office, Chandpur	0	0	1	1	0	72	17.231	2	17	27	3409
District Narcotics Control Office, Brahmanbaria	1	0.021	32	1956	0	49	412.41	0	0	60	12002
District Narcotics Control Office, Bandarban	0	0	0	0	0	0	0	0	0	0	0
District Narcotics Control Office, Rangamati	0	0	0	0	0	5	1.95	0	0	4	644
District Narcotics Control Office, Khagrachari	1	0.02	0	12	0	1	0.15	0	0	2	105
Divisional Narcotics Control Office, Chittagong	4	0.081	48	3361	182	462	1049.912	2	17	520	817200
District Narcotics Control Office, Rajshahi	41	2.755	24	1497	0	175	15.05	0	0	14	5434
District Narcotics Control Office, Naogaon	19	1.112	12	1197	0	64	13.395	6	219	22	7986
District Narcotics Control Office, Chapai Nawabganj	19	0.312	16	2583	0	91	125.45	4	120	8	1603
District Narcotics Control Office, Natore	17	0.166	17	1177	0	85	10.66	2	55	22	1814



Name of Offices	Heroin (gm)		Codeine (Phensedyl)			Cannabis (kg) Seizure		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Pabna	31	0.248	8	657	0	228	18.59	0	0	25	1854
District Narcotics Control Office, Sirajganj	12	0.134	1	8	0	68	4.015	1	5	24	377
District Narcotics Control Office, Bogra	33	0.618	32	1675	0	199	75.665	7	3054	164	7977
District Narcotics Control Office, Joypurhat	4	0.017	6	29	0	36	245.7	2	107	5	321
District Narcotics Control Office, Rangpur	14	0.138	8	293	0	220	87.375	0	0	11	1369
District Narcotics Control Office, Kurigram	6	0.016	9	135	0	33	100.65	0	0	4	39
District Narcotics Control Office, Dinajpur	4	0.019	39	1527	0	58	16.576	13	112	15	1954
District Narcotics Control Office, Gaibandha	3	0.011	4	38	0	92	44.91	0	0	11	1790
District Narcotics Control Office, Lalmonirhat	14	0.032	9	448	0	63	68.985	0	0	8	223
District Narcotics Control Office, Nilphamari	3	0.005	5	75	0	48	39.4	0	0	21	340
District Narcotics Control Office, Thakurgaon	0	0	2	13	0	13	5.555	2	102	0	0
District Narcotics Control Office, Panchagarh	0	0	1	30	0	18	3.895	1	2	4	84
Divisional Narcotics Control Office, Rajshahi	220	5.583	193	11382	0	1491	875.871	38	3776	358	33165
District Narcotics Control Office, Khulna	7	0.047	10	352	1.5	119	29.269	0	2	77	21206
District Narcotics Control Office, Satkhira	1	0.004	15	1845	0	88	14.202	2	15	15	424
District Narcotics Control Office, Bagerhat	3	0.011	2	4	0	55	27.85	0	0	30	1871
District Narcotics Control Office, Jessore	8	0.397	43	2580	1	116	101.79	0	0	55	2466
District Narcotics Control Office, Narail	0	0	0	0	0	36	6.992	0	0	15	248
District Narcotics Control Office, Magura	2	0.013	4	180	0	21	2.102	0	0	13	47
District Narcotics Control Office, Kushtia	17	0.233	8	300	0	79	42.21	0	0	11	301
District Narcotics Control Office, Meherpur	2	0.002	0	0	0	9	1.01	0	0	0	7
District Narcotics Control Office, Chuadanga	3	0.047	23	480	0.5	67	10.46	1	2	5	58



Name of Offices	Heroin (gm)		Codeine (Phensedyl)			Cannabis (kg) Seizure		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Jhenaidah	2	0.051	6	57	0	96	14.527	0	0	7	366
Divisional Narcotics Control Office, Khulna	45	0.805	111	5798	3	686	250.412	3	19	228	26994
District Narcotics Control Office, Barisal	0	0	2	75	0	42	32.9	0	0	2	15
District Narcotics Control Office, Jhalokati	0	0	1	3	0	7	0.211	0	0	1	0
District Narcotics Control Office, Pirojpur	0	0	0	0	0	5	0.38	0	0	3	27
District Narcotics Control Office, Barguna	0	0	0	0	0	1	0.5	0	0	1	14
District Narcotics Control Office, Patuakhali	1	0.007	0	0	0	20	2.245	0	0	0	0
District Narcotics Control Office, Bhola	0	0	0	0	0	8	0.12	0	0	0	0
Divisional Narcotics Control Office, Barisal	1	0.007	3	78	0	83	36.356	0	0	7	56
District Narcotics Control Office, Sylhet	1	0.02	0	0	0	151	39.348	0	0	34	1539
District Narcotics Control Office, Sunamganj	1	0.01	0	0	0	24	24.013	0	0	5	689
District Narcotics Control Office, Moulvibazar	1	0.001	3	237	0	64	23.73	0	0	9	198
District Narcotics Control Office, Habiganj	0	0	4	202	0	28	32.1	1	1	30	703
Divisional Narcotics Control Office, Sylhet	3	0.031	7	439	0	267	119.191	1	1	78	3129
Divisional Narcotics Control Intelligence Office, Dhaka	1	0.1	7	565	0	5	6.135	2	215	21	137950
Divisional Narcotics Control Intelligence Office, Chittagong	0	0	1	10	0	25	21.941	0	0	56	80764
Divisional Narcotics Control Intelligence Office, Rajshahi	15	0.621	19	434	0	22	0.4	0	0	6	620
Divisional Narcotics Control Intelligence Office, Khulna	2	0.009	5	261	0	25	18.85	0	0	12	1498
Divisional Narcotics Control Intelligence Office, Barisal	0	0	0	0	0	0	0	0	0	0	0
Divisional Narcotics Control Intelligence Office, Sylhet	0	0	0	0	0	0	0	0	0	2	35
Intelligence Wing	18	0.73	32	1270	0	77	47.326	2	215	97	220867
Total	412	8.474	442	23470	192.5	4835	3350.213	132	12331	2130	1297259



**Table II : Statistics on the seizure of drugs
by all Agencies in Bangladesh**

Name of Drugs	Name of The Year					
	2011	2012	2013	2014	2015	2016
Heroin (in kg)	107.499	126.92	123.73	78.3	107.539	266.785
Codeine preparation (Bottle)	932874	1291078	987661	741137	8,70,210	566525
Codeine (loose) (in liter)	3228	2613	857.55	438.22	5104.75	275.68
Cannabis (in kg)	54244.16	38702	35012.54	35988.56	40916.284	47104.655
Cannabis plant	742	485	666	727	761	894
Buprenorphine (Ampoule)	118890	157995	99509	178889	85946	152740
ATS (Yaba) (Tablet)	1360186	1951392	2821528 & Amphetamine Powder 5kg	6512869	20177581	29450178
Total No. of Cases	37245	43717	40250	51801	57420	69739
Total Number of Accused	47309	54100	47531	62080	70581	87014

**Table III : Seizure of Money, Vehicles etc. by
DNC in Connection with Drug Offences**

Name of Article Seized	2011	2012	2013	2014	2015	2016
Sale Proceeds of Drugs (BDT)	1233014	1148493	2640389	982116	1997047	2265804
Car (Number)	17	9	7	12	3	16
Truck/Covered Van (Number)	5	13	8	6	9	12
Auto Rickshaw (Number)	10	6	10	13	8	11
Bus (Number)	1	4	2	1	1	0
Arms (Number)	2	3	1	1	5	6
Mobile Phone (Number)	79	101	194	57	36	69



Yaba

Yaba is a pill mixture of ATS like mphetamine, methamphetamine etc along with pseudoephedrine in the colour of pink, orange or red. Abuse of yaba is relatively a recent phenomenon in Bangladesh, its widespread availability in almost all the part of the country made it national health concern.

In Bangladesh, the detection of cases and seizure of Yaba increased tremendously during 2016. During 2008 the seizure of Yaba was 36543 tablets, but over the periods of time, it increased steadily and rapidly during the year of 2015 & 2016. In 2015 and 2016, 20177581 & 29450178 pices of yaba tablets were d in 2016 upto is 80,490.48% in comparison with the year of 2008 and 45.95% in comparison with the year of 2015. According to the case filed by the DNC, 40.52% of the yaba cases are detected in Dhaka Zone, 27.04% in Chittagong Zone, 17.09% in Rajshahi Zone, 11.27% in Khulna Zone, 0.33% in Barisal Zone & 3.76% in Sylhet Zone.

The seizures of Yaba are made 25.73% at Dhaka Zone, 69.22% at Chittagong Zone, 2.20% at Khulna Zone, 2.60% at Rajshahi Zone, 0.004% at Barisal Zone & 0.24% at Sylhet Zone. More than 69% of the seizure of Yaba is made at Chittagong because border of Cox's Bazar of Chittagong Zone is the route of smuggling Yaba into Bangladesh. Though the seizure of Yaba at Dhaka is more than 25%, it still remains one of the biggest markets of Yaba in Bangladesh.

Figure 1: Seizure of ATS (Yaba) by DNC in Bangladesh in 2016

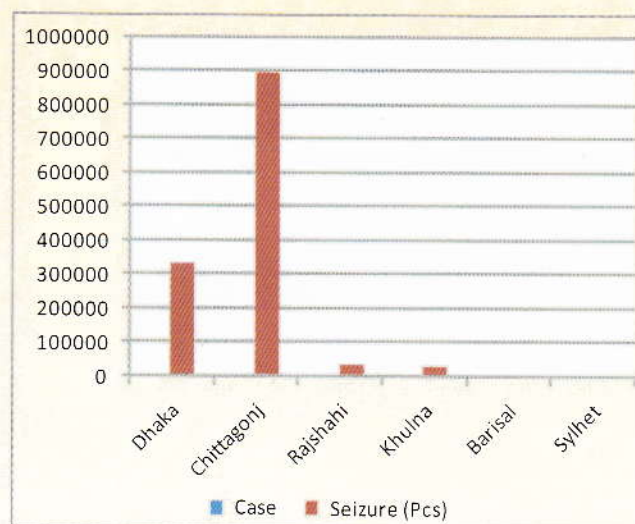


Table 1 : Seizure of ATS (Yaba) by DNC in Bangladesh in 2016

Division	Case	Seizure (Pcs)
Dhaka	863	333798
Chittagongj	576	897964
Rajshahi	364	33758
Khulna	240	28492
Barisal	02	15
Sylhet	80	3164

Heroin:

Heroin is a highly addictive illegal drug that belongs to the opioid family. It is synthesized from morphine, which is an opiate chemical derived from the opium poppy. In its purest form, heroin is a fine white powder. But more often, it is found to be rose gray, brown or black in color. Bangladesh is in between the Golden Triangle (Thailand, Myanmar and Laos) and the Golden Crescent (Iran, Pakistan and Afghanistan). This is the major reason that made it epidemic level in Bangladesh.

According to the cases of Heroin, the ratio of the detection of Heroin cases were 29.61% in Dhaka Zone, 0.97% in Chittagong Zone, 57.04% in Rajshahi Zone, 11.41% in Khulna Zone, 0.24%



in Barisal Zone & 0.73% in Sylhet Zone. The seizures of Heroin were 15.89% in Dhaka Zone, 0.96% in Chittagong Zone, 73.21% in Rajshahi Zone, 9.61% in Khulna Zone, 0.08% in Barisal Zone & 0.37% in Sylhet Zone. Therefore it appears that Rajshahi Zone has the highest prevalence of both detection and seizure of Heroin.

The next maximum prevalence of heroin is at Dhaka Metropolitan, Narayanganj, and Pabna & Bogra of Rajshahi Zone and Kushtia of Khulna Zone.

Phensedyl

One of the largest illicit drugs consumption in Bangladesh is phensedyl, a codeine-based cough syrup, which is largely smuggled through north-east side of India. Codeine, one of the primary active ingredients in Phensedyl, is a strong opiate which is highly addictive and commonly misused. It has medical uses as a pain reliever and a cough suppressant. Recently, India has banned the marketing and production of approximately 350 fixed-combination drugs (FCDs). One of the drugs included in the banned list is codeine based cough syrup-Phensedyl that is often taken recreationally and abused by the Young generation of Bangladesh.

Figure 2 : Seizure of Heroin by DNC in Bangladesh in 2016

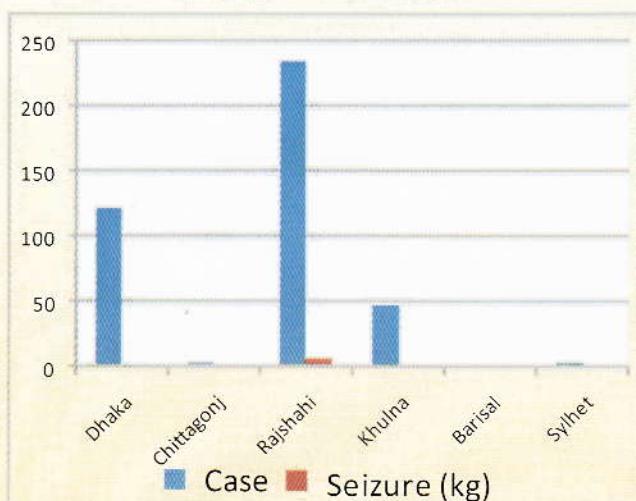
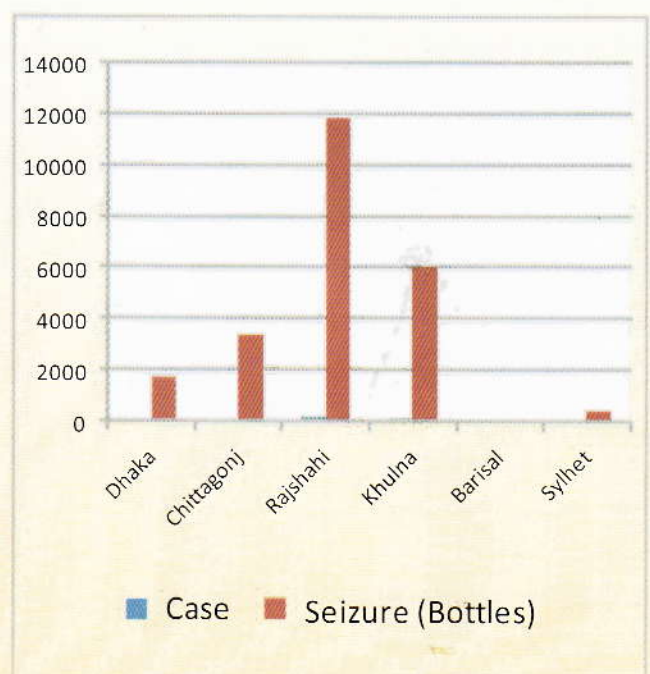


Table 2 : Seizure of Heroin by DNC in Bangladesh in 2016

Division	Case	Seizure (kg)
Dhaka	122	1.337
Chittagong	4	0.081
Rajshahi	235	6.204
Khulna	47	0.814
Barisal	1	0.007
Sylhet	3	0.031

According to the statistics of the cases and seizures of Phensedyl in 2016 12.44% cases were detected in Dhaka zone, 11.09% in Chittagong Zone, 47.96% in Rajshahi Zone, 26.24% in Khulna Zone, 0.68% in Barisal Zone & 1.58% in Sylhet Zone. In case of seizure, it was 7.27% in Dhaka Zone, 14.36% in Chittagong Zone, 50.35% in Rajshahi Zone, 25.82% in Khulna Zone, 0.33% in Barisal Zone & 1.87% in Sylhet Zone.

Figure 3: Cases and Seizures of Phensedyl in 2016 by DNC



The Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka Zone, Jessore & Chuadanga of Khulna Zone, Brahmanbaria of Chittagonj Zone and Rajshahi, Bogra, Noagaon, Chapai Nawabgonj and Dinajpur of Rajshahi Zone. Abuse of Phensedyl is now in a decreasing trend.

Table 3 : Cases and Seizures of Phensedyl in 2016 by DNC

Division	Case	Seizure (Bottles)
Dhaka	55	1707
Chittagonj	49	3371
Rajshahi	212	11816
Khulna	116	6059
Barisal	3	78
Sylhet	7	439

Source: DNC Data Base

Cannabis

Cannabis is one of the oldest psychoactive substances. Cannabis is an illicit drug in Bangladesh since December, 1989. The active form of cannabis is THC (tetrahydrocannabinol) and when administered makes the user calm, passive and hungry additionally giving hallucinations and pain relief effects (analgesic).

Consumption of Cannabis is traditional in Bangladesh. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 49.47 % of all the cases detected by the DNC during 2016. In question of detection of cannabis cases Dhaka Zone comprises 36.69%, Chittagong Zone 10.07%, Rajshahi Zone 31.29%, Khulna Zone 14.70%, Barisal Zone 0.1.72% & Sylhet Zone 5.52%.

The seizures of cannabis in 2016 are 29.17% in Dhaka Zone, 31.99% in Chittagong Zone, 8.04% in Khulna Zone and 26.16% in Rajshahi Zone. Most of the country's cannabis is smuggled through eastern border- Comilla, Brahmanbaria and it is mainly for Dhaka.

Figure 4 : Cases and Seizures of Cannabis in 2016 by DNC

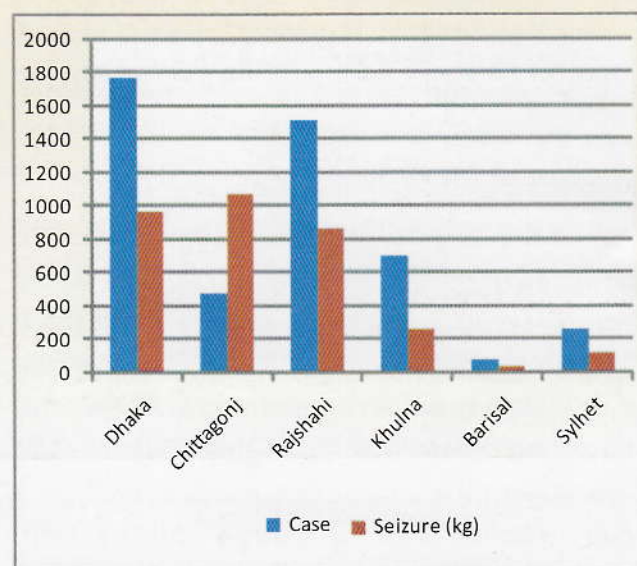


Table 4 : Cases and Seizures of Cannabis in 2016 by DNC

Division	Case	Seizure (kg)
Dhaka	1774	977.280
Chittagong	487	1071.853
Rajshahi	1513	876.271
Khulna	711	269.262
Barisal	83	36.356
Sylhet	267	119.191

Source: DNC Data Base

Buprenorphine

Buprenorphine is a semi-synthetic opioid derived from thebaine, an opioid partial agonist. Buprenorphine can produce typical opioid effects and side effects such as euphoria and respiratory depression. Buprenorphine



belongs to the group of medicines called narcotic analgesics. It acts on the central nervous system (CNS) and relieve pain. Buprenorphine hydrochloride injection is a clear, sterile, injectable agonist-antagonist analgesic intended for intravenous or intramuscular administration.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the Table that 66.67% of the cases of Buprenorphine are detected at Dhaka, 1.52% at Chittagong, 2.27% at Khulna, 28.79% at Rajshahi Zone & 0.75% in Sylhet.

Figure 5 :Cases and Seizures of Buprenorphine in 2016 by DNC (Ampule)

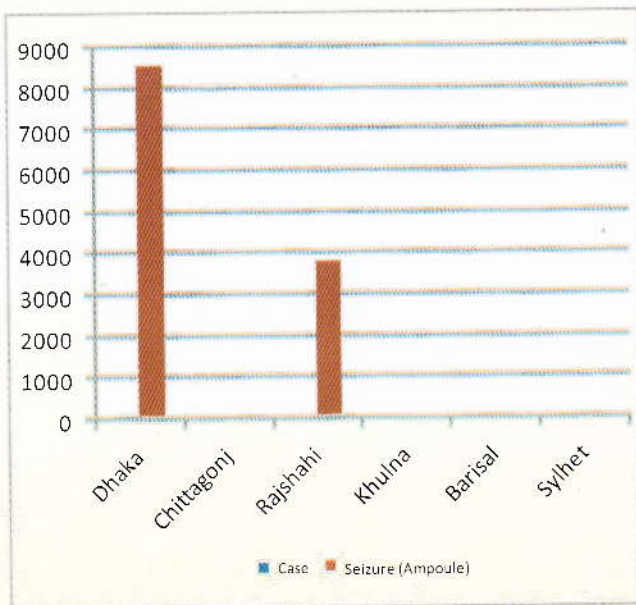


Table 5 : Cases and Seizures of Buprenorphine in 2016 by DNC

Division	Case	Seizure (Ampoule)
Dhaka	88	8518
Chittagong	2	17
Rajshahi	38	3776
Khulna	3	19
Barisal	0	0
Sylhet	1	1

Source: DNC Data Base

According to the seizure, it has been revealed that 69.08% of the Buprenorphine are seized at Dhaka Zone, 0.14% at Chittagong Zone, 0.15% at Khulna Zone, 30.62% at Rajshahi Zone & .008% at Sylhet. There was no Case & Seizure of Buprenorphine reported in Barisal zone in 2016. According to the above data of case & seizure, Dhaka is the highest prevalence area of Buprenorphine and next is Rajshahi.

Recent Trends and Patterns of Drug Abuse and consequences

Abuse of drugs is multi-dimensional problem across the world. Drug abuse directly influences the economic and social aspects of a country. The vulnerability of Bangladesh to drug abuse is enhanced by its' geographical location and porous border with India and Myanmar. Traffickers to smuggle drugs into the country easily because of most of these border areas are in plane region. On the other hand, due to position among Golden Crescent in the west, Golden triangle in the east and golden wedge in the north, Bangladesh is being used as a transit point for trafficking drugs. The water territory of the Bay of Bengal, Naf River and the airports, land ports are being used by international Traffickers. As a result, the increasing quantity of the smuggled drugs, more and more people are being involved in drug business and the country is going to be transformed into a potential abuse of drugs with the rapid increase in the number of addicts.

The disintegration of the old joint family system, business of the parents, formation of nuclear family, absence of parental love and care in modern families where both parents are working, decline of religious and moral values etc. also lead to a rise in the number of drug addicts.



Less educated and the youth are the major victim of drugs in Bangladesh. Women and children are also becoming victim of trafficking, peddling and consuming drugs. Geographical location, close proximity of drug producing zones, use of Bangladesh as a transit country for international drug traffickers, rapid development and use of internet and IT, lack of social awareness etc. are also the causes of the increase of drug abuse.

Drug once concentrated densely populated urban societies of big cities are now spreading over rural areas. Drugs have been shifted from upper to middle and lower middle class of population. People of all sections are gradually being conscious that drug-addiction is a disease like many other disease in our society. Establishment of so many Detoxification Centers in the city of Dhaka and in other District Towns indicates that drug addiction is increasingly being emerged as a public health problem.

Methamphetamine, amphetamine or pseudoephedrine is the main ingredient of Yaba and for enhancing its stimulant effects, other stimulants such as caffeine or similar substances are added to it. To decrease or balance the stimulant effects, sometimes any narcotics, sedative or tranquilizers are added to it. Yaba has both the stimulative and deprement effects. It is generally flavored with vanilla, orange or lemon. The color of Yaba found in Bangladesh is generally red or orange. Yaba is usually smoked by the drug abusers. The young generation especially students are being hooked to Yaba and consequently they are being dropped out from the education system.

Heroin typically injected, usually into a vein; however, it can also be smoked, snorted or

inhaled. In Bangladesh, Heroin is usually smoked by the drug abusers. A codeine-mixed cough syrup called Phensedyl, Codilab, Eskuf, Nelco, Codocof, Parvo-cof, Ikon-XP etc. is swallowed. Traditional smoking of cannabis associated with smoked (cigarettes, cigars, pipes) forms of tobacco is still prevailing among all segment of population.

Buprenorphine is abused in Bangladesh through intravenous injection. The uses of drugs through injection in Bangladesh are practiced in a very unhygienic condition. Needles are often contaminated and shared among the fellow drug users. As a result, the injecting drug abusers are in a vulnerable position to be infected with HIV/AIDS.

Drug addiction is expanding rapidly among adolescent, street children and school and college going students recently where youth were the major drug abusing group of population during the last decade. The slum dwellers especially women, being engaged in carrying and peddling drugs are being victim of drug addiction.

Yaba (ATS)

Amphetamine type stimulant drug Yaba is trafficked from Myanmar. Most of the Yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochain states and nearer to the border of Myanmar-Bangladesh. Most of the consignments of yaba trekked from China-Myanmar border to Yangon and using Yangon-Mungdaw route, trafficked to different places of Teknaf and Cox's Bazar of Bangladesh. The river Naaf and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of Yaba from Myanmar to Bangladesh. Fishing boats are largely used for smuggling yaba. These Yaba are carried directly Sitwe to Cox's Bazar or Chittagongj.



Figure 6 : Seizure of Yaba from 2011 to 2016 (pieces)

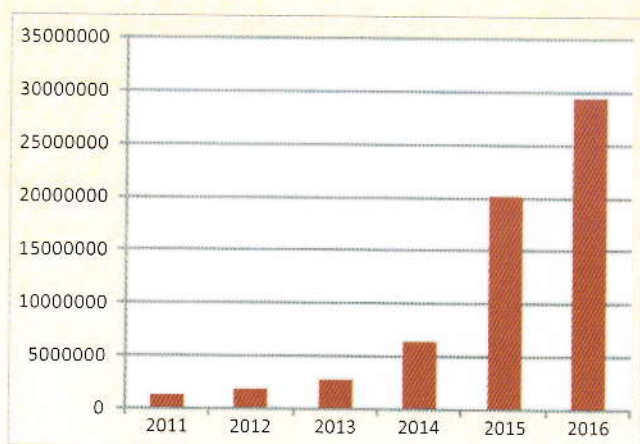


Table 6: Seizure of Yaba from 2011 to 2016(pieces)

Year	2011	2012	2013	2014	2015	2016
Amount of Yaba seized	13601866	19513928	28215280	65128690	201775810	294501780

Source: DNC Data Base

According to the data of above table, the ratio of increase of seizure in 2016 is 45.95% in comparison with last year. Yaba has become the number one smuggling item from Myanmar. Women and students are recently found engaged in trading Yaba. According to the number of patients admitted for treatment of drug, the number of treatment seekers for Yaba addiction is 31.61% & it has increased 53% during 2016 in comparison with the previous year.

Figure 7 : Patients admitted to treatment services for Yaba addiction (percentage)

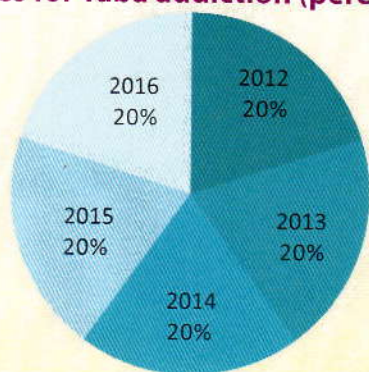


Table 7 : Patients admitted to treatment services for Yaba addiction

Year	2012	2013	2014	2015	2016
Percentage of patients admitted	5.77	10.33	17.95	20.64	31.61

Source: DNC Data Base

Heroin

Around mid to late 1980s, heroin addiction was first reported in Bangladesh and by late 80s it became a major drug of abuse. Heroin with high adulteration and impurities of brownish colour is mostly sourced from India usually called "brown sugar" and it became the drug of choice especially among users of lower socio-economic strata. In Bangladesh, generally the purity level of Heroin exists within 5%.

Heroin acts in the nervous system producing euphoria, pain relief and the potentially lethal effects of vomiting and slowing breathing rate. According to the number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction is 36.26% & it has increased 79.68% during 2016 in comparison with the previous year.

Figure 8 : Patients admitted to treatment services for Heroin addiction (percentage)

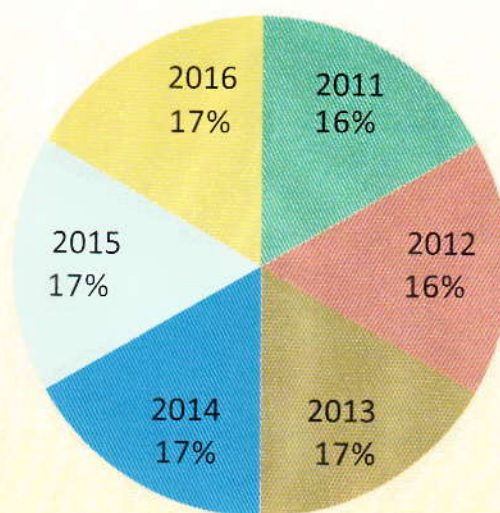


Table 8 : Patients admitted to treatment services for Heroin addiction

Year	2011	2012	2013	2014	2015	2016
Percentage of patients admitted	42.73	46.17	30.70	24.02	20.18	36.26

Source: DNC Data Base

During the year 2016 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was highest (266.785 kg) and increased 148% in comparison with the last year. In 2010, the seizure of heroin was 188.186 kg. But after that it decreased to a great extent in 2011 (107.499 kg). During 2012 & 2013 it is almost stable with a slight increase and in 2014, it has a dramatically fall because young generation has been shifting from heroin to Yaba. In 2015, it has a little increase in comparison with previous year.

Figure 9 : Seizure of Heroin by all law enforcement agencies in Bangladesh

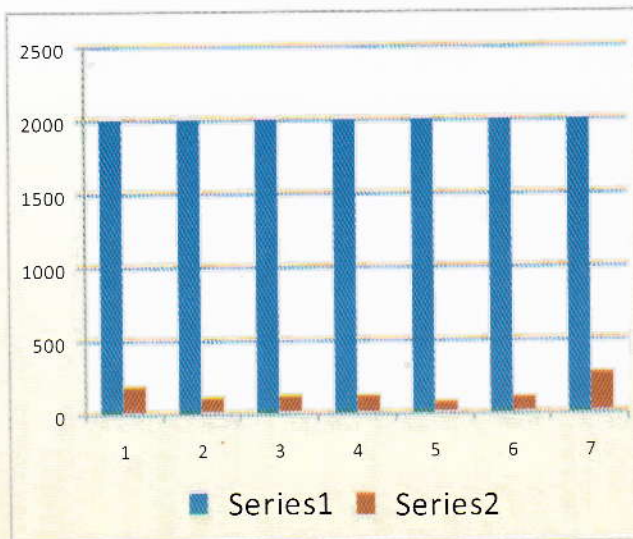


Table 9 : Seizure of Heroin by all law enforcement agencies in Bangladesh

Year	2010	2011	2012	2013	2014	2015	2016
Heroin Seized (kg)	188.186	107.499	124.92	123.73	78.30	107.539	266.785

Source: DNC Data Base

Codeine preparation- Phensedyl

Phensedyl is smuggled into Bangladesh from India with bottle and liquid Phensedyl in plastic containers & polythine pipes. According to the commitments under bilateral agreement, the Indian authority has imposed control on movements of codeine within 50 kilometre of borders. They have reduced the allotment of codeine for pharmaceuticals purposes and took action against many of the Phensedyl traffickers and destroyed most of the illegal clandestine laboratory near to the border of Indian Territory. The Compatibility of both to the smoker and non- smoker is one of the major causes of the popularity in Bangladesh. The seizures of Phensedyl by all agencies in Bangladesh from 2011 to 2016 are as following: This statistics indicates that though prevalence of Phensedyl increased during 2012. During 2013, 2014, 2015 it is almost stable with a slight decrease and in 2016, it has a dramatic fall as because young generation has been shifting from Phensedyl to Yaba addiction due to less availability of Phensedyl in contrast with more availability of yaba in any corner of the country. The major cause of availability of Yaba lies with the involvement of Rohingya refugee and reluctant mood of Myanmar. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction is decreasing gradually though it increased a little during 2013.

Figure 10 : Seizure of Phensedyl (Bottles) by all law enforcement agencies in Bangladesh

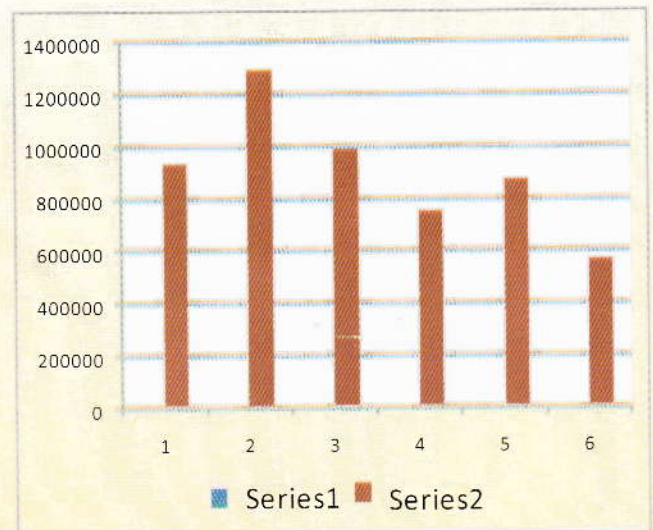


Table 10 : Seizure of Phensedyl (Bottles) by all law enforcement agencies in Bangladesh

Yeas	2011	2012	2013	2014	2015	2016
Quantity (bottles)	932874	1291078	987661	748730	870210	566525

Source: DNC Data Base

This statistics indicates that though prevalence of Phensedyl increased during 2012. During 2013, 2014, 2015 it is almost stable with a slight decrease and in 2016, it has a dramatically fall because young generation has been shifting from Phensedyl to Yaba due to shortage of Phensedyl & availability of yaba in any corner of the country. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction is decreasing gradually though it increased a little during 2013.

Figure 11 : Patients admitted for Phensedyl addiction (percentage)

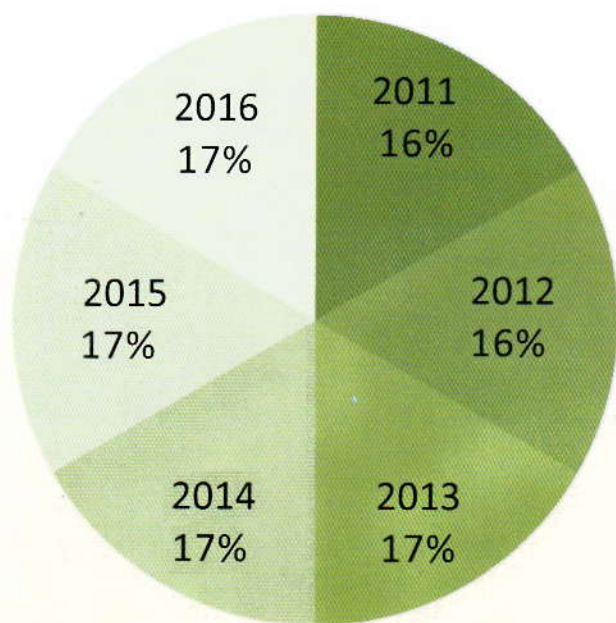


Table 11 : Patients admitted for Phensedyl addiction

Year	2011	2012	2013	2014	2015	2016
Percentage of patients admitted	2.02	2.95	4.26	3.10	2.98	1.94

Source: DNC Data Base

Cannabis

Consumption of cannabis is traditional in Bangladesh. It is one of the major drugs of abuse in Bangladesh. Any kind of operation of cannabis including its cultivation, trade and consumption in Bangladesh has been banned since December 1989.

Cannabis is being trafficked to Bangladesh through all the three sides of Bangladesh. North eastern and eastern states of India, particularly in Bihar, Uttar Pradesh, Assam, Tripura, and Manipur are mainly cannabis cultivating areas. A vast amount of cannabis is trafficking into Bangladesh through the borders of Comilla and Brahmanbaria districts of Bangladesh.

Sometimes illicit cultivation of cannabis are found in the hilly areas of Chittagong and Chittagong Hill Tracts, Sunamganj, Bramhanbaria, remote rural areas of greater Mymensingh, Jamalpur, Faridpur, Tangail, Manikganj, Pabna, Natore, Bogra, Joypurhat, Rangpur, Gaibandha, Naogaon, Kushtia, Meherpur, Chuadanga, Jhinaidaha, Satkhira, Jessore, etc. There is also wild growth of Bhang (a species of cannabis plant) in many parts of the country.

Figure 12 : Seizure of cannabis by all law enforcement agencies in Bangladesh

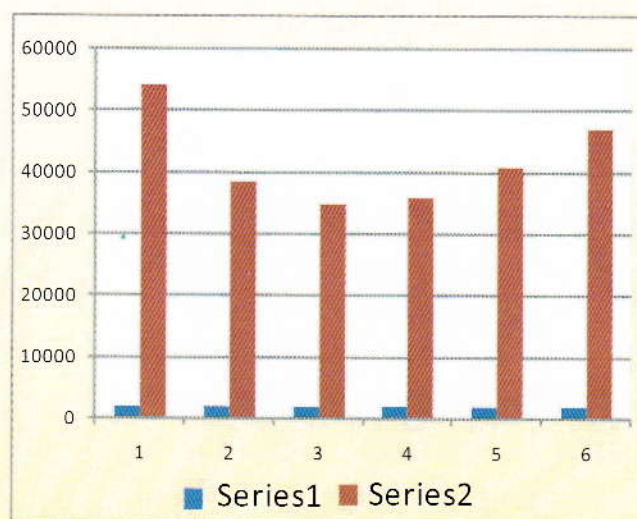


Table 12 : Seizure of cannabis by all law enforcement agencies in Bangladesh

Year	2011	2012	2013	2014	2015	2016
Seizure of Cannabis (kg)	54244	38702	35012.54	35988.55	40916.284	47104.655

Source: DNC Data Base

Figure 13 : Patients admitted to treatment services for Cannabis addiction (percentage)

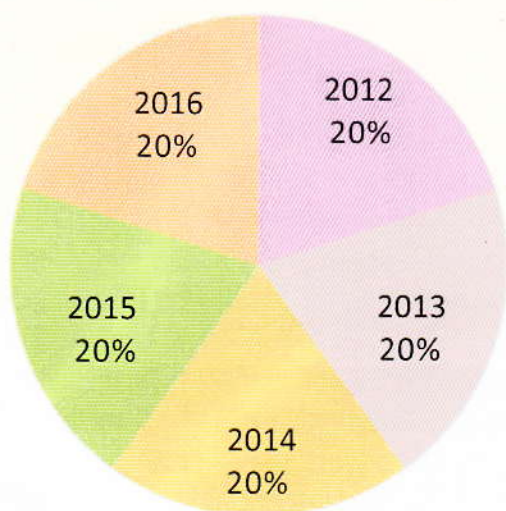


Table 13 : Patients admitted to treatment services for Cannabis addiction

Year	2012	2013	2014	2015	2016
Percentage of patients admitted	15.70	27.20	32.52	32.11	18.32

Source: DNC Data Base

According to the case statistics of the seizures of cannabis by all agencies in Bangladesh from 2010 to 2016, it is decreasing after 2011 though a little increases in 2015 & 2016. According to the data from treatment services, the number of treatment seekers for Cannabis addiction is decreasing gradually though it increased a little during 2014 & 2015.

Buprenorphine

Buprenorphine is one of the major and the most popular injecting drug of abuse in Bangladesh. The number of injecting drug users (IDUs) is also on the rise particularly Buprenorphine. The most commonly used injecting drug is Buprenorphine which commonly known by the trade named as Tidigesic, Bunojesic, Lupijesic, Tunojesic etc and those items are injected intravenously in combination with sedatives, tranquilizers and antihistamine. Many of the heroin abusers have switched from heroin to Buprenorphine because it is very cheap and it is very effective as an anti-dote to withdrawal syndrome of heroin addiction.

Figure 14 : Seizure of Buprenorphine (Ampoule) by all law enforcement agencies in Bangladesh

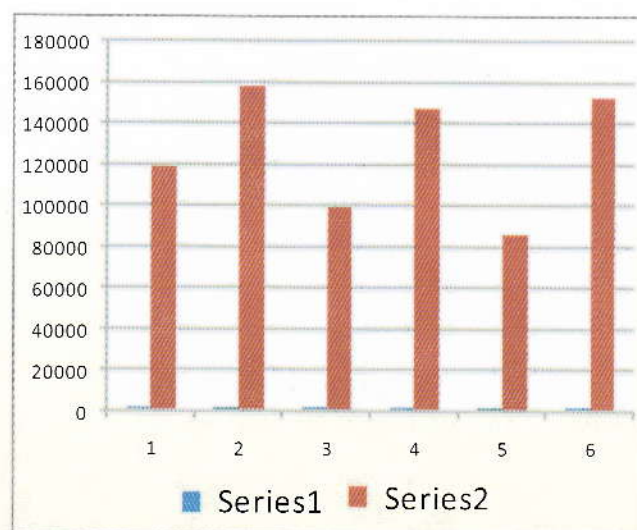


Table 14 : Seizure of Buprenorphine (Ampoule) by all law enforcement agencies in Bangladesh

Year	2011	2012	2013	2014	2015	2016
Ampoules seized	118890	157995	99509	147458	85946	152740

Source: DNC Data Base

According to the data from treatment services, the number of treatment seekers for



Buprenorphine addiction is decreasing gradually. Again according to the data of seizures of Buprenorphine, starting from 2011, it increased about 33% in 2012 but during 2013 it has decreased 37.01% in comparison with 2012. Again it has steady increased almost 48.18% in comparison with 2013. In 2015, it has a sharp fall and has decreased 41.56 % in comparison with the previous year. But during 2016, it has increased dramatically & in comparison with the last year it has increased 77.71%.

Figure 15 : Patients admitted to treatment services for Buprenorphine addiction (percentage)

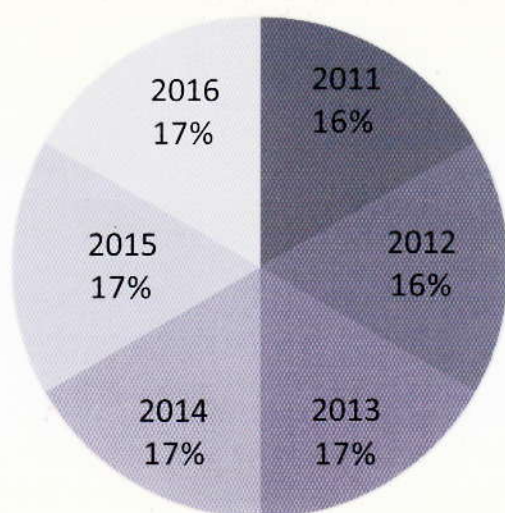


Table 15 : Patients admitted to treatment services for Buprenorphine addiction

Year	2011	2012	2013	2014	2015	2016
Percentage of patients admitted	27.56	23.22	20.00	11.74	11.93	5.17

Source: DNC Base

Alcohol

Bangladesh is a country with religious, cultural and diverse ethnic background. The population of Bangladesh consists of Bengali communities and tribal ethnic groups (indigenous people). Majority of them are followers of Islam and

remainders are Hindu, Buddhist and Christian. In Bangladesh, the consumption of alcohol is strictly prohibited for muslim community.

People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people. Alcohol interferes with the brain's communication pathways and can damage the heart, causing stroke, high blood pressure. Alcohol causes liver Cirrhosis and the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion. Heavy drinking can increase the risk of developing liver cancer.

The problem of alcoholism is becoming a threat to the nation's welfare. Although the problem is more serious in urban areas .Alcohol consumption in Bangladesh is greatly lower than the global average and western countries.

Local alcoholic beverages called cholai and Tari are consumed by the lower socio-economic classes, while workers drink another distilled beverage called Bangla Mod.

The tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh hand the Shaontal community, the labors of tea gardens and some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dhangors and Meth are used to drink home-made alcoholic beverage regularly.

The seizure of illicit country liquor & Cholai mod during the year 2016 was 20,036.41liters and the amount of foreign liquor in that period was 101.02 liters, 4837 bottles and 13203 cans of Beer. During the year 2016 the Department of Narcotics Control detected a total of 9773 cases (including cases in Mobile Court) and



made 10465 arrests (including arrests in Mobile Court) of which 1079 (11.04%) cases and 1150 (10.99%) arrests were related to offences in connection with alcohol.

According to the data of drug addiction treatment services, only 1.03% of the treatment seekers have problem with addiction to alcohol. People with alcohol habit very rarely seek treatment because it does not hamper their regular life and consequences of alcohol abuse is not visible like the problem of abuse of Yaba, heroin, Phensedyl or injecting drugs.

Figure 16 : Patients admitted to treatment services for Alcohol addiction

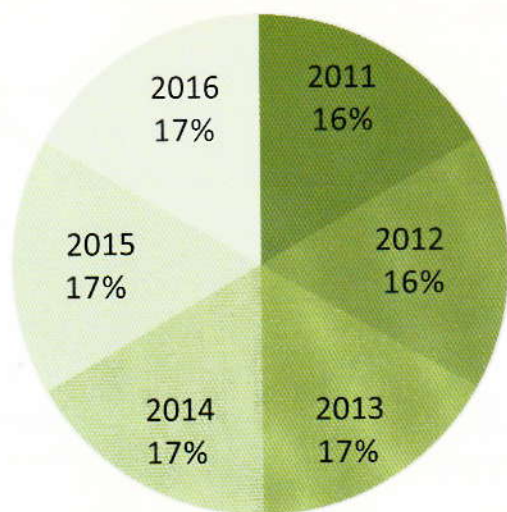


Table 16 : Patients admitted to treatment services for Alcohol addiction

Year	2011	2012	2013	2014	2015	2016
Percentage of patients admitted	0.76	1.61	1.67	1.21	1.61	1.03

Source: DNC Data Base

Sedative, Hypnotic And Tranquilizer Drugs

Sedatives and tranquilizers are depressants and highly addictive. These drugs slow normal brain function. They work by depressing the central nervous system in the body. They can cause

lower blood pressure and slower breathing. Abusing sedatives and tranquilizers can also lead to tolerance and dependence. Mixing them with alcohol is extremely dangerous and can even cause death.

Sedative, hypnotic and tranquilizer drugs, commonly known as sleeping pills, are prescription medicines. Physicians usually prescribe those medicines for mood disorder, insomnia, anxiety, restlessness, tension, excitation and other psychiatric and neurological disorders. Benzodiazepines, especially Diazepam, Phenobarbital, Clobazam, Nitrazepam, Flurazepam Alprazolam Bromazepam Camazepam, Clonazepam, Lorazepam, Midazolam, Oxazolam, Temazepam, Zolpidem, etc. are the major drugs of abuse in this group. Diazepam has got the top position of sedatives and tranquilizers abused in Bangladesh. Phenobarbital and Nitrazepam are in the second and third position.

The data from drug addiction treatment services shows that very few people seek treatment for addiction to sedative, hypnotic and tranquilizer drugs. The Prevalence of abuse of these drugs is more prominent among the female population, population under stress, anxiety or mood disorder and the people with other psychiatric problems.

Figure 17 : Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction (percentage)

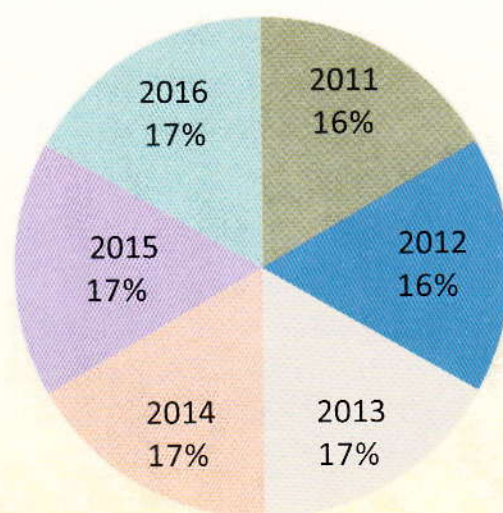


Table 17 : Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction

Year	2011	2012	2013	2014	2015	2016
Percentage of patients admitted	1.40	1.34	3.73	2.69	3.44	1.42

Source: DNC Data Base

The profile Of drug abusers and the drug abusing situation in Bangladesh

Drug addiction is now prevalent everywhere in Bangladesh; in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. Virtually all segments of society are severely affected by this problem.

In recent years, drug addiction has significantly increased in the whole world, especially in the South Asian countries like Bangladesh. The trend of drug consumption is higher in youth and teenagers. They come from all strata of the society. Students are mostly falling victims to drug abuse, which eventually lowers their standards of education and attendance at schools and colleges.

Influence of friends or peer pressure is the most leading primary causes of drug abuse. Reasons determined of drug abuse through the data base of DNC include curiosity and excitement, despair and frustration for continuous failure in

works or economic insolvency. A number of other reasons include easy access to drugs, Psychological disorder or mental stress due to family problems. Some get addicted because they try to follow the western culture of drug abuse and enjoyment of life. According to the data base of the Department of Narcotics Control (DNC), heroin is the deadliest of drug of abuse in Bangladesh. In recent times, Yaba has gained popularity and has become a "fashionable" drug. Codeine based syrup Phensedyl remains the most popular among the general people because of its low price and easy availability.

There is no epidemiological and nationwide survey on the drug abusing population in Bangladesh. Media reports, individual studies, academic writings and the data base of the Department of Narcotics Control (DNC) are the main source of information in this regard. It is hardly to know the exact status of drug abusing population in Bangladesh because the data of DNC is based on only the information from the patients under drug addiction treatment programs. However as the patients represent cross section of population and various regions of the country, it at least gives some indication of the real picture.

According to the following Table, influence of friends is the principal cause (64.44%) of taking drugs. The second major cause appears to be curiosity (32.84%).

Figure 18 : Primary causes of drug abuse of the patients under treatment programs

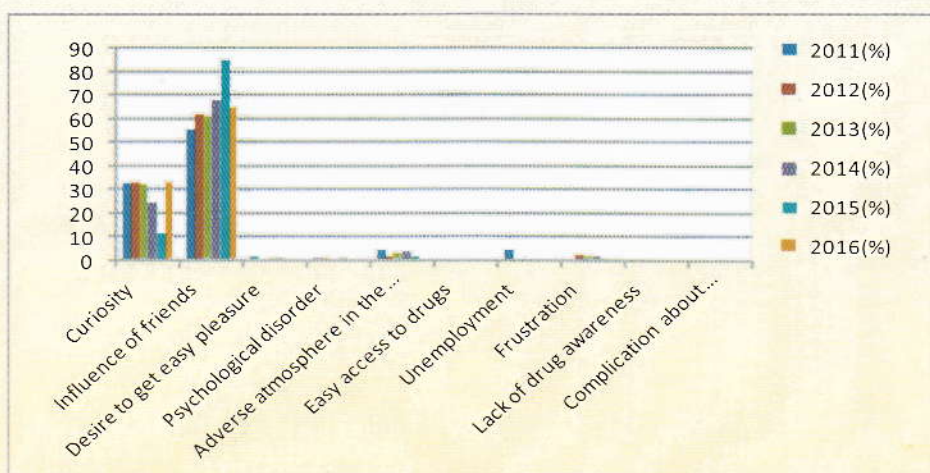


Table 18 : Primary causes of drug abuse of the patients under treatment programs (percentage)

Primary causes of drug abuse	2011(%)	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Curiosity	32.62	32.68	32.07	24.56	11.00	32.84
Influence of friends	55.29	61.47	60.64	68.15	84.93	64.44
Desire to get easy pleasure	1.39	0.28	0.76	0.81	0.48	0.25
Psychological disorder	0.63	0.56	0.15	0.67	0.24	0.86
Adverse atmosphere in the family	4.16	1.25	2.74	3.37	1.44	0.37
Easy access to drugs	0.13	0.00	0.00	0.00	0.48	0.12
Unemployment	4.53	0.00	0.15	0.13	00	0.12
Frustration	0.38	2.36	1.76	1.35	0.96	0.49
Lack of drug awareness	0.13	0.14	0.15	0.13	0.14	0.12
Complication about Treatment	0.00	0.00	0.00	0.27	0.48	0.37

Source: DNC Data Base

According to the following Table, people of age group from 16 to 40 comprises 88.39% of the drug abusing population in Bangladesh. Abuse of drugs by people of age group 26-30 years is the highest, age group 16-20 years is the second highest and age group 21-25 years is the third highest. On the other hand, people of

age group 46 - 50 Years is the lowest and over 50 years have the second lowest and up to 15 years have the third lowest prevalence of drug abuse. But it is still very much alarming because involvement of children, especially the street children in trafficking and abusing drugs have increased to a great extent recently.

Figure 19 : Age distribution of the drug abusers

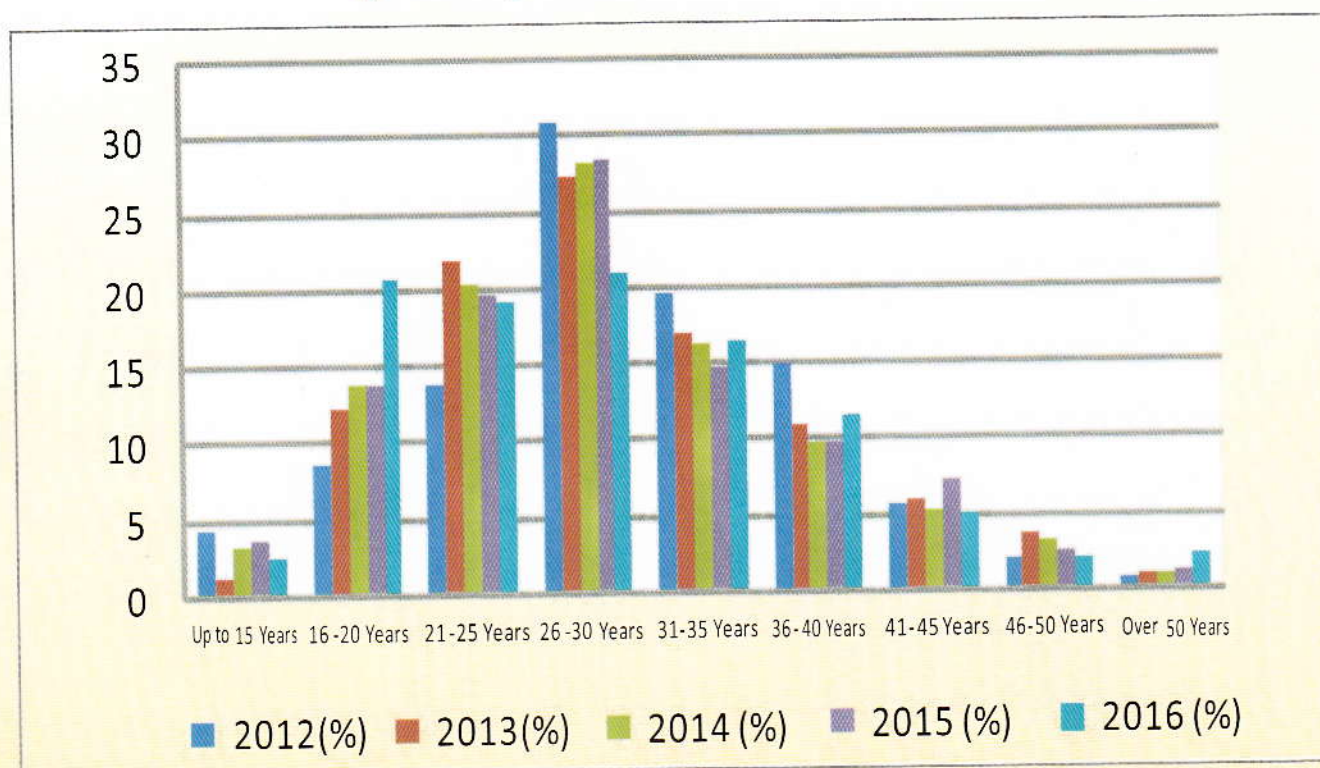


Table 19: Age distribution of the drug abusers

Age Group	2012(%)	2013(%)	2014 (%)	2015 (%)	2016 (%)
Up to 15 Years	4.31	1.22	3.10	3.60	2.58
16 - 20 Years	8.48	12.16	13.77	13.67	20.65
21 - 25 Years	13.77	21.73	20.11	19.42	18.97
26 - 30 Years	30.74	27.05	27.94	28.30	20.90
31 - 35 Years	19.61	16.72	16.06	14.63	16.39
36 - 40 Years	14.88	10.72	9.72	9.59	11.48
41 - 45 Years	5.56	5.93	5.26	7.19	4.90
46 - 50 Years	1.95	3.50	3.10	2.40	1.94
Over 50 Years	0.70	0.91	0.94	1.20	2.19

Source: DNC Data Base

According to the following Table, the highest percentage of addicted population is illiterate, less educated and not having education over ten years. On summation of these three groups, it has been observed that 79.3% of drug addicts admitted in the treatment program are

illiterate, less educated and they could not complete their secondary level of education. People with higher education are less involved in drugs, because education helps them making judgment and right choice about drugs.

Figure 20 : Educational status of the drug abusers

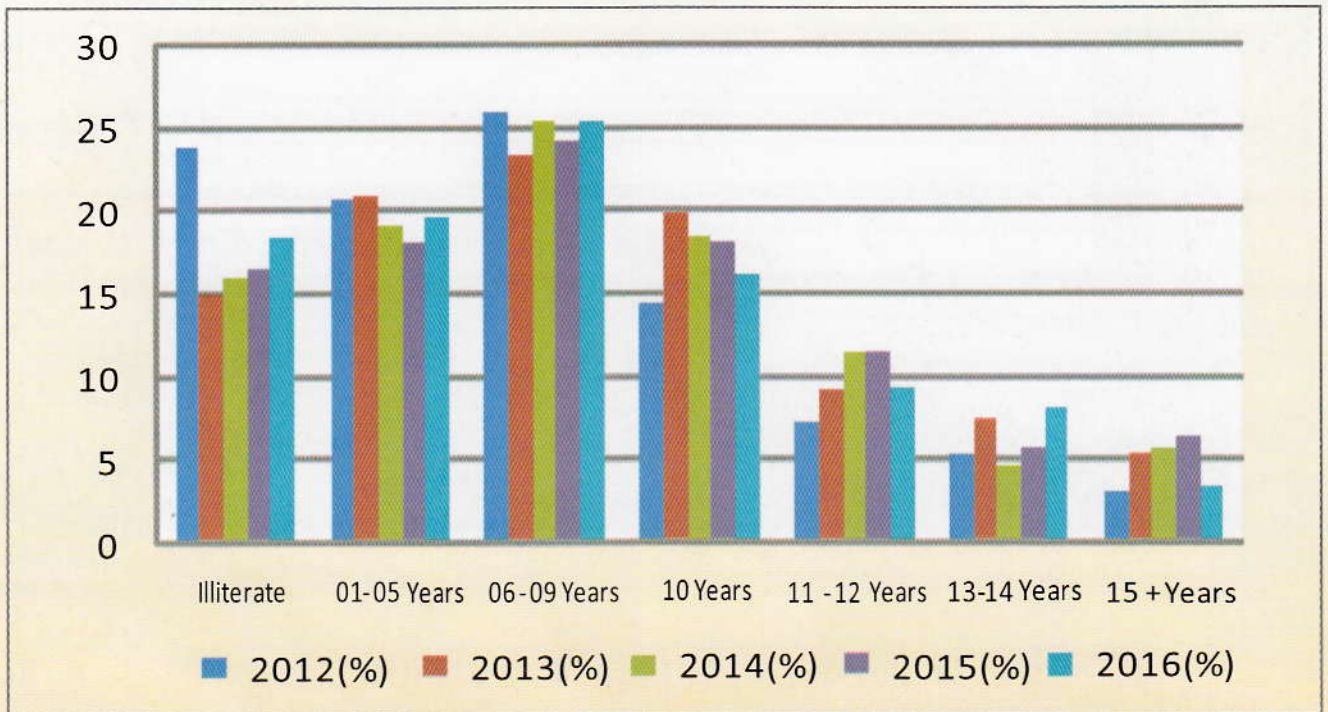


Table 20 : Educational status of the drug abusers

Education Status	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Illiterate	23.78	14.74	15.92	16.35	18.28
01 - 05 Years	20.58	20.67	19.03	18.03	19.62
06 - 09 Years	25.87	23.25	25.37	24.04	25.27
10 Years	14.33	19.76	18.35	18.03	16.13
11 - 12 Years	7.23	9.12	11.34	11.30	9.27
13 - 14 Years	5.29	7.29	4.45	5.53	8.06
15 + Years	2.92	5.17	5.53	6.25	3.23

Source: DNC Data Base

According to the data from the treatment services during 2016, people with income Tk.5001 - Tk.10000 is the highest group (28.09%) and income Tk. 10001 - Tk.15000 is the second highest group (22.53%) for addiction to drugs. But the people with no income group are

the third highest group (11.13%) for addiction to drugs who are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes.

Figure 21 : Distribution of patients by self-income

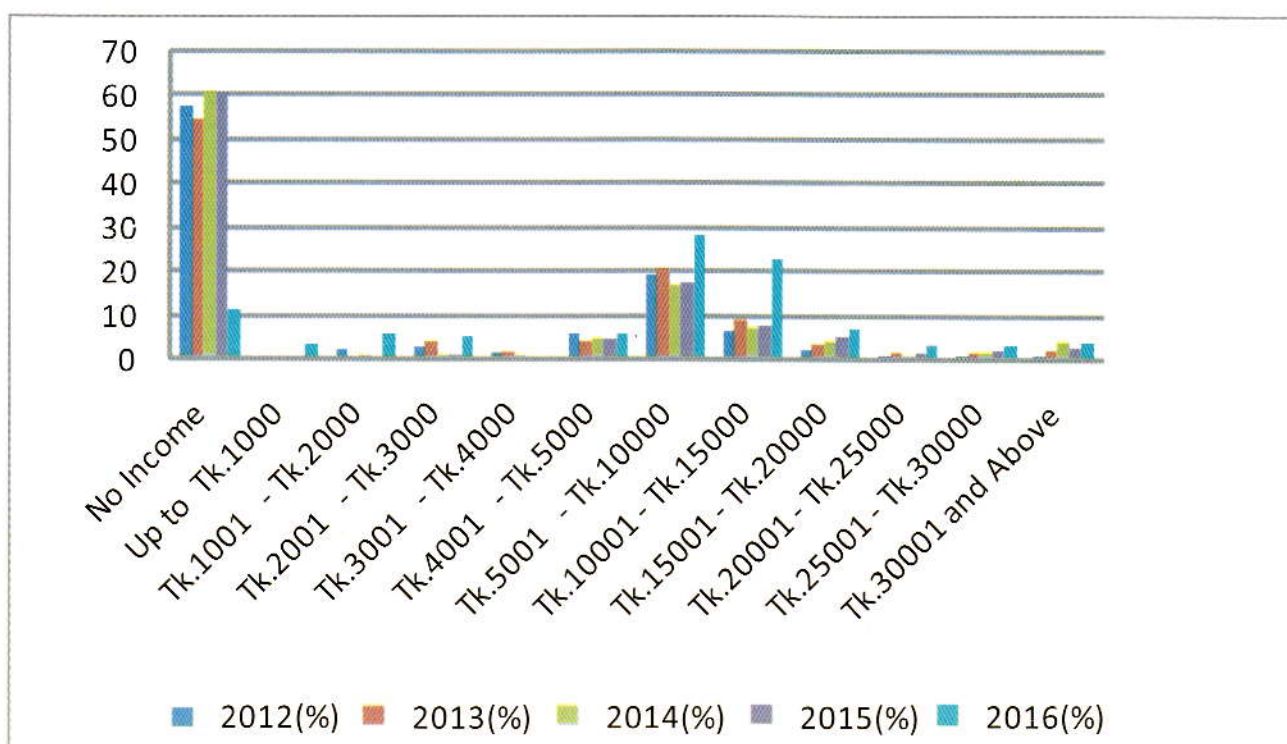


Table 21: Distribution of patients by self- income

Self - Income Group	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
No Income	57.30	54.49	60.54	60.34	11.13
Up to Tk.1000	0.28	0.00	0.14	0.00	3.34
Tk.1001 - Tk.2000	1.81	0.15	0.81	0.00	5.98
Tk.2001 - Tk.3000	2.92	3.81	0.81	0.72	5.15
Tk.3001 - Tk.4000	1.67	1.07	0.68	0.00	0.28
Tk.4001 - Tk.5000	5.98	3.81	4.32	4.33	5.84
Tk.5001 - Tk.10000	19.05	20.24	16.62	17.07	28.09
Tk.10001 - Tk.15000	6.12	8.52	6.76	7.45	22.53
Tk.15001 - Tk.20000	2.36	3.04	3.78	5.05	6.82
Tk.20001 - Tk.25000	0.70	1.37	0.81	1.20	3.48
Tk.25001 - Tk.30000	0.83	1.37	1.22	1.61	3.20
Tk.30001 and Above	0.98	2.13	3.51	2.16	4.17

Source: DNC Data Base.

From the Table of self income of the drug abusers, it has been observed that the lower middle class population is the largest group (28.09%) and middle class population is the

second largest group (22.53%) to abuse drug. Therefore the drug problem in Bangladesh prevails mainly within poor and middle class of population.

Figure 22 : Distribution of patients by self-occupation

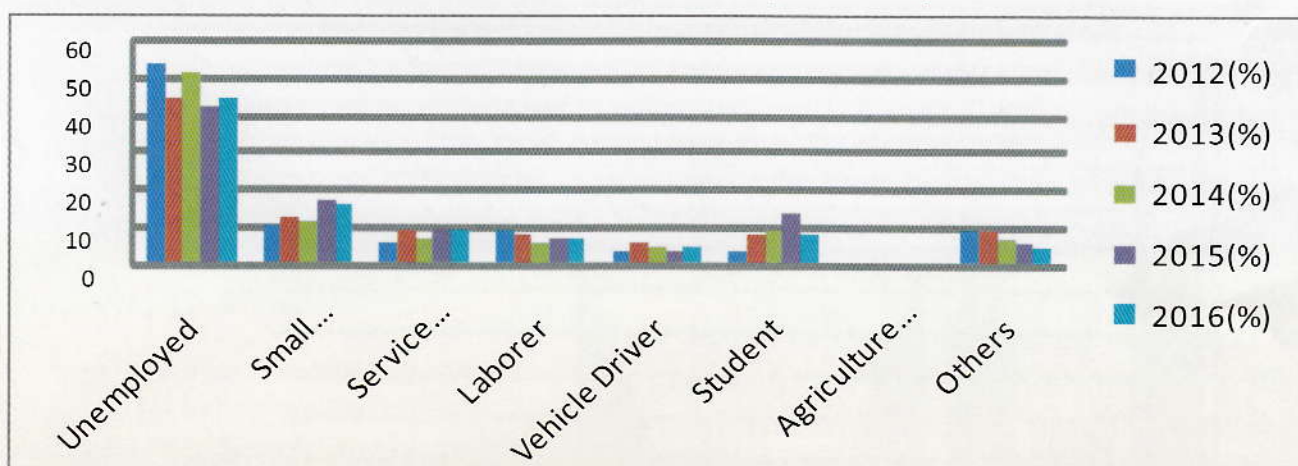


Table 22: Distribution of patients by self-occupation

Occupational Group	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Unemployed	53.27	44.22	51.42	41.83	44.22
Small Business	11.13	12.92	12.28	17.31	16.80
Service (Private/Public)	6.95	9.88	7.42	9.38	10.08
Laborer	9.60	7.90	6.48	6.97	7.93
Vehicle Driver	4.45	6.38	5.13	4.09	5.78
Student	4.03	8.97	9.72	13.46	8.60
Agriculture profession	0.97	0.61	0.54	0.48	1.08
Others	9.60	9.12	7.02	6.49	5.51

Source: DNC Data Base.



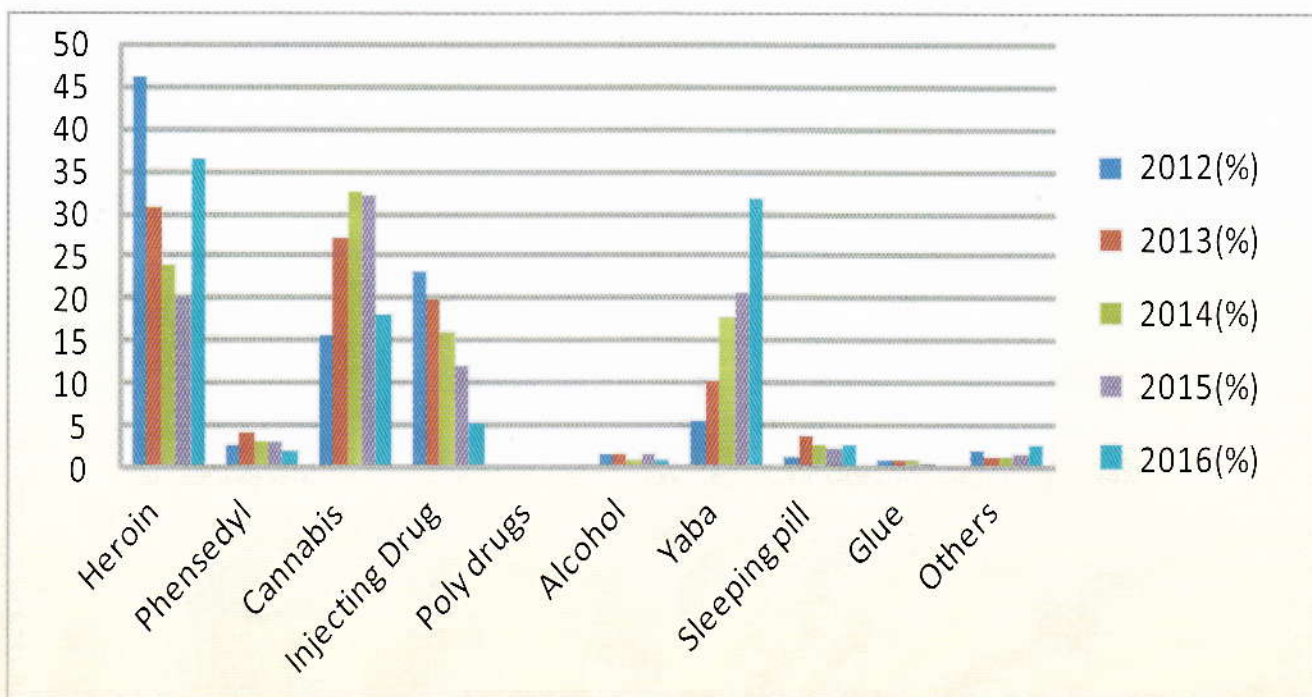
On reviewing the Table of professional distribution of drug abusers under treatment services during 2016, it has been observed that majority (44.22%) of them is unemployed and they have no specific profession. The other major professional groups are small businessmen, service holders and students. They are very hard worker and have very few opportunities for mental recreation and amusement. Generally they practice cheap drugs like cannabis or alcohol just for having a little pleasure from the monotony of their hardship in daily life. Recently most of the students who abuse drugs, they are inclined to Yaba.

Vehicle drivers are one of the most vulnerable

groups for drugs in Bangladesh. Most of the bus, truck and lorry drivers drink alcohol. Most of the road accidents occur under the influence of alcohol. In Bangladesh abuse of drugs is mostly concentrated in urban areas. In recent times the rural areas are reported to be affected by drugs.

Heroin emerged during mid-eighties & Phensedyl which is a codeine- mixed cough syrup became popular drug at the beginning of nineties. Yaba, an ATS, emerged in Bangladesh in the middle of last decade. Drug abusers sometimes use more than one drug. There are poly drug abusers. They often switch from one drug to another as per availability and other prevailing situations.

Figure 23 : Distribution of patients by drug of abuse



According to the data on principal drug of abuse by treatment seekers during 2016, Heroin comprises 36.26% and it has a tremendous increase from previous year. Yaba stands second position comprising 31.61% with an increase of 53.15% in comparison with

previous year. Cannabis stands in third position comprising 18.32% with a decrease of 42.95% in comparison with previous year. Injecting drug stands fourth comprising 5.17% with a decrease of 57.18% in comparison with previous year.



Table 23: Distribution of patients by principal drug of abuse

Drug Name	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Heroin	46.17	30.70	24.02	20.18	36.26
Phensedyl	2.95	4.26	3.10	2.98	1.94
Cannabis	15.70	27.20	32.52	32.11	18.32
Injecting Drug	23.22	20.00	16.06	12.16	5.17
Poly drugs	0.00	0.15	0.00	0.23	0.26
Alcohol	1.61	1.67	1.21	1.61	1.03
Yaba	5.77	10.33	17.95	20.64	31.61
Sleeping pill	1.34	3.73	2.69	2.52	2.84
Glue	1.07	0.91	1.08	0.46	00
Others	2.17	1.05	1.35	1.83	2.84

Source: DNC Data Base.

Extent of Drug Supply

Opium

In Bangladesh, there is no pharmaceutical use of opium as well as opium abuser. The data of the drug addiction treatment services also shows that there is no incidence of opium addiction in Bangladesh. There were seizures of 4.84 kg, 11.62 kg & 91.22 kg of Indian originated opium in Bangladesh during 2012, 2013 & 2014. But in 2015 & 2016, there were no seizure of opium in Bangladesh.

Morphine

Morphine is an opioid. Morphine is used to treat moderate to severe pain. It acts directly on the central nervous system (CNS) to decrease the feeling of pain. Bangladesh has a quota of 100 kg of morphine from the INCB. It is manufactured and sold through license system under strict supervision and monitoring of the DNC. There is no diversion or abuse of morphine in Bangladesh.

Morphine is frequently used for pain from myocardial infarction and during labour. Morphine has widespread effects in the central nervous system and on smooth muscle. The

legitimate production and use of morphine have increased to a great extent during last few years. The reason is that acute pain related diseases like cancer has increased to a great extent in Bangladesh. Number of surgical operations in hospitals and use of pain management medicines in palliative care services has increased.

Figure 24 : Production of morphine in Bangladesh

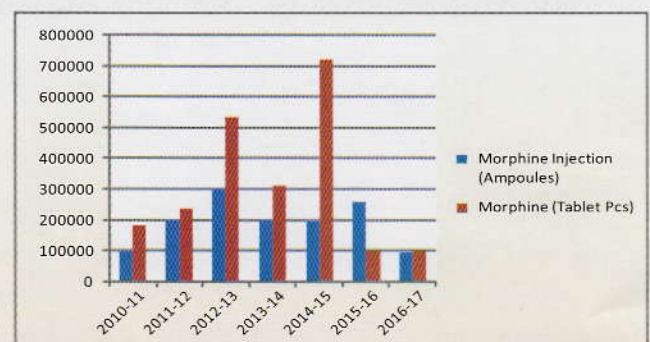


Table 24: Production of morphine in Bangladesh

Year	Morphine Injection (Ampoules)	Morphine (Tablet Pcs)
2010-11	98103	182130
2011-12	198253	236980
2012-13	298075	533440
2013-14	198225	310185
2014-15	195905	720677
2015-16	258905	99750
2016-17	95960	97530

Source: DNC Data Base.



Pethidine hydrochloride

Pethidine is an opioid which is synthetic. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. Pethidine hydrochloride is widely used in any kind of surgical operations in Bangladesh as pain killer, as narcotic analgesic and for deep sedation.

Figure 25 : Production of Pethidine in Bangladesh

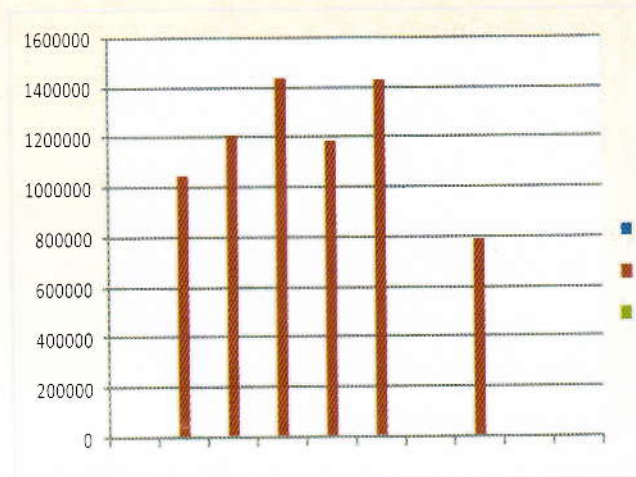


Table 25: Production of Pethidine in Bangladesh

Year	Amount of Production (Ampoules)
2010-11	1046798
2011-12	1204268
2012-13	1432625
2013-14	1182195
2014-15	1424836
2015-16	13,83,440
2016-17	787185

Source: DNC Data Base.

According to the number of patients admitted in treatment services for Pethidine addiction, it has gradually decreased up to 2011. No patient admitted for treatment for pethidine addiction after 2011. But in 2014, 3.78% of total patients admitted in treatment services for Pethidine addiction. After that addiction rate of Pethidine is being decreased gradually.

Table 26: Patients admitted to treatment services for Pethidine addiction

Year	2011	2012	2013	2014	2015	2016
Percentage of patients admitted	1.19	0	0	3.78	2.52	1.03

Source: DNC Data Base.

Market Analysis of Drugs.

Geographic factors, socioeconomic condition, marketing facilities, availability, religion and cultural aspects are the main factors for the prevalence of any drug in any particular area. Rural areas are less vulnerable for prevalence of any kind of drugs than the urban areas in Bangladesh. The slums and densely populated parts of cities have high prevalence of abuse of these drugs.

Dhaka as the biggest drug market in Bangladesh with 10% of the total population and almost 50% of the urban population of the country has the highest prevalence of all sorts of drugs. It comprises more than 50% of the drug market of the whole country and for this reason the movements of all the drugs smuggled from the border are Dhaka-bound.

Al most all the 32 border districts are vulnerable for drug trafficking. On analysis of recent years data on drug abusers, it reveals that the most drug-prone areas in Bangladesh are district wise mainly: Dhaka, Narayanganj, Gazipur, Mymensingh, Chittagong, Comilla, Sylhet, Bramhanbaria, Cox's Bazaar, Rajshahi, Pabna, Bogra, Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barisal, Sathkira, Jessore.

According to the cases and highest amount of



Cox's Bazar and Chittagong Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. The routes and spots of smuggling Yaba are located in the territory of Myanmar near the

south-eastern border of Bangladesh. According to the data from DNC, 73% Yaba was seized from Chittaganj Metropolitan area. Dhaka is the biggest market for Yaba.

Table 27: Points of entry and routes of smuggling drugs from Myanmar to Bangladesh

Sl. No.	Vulnerable Points of Trafficking Drugs in Myanmar	Counter Areas of Inflow of Drugs in Bangladesh Side.
1.	Anauk Myinhlut	Jaliapara, St. Martin's Island, Shahporirdip.
2.	Al Le Than Kyaw	Jaliapara, Dakhinpara, St. Martin's Island.
3.	Zawmadat	Dakhinpara, Jaliapara, Shahporirdip
4.	Kanyinchaung, Maungdaw, Nyaunggyaung	Teknaf, Sabrang, Dakhinpara, Jaliapara, Shahporirdip.
5.	Ale Kalaywa	Dhumdhumia, Jadipara, Cox's Bazaar Highway, Teknaf, Shahporirdip
6.	Sabaigon	Dakshin Nhila, Chotapara, Chowdhurypara, Ledhapara, Dhumdhumia.
7.	Kymbouk	Noapara, Whaikhyang, Cox's Bazaar Highway, Tambru.
8.	Tambru, Taunbro	Ukhia, Gundum, Balukhali Bazaar, Tambru (BD), Whaikhyang, Noapara.
9.	Tambru Left, Dekubunia, Maungdaw, Aukhiab	Katapahar, Balukhali, Baishfari, Noapara, Ukhia, Cox's Bazar.
10.	Tambru Left, Dekubunia, Maungdaw, Aukhiab	Old Pan Bazaar, Balukhali, Ukhia, Cox's Bazaar.
11.	Tambru Left, Fakirapara, Maungdaw, Aukhiab	Jalpaitoli, Gundum, Naikhangchari, Bandarban.
12.	Tambru Left, Dekubunia, Maungdaw,	Tambru Pashcim Kol, Tambru, Naikhangchari, Bandarban.
13.	Dekubunia, Maungdaw, Aukhiab.	Dhalarmuk, Palongkhali, Ukhia, Cox's Bazaar.
14.	Maungdaw, Akiab	Damdamia Check post, Teknaf, Cox's Bazaar Link Road
15.	Maungdaw, Akiab	Badarmokam, Zadimora, Jelepara, Jaliapara, Sluice Gates, Damdamia, Hoawikong Checkpost, Cox's Bazaar.

seizure, Rajshahi has the highest prevalence of heroin. But the number of consumer of heroin in Dhaka city is more than Rajshahi. The smuggled heroin from the Lalgola, India to Rajshahi is bound to Dhaka.

According to the cases and amount of seizure, the high markets of Phensedyl are big markets are Dinajpur, Bogra, Brahmanbaria and Rajshahi. But the biggest Phensedyl market is at Dhaka and most of the consignments of



Phensedyl seized at those area and different parts of the country were bound to Dhaka. Though Phensedyl is the main codeine-based preparation, it is being smuggled in other trade names also- such as Codilab, ESkuf, Nelco, Codocof, Parvo-cof, Ikon-XP etc. Pharmaceutical companies are marketing their major portion of codeine preparations at the Indo-Bangla bordering areas of West Bengal and Eastern part of India.

Dhaka is the main cannabis market in Bangladesh. The other big markets are Mymensingh, Faridpur, Chittagong Metro, Comilla, Noakhali, Khulna, Jessore, Kushtia, Rajshahi and Rangpur. Most of the Cannabis seized in the country is smuggled from India and Nepal.

According to the cases and highest amount of seizure, Dhaka has the highest prevalence of Buprenorphine. The second highest market is at Bogra and other big markets are Mymensingh, Narayanganj and Dinajpur. Recently, smuggling of injecting drugs, namely Buprenorphine in different trade names has increased to a great extent.

Borders of Jessore, Satkhira, Rajshahi, Bramhanbaria and Comilla Districts at Bangladesh side and borders of North 24 Pargonas, Murshidabad and Maldah Districts of Paschimbanga and borders of West Tripura Districts of Tripura States are mostly used for trafficking of Phensedyl and other codeine preparations, heroin and Buprenorphine.

Table 28: Points of entry and routes of smuggling drugs from India to Bangladesh's western border (Indian State of West Bengal)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Satkhira	Kaliganj, Debhata, Bhomra, Itinda, Kalaroa, Kakdanga, Palashpur	Hingatgar, Hasnabad, Taki, Bashirhat, Swarupnagar, Baduria & adjacent areas of North 24 Pargana, Paschimbanga.
Jessore	Benapole, Putkhali, Chowgacha, Narayanpur, Sharsha and adjacent area.	Champapukur, Bongaon, Petrapol, Helencha, Bhawanipur, Ranaghat, Amritabazar, Nonchapota & adjacent areas of North 24 Pargana, Paschimbanga
Chuadanga	Kapasdanga, Darshana, Jiban Nagar	Krishnagar & adjacent areas of Nadia, Paschimbanga
Meherpur	Dariapur, Buripota, Tehata, Mujibnagar	Birampur, Karimpur, Tehatta & adjacent areas of Nadia, Paschimbanga
Rajshahi	Monigram, Bagha, Charghat, Shardha, Yusufpur, Kajala, Belpukuria, Rajshahi town, Haripur, Godagari and adjacent area.	Jalangi, Godagari Diar, Lalgola, Azimganj, Bharampur, Krishnapura, Raghunathganj, Aurangabad, Nimtita, English Bazaar, Ziagonj, Jigmira and adjacent areas of Mursidabad, Paschimbanga.
Chanpai Nowabganj	Bholahat, Shabajpur, Binodpur, Kansat	Roghunathganj, Aurangabad, Kaliachak of Maldah, Paschimbanga
Joypurhat	Panchbibi	Krishnapura, Raghunathganj, Balurghat, Aurangabad, Nimtita, Bamongola of South Dinajpur, Paschimbanga
Dinajpur	Ghoraghat, Phulbari, Birampur, Hilli, Hakimpur, Kamalpur, Akashkarpur, Biral	English Bazaar, Balurghat, Nimtita, Gangarampur, Banshibazar, Patiram and adjacent area of South Dinajpur, Paschimbanga, Balurghat



Table 29: Northern border (Indian States of Assam and Meghalaya)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Kurigram	Roumari, Nageshari	Gouripur, Golakganj, Dhubri, Singrimari, Mankarchar of Dhubri, Assam.
Sherpur	Jhinaigati, Nalitabari	Dalu, Barengapara of South Garo Hills, Meghalaya
Mymensingh	Haluaghat, Dhobaura	Baghmara of South Garo Hills, Meghalaya
Netrokona	Durgapur, Kamalkanda	Baghmara of South Garo Hills, Meghalaya

Table 30: Eastern border (Indian States of Assam, Tripura and Mizoram)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Sylhet	Zakiganj, Chunarughat, Madhabpur	Hilara, Bilanga, Karimganj, Mohanpur, Bamutia, Pachem, Bhubanban of Assam.
Bramhanbaria	Karimganj	Karimpur, Kashba, Akhaura, Singerbil, Paharpur, Bijoynagar. Ramnagar, Narayanpur, Sonapura, Bishalghor, Joynagar, Agartola, halhali, Ranir Bazar of West Tripura, Tripura.
Comilla	Jagannathdighi, Chowddagram, Golpasa, Kalikapur, Jagannathpur, Rajapur, Burichong, Brahmanpara Bibirbazar	Camper Bazaar, Bibir Bazaar, Khadala, Hapania Takariala, Barjala, Melaghar, Kathalia, Sonamura, of West Tripura, Tripura.
Feni	Sagalnaiya, Phulgazi, Porshuram	Belonia, Rajnagar of South Tripura, Tripura

Table 31: Some New Routes of Phensedyl Trafficking

Bangladesh part	Indian part
Shimultoli, Chakmolidanga para, Potnitola, Radhanagar, Hatpara, Shitolmath, Chalander of Naogaon	Balurghat, South Dinajpur, Paschimbanga



To dominate over the drug markets in Bangladesh clashes, killings, kidnappings, terrorism activities happened among the terrorists and criminals who are dealing in drugs. Most of the addicts, not having any monetary support from family for buying drugs, commit extortion, fraud, theft, robbery, snatching, etc. Many female drug abusers are involved in illegal sex work for buying their daily doses of drugs.

DNC filed some important cases in 2016:

86000 pcs Yaba seized and 2 notorious accused arrested from Shapla Chattar of Motijheel, Dhaka on 7 January, 2016. The raid conducted by a special team of Divisional intelligence office, Dhaka of DNC. Deputy Director of Divisional intelligence office, Dhaka of DNC led the raid. 500 pcs Yaba and 7.65 bore Automatic Pistol seized with 3 accused arrested from posta of Chalkbazar, Dhaka on 29 February, 2016. The raid conducted by a special team of Dhaka metropolitan office of DNC.

1 kg opium seized with 4 accused arrested from Chalkbazar Zaman hotel of Chittagonj Metropolitan area on 8 March, 2016. The raid conducted by a special team of Chittagonj Metropolitan office of DNC. 50000 pcs Yaba and a Pick-up Van seized with 2 accused arrested from Kotwali of Chittagonj Metropolitan area on 6 December, 2016. The raid conducted by a

special team of Chittagonj Metropolitan office of DNC. 144 kg Cannabis seized with 1 accused arrested and 2 accused were absconding from Kasba of Brahmanbaria on 20 December, 2016. The raid conducted by District Narcotics Control office, Brahmanbaria of DNC. Inspector of Director of District Narcotics Control office, Brahmanbaria led the raid.

120 kg Cannabis seized with 1 accused arrested from Choranol of Burichang, Comilla on 21 March, 2016. The raid conducted by 'Ka' circle of District Narcotics Control office, Comilla of DNC. Deputy Director of District Narcotics Control office, Comilla of DNC led the raid. 108 kg Cannabis and a private car seized with 1 accused arrested from Gomoti Beribadh of Adarsha Sadar, Comilla on 21 March, 2016. The raid conducted by 'Ka' circle of District Narcotics Control office, Comilla of DNC. Deputy Director of District Narcotics Control office, Comilla of DNC led the raid.

3 kg Cocaine Seized with 1 accused arrested called Chias Espejo Jullin from Hazrat Shahjalal International Airport of Dhaka on 08 December, 2016. The accused was Spanish and he carried Cocaine in his luggage. The raid conducted by a special team of Dhaka Metropolitan office of DNC. Director (Ops & Int) of DNC Mr. Syed Tawfique uddin Ahamed led the operation.



Mr.Asaduzzaman Khan M.P, Hon'ble Minister for Ministry of Home Affairs, Government of The People's Republic of Bangladesh is addressing on International Day Against Drug Abuse and Illicit Trafficking on 26th, June 2016.



Chapter: II

Legal and Other Infrastructure Supporting the Narcotics Control Activities

The Narcotics Control Act of 1990

The Narcotics Control Act of 1990 (Act Number XX of 1990) covers the control of narcotic drugs and psychotropic substances, including provision for the treatment and rehabilitation of drug dependent people. The Narcotics Control Act, 1990 was passed in 1990 by repealing all previous laws for control of narcotics, treatment and rehabilitation of drug addicts. This Act comes into force from 2 January 1990. The government has amended in 2000, 2002 and 2004 in order to update the law. This Act has a total of 56 sections and two schedules. It has supremacy over any other law in Bangladesh regarding drugs. It deals with any issue drug-offence prevention and control of drugs and precursor chemicals including treatment and rehabilitation of the addicts. It defines all the technical terms, describes the power and functions of various concern agencies, narrates the scope of control, jurisdiction, contraventions, and procedures and prescribes the penalties and schedules the drugs and punishments. It provides legal coverage for establishment of the Department of Narcotics Control (DNC) as the Nodal Agency of the government to fulfill the objectives of the law in question. It also provides the legal basis for formation of the National Narcotics Control Board (NNCB) as the highest policy-making body of the government for formulating necessary policies and strategies to combat drug problem in the country.

This Act has a very significant view that the Government of Bangladesh enacted the Narcotics Control Act, 1990 by replacing all the earlier legislation. This new act is enacted in pursuance of the principles of the Article 18(1) of the Constitution of the People's Republic of Bangladesh. Article 18(1) provides that: "the State shall regard the raising of the level of nutrition and the improvement of public health as its primary duties, and in particular shall adopt effective measures to prevent the consumption, except for medical purposes or for such other purposes as may be prescribed by law, of alcoholic and other intoxicating drinks and of drugs which are injurious to health."

Bangladesh is a signatory to all the three UN Conventions of 1961, 1971, 1988 and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. In view of its obligations under these conventions and the potential for diversion of precursors due to its close proximity to Heroin & Amphetamine - producing localities in South East Asia, the country has imposed restrictions on the import of precursors. The 1990 Narcotics Control Act was amended in 2002 and 22 precursor chemicals, as stated in Tables I and II of the 1988 Convention, were included. Sections 19 and 20 of the Act prohibit any kind of illegal operations regarding narcotic drugs, psychotropic substances as well as precursor chemicals. Further, rules relating to the



licensing of precursor chemicals were framed and adopted in 1999.

The Narcotics Control Act, 1990 prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass (section 9). The Department of Narcotics Control issues licences, permits or passes. However, they cannot be issued to persons with a criminal record (sections 11 & 12). Handling precursors without the requisite license, permit or pass attracts imprisonment of 2 to 10 years while violation of any condition of the license attracts imprisonment of up to 5 years and a fine. Importers require an import license and an import authorization to import precursors from the Department of Narcotics Control. On arrival of the consignment, DNC verifies the physical stock and use of the precursor. Bangladesh does not export any precursors. Most imports are from India, Malaysia, Singapore, China, Japan, the UK and Italy.

Bangladesh does not manufacture any substance listed in Table I and Table II of the 1988 Convention other than Sulphuric Acid and Acetic Acid. It imports a number of precursors for use in domestic industry. There is no recorded misuse of precursors for illicit manufacture of drugs in the country. Ephedrine, pseudo-ephedrine, ergometrine, toluene and potassium permanganate are imported by the country for industrial, scientific and research purposes.

The main focus of this law is on defining various crimes, imposing prohibition, control and regulations of legal and illegal drug related activities, issue, inspection and cancellation of licenses, permits and passes, treatment of drug addicts, penal provisions for various drug

offences, search, seizure, arrests, investigation, prosecution, forfeiture of property, prevention of money laundering, application of controlled delivery techniques, financial investigation, revenue collection and control of precursor chemicals. The Narcotics control Act, 1990 provides legal sanctions and punishment for narcotic crime in Bangladesh. The sections related to offences and punishments are: 9, 10, 13, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31. This law classifies all drugs falling under the UN conventions into three major classes, viz. A class drug, B class drug and C class drug according to their harmful effects and criminality involved.

The Narcotics Control Act, 1990 also provides a table of punishment for different offences related to different drugs according to the gravity and nature of the offence and the quantity of drugs involved in it. The highest penalty for an offence related to an 'A' class drug is death sentence or life term imprisonment, whereas the lowest penalty is imprisonment for two years. In case of an offence related to 'B' class drug, the highest penalty is 15 years imprisonment and the lowest penalty is imprisonment for six months. In case of 'C' class drugs the highest penalty is one year's imprisonment or fine of Taka not exceeding ten thousand or both. The law also provides penalty for offences related to abetment and conspiracy in drug offences. It also imposes restrictions of issuing driving license and license for fire arms to drug dependent persons.

This law is based on the earlier domestic Narcotics Laws: the Opium Act, 1857, the Opium Act, 1878, the Excise Act, 1909, the Dangerous Drugs Act, 1930 and the Opium Smoking Act, 1932. Almost all the provisions of these Acts have been consolidated into this single Act.



Table 32 : Offences and punishment under the Narcotics Control Act, 1990

Contravention section	Offences	Penal Section	Punishments (imprisonment)	
			Minimum	Maximum
9	Illicit import, export, manufacture, processing, sale, distribution, purchase, transport, shipment, storage, possession, warehousing, use, etc. of drugs/precursor	19	2 years	Death penalty
9	Any operation of drugs or precursors without license/permit/pass	22 ka	2 years	10 years
10	Illicit import, export, manufacture, processing, sale, distribution, purchase, transport, shipment, storage, possession, warehousing, use, etc. of alcohol.	22 Ga	2 years	10 years
12	Issue of license/permit/pass to restricted persons	26	Fine	1 year
13	Prescription of drugs without lawful authority	23	Fine	1 year
20	Illicit Possession of apparatus/utensils/ingredients for manufacture/processing drugs/precursors	20	2 years	15 years
21	Allowing land, house, apparatus, utensils, transport for committing offences of drugs/precursors	21	Fine	5 years
23	Violation of the conditions of license/permit/pass	23	Fine	5 years
24	Search, seizure or arrest for harassment	24	Fine	1 year
25	abatement/conspiracy/financing/patronizing	25	3 years	15 years
43	Non-cooperation of law Enforcement personnel in implementing Narcotics/Precursor laws	26	Fine	1 year

Sections 27 and 28 provide provision for cancellations and suspension of licenses/permits for breach of any condition. Section 32 has the provision for inspection of licenses. Section 33 provides the grounds for seizure and forfeiture of illicit drugs and precursor chemicals. Section 35 has the provision

for disposal of seized drugs and precursors and forfeiture of the assets derived from illicit business of drugs and precursors. Section 36 empowers the law enforcement officials for search and seizure of any illicit drugs and precursors and arrest of offenders without warrants. Section 37 has provisions for special



search of body to detect illicit drugs and precursors. Section 39 empowers the DNC officials for investigation of offences relating to drugs and precursors. Section 45 deals with the disposal of arrested persons and seized drugs or precursors. Though the Narcotics Control Act, 1990 does not provide any direct provision for investigation of money laundering, Sections 46 and 47 of this Act refers to financial investigation and freezing of assets derived from illicit business of drugs and precursors, Section 54 empowers the Government to bring any substance or chemical under the purview of the Narcotics Control Act, 1990 any time as and when required. The law provides the legal basis for the Chemical Laboratory of the Department of Narcotics Control and its proper functioning in respect of forensic analysis of all seized drugs and suspicious substances. This lab, established in Dhaka, caters to the needs of all the agencies charged with the responsibilities of drug enforcement and thereby it plays an important role in quick disposal of drug cases under trial.

Other Related Laws and Rules

The Narcotics Control Act, 1990 is the principal law for drug abuse prevention and control in Bangladesh. The other legislations related to drugs are:

- A. The special Power Act, 1975: This law particularly deals with prevention and control of smuggling. As drug is one of the major items of smuggling in Bangladesh, this law also addresses issues related to drugs. The main jurisdiction of this law is within five kilometers of the border. It is also applicable in other areas of the country in respect of drugs which are smuggled from other countries.
- B. Customs Act: Though the Customs Act deals with collection of Customs Duty on

import and export of various commodities and prevention of smuggling, it also covers the issues related to import and export of narcotic drugs, psychotropic substances and precursor chemicals.

- C. Prevention of Money Laundering Act, 2002
- D. Coast Guard Act, 1995
- E. The code of criminal Procedure, 1898.
- F. The Evidence Act, 1872.
- G. The narcotics Control Rules, 1999.
- H. The National Narcotics Control Board Fund Rules, 2001.
- I. The Private Treatment and Rehabilitation Center Rules 2005.

Search, Seizure And Arrest

The operations of search, seizures and arrests are guided mainly by Section 36 of the Narcotics Control Act, 1990. The other relevant Sections are:-Sections 32, 33,37,38,41, and 42. The enforcement Officials of the Department of Narcotics Controls, the Police, RAB, Customs, BGB and Coast Guard are empowered to conduct search, seizures and arrests. The law provides for mutual cooperation among the different law enforcement agencies as and when required for conduct of search, seizure and arrests. It is the requirement of the Law to draw a search list in Presence of independent witnesses with description of the place of occurrence, name and addresses of the accused, description of the seized articles along with the description of the quantity of article seized, signatories of the eyewitnesses of seizures and comments of the officer in-charge of the search and seizure. The drugs or any article related to commitment of a drug offence



is liable for seizure under section 33 of the Narcotics Control Act, 1990. It is mandatory for every officer conducting any search, seizure or arrest to send a report regarding the search, seizure or arrest to his/ her controlling officer immediately and lodge Ezahar (complain) in the concurrent Police Station. The Executive

Magistrates are also empowered to conduct search, seizures and arrests under the provisions of the Mobile Court Act, 2009. The Master Law for the procedures of search, seizures and arrests is the Code of Criminal Procedure, 1898.

Figure 33 : Statistics of the raids, cases and arrests by DNC

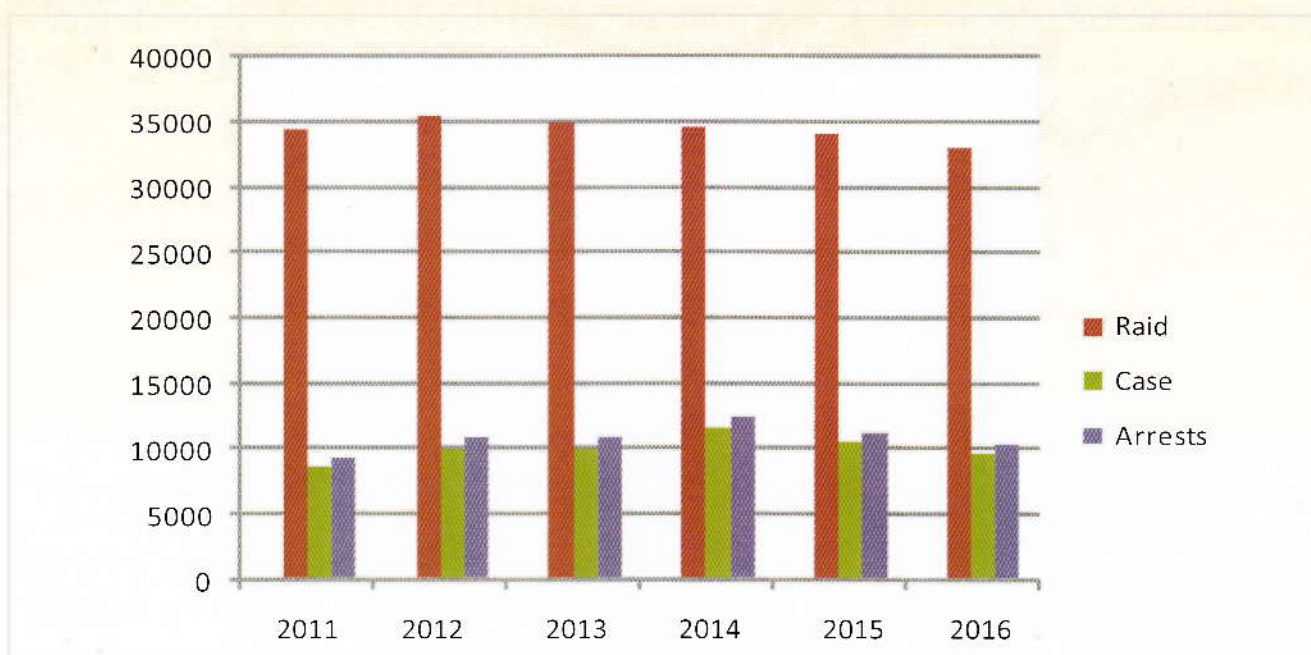


Table 33: Statistics of the raids, cases and arrests by DNC

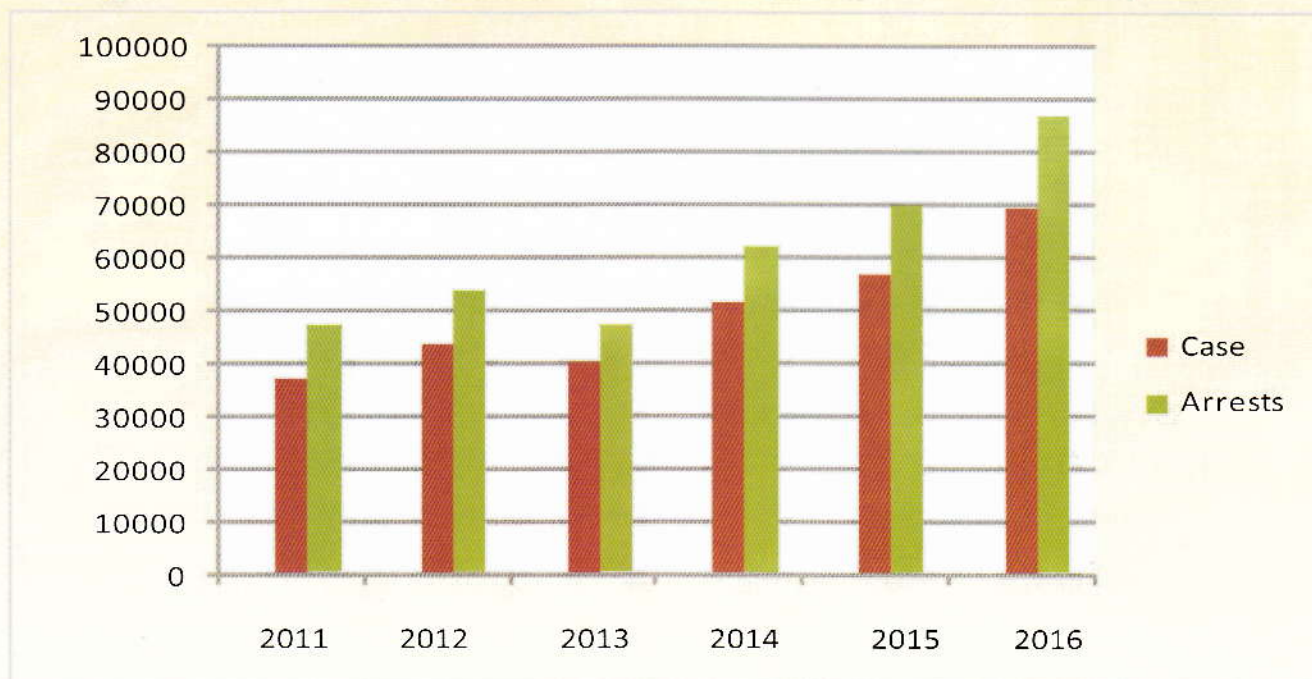
Year	Raid	Case	Arrests
2011	34420	8749	9336
2012	35440	10014	11040
2013	34876	10111	10990
2014	34643	11723	12590
2015	34073	10548	11300
2016	33024	9773	10465

Table 34: Statistics of the cases and arrests by all law enforcement agencies

Year	Case	Arrests
2011	37245	47309
2012	43717	54100
2013	40250	47531
2014	51801	62080
2015	57134	70159
2016	69739	87014



Figure 34: Statistics of the cases and arrests by all law enforcement agencies



Investigation

Only the department of Narcotics Control and Police are empowered to investigate offences under the Narcotics Control Act, 1990. The enforcement officers of the rank of Sub-Inspector or above of these Departments can investigate drug offences. The main purposes of the investigation are gathering evidence on crime and clarify the motives and other relevant issues of an offence. In Bangladesh the investigation is generally followed by search, seizures and arrests. But pre-arrest investigation is also possible as per requirement of particular situation. The investigation officer generally visits the place of occurrence, draws sketch map with detailed description of the place of occurrence, takes photographs, examines the eye witnesses, collects material and documentary evidences, obtains chemical examiners reports on the drugs seized and writes case diary on regular activities of his/her investigation. If an accused is arrested with seizure of drugs the law permits only 15 working days for completion of the

investigation. Otherwise the time limit for completion of investigation is 60 working days.

Prosecution and trial

As there is no special or separate Court, the trial of drug offences is done in the general judiciary system in Bangladesh. The Department of Narcotics Control (DNC) has their own prosecutors to conduct cases in Courts. The DNC has only 12 prosecutors and 37 Assistant prosecutors at 25 Regional Headquarters to cover the Judicial Magistrate Courts and Judge Courts in 64 Districts. The number of Courts is more than five hundred. The manpower in DNC's prosecution section is very much inadequate in comparison with the number of Courts. Therefore the Police generally conduct the drug cases in all Courts in assistance with DNC's prosecution personnel where they are available. The initiation of a case is done in the Judicial Magistrate's Court. When a case is ready for trial, then it goes to the appropriate and empowered Court for trial. Offences punishable with imprisonment up to 5 Years are trial able in Judicial Magistrate Court.



Offences liable for more punishment are trial able in District and Session Judge Court. Mobile Courts can conduct trial of offences they apprehend which are liable for punishment up to 5 Years, but they can impose punishment only up to 2 years imprisonment. Most of the drug offenders are caught red handed. The

reasons of acquittal area faulty and incomplete investigation, improper presentation of cases at the Court of trial, weaknesses in prosecution, lacking of witnesses and their gaining over by the drug offenders and the speculated corruption.

Figure 35 A : Statistics on Disposal of Cases under Trial (Represent Data from Table 35)

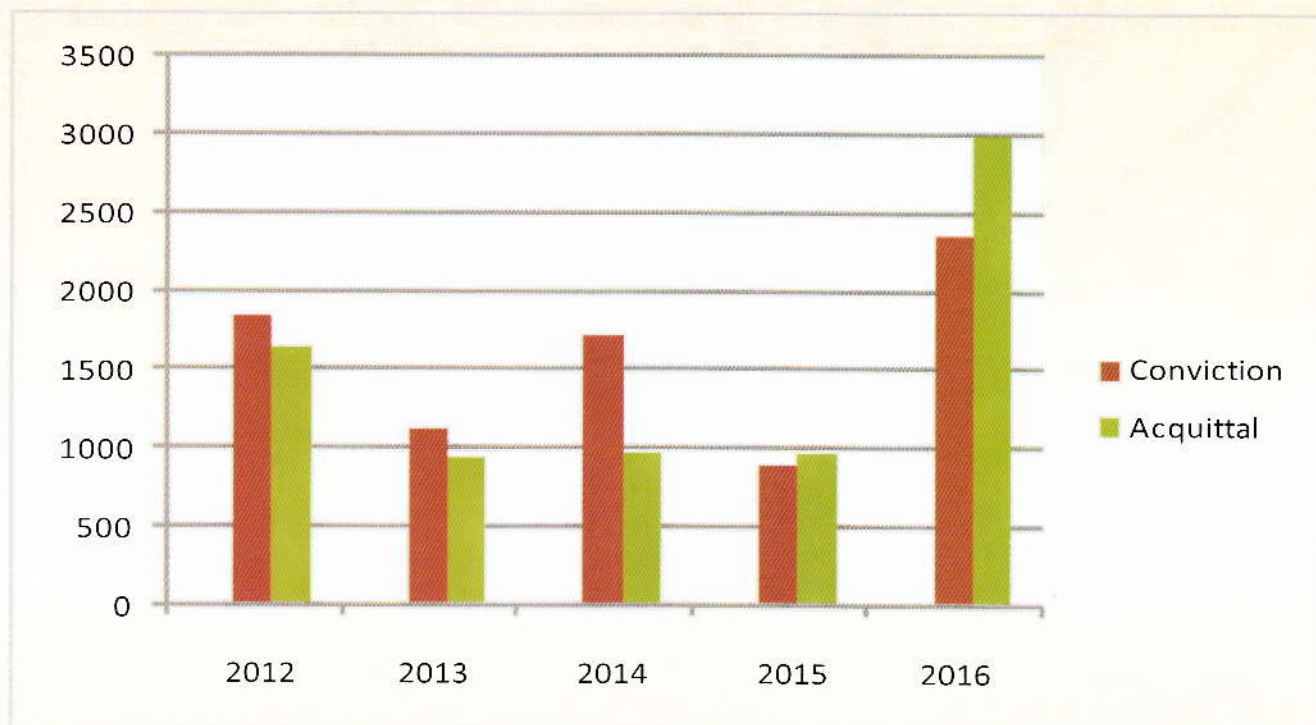
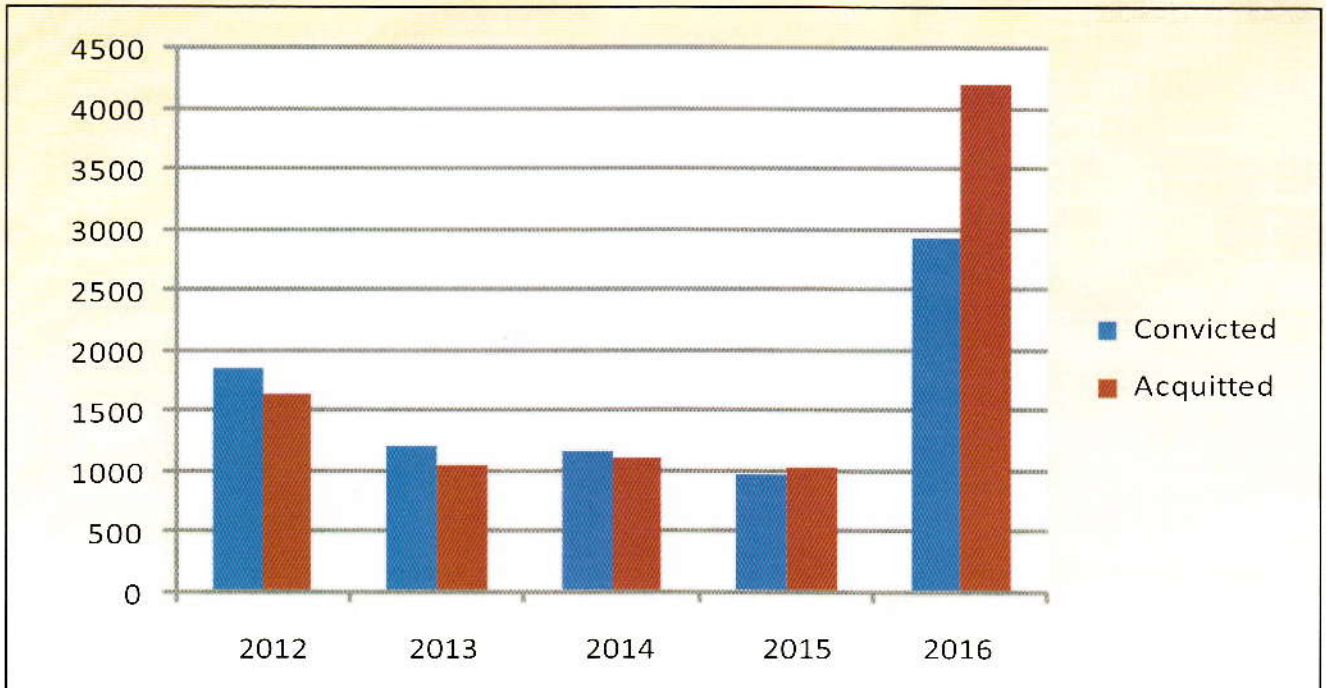


Figure 35 : Disposal of Cases

Year	Disposal of Cases					Conviction/Acquittal of Accused				Pending Cases	
	Conviction	Rate	Acquittal	Rate	Total	Convicted	Rate	Acquitted	Rate	Total	
2012	1846	53%	1648	47%	3494	1860	53%	1653	47%	3513	46214
2013	1127	55%	939	45%	2066	1218	54%	1057	46%	2275	
2014	1716	53%	973	47%	2689	1175	52%	1112	48%	2287	
2015	892	47.63%	981	52.37%	1873	971	48.2%	1042	52%	2013	
2016	2356	44%	2992	56%	5348	2927	41%	4206	59%	7133	



Figure 35 B : Conviction/Acquittal of Accused (Represent Data from Table 35)



Operation of mobile court on drugs

The trial of drug offences are generally conducted in the general judiciary system. As the judiciary is over burdened with thousands of cases, the trial of drug offences lose its importance and the criminals remain unpunished for years together. This situation encourages them to commit further crime. Moreover in many cases they escape punishment through many loopholes of the investigation and trial procedures. To overcome

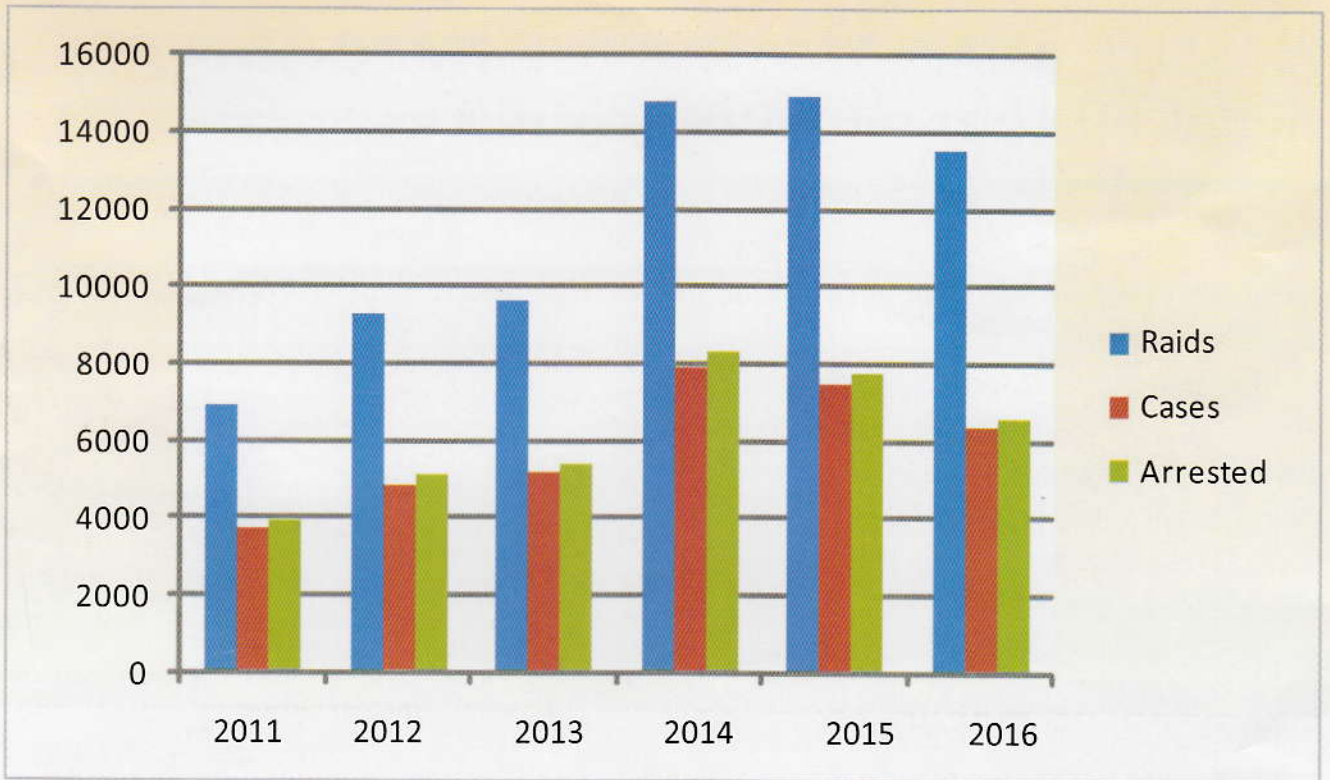
this situation, the Government has recently introduced Mobile Drug Court under the Mobile Court Act, 2009. The Mobile courts apprehend criminals, prosecute them on the spot, and impose punishment of short term imprisonment. There is no provision of bail in Mobile Court. The confession and sends the criminals to jail. These sorts of summary trial have been found very effective to control crime, speed up trial system and enhance people's consciousness on drugs and related offences.

Table 36: Statistics on Mobile Court Operation by DNC

Year	Raids	Cases	Arrested	Conviction	Acquittal
2011	6939	3724	3994	3994	00
2012	9340	4871	5162	5162	00
2013	9679	5244	5445	5445	00
2014	14815	7948	8320	8320	00
2015	14937	7487	7823	7821	02
2016	13541	6430	6592	6591	01



Figure 36: Statistics on Mobile Court Operation by DNC



Mr. Farid Uddin Ahmed Chowdhury, Hon'ble Secretary for Security Services Division Ministry of Home Affairs, Government of The People's Republic of Bangladesh is addressing on a Seminar on "A Grave Engulfment of Drugs- What to Do" at Bangladesh Institute of Administration and Management (BIAM), Dhaka



Chapter: III

MASSIVE AWARENESS CAMPAIGN AND ITS IMPACT ON SOCIAL MOBILIZATION

Bangladesh has archived a lot after its blood-shedding birth in 1971. With strong confidence of the nation we branded ourself as an emerging tiger of Asia and visited various avenues of material development. The devastating attack of drug abuse can never baffle a state born by freedom fighting and we have be aware of the very detrimental effect of drugs. Demand Reduction activities as to preventing drug menace is a globally accepted strategy. After the very birth of the Department of Narcotics Control, it highlighted on demand reduction activities. Bangladesh took some pragmatic and vibrant initiatives in this regard. International community of the globe are also concerned over the issue and extended their hands to tackle the this with successful effort. Antidrug awareness activities can save the nation as well as the globe from the devastating hands of drug.

The department of Narcotics Control (DNC), performs the demand reduction activities in collaboration with inter governmental organization. Drug prevention process is a gigantic task which needs the combined effort. The department of Narcotics Control, being the subordinate office of the Ministry of Home Affairs plays the active role to moderate upon the entire awareness programmes. The Ministry of Education, The Ministry of information, the Ministry of Health, the Ministry of Culture, the Ministry of Social Welfare and other Ministries

of the Government are engaged in drug preventing process.

The DNC Head Office Prepares Action Plan and according to the action plan District Narcotics Control Offices and Divisional Narcotics Control Offices conduct multifarious awareness programmes like seminar, discussion programmes, Class discussion, anti-drug miking, anti-drug committee, discussion at educational institution wall-writing; hang anti-drug billboard, banner, festoon in populous place like bus-terminal, railway-station, launch-terminal, anti-drug discussion at religious institution like mosque, Temple etc.; Conduct anti-drug Campaign at Local government institution with the elected body. There is a anti-drug Committee in every district of the country headed by the Deputy Commissioner to conduct the anti-drug activities properly.

Department of Narcotics Control arranges seminar in presence of Local Member of parliament, Locally elected body and also in the presence of high officials of different Government Departments.

Mass media like Radio, Television, Newspaper play a significant role in sensitizing people about the bad effect of drugs by airing anti-drug film and publishing anti-drug messages to the community.

Department of Narcotics Control is publishing annual drug report of Bangladesh since 2010.



Monthly bulletin of DNC envisages the overall drug scenario of the Country.

In 2016, We declared the month of January as the month of Antidrug-drives and publicity and performed massive awareness activities all over the country Honorable ministers from different ministries, Honourable members of Parliament, Representatives from local Government Organization, High officials of the government were present in different parts of the country and delivered speech curtaining andti-drug message.

In that month the media, both printing and electronic played a significant role to make people aware about the harmful effect of drugs. The Department of Narcotics Control arranged several talk-shows to sensitize people regarding the adverse effect of drugs.

The month long programme was performed with decoration of the following events Anti-drug rally, discussion meeting, street-meeting, opinion sharing meeting, yeard meeting, wall writing, miking, distribution of poster leaflet, film-show, mass signing campaign, fixing sticker on vehicle, dibate competition, roundtable meeting, Essay and painting completion and cultural programmes.

Government Special attention to Demand Reduction :

The highest body of Bangladesh to formulate

drug related policy is National Narcotics Control Board (NNCB) provides proper directives and makes new drug-law policy to curb drug menace. The parliamentary standing Committee for Ministry of Home Affairs recommend needful approaches to conduct awareness programmes at drug prone areas and to the vulnerable class. The Department of Narcotics Control carries out its duty as per the recommendations of the said Committee. The aforementioned committee monitor the activities of different department which are under its administrative control. Government has set up three high profile committee to combat drug menace. Among those committees one has the purview of preventive motivational programme named The Anti-Drug Awareness Building and Social Mobilization Committee comprised of Ministry of Education, Ministry of Shipping, Ministry of

Table 37 : Statistics on Preventive and Awareness Programmes

Prevention Education and Publication				
Task	2013	2014	2015	2016
Production & distribution of anti narcotics posters	4200	5000	34500	157785
Distribution of anti narcotics leaflets	49310	150000	104000	974570
Distribution of anti narcotics stickers	14400	9500	15500	75031
Souvenir, Bulletin	5000	157500	9000	20000
Anti narcotics discussion meetings	5851	3813	4247	6607
Anti narcotics class speech at schools and colleges	268	633	826	1469
Forming of anti drug committee in Educational institute	632	309	809	8335

Source: Preventive Education Wing, DNC

Women and Children Affairs, Ministry of Information, Department of Youth Development, NGO Affairs Bureau, Islamic Foundation headed by the secretary of Ministry



of Education. The Government of the People's Republic of Bangladesh formed another 3 committees to strengthen the awareness activities .

The Department of Narcotics Control Conducted anti-drug awareness programme through Dhaka International trade fair, 2016 by a mini pavilion. This pavilion Provided anti-drug messages to the visitor of the fare to make them aware. The pavilion delivered anti-drug message digitally.

The Department of Narcotics Control was awarded first as to the mini pavilion category for its innovative awareness drive.

Observance of International Day Against Abuse and Illicit Trafficking of Drugs:

As drug trafficking is an international problem, international community is also very concerned over the problem. The observance of

international day against drug abuse and illicit trafficking on 26th June leads to express the utmost global concern regarding drug menace all over the world at a time and in a body.

Bangladesh government conducts countrywide programmes centering the day in the collaboration with NGOs.

The observance of international day against abuse and illicit trafficking of drugs starts with anti-drug rally and human chain.

The day encompasses various programmes e.g. bicycle rally, essay competition on adverse effect of drugs, painting competition, debate competition, anti-drug essay competition, mass signature campaign, talk show in electronic media, special feature in printing media during bad effect of drug and so on.



Mr. Md Jamal Uddin Ahmed, (Additional Secretary) Director General, Department of Narcotics Control alongwith the representative of United Nations office on Drugs and Crime (UNODC), Rosa and officers from various Law Enforcing Agencies of Bangladesh parcipated in a workshop on Pharmaceautical Drug Abuse in Bangladesh.



Chapter: IV

HARM REDUCTION

Harm reduction is one of the most contentious issues in drug use policy. The initial clarity and simplicity of this phrase has evolved into several polarized groups with a common goal and is interfering with opportunities to engage high - risk populations and the implementation of a range of substance abuse services and supports (Beirness et al. 2008). Overall harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (<http://harmreduction.org/our-resources/text-publicationsreports/>). However as a prevention or treatment strategy, harm reduction is more respectful of responsible decision making, emphasizing the need to understand an individual's ability to control his or her behavior (Erickson, 1995). In the context of Bangladesh mostly due to resource constraints harm reduction constitutes opioid substitution therapy (OST), needle exchange program, inpatient detoxification, outpatient service, family psycho-education and echo training to develop service provider in substance use disorder management.

METHADONE MAINTENANCE THERAPY (MMT) AND OPIOID OR ORAL SUBSTITUTION THERAPY (OST) IN BANGLADESH

In Bangladesh Oral Substitution Therapy has been introduced for Injectable drug users with

the aim to improve the quality of life and prevent spread of HIV or other communicable disease such as Hepatitis B and C. At present, there are 5 OST clinics located mostly at old Dhaka with coverage of 900 PWIDs. Two clinics are operated by icddr,b; two by CARE-Bangladesh and one by Save the Children International. Besides implementing two clinics, icddr,b also provides technical assistance to other three clinics. In a situation when HIV among PWID is rapidly increasing, role of OST may be crucial. It is imperative that the HIV positive PWID are brought under treatment of OST to reduce HIV epidemic among the PWID as well as preventing spread to the general population. So far, 174 HIV positive PWID were enrolled in 5 OST clinics and among them 83 are on ART.

The coverage of existing OST programmes in Bangladesh is substantially low (only 2.7% considering 33,066 PWID) in comparison with the other Asian neighbours. Scaling up and long term sustainability of the OST programme in Bangladesh is possible and achievable by collective efforts of the different Ministries/Departments of the Government and the International Organizations. However, client adherence to programme is excellent. There is strong demand from the client to increase the number of center in easily approachable locality as they have to attend the clinic every day of the year.





A team from Bangladesh (DNC, NASP, icddr,b and Save the Children) headed by DG, DNC visited Vietnam as a part of study tour of OST in May 2016.



Gathering of drug users in icddr,b - CTC run OST clinic for taking their daily dose of methadone

TREATMENT FACILITIES:

The Government of Bangladesh provide treatment service for the drug dependent people through Central Drug Addiction Treatment Center (CTC) in Dhaka and three regional treatment centers Chittagong, Rajshahi and Khulna. The capacity of CTC is 50 beds, 40 beds for adult male patients and 10 for children and adolescents. The government has planned to establish more six treatment and rehabilitation centers with facilities of 50 beds in each divisional headquarters. In addition a proposal for enhancement of the treatment facility of CTC from 50 beds to 100 beds has been submitted to the Government. An MOU has done between Department of Narcotics Control and Dhaka Ahsania Mission for case intake through DIC (drop in centre) followed by detoxification and rehabilitation program of children substance use disorder patients.



counseling, treatment and rehabilitation center-2005", Department of Narcotics Control, Bangladesh, issued licenses to 147 NGO and 185 (48 new) private treatment centers till December 2016. DNC has taken further steps o issue licenses throughout the country with a view to covering treatment facilities in every district of the country for drug dependent patients.

Beside the services provided by the government there also NGO and private treatment services for the drug addiction people. Under the "Rules for establishment and running non-government level drug addiction

Occupation therapist working with children and adolescent admitted at Central drug addiction treatment centre children unit, Tejgaon, Dhaka, Bangladesh displaying "suitcase for life".



ECHO TRAINING:

In Dhaka five echo training on universal treatment curriculum 4, 4a (one batch), 1 & 2 (two batch) and 6, 7, 8 (two batch) was conducted from May, 2016 – October, 2016, organized by Central Drug Addiction Treatment Centre and supported by Department of Narcotic Control. In total 144 participants from different background (doctor, nurse, recovery addict, clinic owner, clinical psychologist, psychologist e.t.c) were trained on the above mentioned curricula.



Additional Director General, Department of Narcotics Control with the participants of Bangladesh in the 9th UTC 6, 7, 8 Training programme held in July, 2016 in Dhaka, Bangladesh.

PSYCHO EDUCATION FOR FAMILY MEMBERS:

Family has a great role in the treatment

programme of substance use disorder. For early detection, treatment adherence, regular follow up, identification of co-addiction role and to achieve and maintain recovery family should have play the pivotal role along with clinical staff. To educate the family members of the patients about their exact role and how to help the patients to prevent relapse, CTC has taken programme for family counseling on every Wednesday started since October'15. These psycho education sessions, conducted by chief consultant, resident psychiatrist, rehabilitation officer, occupational therapist, matron (junior) and social welfare department is highly appreciated by both from patient and their family.



Family members of the patients attending in a weekly family counseling session held in CTC, Tejgaon, Dhaka

Figure-I Distribution of Patients by Employment Status

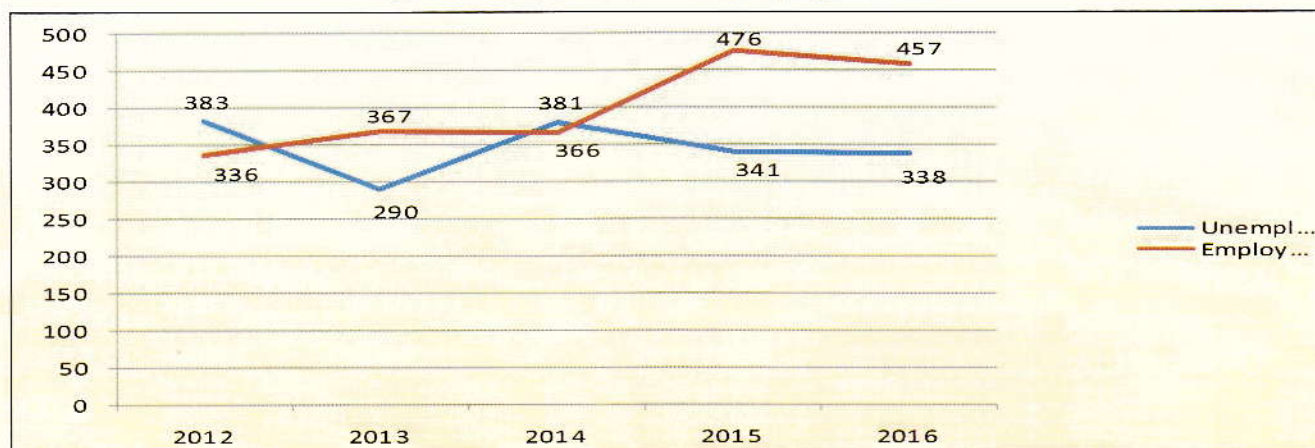


Figure-I shows the graphical presentation of Employment Status of the patients. It represents that employment status of drug abuse patients slightly decreasing, unemployment status relatively static in compared to 2015.



Figure - II the graphical presentation of three main drugs of abuse in Bangladesh

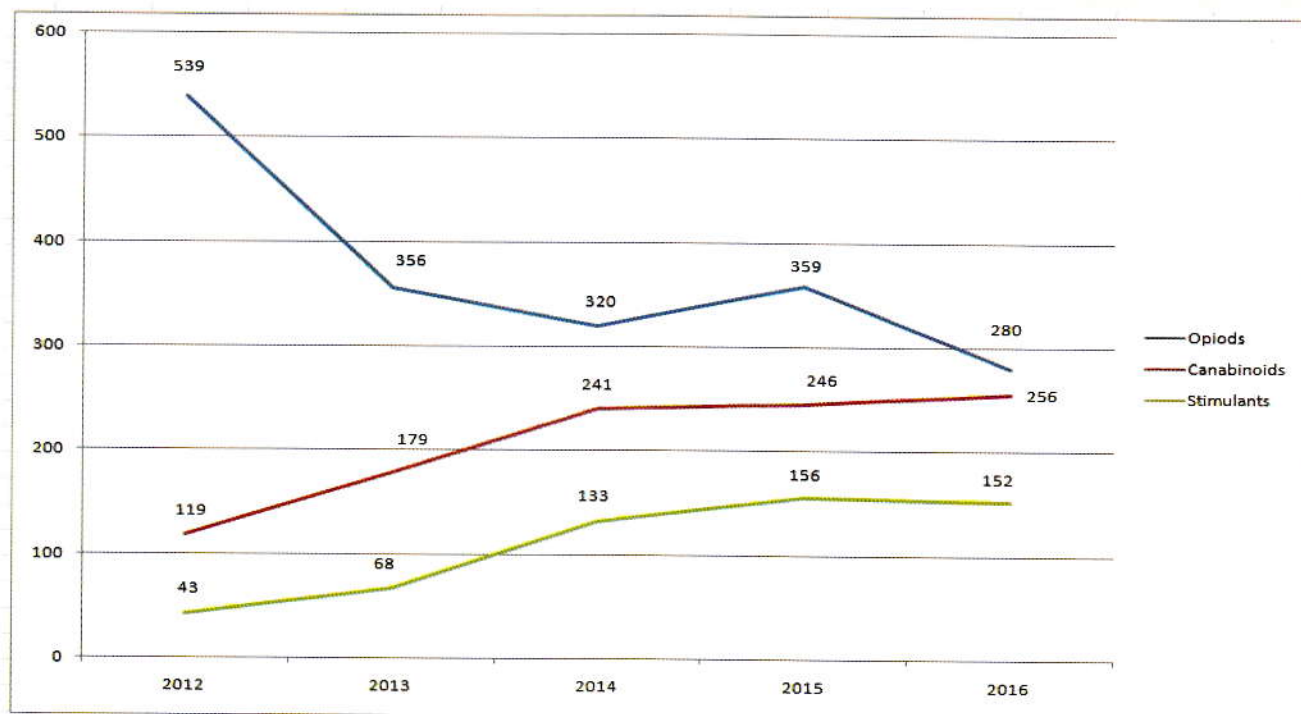


Figure -II shows the graphical presentation of three main drugs of abuse in Bangladesh. It shows Opioids use is decreasing in number, Cannabis and Yaba use are increasing in number specially Yaba which is alarming shows the distribution of patients by principal drug of abuse.

Table 38 : Distribution of Patients by Route of Administration of Drugs in Bangladesh

Routes of Administration of Drug Abuse	Number of Patients (%)			
	2013	2014	2015	2016
Smoking	449(68.24%)	509(68.69%)	559(68.58%)	560 (70.44%)
Swallowing	57 (8.66%)	98(13.23%)	121(14.84%)	38(4.78%)
Injection	135(20.51%)	120(16.19%)	125(15.33%)	41(5.16%)
Nasal Inhalation	06 (0.91%)	10(1.35%)	8(0.98%)	156(19.62%)
Others	00	04 (0.54%)	2(0.24%)	795 (100%)

Table VI shows that smoking is that most common route of drug administration in our country comprises around 70%. Drug use by injectable method is decreasing in number gradually.

In Bangladesh harm reduction according to either broad or narrower definition is in early stage. Though there is a preference for clinic-based, short-term detoxification, large-scale Government endorsement of needle exchange programs, OST programs, and maintenance programs is required.



Chapter: V

Role of NGOs in Raising Public Awareness about Drug Abuse

Introduction

Drug Abuse is so pervasive that most people of every country more or less know about this. People also notice that despite of high price of drugs and prevailing strict laws its demand and use are increasing. People know about illicit trafficking and destructive use of drug, yet its production, marketing and use do not stop. In many countries narcotics is being used because of loopholes of stringent laws. Raising public awareness can yield good results in controlling illicit trafficking, selling and use of narcotics. The nation that is more aware of any matter, gets the benefit. Therefore, we can achieve a good outcome if people are made conscious about illicit marketing and use of drug. Now the question is how we can raise public awareness about drug abuse? My subject is how NGOs can do it? Here I would like to mention that besides government effort, NGOs had significant contribution to increase sanitation coverage in the country. The main task that was done to achieve this was to make people understand that sanitary latrine is a must for each family. And we began to see good result of this work. Similarly NGO's awareness program can play a huge role in preventing adolescents and youths from drug abuse. Governments have a responsibility to control both drug trafficking and drug abuse, but NGOs and Communities at large can also make a major contribution.

Before entering into main discussion let us see

why participation of NGOs beside government intervention is very essential for drug prevention.

Why Awareness is Necessary?

If we look at the harms caused by drug and its horrendous effects we would agree that awareness is needed. Not only that, it is very urgent.

Major Harms caused by Drug

Firstly, it is observed that tendency of drug abuse is more among adolescents and youths. They are the largest segment of our population. As drug can be found easily, they try it once or two and get addicted. Often they are acquainted with drugs from friends, classmates and relatives who are very close to them. These adolescents and youths are the present and future of any country; they are the backbone of our nation. The future of this country depends on them. And they are the key population for abuse of drug. We must protect them.

Secondly, workers are getting addicted because of frustration and low performance. As a matter of fact, many of them become dependent on drug and it increases their functioning for a while. By taking drugs a kind of frenzy sensation and energy are created in the body. This enhanced performance can bring some financial gain. Drivers of buses, trucks and cars are among those workers. One of the major causes of road accident is driving car by a drunk or drug addict. This causes premature loss of lives.



Thirdly, students and youths finishes their studies with frustration thinking that there are not enough jobs in the market. Some of them are also unhappy with working condition. To them life is not like that they expected. To get rid of this frustration they start taking drugs. Children from broken families are lonely without parental love and affection. These children do not have enough mental strength to face the odds of life. They become the victim of frustration and aggression and often get addicted to various harmful drugs.

Reasons for Awareness Raising

Taking drugs causes harm in different levels of our lives i.e. individual, family, society and country as a whole. It also affects our economy, politics, morality and environment. This has got both direct and indirect effects. The greatest effect we observe in the very life of the addict. Initially the drug taker cannot understand its adverse long term effects. So out of curiosity one starts taking drugs, but the end result is very shocking even death sometime.

At first it damages one's brain and mind. Regular intake of drugs creates dependency and at certain interval body and mind demands the particular substance. As a result the person become dependent on drug. At certain stage he becomes sick. This physical loss affects his studies, day to day functioning even sex power.

At the same time there is huge financial loss. The addicts need money to buy drugs every day. Even he has to spend more than he earns. He then starts collecting money by any means. When his own earning is all spent he chases his family members, friends and neighbors. As a result, the person and his family face extreme financial loss and lose all their possessions.

It is not only physical or financial loss, addiction decreases the intelligence of the person. The bright young man who was supposed to enrich society by his intellect and labour, becomes lame, disinterested and hopeless. This loss is not only to the addicts alone, his family and society

also incur the loss. If young generation suffers this way, soon the country will be in big crisis. It is not the individual loss on the part of the addict, but it is a total loss for the country.

Prevention: the Role of NGOs

Awareness Raising is a big step to prevent people from the dreadful grip of drug abuse. It is said, "Prevention is better thn cure". We got to save our adolescents and youths from this evil. Evil can not give anything good ever. It is better to embark this kind of task together. Results from research shows that prevention programs that invove families, schools, communities and the media are effective in reducing drug abuse. NGOs can play a big role alongside the government in this fight against drug. We have got a good number of NGOs in Bangladesh and every NGO can come forward in this work. Now we are passing a time when drug abuse is affecting almost every family in some way or other. That's why all of us need to take part in this work.

Why participation of NGOs?

- a) Lots of NGOs are working in Bangladesh. A large number of peple are involved in NGO activities. It is difficult in many other contries to have this great crowd.
- b) Each NGO has got their enlisted beneficiries. If every NGO make their beneficiries aware about drug abuse then a great number of families can be protected from adverse effect of drugs. One may point out that addiction is rather less among adults. That does'nt mean they should not be made aware of this. All the family membes should be conscious about drug abuse.

Today there is a great need to awake our guardians and adolescent about devastating effects of drugs. This anti-drug campaign would cover not only the drug user but all the members of the family as



well as the community members. At present our children may not be affected but there is no guarantee that he or she would not be troubled in near future.

The way NGOs can do Awareness Raising

1. NGOs might choose the easiest and less costly way to reach the beneficiaries. For example NGOs working in this field can use leaflets, booklets, posters and videos made by Department of Narcotics Control, Ministry of Home Affairs. Now-a-days there are writing on the wall against drugs catches our eyes. This can be a good way to disseminate messages about the threat posed by drug abuse. Billboards can be placed there.

But beware to prepare content and wording of the message considering age of the spectators or audiences. For example, awareness message for schools, colleges and that of universities should be different. But the harm caused by drug is same irrespective of age, level of education or family status.

2. NGOs should work more in high schools and among young people. Because statistics shows that 80% of drug addicts are adolescents and youths. So, we should start drug awareness program for boys and girls from an early age. That's why NGOs should bring adolescents and youths under their awareness program and help build a strong drug addiction free nation. Because if young generation become addicted then future leadership will be weakened and we would have fragile country.
3. Awareness Program should cover the adults and parents. Because parents should keep an eye on their children. Because today's adolescents are different than those before. Every day they face many questions, tempted by

many attractive things and live in a dire competition. They are struggling with much stress and pressure. There is also a lack of values. So, it is very easy to be stumbled or side-tracked. Therefore, parents should be vigilant and try to know what are they doing, where they are going, what they are eating, whether already started smoking or not? Parents need to talk with them how snatching of drugs can devastate their lives. Both parents and children should know the truth about drugs. NGOs can collect and disseminate this vital information to increase their consciousness. Moreover, parents should be made aware because they often work outside and doesn't have much time to attend their children. Children spend their time with others. Therefore, now-a-days it is essential that parents let know more about the child. NGOs can help them become cognisant about parenting and the challenges adolescents face today. NGOs and Civil Society organizations (CSO) can play a vital role in this awareness program. Community clubs and CSOs can work together with utmost seriousness in order to protect our young generation from this horrible disorder. Therefore let us (NGOs, Clubs, CSOs) come forward.



Chapter: VI

Forensic Laboratory of DNC

AS a nodal agency Department of Narcotics Control (DNC) is responsible for all drugs related issues in Bangladesh. Bangladesh is exposed to drug trafficking across the borders it shares with India and Myanmar. Bangladesh also has a history of illicit cannabis production and consumption; cannabis remains the main substance of abuse in the country. The total amount seized increased from 35 tons in 2014 to 41 tons in 2015. In 2015, a large number of tablets containing pseudoephedrine or ephedrine were seized along the India-Myanmar border, which was possibly being smuggled into Myanmar for extraction of the substances in order to manufacture amphetamine-type stimulants. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in South Asia can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention. The Narcotics Control Act, 1990 empowers officers from Department of Narcotics Control, Police, Customs & Excise, Border Guard Bangladesh (BGB) etc. to carry out drug law enforcement measures.

Central Chemical (Drugs) Laboratory, Dhaka a premier forensic institution of the country was originally established 3rd July 2001 in order to carry out the provision of section 50 of the Narcotics Control Act, (NCA) 1990. Its location is old Dhaka at 174 distillery Road, Gandaria,

Dhaka-1204 at the own land of DNC. The laboratory undertakes scientific examination of the clue materials in the crime & civil cases forwarded by the different Courts. It is the specialized and designated laboratory for testing narcotics drugs, psychotropic substance and precursor chemical as well as controlled pharmaceutical drugs in Bangladesh. There is a permanent risk that new psychoactive substances with unpredictable toxicological profiles and a potentially unknown detrimental impact on human health may enter the market. It is therefore essential to regularly update data about the patterns of their consumption and the needs of their users. According to an EMCDDA report on health responses to new psychoactive substances that was published in 2016, in view of the rapid emergence of the group of substances and the complexity of their markets, it is essential to develop and implement effective public health responses to their use. "Captagon" was originally the official trade name for a pharmaceutical preparation containing the substance fenethylamine, a synthetic stimulant. The substance currently known as "captagon", as encountered in seizures across West Asia today and referred to in the present report, is a counterfeit drug compressed into pills or tablets that are similar in appearance but distinct from the original "Captagon". The active ingredient in counterfeit "captagon" is amphetamine, which is typically cut with multiple adulterants, such as caffeine and other substances.



Table 39 : Statistics of Chemical Analysis -2016

Serial No.	Name of the Month	Positive Report	Négative Report	Total Report
1	January	3,795	02	3,797
2	February	3,618	00	3,618
3	March	3,989	00	3,989
4	April	3,174	00	3,174
5	May	4,190	00	4,190
6	June	4,430	00	4,430
7	July	3,340	00	3,340
8	August	5,041	00	5,041
9	September	4,283	00	4,283
10	October	5,672	00	5,672
11	November	4,751	00	4,751
12	December	4,523	00	4,523
	Grand total	50,806	02	50,808

According to enforcement agencies, drug cartels are increasingly manufacturing large quantities of methamphetamine in nondescript towns and villages in Mongdhu & other states in Myanmar. International drug syndicates have been setting up labs that manufacture the drug also known as meth, crystal meth and ice in various parts of Myanmar in recent years, say senior intelligence officials. The reason for this, perhaps, is that ephedrine, the principal raw material in the manufacture of the drug, is available over the counter in the pharmacies, country's they say.

As per provision of the NCA, 1990 any required substances test in connection with any provision of the Narcotics Control Act, 1990 is to be done in this laboratory may be used as evidence in any proceeding in any Court in Bangladesh.

Its work has been subsequently broadened by the chemical examination of all the drug cases & seized by any law enforcement agencies in Bangladesh.

More over it also examines the drugs or raw materials of any distillery/chemical industry or pharmaceuticals industry licensed under the NCA, 1990 for compliance of any provision of this Act.

This Laboratory of DNC, procures and provides Drug Detection kits to the drug law enforcement agencies across the country. Availability of a simple, correct user friendly native language method for 'on the spot' testing of suspected materials even by non-

technical officers is a key requirement for effective enforcement. Drug Detection kits are used for the detection of narcotics drugs e.g. Opium, Morphine, Codeine(Phensydl), Heroin, Amphetamine & methamphetamine, Cannabis, Hasish & Hasish oil and Cocaine. and precursor chemicals e.g. Isosafrole, Toluene, Ephedrine, Pseudoephedrine and Acetone can be identified 'on the spot' through the kits.

Figure 40: Statistics Of Chemical Analysis Agencywise-2016

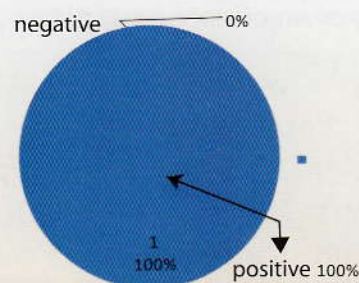


Table 40 : Statistics of Chemical Analysis Agencywise-2016

Agency	No. of Positive Report	No. of Negative Report	Total Report
DNC Dhaka Div.	1723	00	1723
DNC ctg. Div.	884	00	884
DNC Kln. Div.	941	00	941
DNC Raj. Div.	1209	00	1209
Bangladesh Police	45726	02	45728
Bangladesh Railway Police	314	00	314
Other Agencies	09	00	09
Total	50806	02	50808



Chapter: VII

Precursor chemicals: Bangladesh Perspective

To comply with the article 12 of the UN Convention 1988 the Government of Bangladesh includes the precursor chemical as A-class drug in the Narcotics Control Act 1990 i.e, Bangladesh controls all the precursor chemicals. Bangladesh is neither a major precursor chemicals producing nor an exporting country. Only three precursors are produced which is very little compared to the consumption in the industrial use. The precursors used in Bangladesh, in the industrial sector are import based. The importers have to take licence from the Department of Narcotics Control. Any person who fails to observe the legal requirements of a licence or a permit shall be guilty of an offence and liable.

Basically, Toluene, Acetone, Methyl Ethyl Ketone, Potassium permanganate, Acetic Anhydride, Sulfuric acid, Hydrochloric Acid etc are imported for the industrial uses. On the other hand, pseudo ephedrine and ephedrine are imported to use in the pharmaceuticals industry to manufacture cold medicine.

Annual quota of precursor chemicals in Bangladesh:

Annual quota of precursor chemicals is allotted in favour of licences issued by the Department of Narcotics Control are as follows:

Toluene 15,222.207 MT, Acetone 8,101.49 MT, Methyl ethyl Ketone 5,235 MT, Potassium per Manganate 3520.50 MT, Acetic Anhydride 1916.04 MT, Ephedrine 217 kg and Pseudo

ephedrine 42,105 Kg. Lisencing activities of Sulphuric acid and Hydrochloric acid is controlled by the Ministry of Home Affairs & District Administration.

Comparative statement of precursors chemical import and use :

Acetone(C_3H_6O): Acetone is used as solvents, Pharmaceuticals industry, cosmetics, Plastics, paints, lubricants and varnish industries.

Figure 41 : Import of Acetone in the last 3 years is as follows:

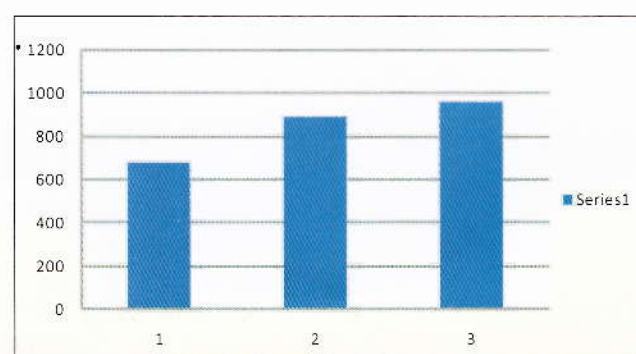


Table 41 : Import of Acetone in the last 3 years.

2014	2015	2016
679.362 MT	890.08 MT	959.040MT

Import statement of Acetone indicates that it is uprising from 2014 to 2016. Import of acetone is much lower compared to the annual quota.

Toluene (C_7H_8): Toluene is used as solvent, manufacture of explosives, dyes, coatings and adhesive producing factories. Most of the toluene is imported for industrial uses. Bangladesh imports toluene from Singapore and India. A Toluene manufacturing factory



named M/S Super Petrochemicals (pvt) limited has been established in Chittagong after getting liscence from Department of Narcotics Control in 2016. Annual production capacity of the factory is 100 (one hundred) MT. It is a byproduct produced during separation of octane. Toluene produced in the factory is marketed trough the liscences issued by the Department of Narcotics Control.

Figure 42 : Import of Toluene in the last 3 years is as follows:

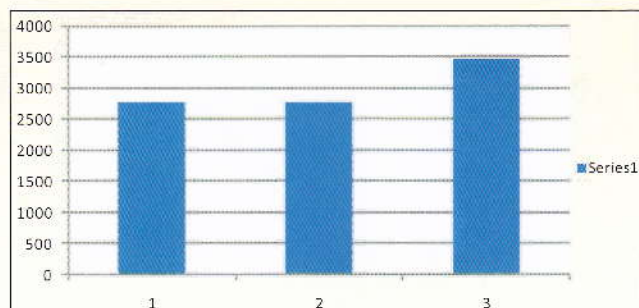


Table 42 : Import of Toluene in the last 3 years is as follows:

2014	2015	2016
2766.270 MT	2762.408 MT	3466.335 MT

From the import statement of Toluene it is founded that import of toluene was almost same in 2014 and 2015 but in 2016 it is 25% higher compare to 2014.

Methyl Ethyl Ketone (C₄H₈O): Methyl Ethyl Ketone is used as solvents to manufacture coating agents, degreasing agents and resins. MEK is imported from Singapore.

Figure 43 : Import of Methyl Ethyl Ketone in the last 3 years is as follows:

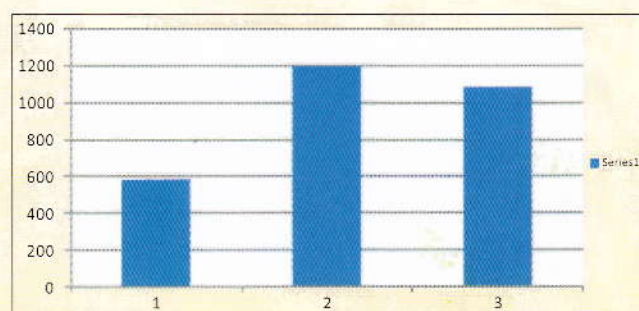


Table 43 : Import of Methyl Ethyl Ketone in the last 3 years is as follows:

2014	2015	2016
587.920 MT	1191.80 MT	1081.045 MT

Import statistics indicates that in 2015, import of MEK is doubled compared to 2014 but in 2016 import decreased by 10% compared to 2015.

Potassium permanganate (KMnO₄): Potassium permanganate is used as anti-fungal agents, water purification, poultry farm and organic synthesis.

Figure 44 : Import of Potassium permanganate in the last 3 years is as follows:

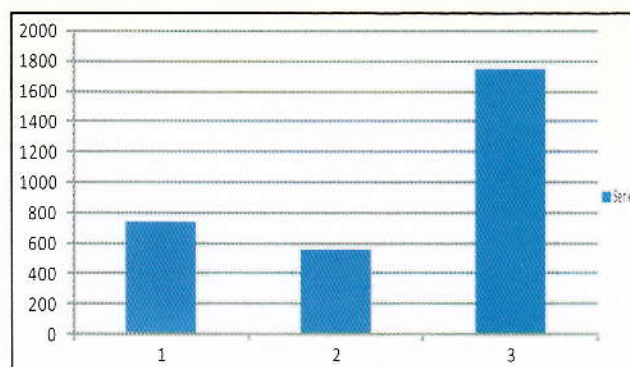


Table 44 : Import of Potassium permanganate in the last 3 years is as follows:

2014	2015	2016
740.001 MT	556.048 MT	1750 MT

From the above data it indicates that potassium permanganate is imported from China, Singapore and Germany. Statistics also reveals that in 2016, import of potassium permanganate is 136% higher compared to 2014 and 215% higher than 2015.

Pseudoephedrine (C₁₀H₁₅NO): Pseudoephedrine acts as a bronchodilators and nasal decongestant. Pseudoephedrine. HCl or Pseudoephedrine. SO₄ are used as raw materials in the pharmaceuticals industries to manufacture of cold medicine.



Figure 45 : Import of Pseudoephedrine in the last 3 years is as follows:

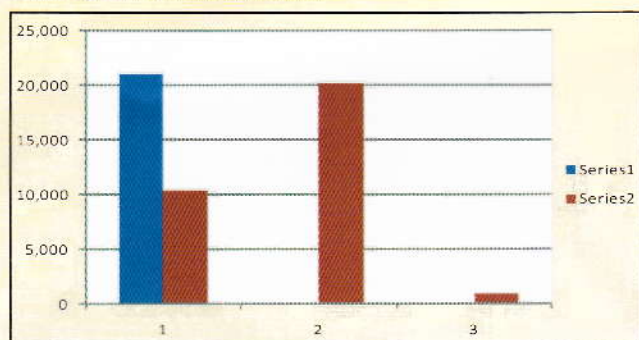


Table 45 : Import of Pseudoephedrine in the last 3 years is as follows:

2014	2015	2016
21,111 Kg Pseudoephedrine HCl, 1000Kg Pseudoephedrine.SO ₄	10415.6 kg Pseudoephedrine	HCl 20174 kg (HCl)

Pseudoephedrine is mainly imported from India. The annual quota of pseudoephedrine allocated among the issued licences is 42,105 Kg. But any operation of pseudoephedrine like import, use, distribution of pseudoephedrine based medicine are prohibited and dosages form of pseudoephedrine based medicine declared illegal by the government of Bangladesh from March 2017. The registration of all dosage form of pseudoephedrine based medicine is banned in Bangladesh by the Directorate of Drug Administration. So, at present permission for import of pseudoephedrine and production of pseudoephedrine based medicine is stopped.

Ephedrine (C₁₀H₁₅NO): Ephedrine is used to manufacture of cough suppressing medicines and cold medicine.

Figure 46 : Import of ephedrine in the last 3 years is as follows:

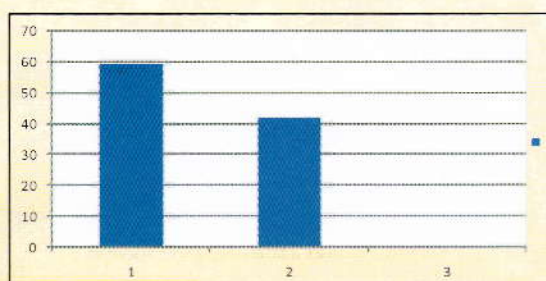


Table 46 : Import of ephedrine in the last 3 years is as follows:

2014	2015	2016
59.165 Kg	42 Kg	0.30 gram

From import statistics we came to know that import and use of ephedrine is not significant and import quantity is very small compared to allocated quota.

Acetic Anhydride (C₄H₄O₃): Acetic Anhydride is used in pharmaceuticals, Plastics, paints, dyes industries etc.

Figure 47 : Import of Acetic Anhydride in the last 3 years is as follows:

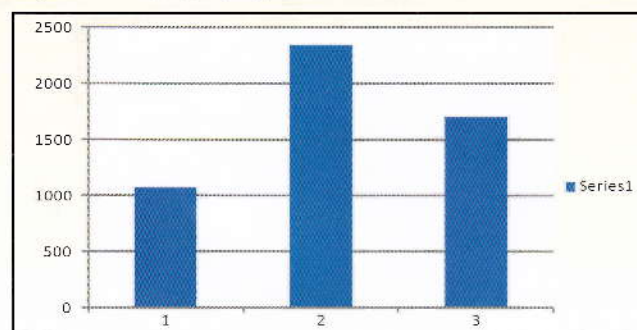


Table 47 : Import of Acetic Anhydride in the last 3 years is as follows:

2014	2015	2016	Country of origin
1073.762 MT (SIS)	2352.274 MT (SI)	1707.040 MT	Singapore, India

Import statistics suggests that Acetic Anhydride is imported from India, Singapore and Switzerland. Statistics also indicates that import of Acetic Anhydride in 2015 is 119% higher compare to 2014 but in 2016, it is 27% lower than 2015.

The economic condition of Bangladesh is developing day by day. Precursor chemicals play vital role in the industrial sectors as well as boost up the economic condition of Bangladesh. So use of precursor chemicals to enhance the activities of industrial sector is very much important for Bangladesh. Due to strict supervision and monitoring, no single incident of diversion of precursor chemical is unveil in Bangladesh. The Department of Narcotics Control as well as the government of Bangladesh is vigilant and firmly committed to control of diversion and abuse of precursor chemicals.



Chapter: VIII

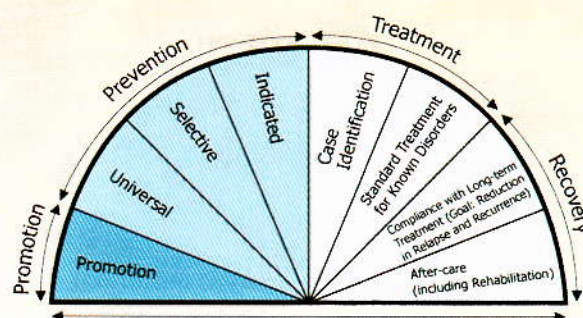
Roles of NGOs in Drug Prevention

Introduction

The increasing trend of drug use is alarming to the global society. It has drawn attention to all concerned throughout the world. Based on the estimates of the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2016 it is estimated that 1 in 20 adults, or a quarter of a billion people between the ages of 15 and 64 years, used at least one drug in 2014. Nevertheless, as over 29 million people who use drugs are estimated to suffer from drug use disorders, and of those, 12 million are people who inject drugs (PWID), of whom 14.0 per cent are living with HIV, the impact of drug use in terms of its consequences on health continues to be devastating. With an estimated 207,400 drug-related deaths in 2014, corresponding to 43.5 deaths per million people aged 15-64, the number of drug-related deaths worldwide has also remained stable, although unacceptable and preventable.

Bangladesh is strategically located between the Golden Triangle (covering Laos, Myanmar and Thailand) and the Golden Crescent (covering Pakistan, Afghanistan and Iran), the two major heroin producing areas of the world. It is surrounded on three sides by India and on one side by Myanmar the major producer of illicit opium and cannabis and has sea and air links with many other countries having wide demand for hard drugs.

Originally Bangladesh was seen as a transit country through which drugs from these producing countries had been shipped to points in North America and Europe. However,



the distinctions among producers, transit and user countries is evolving and today, Bangladesh is both a transit and user country. Although Bangladesh is not considered a major producer country of drugs, cannabis is illegally grown in the country and some alcohol is produced both legally and illegally. In recent use of yaba has tremendously increased by the youth including schools & college students.

Collaboration between NGOs and DNC:

It is a hard fact that the Government of a low middle income country like Bangladesh with a heavy burden of population and with its scanty resources cannot accomplish the huge task of drug abuse control all by itself and hence it is essential that other agencies like NGOs must come forward to shoulder the responsibility in a big way. On this point of view, a good number of number NGOs have come forward to addressing the problem. Most of the NGOs are working on drug demand reduction and a limited number of NGOs are working in the field of treatment and rehabilitation. According to the information of Directory for Drug Treatment and Rehabilitation Centers, NGOs are providing treatment and rehabilitation support through 172 drug treatment and rehabilitation centers in Bangladesh.



Drug prevention: NGOs are playing significant roles for drug prevention through creating mass awareness. It is seen that the friends, neighbors and classmates are often inspired to take drugs by the motivation of their drug addicted friends, class friends & neighbors and became addicted. Massive mass awareness on the harmful effects of drug use is needed. Keeping the adverse situation in mind, NGOs are creating mass awareness on this. They are implementing following activities in this regard.

Drug prevention program in Prison: A significant number of convicted and under trial prisoners are from drug abusers category. This numbers are influencing much to make the prisons overcrowding in Bangladesh. Generally, it is estimated that there is about 20%-25% prison population are identified as drug user but mostly they are treated as drug peddlers. As an implementing agency of Improvement of the Real Situation of Overcrowding in Prisons (IRSOP) project in Bangladesh, Dhaka Ahsania Mission and some other NGOs have been playing a vital role for reducing demand of drug. There are two types of activities which are being implemented under this project regarding drug prevention. Some of the activities are directly and some are indirectly (having impact to reduce demand) related with drug prevention.

As part of direct services DAM is providing awareness development about negative impact of drug through Peer Volunteers, Counseling with future treatment plan for prison experienced drug user to continue drug free life, Family Counseling of drug abuser to play supportive role for run recovery life, Contact with ex-prisoners after being released or getting bail from prison to support them for getting admission at drug treatment centers, Referral for medical support in inside prison as part of withdrawal management, Referral and financial support for Drug treatment (Detoxification).

On the other hand DAM is providing some indirect services. These are; Service promotion Campaign, Day observance (*International Day*

against Drug Abuse and Illicit Trafficking), Drug treatment and Management training for Public & Private Drug Treatment Centers and Prison Officials, organize stakeholder workshop and consultation Meeting with related stakeholders, Peer volunteer training, Life Skill Training for prisoners, Skill Development Training for ex drug abuser as part of rehabilitation.

Organize the Youth and adolescent:

Preventing young people from experimenting with drugs and becoming involved in drug abuse is possible. The earlier children and young people are taught the correct information and skills the better able they are to make healthier choices when they grow up and the more skills they have to engage in healthy activities such as sports, cinema and music in their free time instead of experimenting with drugs. Also, the more positive and caring relationships between young people and their parents, siblings, friends, teachers and communities are, the less likely they are to have a need to experiment with drugs. NGOs are organizing the youth and adolescents and forming youth club/youth brigades/groups/networks to create awareness on dangerous affects drug abuse. These youths and adolescents are gathered for information regarding harmful effects of drug abuse; disseminate the information in their respective community and creating mass awareness on this issue.

Organizing courtyard meetings and discussion in the mosque: To aware the community level people on dangerous affects of drug abuse NGOs are conducting courtyard meeting on regular basis. Grass roots level participants are participating in these meetings. Causes, consequences and harmful effects of drug abuse are being discussed in these meeting through using easy read and easily understand materials. Mass awareness has been increased among the common people through this effort.

NGOs are also facilitating the Imam of the Mosque to undertake discussion on anti-drug issue in the Mosque especially on Friday before Khutba. In these way NGOs are also creating awareness on anti-drug issue.



Organizing School and College based Programme:

Schools are ideal places to reach young person. Schools can help to develop these skills and knowledge throughout the years, reinforcing the learning experience. NGOs are organizing school and college based discussion meeting, rally, seminar, debate completion, art completion, easy writing completion, sports completion, etc to create awareness about dangerous affects of drug abuse in the society. The students, teachers, School Management Committee (SMC) members and elites of society are participate in these programs, become aware and express their strong commitment towards anti-drug activities spontaneously. Awareness creation materials like posters, leaflets and stickers are also distributing in these program. Some of these discussion meetings were covered by the news media for creating mass awareness on it.

Musical concert, folk song, street drama, etc:

NGOs are creating mass awareness on dangerous affects on drug abuse through organizing musical concerts, folk songs, jari gan, street drama, etc. Professional baul group/ popular singer perform songs and artist perform street drama highlighting the anti-drug message. People of all walks of lives enjoy the concert, folk song and drama and get the anti-drug message and become aware of this issue significantly.

Wall painting: Anti-drug messages are being widely disseminated by the NGOs through placing festoons and wall painting. Sometimes festoon have been hanging in the indoor places like seminar, workshop venue and meeting rooms. Wall painting are also conducting by the NGOs and disseminating the anti-drug messages with due importance. These activities have been creating immense benefit and people's awareness on the dangerous affects of drug abuse is notably increasing.

Observance of International Day against Drug Abuse and Illicit Trafficking: NGOs are observing International Day against Drug Abuse and Illicit Trafficking on 26th June, in each year in a befitting



manner. The day is being observed through organizing rally, discussion meeting, seminar, symposium, art completion, cultural program; etc highlighting the importance of the day and harmful effects of drug abuse. In observance of the Day banners, posters and stickers with various anti-drug slogans are fixed in the important public places in the country as well as Dhaka. Through these NGOs are creating mass awareness on drug abuse which ultimately inspired people to abstain themselves from becoming drug dependent.

Formation of human chain: NGOs are forming human chain for creation mass awareness on perilous effects of drug abuse. They are also drawing attention to policy makers, decision makers and relevant authority and creating pressure for taking appropriate measures for prevention of drug abuse. People of all walks of life including university teachers, doctors, lawyers and other members of the civil society, elites of the city, the leaders of the community and the students are participated in the Human Chain. This activity is creating a great impact amongst the general public. Daily newspapers also cover the event and give wide coverage and importance.

Organize anti-drug discussion Meeting, seminar, round table conference, talk show:

National and local level anti- drug discussion meetings, seminars and round table conferences are frequently organizing by the NGOs. Ministers, policy makers, decision makers, relevant govt. authority, civil society representatives and mass peoples are participating in these meetings. The meetings are emphasizing the need for concerted GO-NGO and Civil Society efforts to fight the



menace of drug including drug demand reduction. Sometimes they are facilitating and patronizing to organize the talk show on anti-drug issue in the TV channel. These programmes are creating tremendous impact, particularly because of huge coverage given by the media.

Press Conference: NGOs are organizing press conference on drug issue in different time. In these Press Conferences the prevailing drug situation of the country particularly anti-drug activities is discussed. Through these press conference drug problem is widely disseminated and mass people become aware on this issue in great extend.

Materials Development and distribution: Different types of IEC/BCC materials like posters, stickers, leaflets, booklets, flip charts highlighting the dangerous affects of drug abuse are being developed and distributed throughout the country by the NGOs



frequently. Peoples of all stratums of lives are becoming aware of harmful effects of drugs through reading the message and observing the pictures.

Organizing training and orientation: To carry out the awareness activities against drug NGOs are undergone training and orientation programme. They are trained as the Master Trainers on different aspects of the drug problem. After attending the training courses these Master Trainers are going back to their respective community and organizing similar training courses for the other members of the organization/networks and community volunteers. In addition to the Master Trainers'

course, orientation courses are organized for different types/groups of people such as students of vulnerable age group, community and religious leaders, teachers of primary and secondary schools and colleges under the school campaign programme

Award Giving:



Many NGOs are giving award for best performance on anti-drug activities. On yearly basis, the activities of the local organizations/network members are evaluated and awards are given in order to encourage for more effective works. Thus the NGOs are creating mass awareness among the people of all walks of lives for drug demand reduction.

Conclusion:

In order to make them able for healthy and safe choices young people in life and refrain from experimenting with drugs, they need to have correct information about drugs, drug use, the effects and consequences of drugs and how to avoid and deal with situations when they may be offered drugs or even pressured to use drugs. They also need life skills to deal with these situations, and environments that support them in making healthy choices. The NGOs of Bangladesh are playing a very vital role in drug prevention, treatment and rehabilitation. But considering the present necessity, NGOs' supports are not enough. So NGOs need long way to come forward with the unstinted support of the Government and development partners for "creating a drug free society" in Bangladesh.



Chapter: IX

Intelligence sharing to combat Transnational Organized Crime (TOC)

Organized crime is committed by group of professional criminals who work together as part of a powerful and secret organization. Organized crime is a category of transnational, national, or local groupings of highly centralized enterprises run by criminals who intend to engage in illegal activity, most commonly for money and profit. Organized crime threatens peace and human security, violates human rights and undermines economic, social, cultural, political and civil development of societies around the world.

UNODC opined that organized crime has diversified, gone global and reached macro-economic proportions: illicit goods may be sourced from one continent, trafficked across another, and marketed in a third. Transnational organized crime can permeate government agencies and institutions, fuelling corruption, infiltrating business and politics, and hindering economic and social development. And it is undermining governance and democracy by empowering those who operate outside the law.

Today the threat from Transnational Organized Crimes (TOC) is more complicated because criminal networks are more fluid and are using increasingly sophisticated tactics. TOC can

develop the consistent nature of our modern trading, transportation, and transactional systems that move people and commerce throughout the global economy and across our borders.

Now drug is not individually hazardous for mental or physical health but also a threat for peaceful society by committing organized crimes relates to drugs i. e. Transnational Organized Crimes (TOC) which is related to illegal financial flows. To combat money laundering or illegal flows of finance different law enforcing agencies (LEAs) of Bangladesh are working on their respective ground. DNC also entitled or empowered to resolve any cases related to money laundering as well as transnational organized crime (TOC). So sharing of individual LEA's information among the agencies is very much important to combat the organized crime.

Department of Narcotic control, Bangladesh is empowered by its act 1990 to investigate the money laundering cases which is consecutive to TOC. Moreover Bangladesh government has established money laundering Act 2012 which is amended in October, 2015. As per this act DNC can initiate their drug's cases for investigating any involvement of money laundering as well as TOC.



Bangladesh is not any illegal drug producing country though we are suffering a lot by various kinds of illegal narcotic drugs like Cannabis; Codeine based syrups including Phensidyl, Heroine, Injecting Drugs and Yaba (ATS) largely. Drug abuse inflicts immeasurable harm on public health and safety around the world. It threatens the peaceful development and smooth functioning of all countries.

Different law enforcing agencies (LEAs) of the country are trying to combat the drug menace though their consumption is increasing day by day all over the country. To address this problem all relevant ministries, agencies and department are working individually or jointly in some cases.

Present information sharing mechanisms (internal and external)

Internal mechanism intelligence sharing to combat drug menace: Government is decently committed to diminish the awful situation of illegal drugs in Bangladesh. This is why government has formed 03 high authoritative committee to prevent Supply, Harm and Demand reduction of Narcotic drugs in Bangladesh.

These are as follows-

Strategic committee is comprised of Principal Secretary of PMO (convener), Secretary of Ministry of Home Affairs, Secretary of Ministry of Education, Director General of Department of Narcotics Control (DNC), Additional Secretary of Cabinet Division and Director General (Administration) of Prime Minister's Office (member secretary),

The Enforcement committee is comprised of Secretary of Ministry of Home Affairs (convener), Inspector General of police (IGP), Director General of Border Guard Bangladesh, Director General of Coast Guard, Director General of National Security Intelligence, Director General of DGFI (Director General Field Intelligence) , Additional IGP (Special Branch) of Bangladesh Police, Director General of Rapid Action Battalion (DG RAB) and Director General of Department Narcotics Control (member secretary)

The Anti drug awareness and social movement Committee is comprised of secretary of Ministry of Education (convener), Secretary Ministry of Information, Secretary of Ministry of Shipping, Secretary of Ministry of Female and Child Affairs, DG of Youth Development Dept., DG NGO Affairs Bureau, DG Islamic Foundation and DG DNC (convener).

Those three committees are working to coordinate all level and ways of mechanisms to reduce the jeopardy of drugs in Bangladesh.

- ❖ Besides, there is a forum of coordination, cooperation and networking on drug related issues at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO).
- ❖ There is a forum of coordination, cooperation and networking on drug related issues at the District level called the District Drug Control Committee (DDCC). The DDCC is headed by the Deputy Commissioner of the District.
- ❖ The members of this forum are: The Deputy Commissioner (Chairperson), the



Superintendent of Police, the Civil Surgeon, the Deputy Director of Youth Development, a representative from the Islamic Foundation, a male social worker, a female social worker, a NGO representative, a lawyer and the regional Officer of the DNC (Member Secretary).

- ❖ There is a forum of co ordination, co operation and networking on drug related issues at the national level called the National Drug Control Committee (NDCC) which is headed by the Minister of home affairs.
- ❖ Apart from DNC Police, RAB, Customs, Coast Guard and BGB empowers to conduct raid, search, seizure and arrest in respect of drug offenses & the information is shared between those organization and DNC frequently.

Short brief on our internal Law Enforcing Agencies (LEA)

Bangladesh POLICE

The Bangladesh Police is the main law enforcement agency of Bangladesh which is administered under the Ministry of Home Affairs of the Government of Bangladesh. Bangladesh Police is headed by the Inspector General of Police (IGP), under whose command; Bangladesh Police is divided into different branches.

They are-

Tourist Police (Tourist.police.gov.bd), Range and District Police, Metropolitan Police, Traffic Police, Special Branch, Immigration Police, Criminal Investigation Department (CID), Railway Police (GRP), Highway Police, Industrial

Police, Police Bureau of Investigation (PBI), Special Security and Protection Battalion (SPBn), Armed Police Battalion (APBn), Airport Armed Police (AAP), Rapid Action Battalion (RAB), Police Internal Oversight (PIO), River Police, Police Telecom and Information Management, Digital Intelligence Bureau (DIB), Detective Branch, SWAT, Counter Terrorism and Transnational Crime Unit (CT), Range Reserve Force (RRF), Special Armed Force (SAF), Special Security Force (SSF).

Thana is the basic enforcement unit of Police. Set up of Districts and Metropolitan cities are mostly administrative and Divisional set ups are supervisory.

The Narcotics Control Act, 1990 empower Police for search, seizure, arrest, investigation and prosecution of a drug related crime. Besides Law enforcement, the police also perform some community based awareness activities against drugs. They sometimes make referrals of the drug addicts to treatment services. There are also community mobilization activities done by the police casually.

BORDER GUARD BANGLADESH (BGB)

Border Guards Bangladesh, as a paramilitary force, is entrusted with the responsibility to defend the 4,427 kilometers (2,751 mi) border of Bangladesh.

BGB is commanded by a Director General of the rank of Major General from Bangladesh Army. The BGB administration and most of the officer are trained and deputed from Bangladesh Army. It is divided into 61 battalions and



numerous border outposts (BOP) mostly along the borders. BGB is organized into a Central Headquarters and 4 Regional Headquarters. Under the regional headquarters there are 16 Sectors, 47 Battalions and many other Border guard outposts.

RAPID ACTION BATTALIAN (RAB)

Rapid Action Battalion (RAB) is an elite anti-crime and anti-terrorism unit of Bangladesh Police under ministry of Home Affairs. It is under the General command of Inspector General of Police (IGP). The head of Rapid Action Battalion (RAB) is the Director General of the rank and equivalent status of Additional Inspector General of police.

RAB has been successful in apprehending many high profile terrorists including godfather of drug smuggling.

COAST GUARD

The Bangladesh Coast Guard translated from English BCG is the maritime law enforcement force of Bangladesh. It is a paramilitary force which is under the jurisdiction of the Ministry of Home Affairs. Its officers are transferred from the Bangladesh Navy. The Bangladesh Coast Guard also performs the duty of maritime border security of Bangladesh. The headquarters is located in Dhaka, Bangladesh.

The emergence of the Bangladesh Coast Guard was the result of the growing awareness in the Government for the requirement of a separate service to enforce national laws in the waters under national jurisdiction and ensure safety of life and property at sea.

Since then the Coast Guard has been rapidly expanded and has been active in several high

profile anti-piracy operations in close conjunction with the Bangladesh Navy, Bangladesh Army, BGB, Bangladesh Police and Department of Narcotics Control.

Being the principal maritime law enforcing authority it implements both national and international maritime laws at present the Bangladesh Coast Guard has the following zonal command namely East, West, South and the Dhaka sub zone.

DEPARTMENT OF PRISON

The Inspector General of Prison is the head of the organizations. Prisons are mainly the custodian of all sorts of arrestees both before and after conviction.

There are about 68 prisons in Bangladesh, among which 13 are Central Jails and 55 District Jails including a female prison in Bangladesh. The overcrowding of prisoners is the highest in Bangladesh among the South Asian Countries. The total number of yearly arrests for drug related offences in Bangladesh is approximately 45,000 persons on average. Among these arrestees there are remarkable number are drug abusers. Sometimes drug addicted persons are made over to the prisons by the parents to make them free of addiction in a confined state. Majority of the drug peddlers are also habituated to drugs and when they are put into prison, they need treatment for their addiction. Apart from problem with drug addiction, prison populations are highly vulnerable to HIV/AIDS. Each of the prison in Bangladesh has hospital. The Narcotics Control Act, 1990 provides provision for declaring three these hospitals as



drug addiction treatment centre-on. There are treatment facilities for the convicted drug abuser i. e prisoner in Comilla, Jessore and Rajshahi central Jail.

CUSTOMS

Customs is primarily responsible for collection of all duties and taxes at the import. Apart from collection of government revenue, it is also responsible for trade facilitation enforcement of government regulations, production of society and environmental protection, protection of foreign trade statistic, trade compliance and protection of cultural heritage. At the legal ports of entry, it is the principle agency to apprehend illicit trafficking of drugs. As the customs authority is not empowered to investigate drugs offences, whatever cases are detected by them, is handed over either to police or to the Department of Narcotics Control.

ANSAR & VDP

Ansar is a law enforcement agency in Bangladesh under the administrative control of the Ministry of Home Affairs and is headed by the Director General.

Their primary responsibility is to maintain the law and order situation like Police and to maintain the security of human body, social services & partake to raiding against any crime along with drugs crimes. The Ansar Bahini conducts by the Ansar Bahini Act 1995, the Battalion Ansar conducts by the Battalion Ansar Act, 1995 and the village Defense Party (VDP) conducts by the VDP Act, 1995.

The Ansar Bahini is a basic component of the organization and based up to union level. Main

focus of the Ansar Bahini's duty is control the law & order, human security, public welfare & multiplier of forces. Main focus of the Ansar Battalion is security, disaster management and multiplier of forces. It is also working as auxiliary forces to maintain Law and Order Situation in Bangladesh.

External Level of links to combat illegal drugs:

- ❖ Information sharing with UN Bodies: UNODC and INCB (PEN, PRISM Alerts,).
- ❖ Information sharing with Regional Bodies: Colombo Plan, SAARC (SDOMD).
- ❖ Bilateral agreement with Myanmar and India for suppression of illicit drug trafficking on 01-12-1994 and 2006 respectively.
- ❖ MOU with Iran for drug abuse prevention and control.
- ❖ Under bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, 05 (five) times and 02 (two) times DG level talks have been held between Bangladesh & India and between Bangladesh & Myanmar respectively.
- ❖ MOU with Drug Enforcement Agency (DEA), USA. DNC is closely working with DEA to combat international drug smugglers those are trying to use Bangladesh as a safe transit route of drug smuggling. Already DNC has some successful story of seizure of Cocaine and ATS from our International airport as per information shared by DEA.

Bangladesh is a signatory of three UN conventions: (1) The single convention on



Narcotic Drugs,1961,(2) Convention on Psychotropic Substances,1971 and (3) Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances,1988. Bangladesh is fulfilling all the requirements of these conventions. Bangladesh regularly exchange specific information with International narcotics Control Board (INCB) and United Nations Office on Drugs and Crimes (UNODC) on export, import trafficking and use of controlled drugs. Bangladesh also exchange information bilaterally with the signing countries of the UN conventions as per requirement.

DNC and other Law Enforcing Agencies (LEA) are working with Asia Pacific Group (APG) to prevent money laundering or illegal financial flows including drugs related transactions. Bangladesh is also a signatory of Egmont Group which is working with this special mission.

Signing the International Drug Convention, Bangladesh inherited the policy of giving a full cooperation on drugs control to foreign countries and international organizations. Bangladesh is also signatory to the SAARC convention on Narcotic drugs and Psychotropic Substances,1990.

Bangladesh built up a relation of bilateral cooperation with Supreme Prosecutors Office (SPO) of the Republic of Korea. KOICA of the Republic of Korea providing training for DNC officials, and other logistics as part of strengthening the DNC. A MOU between the South Korea & Bangladesh has signed under which DNC would be modernized with ICT and drug testing system.

Bangladesh has close partnerships on drug abuse prevention and control with the Colombo Plan for Cooperative, Economic and Social Development in Asia and the Pacific and 19 countries including China, Myanmar and the South Asian Association for Regional Cooperation member States. Those partnerships involve the exchange of information and technical assistance.

Our country and India have close cooperation mechanisms for law enforcement and drug control, including regular meetings at the political and technical levels. The two countries have also agreed to share information on drug trafficking on a real-time basis and to assist one another in the investigation of drug cases. Bangladesh has an effective and integrated joint border management approach with India.

Bangladesh reiterated his country's determination to address the drug problem in all its facets. . Bangladesh now had a functioning anti-corruption commission and was strengthening anti-money laundering mechanisms. Bangladesh Financial Intelligence Unit (BFIU) playing a vital role to coordinate the LEAS including DNC and other agencies involved in prevention of Money Laundering as well as illegal financial flows in the country and abroad as well.

