

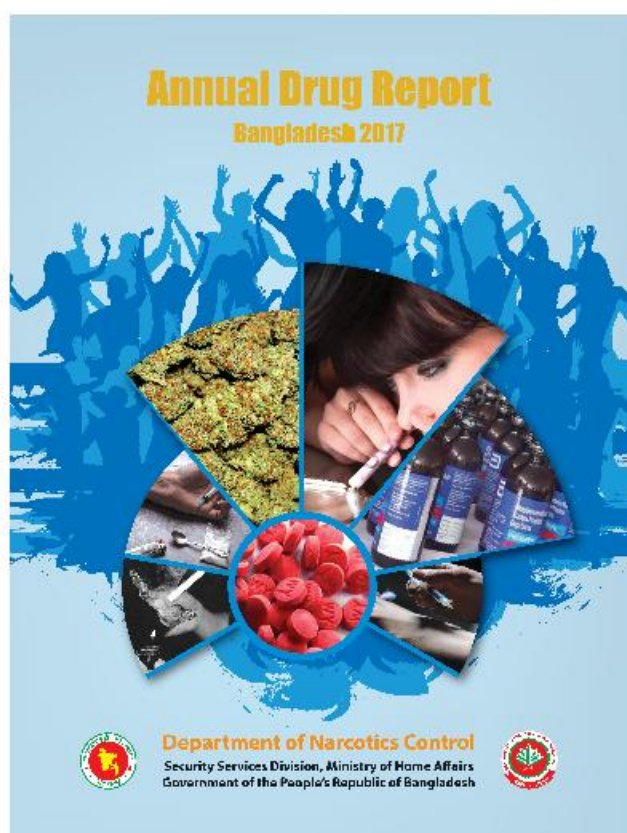


**Security Services Division, Ministry of Home Affairs  
Government of the People's Republic of Bangladesh**



# ANNUAL DRUG REPORT

## BANGLADESH, 2017



**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

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. It's a pleasure to me that the Department of Narcotics Control of Bangladesh is going to publish the Annual Drug Report of Bangladesh, 2017.

Drug problem has emerged as global concern because of its devastating characteristics. According to the most recent data available, there has been little change in the overall national situation regarding the use and health consequences of illicit drugs. Bangladesh is not free from this problem. The magnitude of the drug problem becomes more apparent when we see the sufferings from drug use disorders or drug dependence of the victims.

Drug causes series of crimes in the society which hamper law and order situation. It is the point of relief that the government is on serious mode in combating drug-menace and takes serious action against the drug offenders. Besides, creation of public awareness regarding the adverse effect of drug is very important to make the dormant people aware.

This Annual Drug Report will be a guideline to learn the nature and extent of drug-problem of the country and necessary actions would be taken accordingly to tackle the problem. Thanks all who made this effort successful to publish Annual Drug Report, 2017.

A handwritten signature in black ink, appearing to read "Asaduzzaman Khan".

**Asaduzzaman Khan MP**

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

## Message



I am delighted to know that the Department of Narcotics Control (DNC) is going to publish the Annual Drug Report-2017.

Drug abuse and illicit trafficking of drugs are now a major transnational concern. Being the member of global community, Bangladesh is also facing this disastrous problem. Drugs are disrupting the whole society, deteriorating the law and order situation, threatening toward national economy, security, public health and so on. Its heinous attack damages specially our young generation, who are the future leader of our land.

Government of Bangladesh has adopted zero tolerance policy against drug offences to curb all the discomforts. As a nodal agency the Department of Narcotics control (DNC) is playing a vital role in this regard along with law enforcing agencies like Police, RAB, BGB, Coast Guard; Customs Department and District Administration.

I hope that Annual Drug Report of Bangladesh-2017 will be a concrete guideline to find the overall drug scenario of Bangladesh so that necessary steps can be taken accordingly to curb the drug menace.

I welcome DNC for publishing this Annual Drug Report and offer my heartiest thanks to the team who worked hard for this gigantic effort.

**Farid Uddin Ahmed Chowdhury**

Secretary





## Director General

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

## Foreward

Department of Narcotics Control (DNC) has been publishing the Annual Drug Report of Bangladesh since 2010 and this will be the 8th. The report is prepared on the basis of data available and the experiences regarding drug control. 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.

Drug addiction is a problem that has been increasing immensely among our young generation today. The increasing trend of drug abuse is alarming not only to Bangladesh but also to the global society in the world. Article 18(1) of the Constitution of Bangladesh encompasses the basic principle of prevention and control of drugs in Bangladesh. The government has enacted the Narcotics Control Act 1990 is the major instrument to address drug related issues in Bangladesh.

Bangladesh is neither an illicit drug producing nor an exporting country. Bangladesh is strategically located between the Golden Triangle (covering Laos, Myanmar and Thailand) and the Golden Crescent (covering Pakistan, Afghanistan and Iran). It is surrounded on three sides by India and on one side by Myanmar -the major producer of illicit opium, yaba(methamphetamine) and cannabis; and has sea and air links with many other countries having wide demand for hard drugs. Drug trafficking through Rakhine state of Myanmar, which typically follows the route from eastern Myanmar via Maungdaw and Buthidaung to Bangladesh's Cox's Bazar, has apparently "increased significantly" in recent years. In 2017, a large number of drugs mainly methamphetamine or "yaba" were confiscated by officials of Bangladesh along the border shared by Bangladesh and Myanmar.

The Government of The People's Republic of Bangladesh has taken up the drug issues seriously and necessary steps have also been taken accordingly. The Government established the Department of Narcotics Control (DNC) as the Nodal Agency to fulfill the objectives of the law in question. The Government is also firmly committed to save the people from the curse of drug menace at any

cost. Honorable Prime Minister Sheikh Hasina has declared "Zero Tolerance" to drug related crimes.

Service provided in harm reduction in Bangladesh constitutes outpatient service, inpatient detoxification, co-occurring physical and mental disorder treatment, individual and group counselling, long term follow-up program, psychoeducation for client and family, opioid substitution therapy (OST) and needle exchange program. We are also providing echo training for the doctors, counselors, nurses, social workers and recovery people to upgrade the standard of treatment. The Government of Bangladesh providing treatment services for the drug dependent people through Central Drug Addiction Treatment Centre (CTC) in Dhaka and three regional treatment centers Chattogram, Rajshahi and Khulna. The capacity of CTC is 100 beds, 90 beds for adult male patient and 10 for children and adolescents. The government has planned to establish more six treatment and rehabilitation centers with facilities of 200 beds in each divisional headquarters ensuring the treatment facilities for men, women and children.

Our young generation is the future hope of Bangladesh. But, they are the main target and victim of drugs. Now, more than 65 percent of the population are of working age, between 15 and 64. If we want to achieve the benefits of demographic dividend we have to keep our generation free from drug. 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 a vital role in anti-drug 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 society alongside of the operational activities.

The vision of the present Government is to make drug addiction free Bangladesh. The importance of reducing drug abusing and illegal trafficking have focused in our Education Policy 2010 (Chapter 17 & 18), 7th Five Year Plan (Chapter 1.5) & Vision 2021 (Chapter 6.5). 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, 2017 successfully.



**Md Jamal Uddin Ahmed**



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### Editorial



The abuse of drug is a common problem almost all over the world regardless of the status of the country. The nature and extent of drug abuse varies country to country but the destruction caused by this curse almost same. The damage what drugs builds in the mind and body of the drug users is beyond description. It destroys physical and mental health equally for any user, anywhere of the world. It is a threat to the human being and civilization. Bangladesh is not out of this danger. The young generation of this country is the main victim of the curse. The Annual Drug Report of Bangladesh, 2017 would go a long way to understand and analyze the present drug scenario of the country. It would help to find out the root causes of drug abuse, to uncover the routes and trends, mode of drug trafficking, to unveil the ways to tackle the drug menace, to find out the means in order to give treatment to drug addicted people as well as to get them back to the main stream of society i.e. to indicate the suggestive way to come out of this evil curse.

Annual Drug Report of Bangladesh, 2017 is developed using the DNC database consisting of integrated data from all the law enforcing agencies fighting together against drug curse in Bangladesh e.g. Police, BGB, RAB, Coast Guard, Customs Department etc. Data analyzed both from the geographical proximity as well as considering the factors like the country's nature of drug abuse as well as the global nature of drug trafficking. The Security Services Division of the Ministry of Home Affairs led from the front to finish this gigantic work. Data analyzed based on the entire drug control mechanisms in Bangladesh i.e. from the supply reduction, demand reduction and harm reduction point of view guided by the United Nations Office on Drugs and Crime (UNODC) and International Narcotics Control Board (INCB).

I hope that through this report we would get a way out what actually we do need to overcome this devastating problem. In this



report, emphasis has been given on the drug trafficking situation, measures taken and needed to be taken, modern trends of drug abuse, age group affected by drug menace and many of the related issues of the problem prevails in Bangladesh. In spite of heartiest and utmost tries there might have some undesired mistakes. This is expected to see in a linear view. Any constructive suggestion to heighten its quality is highly appreciable.

Finally, I would like to express my heartfelt gratitude and sincere thanks to the Director General, DNC for his learned leading persuasion and all-out support and guidance to make this Annual Drug Report of Bangladesh, 2017 a success. I would like to extend my thanks to Additional Director General for his constructive suggestions and monitoring of the total activities focusing on the Annual Drug Report of Bangladesh, 2017. Last but not the least, I would like to recall the role and co-operation of all the directors and other DNC officials including concerned members of the Editorial Board for their wholehearted devotion and hard labor to make this report come out within the stipulated time.

  
**Md. Nuruzzaman Sharif** ndc

## Executive Summary

Geographical location, close proximity of drug producing zones, i.e. location between the Golden Triangle (covering Laos, Myanmar and Thailand) and the Golden Crescent (covering Pakistan, Afghanistan and Iran), in-transit use of illicit drugs for international drug traffickers, vast and rapid development as well as fast use of internet and IT, lack of social awareness etc. made Bangladesh vulnerable to drugs though Bangladesh is not an illicit drug producing country.

There is no complete survey on drugs in Bangladesh yet. However, in 2017 a 'Baseline study in Administrative Divisions on Drug Addiction in Bangladesh' was conducted targeting to understand the evolution and current status of drug addiction in Bangladesh. In Baseline study it is prevailed that until the 1980s, few drugs were consumed in Bangladesh except cannabis. Now yaba has added to a greater extent with phensedyl and heroin. It is very popular among the young generation. Prevalence is more alarming among the students of private universities and English medium educational institutions also. A slightly over a half of drug users is either students or unemployed, while the remaining are with some employment basically in business and service. The study pointed out that political leadership and law enforcing agencies must come forward with a very strong will force and honest commitment to eradicate drug-abuse, drug related crime and help the committees, administration and local bodies to perform their duties without any influence. There should be social movement against drug use, for which public meetings, seminars and symposium etc. should be organized throughout the country and the year.

In Annual Drug Report of Bangladesh 2017, it is prevailed that the trend of drug consumption is higher among youth and adolescents. Students are mostly falling victims to drug abuse, which eventually lowers their standards of education and attendance at classrooms. Easy access to drugs, psychological or mental stress due to family problems, the disintegration of the old joint family system, absence of parental love and care in modern families, decline of old religious and moral values etc led to a fatal rise in the number of drug addicts. Less educated and the youth are the major victim of drugs in Bangladesh. The drug consumption rate is higher in adolescents and youths aged between 15 and 30 years. Influence of friends (74.92%) is one of the leading causes. Curiosity stands in the 2nd position i.e. 24.15%. The people with no income group are the highest group 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.

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. 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. According to the data on principal drug of abuse by treatment seekers during 2017, in Central Drug Addiction Treatment Center (CTC), Yaba stands first position comprising 35.54% with an



increase of 12.43% in comparison to the previous year. The detection of cases and seizure of Yaba increased 36.09% in 2017 in comparison to that of 2016. More than 45% of the seizure of Yaba was made at Chattogram because border of Cox's Bazar of Chattogram Zone is the route of smuggling Yaba into Bangladesh. Drug trafficking through Rakhine state of Myanmar, which typically follows the route from eastern Myanmar via Maungdaw and Buthidaung to Bangladesh's Cox's Bazar, has apparently "increased significantly" in recent years. More than 31.74% of the seizure of Yaba is made at Chattogram Metropolitan area in 2017.

The Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka Zone, Jashore & Chuadanga of Khulna Zone, Brahmanbaria of Chattogram Zone and Rajshahi, Bogura, Noagaon, Chapai Nawabgonj and Dinajpur of Rajshahi Zone. According to DNC database the number of treatment seekers for Phensedyl addiction is decreasing gradually because young generation has been shifting from Phensedyl to Yaba due to shortage of Phensedyl & easy availability of yaba in any corner of the country. According to the cases and amount of seizure, the big markets of Phensedyl are Jashore, Dinajpur, Bogura, Brahmanbaria, Rajshahi, Kushtia. 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.

Department of Narcotics Control is acting with firm determination to implement the 'Zero Tolerance' to drug related crimes which adopted and declared by the Honorable Prime Minister of our country and to make the young generation free from drug addiction. Hardline operational activities are going on throughout the country. Massive Awareness Campaign is the main tool for demand reduction. DNC alongwith NGO's undertook a series of activities to gear up the preventive activities like seminar, discussion, class discussion, hang anti-drug billboard, banner, festoon in populous places like bus-terminals, railway-stations, launch-terminals, anti-drug discussions at religious institutions like mosques, temples etc, conduct anti-drug campaign at local government institutions with the elected bodies. For the sake of better drug addiction treatment and rehabilitation, 4 Government and 216 non-government drug treatment and rehabilitation centres have been brought under licensing/registration system of the department. 33,269 and 56,712 drug addicted people have been given treatment by government and non-government side accordingly to ensure healthy and normal life. GO and NGOs together are playing a vital role in anti-drug awareness campaign and harm reduction activities. DNC is also providing Echo training for the

doctors, counselors, nurses, social workers, DNC officials and recovery people to upgrade the standard of treatment. The Government of Bangladesh providing treatment services for the drug dependent people through Central Drug Addiction Treatment Centre(CTC) in Dhaka and three regional treatment centers in Chattogram, Rajshahi and Khulna.

Consumption of Cannabis is traditional in Bangladesh. Cannabis has been used for recreational, spiritual, and medicinal purposes. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis stands in third position comprising 19.23% with a slight increase in comparison with previous year. Injecting drug stands fourth comprising 4.31% with a decrease of 16.63% in comparison with previous year. During the year 2017 the Department of Narcotics Control detected a total of 11612 cases (including cases in Mobile Court) and made 12651 arrests (including arrests in Mobile Court). The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. Dhaka is the biggest drug market in Bangladesh. 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.

DNC has a drug testing laboratory for forensic analysis of substance and chemical test reports are recognized as expert opinion in the Learned Court for drug trail to the drug offence. Bangladesh maintains a balanced mechanism to check any diversion of Precursor chemicals and New Psychoactive Substances (NPS) controlling at every steps i.e. processing, possession, import, export, purchase, sale, transportation and storage through licensing system. Pseudoephedrine is totally banned here as it is used in Yaba preparation. Though the NPS problem in Bangladesh is not severe yet as early control measure regarding NPS, DNC has initiated to rectify the existing Narcotics Control Act, 1990.

Present Government of Bangladesh is trying heart and soul to combat illicit drug menace as well as other crimes by adopting internal powerful mechanism including operational and prevention strategies together. Bangladesh is actively coordinating and participating in different international frames like UN (conventions), UNODC, Interpol, BIMSTEC, SAARC - SDOMD, Colombo plan, new attempt to combat TOC i.e. SARICC- TOC etc. and bilateral talks with respective countries to combat drug trafficking, ML and TOC. Bangladesh is actively trying to keep strong engagement with Myanmar in order to save the young generation from the curse of Yaba through bi-lateral co-operation.

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## 1

## Country Overview: Bangladesh Perspective

### 1. Introduction

Bangladesh is a peaceful habitable land with multi-diversification, rich cultural heritage and excellent co-existence of different group of people, stands at south-eastern part of Asia having a green land. It is bordered by India and Myanmar with the Bay of Bengal to its south. Bangladesh is not a drug producing country. It is situated in the central point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran). The four thousand one hundred fifty six kilometers land border with India on three sides (West, North, East) and two hundred fifty kilometers land border with Myanmar on the south east corner made Bangladesh vulnerable to drugs. Drug Abuse is a growing national concern in Bangladesh. Drug abuse directly influences biological, social, financial, psychological and security aspects of a country on the individuals, families and the community. There are millions of drug-addicted people in Bangladesh and most of them are young and adolescents. The country is going to be

transformed into a potential user of drugs with the rapid increase in the number of addicts. Bangladesh with its easy land, sea and air access is becoming a major transit point. Traffickers who supply drugs in the markets of Northern America, Africa, and Europe are routing their shipments through Dhaka, Chattogram, and other routes in Bangladesh.

#### 1.1 Current Drug Scenario:

Drug abuse is now prevalent everywhere: in the country. All segments of society are severely affected by this problem. 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, Bogura, Joypurhat, Satkhira, Jashore, Khulna, Faridpur, Cumilla, Bramhanbaria, Narshingdi, Gazipur, Narayanganj, Savar, Tangail and Mymensingh district are drug prone areas.

**Table 1: Statistics on District & Divisional wise Number of Cases and Seizure of Drugs by the DNC in 2017 (Source DNC Database)**

Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Dhaka Metro Region	69	2.093	42	3498	0	786	231.104	57	4293	544	203840



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Dhaka	14	0.099	2	60	0	92	38.81	2	106	63	7209
District Narcotics Control Office, Narayanganj	23	0.122	1	32	0	82	165.1	0	0	103	9685
District Narcotics Control Office, Gazipur	3	0.02	2	50	0	133	358.26	0	0	38	4385
District Narcotics Control Office, Narsingdi	0	0	6	379	0	98	528.45	0	0	31	3222
District Narcotics Control Office, Munshiganj	5	0.029	0	0	0	30	16.564	3	111	31	1423
District Narcotics Control Office, Manikganj	11	0.054	2	28	0	43	39.85	0	0	43	1308
District Narcotics Control Office, Mymensingh	26	0.338	0	0	0	183	66.78	1	10	22	3333
District Narcotics Control Office, Kishoreganj	0	0	9	180	0.07	78	141.444	0	0	35	2685
District Narcotics Control Office, Netrokona	5	0.007	0	0	0	39	19.7	2	325	0	24
District Narcotics Control Office, Tangail	10	0.034	2	60	0	49	27.565	0	0	77	3099
District Narcotics Control Office, Jamalpur	0	0	1	2	0	34	11.299	0	0	4	1345
District Narcotics Control Office, Sherpur	9	0.016	0	0	0	25	4.765	1	5	12	997
District Narcotics Control Office, Faridpur	0	0	3	232	0	125	162.93	0	0	33	4107
District Narcotics Control Office, Gopalganj	1	0.1	1	5	0	23	3.953	0	0	27	1135
District Narcotics Control Office, Madaripur	0	0	1	9	0	28	9.175	0	0	15	1049
District Narcotics Control Office, Shariatpur	0	0	1	0	6	32	13.83	0	0	17	888
District Narcotics Control Office, Rajbari	21	0.795	8	127	0.25	23	5.31	0	0	49	13506
Divisional Narcotics Control Office, Dhaka	197	3.707	81	4662	6.32	1903	1844.889	66	4850	1144	263240
Chattogram Metro Region	3	0.022	8	851	0	473	184.805	0	0	316	367815
District Narcotics Control Office, Chattogram	0	0	1	13	0	23	5.7	0	0	33	31060
District Narcotics Control Office, Cox's Bazar	3	0.036	0	40	0	37	12.538	0	0	202	86578
District Narcotics Control Office, Noakhali	0	0.001	1	7	0	65	92.305	0	0	52	1570
District Narcotics Control Office, Feni	1	0.002	17	381	0	35	31.765	1	5	57	10506
District Narcotics Control Office, Lakshmipur	0	0	1	148	0	35	2.855	0	0	40	496





Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Cumilla	0	0	14	715	0	87	337.48	0	30	35	6845
District Narcotics Control Office, Chandpur	0	0	4	55	0	52	10.605	0	0	60	6140
District Narcotics Control Office, Brahmanbaria	0	0	63	3366	0	72	618.78	0	0	67	15658
District Narcotics Control Office, Bandarban	0	0	0	0	0	2	0.015	0	0	0	0
District Narcotics Control Office, Rangamati	0	0	0	0	0	20	2.528	0	0	0	0
District Narcotics Control Office, Khagrachari	0	0	0	0	0	1	0.2	0	0	0	0
Divisional Narcotics Control Office, Chattogram	7	0.061	109	5576	0	902	1299.576	1	35	862	526668
District Narcotics Control Office, Rajshahi	59	3.86	40	1083	3.5	131	14.595	2	246	31	6479
District Narcotics Control Office, Naogaon	17	0.357	7	254	0	71	21.34	1	2	24	3876
District Narcotics Control Office, Chapai Nawabganj	150.4	18.24	1156	0	119	22.725	3	1084	16	12929	
District Narcotics Control Office, Natore	18	0.105	21	556	0	102	8.315	2	2020	47	2597
District Narcotics Control Office, Pabna	39	0.206	14	484	0	140	16.105	0	0	78	5717
District Narcotics Control Office, Sirajganj	28	0.172	6	162	0	74	6.115	0	0	14	376
District Narcotics Control Office, Bogura	28	0.221	42	1341	3	215	80.38	9	5670	39	5518
District Narcotics Control Office, Joypurhat	11	0.02	8	81	0	48	11.985	1	6	21	755
District Narcotics Control Office, Rangpur	11	0.086	15	190	0	164	76.765	0	0	17	861
District Narcotics Control Office, Kurigram	4	0.005	11	325	0	59	194.6	0	0	7	660
District Narcotics Control Office, Dinajpur	11	0.097	29	843	0	70	14.46	5	382	38	2569
District Narcotics Control Office, Gaibandha	4	0.059	3	90	0	104	32.863	0	0	9	564
District Narcotics Control Office, Lalmonirhat	0	0	4	120	0	65	39.23	0	0	2	110
District Narcotics Control Office, Nilphamari	15	0.045	2	6	0	19	7.6	0	0	48	530
District Narcotics Control Office, Thakurgaon	0	0	3	17	0	23	3.28	4	52	3	152
District Narcotics Control Office, Panchagarh	0	0	2	18	0	39	16.53	0	0	3	22
Divisional Narcotics Control Office, Rajshahi	260	5.651	231	6726	6.5	1443	566.888	27	9462	397	43715



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Khulna	4	0.01	7	90	0.6	92	17.205	0	0	74	5253
District Narcotics Control Office, Satkhira	1	0.005	18	732	0	88	15.901	2	12	31	2276
District Narcotics Control Office, Bagerhat	0	0	1	3	0	54	7.85	0	0	31	1518
District Narcotics Control Office, Jashore	7	1.517	45	8919	3	93	19.515	3	93	93	7076
District Narcotics Control Office, Narail	0	0	0	0	0	29	2.245	0	0	0	0
District Narcotics Control Office, Magura	0	0	1	4	0	46	9.215	0	0	23	369
District Narcotics Control Office, Kushtia	39	2.336	27	875	20	42	24.686	0	0	25	2856
District Narcotics Control Office, Meherpur	2	0.002	5	53	0.2	16	1.07	0	0	1	40
District Narcotics Control Office, Chuadanga	9	4.371	30	518	0	42	20.361	4	49	5	1099
District Narcotics Control Office, Jhenaidah	5	1.055	5	46	0	85	11.703	0	0	16	505
Divisional Narcotics Control Office, Khulna	67	9.296	139	11240	23.8	587	129.751	9	154	299	20992
District Narcotics Control Office, Barishal	0	0	2	714	0	47	19.06	0	0	11	346
District Narcotics Control Office, Jhalokati	0	0	0	0	0	8	0.335	0	0	0	0
District Narcotics Control Office, Pirojpur	0	0	2	67	0	14	3.145	0	0	15	874
District Narcotics Control Office, Barguna	0	0	0	0	0	13	3.65	0	0	7	522
District Narcotics Control Office, Patuakhali	0	0	0	0	0	28	8.585	0	0	16	707
District Narcotics Control Office, Bhola	0	0	0	0	0	11	0.35	0	0	2	14
Divisional Narcotics Control Office, Barishal	0	0	4	781	0	121	35.125	0	0	51	2463
District Narcotics Control Office, Sylhet	2	0.011	3	67	0	133	42.3	1	35	36	1713
District Narcotics Control Office, Sunamganj	0	0.001	0	0	0	71	166.51	0	0	11	4276
District Narcotics Control Office, Moulvibazar	0	0	2	25	0	47	77.58	0	0	9	698
District Narcotics Control Office, Habiganj	2	0.012	2	43	0	81	22.3	0	0	40	3298
Divisional Narcotics Control Office, Sylhet	4	0.024	7	135	0	332	308.69	1	35	96	9985
Divisional Narcotics Control Intelligence Office, Dhaka	2	0.018	11	1044	0	16	95.3	0	0	60	110210





Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Divisional Narcotics Control Intelligence Office, Chattogram	0	0	4	351	0	14	25.87	0	0	85	172078
Divisional Narcotics Control Intelligence Office, Rajshahi	17	0.637	10	295	0	6	2.02	0	0	14	5814
Divisional Narcotics Control Intelligence Office, Khulna	1	0.001	6	208	1	21	12.42	0	0	19	2505
Divisional Narcotics Control Intelligence Office, Barishal	0	0	0	0	0	14	1.64	0	0	0	0
Divisional Narcotics Control Intelligence Office, Sylhet	0	0	1	69	0	22	17.67	0	0	26	1110
Intelligence Wing	20	0.656	32	1967	1	93	154.92	0	0	204	291717
Total	555	19.395	603	31087	37.62	5381	4339.839	104	14536	3053	1158780

Table 2: Statistics on the seizure of drugs by all Agencies in Bangladesh

Name of Drugs	Name of The Year				
	2013	2014	2015	2016	2017
Heroin (in kg)	123.73	78.3	107.539	266.785	401.633
Codeine preparation (Bottle)	987661	741137	8,70,210	566525	720843
Codeine (loose) (in liter)	857.55	438.22	5104.75	275.68	338.72
Cannabis (in kg)	35012.54	35988.56	40916.284	47104.655	69989.508
Cannabis plant	666	727	761	894	538
Buprenorphine (Ampoule)	99509	178889	85946	152740	109063
ATS (Yaba) (Tablet)	2821528 & Amphetamine Powder 5kg	6512869	20177581	29450178	40079443
Total No. of Cases	40250	51801	57420	69739	106546
Total Number of Accused	47531	62080	70581	87014	132893

Table 3: Seizure of Money, Vehicles etc. by DNC in Connection with Drug Offences

Name of Article Seized	2013	2014	2015	2016	2017
Sale Proceeds of Drugs (BDT)	2640389	982116	1997047	2265804	5115565
Car (Number)	7	12	3	16	14
Truck/Covered Van (Number)	8	6	9	12	13
Auto Rickshaw (Number)	10	13	8	11	16
Bus (Number)	2	1	1	0	0
Arms (Number)	1	1	5	6	8
Mobile Phone (Number)	194	57	36	69	162

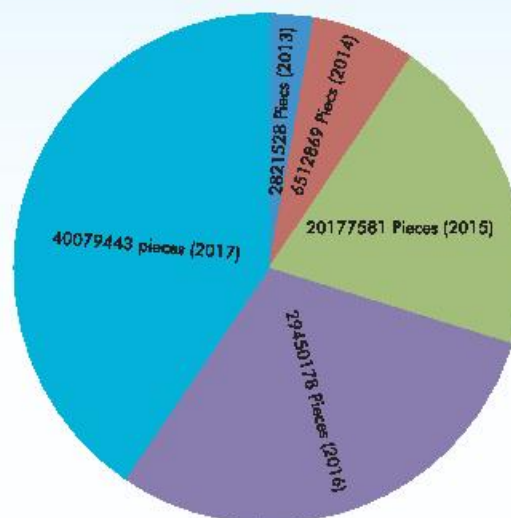


The 'crazy medicine' Yaba is Cheap, potent and highly addictive. It is a mix of methamphetamine and caffeine that comes in the form of small pink, orange or reddish pills. Most of the yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochain states and nearer to the border of Myanmar-Bangladesh. 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.

In Bangladesh, the detection of cases and seizure of Yaba increased during 2017. During 2016 & 2017, the seizure of Yaba was 29450178 & 40079443 tablets respectively. The ratio of increase in 2017 is 36.09% in comparison to that of the last year. According to the case filed by the DNC, 37.47% cases are detected at Dhaka Zone, 28.23% at Chattogram Zone, 13% at Rajshahi Zone, 9.79% at Khulna Zone, 1.67% at Barishal Zone, 3.14% at Sylhet Zone. 6.68 % of case was detected by intelligence wing of DNC in all over the country.

The seizures of Yaba were made 22.72% at Dhaka Zone, 45.45% at Chattogram Zone, 3.77% at Rajshahi Zone, 1.81% at Khulna Zone 0.21% at Barishal Zone & 0.86% at Sylhet Zone. 25.17 % of seizure was made by intelligence wing of DNC in all over the country. More than 45% of the seizure of Yaba was made at Chattogram because border of Cox's Bazar of Chattogram Zone is the route of smuggling Yaba into Bangladesh.

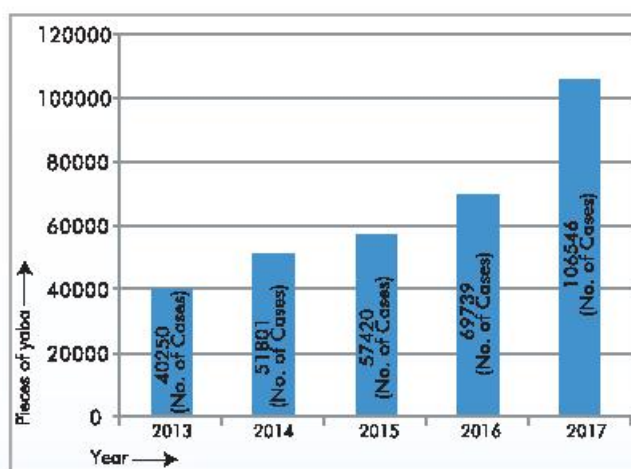
**Figure 4: Seizure of ATS (Yaba) by all agencies in Bangladesh**



**Table 4: Seizure of ATS (Yaba) by DNC in Bangladesh**

ATS (Yaba)	2013	2014	2015	2016	2017
Piece	2821528	6512869	20177581	29450178	40079443

**Figure 5: Seizure of ATS (Yaba) by DNC in Bangladesh**



**Table 5: Seizure of ATS (Yaba) by DNC in Bangladesh**

ATS (Cases)	2013	2014	2015	2016	2017
No.	40250	51801	57420	69739	106546



### 1.1.2 Heroin

Heroin is highly addictive drug processed from morphine, a naturally occurring substance extracted from the seed of poppy plants. It is typically powder of white or brownish colour. The dark colour associated with black tar heroin results from crude processing methods that leave behind impurities. Impure heroin is usually dissolved and diluted. Heroin is usually injected into a vein, but it's also smoked ('chasing the dragon'). The effects are usually felt straight away.

According to the cases of Heroin, the ratio of the detection of Heroin cases were 35.50% in Dhaka Zone, 1.26% in Chattogram Zone, 46.85% in Rajshahi Zone, 12.07% in Khulna Zone & 0.72% in Sylhet Zone. 3.60 % of case was detected by intelligence wing of DNC in all over the country. The seizures of Heroin were 19.11% in Dhaka Zone, 0.31% in Chattogram Zone, 29.14% in Rajshahi Zone, 47.93% in Khulna Zone & 0.12% in Sylhet Zone. 63.38 % of seizure was made by intelligence wing of DNC in all over the country. Therefore it appears that Rajshahi & Khulna Zone has the highest prevalence of detection and seizure of Heroin respectively. The next maximum prevalence of heroin is at Dhaka Metropolitan, Narayanganj, and Pabna, Sirajgonj & Bogura of Rajshahi Zone and Kushtia of Khulna Zone.

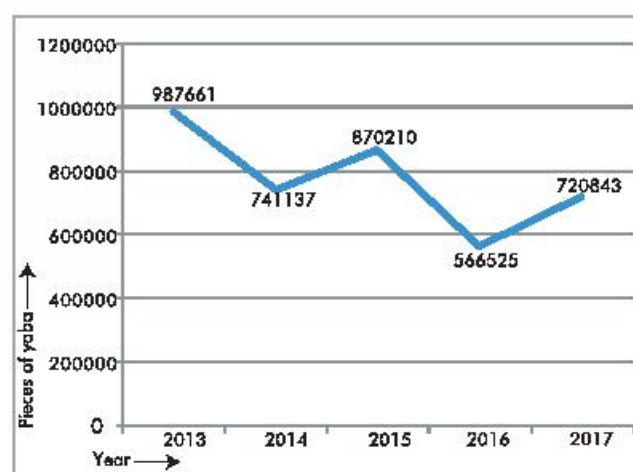
### 1.1.3 Phensedyl

Phensedyl is used for Common cold, Cough, Allergy which contains Codeine as active ingredients. Recently, India has banned the marketing and production of approximately 350 fixed-combination drugs (FCDs) including cough syrups like Phensedyl and Corex widely consumed by addicts in Bangladesh.

According to the statistics of the cases and seizures of Phensedyl, 13.43% cases were

detected in Dhaka zone, 18.08% in Chattogram Zone, 38.31% in Rajshahi Zone, 23.05% in Khulna Zone, 0.66% in Barishal Zone & 1.17% in Sylhet Zone. 5.30 % of case was detected by intelligence wing of DNC in all over the country. In case of seizure, it was 15% in Dhaka Zone, 17.94% in Chattogram Zone, 21.64% in Rajshahi Zone, 36.16% in Khulna Zone, 2.51% in Barishal Zone & 0.43% in Sylhet Zone. 6.31% of seizure was made by intelligence wing of DNC in all over the country.

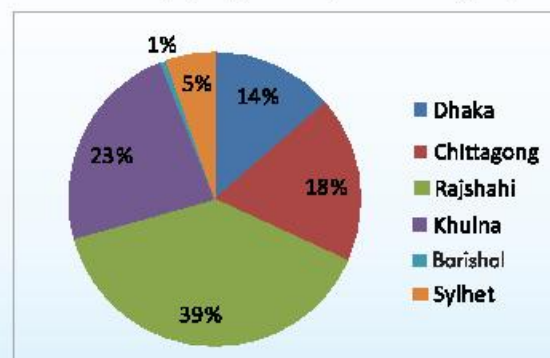
**Figure 6: Seizures of Phensedyl in 2017  
(Number of bottles)**



**Table 6: Seizures of Phensedyl in 2017  
(Number of bottles)**

Codeine preparation	2013	2014	2015	2016	2017
(Bottle)	987661	741137	870210	566525	720843

**Figure 7 : Cases and Seizures of Phensedyl in 2017 (Regional percentages)**





**Table 7 : Cases and Seizures of Phensedyl in 2017 (Regional percentages)**

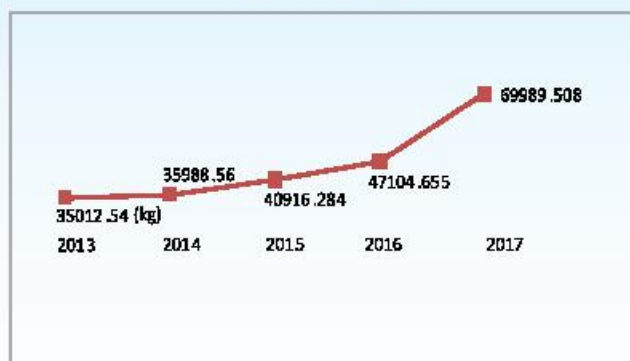
Region	Dhaka	Chattogram	Rajshahi	Khulna	Barisal	Sylhet
percentages	13.43	18.08	38.31	23.05	0.66	5.30

The Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka Zone, Jashore & Chuadanga of Khulna Zone, Brahmanbaria of Chittagonj Zone and Rajshahi, Bogura, Noagaon, Chapai Nawabgonj and Dinajpur of Rajshahi Zone.

#### 1.1.4 Cannabis

Cannabis exhibits a combination of stimulant, depressant, and hallucinogenic properties. Tetrahydrocannabinol (THC) is typically considered the primary active component of the cannabis. Cannabis has psychoactive and physiological effects when consumed and causes a subjective change in perception and mood.

Consumption of Cannabis is traditional in Bangladesh. Cannabis has been used for recreational, religious, spiritual, and medicinal purposes. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 42.53 % of all the cases detected by the DNC during 2017. In question of detection of cannabis cases Dhaka Zone comprises 35.37%, Chattogram Zone 16.78%, Rajshahi Zone 26.82%, Khulna Zone 10.91%, Barishal Zone 2.25% & Sylhet Zone 6.17%. 1.73 % of case was detected by intelligence wing of DNC in all over the country.

**Figure 8 : Seizure of Cannabis from 2013 to 2017 (in kg)****Table 8 : Seizure of Cannabis from 2013 to 2017 (in kg)**

Cannabis	2013	2014	2015	2016	2017
(kg)	35012.54	35988.56	40916.284	47104.655	69989.508

The seizures of cannabis are 42.31% in Dhaka Zone, 29.95% in Chattogram Zone, 13.06% in Rajshahi Zone, 2.99% in Khulna Zone, 0.81 in Barishal Zone and 7.11% in Sylhet Zone. 3.57 % of seizure was made by intelligence wing of DNC in all over the country. Most of the country's cannabis is smuggled through eastern border- Cumilla, Brahmanbaria and it is mainly for Dhaka.

#### 1.1.5 Buprenorphine

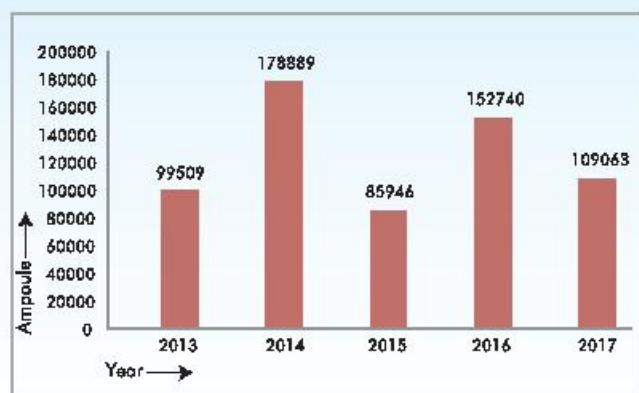
Buprenorphine is a prescription drug. Buprenorphine belongs to the group of medicines called narcotic analgesics (pain medicines). It acts on the central nervous system (CNS) to relieve moderate to severe pain. Buprenorphine is used for managing withdrawal in people who are dependent on opioid drugs like heroin or any opiates.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the Table that 63.46% of the cases of Buprenorphine are detected at Dhaka, 0.96% at Chattogram, 25.96% at Rajshahi Zone, 8.65% at Khulna, & 0.96% in Sylhet.





**Figure 9: Cases and Seizures of Buprenorphine in 2017**



**Table 9: Cases and Seizures of Buprenorphine in 2017**

Buprenorphine	2013	2014	2015	2016	2017
Ampoule	99509	178889	85946	152740	109063

According to the seizure, it has been observed that 33.37% of the Buprenorphine are seized at Dhaka Zone, 0.24% at Chattogram Zone, 65.09% at Rajshahi Zone, 1.06% at Khulna Zone & 0.24% at Sylhet. There was no Case & Seizure of Buprenorphine reported in Barishal zone in 2017. According to the above data of case & seizure, Dhaka is the highest prevalence area of Buprenorphine.

## 1.2 Recent Trends and Patterns of Drug Abuse

The country's drug culture is growing. Until the 1980s, few drugs were consumed in Bangladesh except for cannabis. This was a traditional, even spiritual practice that saw government-registered shops selling pot over the counter. After banning on cannabis in the 1988, heroin flooded the drug market. As a result of the cannabis ban, Bangladeshis replaced cannabis with heroin and, latterly, yaba. Heroin is still very cheap and prevalent in Bangladesh. But heroin is considered as a low-class drug. Yaba is expensive. So those

who take yaba are considered as higher-class.

Yaba & 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 forms of tobacco is still prevailing. Buprenorphine is abused in Bangladesh through intravenous injection.

The trend of drug consumption is higher in youth and adolescents. 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. Easy access to drugs, Psychological disorder or mental stress due to family problems, the disintegration of the old joint family system, absence of parental love and care in modern families, decline of old religious and moral values etc 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, in-transit use of the country for international drug trafficking, vast development and use of internet and IT, lack of social awareness etc. as cause of the increase of drug.

The majority of the slum dwellers are unemployed. Many of these slums are being used by the drug traffickers. These slums are treated as major drug storage and selling points. Drug traffickers engage youths, including women and street children from these economically disadvantaged groups as drug peddlers

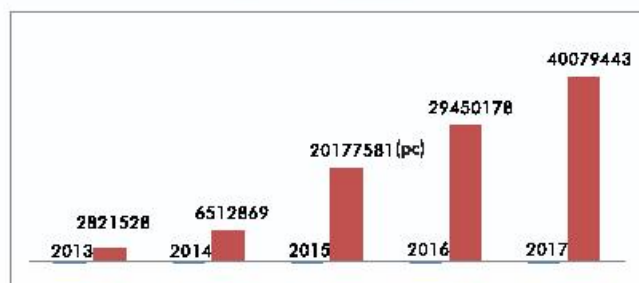




### 1.2.1 Yaba (ATS)

According to the data of table, the ratio of increase of seizure in 2017 is 36.09% in comparison to that of the last year. According to the number of patients admitted for treatment of drug, the number of treatment seekers for Yaba addiction is 35.54% & it has increased 12.43% during 2017 in comparison with the previous year.

**Figure 10 : Seizure of Yaba from 2013 to 2017 (pieces)**

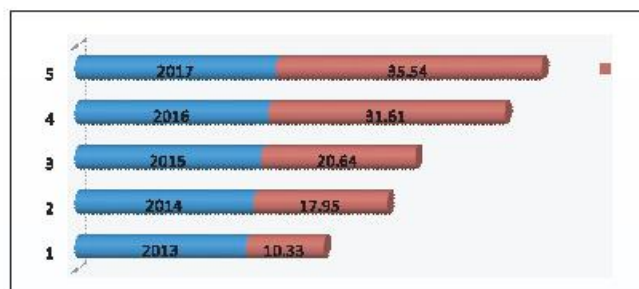


**Table 10 : Seizure of Yaba from 2013 to 2017 (pieces)**

Year	2013	2014	2015	2016	2017
Amount of Yaba seized	2821528	6512869	20177581	29450178	40079443

Source: DNC Data Base

**Figure 11: Patients admitted to treatment services for Yaba addiction**



**Table 11: Patients admitted to treatment services for Yaba addiction**

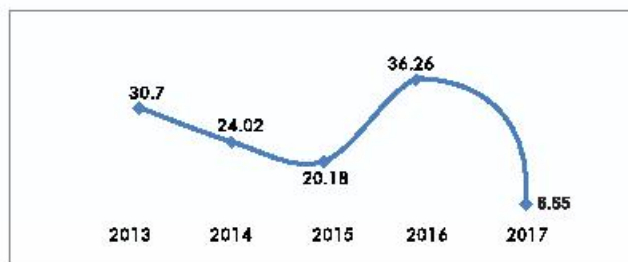
Year	2013	2014	2015	2016	2017
Percentage of patients admitted	10.33	17.95	20.64	31.61	35.54

Source: DNC Data Base

### 1.2.2 Heroin

Heroin flooded the drug market in 1980s. In early 1990s, the number of heroin users was reduced due to rise of buprenorphine injectors among the users. According to the number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction was 36.26% in 2016 & it has decreased to 6.65% during 2017.

**Figure 12: Patients admitted to treatment services for heroin addiction**



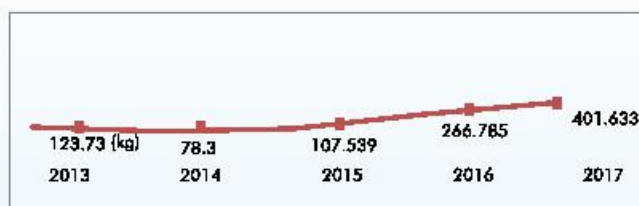
**Table 12: Patients admitted to treatment services for heroin addiction**

Year	2013	2014	2015	2016	2017
Percentage of patients admitted	30.70	24.02	20.18	36.26	6.65

Source: DNC Data Base

During the year 2017 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was highest (401.633 kg) and increased 50.55% in comparison with the last year. In 2013, the seizure of heroin was 123.73 kg. But after that it decreased to a great extent in 2014 (78.30 kg) due to young generation had been shifting from heroin to Yaba.

**Figure 13: Seizure of heroin (in kg) by all law enforcement agencies in Bangladesh**





**Table 13: Seizure of heroin (in kg) by all law enforcement agencies in Bangladesh**

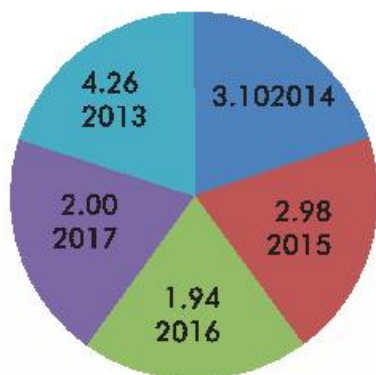
Year	2013	2014	2015	2016	2017
Heroin Seized (kg)	123.73	78.30	107.539	266.785	401.633

Source: DNC Data Base

**1.2.3 Codeine based syrup- Phensedyl**

This statistics indicates that during 2014, 2015 & 2017 it is almost stable with a slight decrease in 2016. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction is decreasing gradually because young generation has been shifting from Phensedyl to Yaba due to shortage of Phensedyl & availability of yaba in any corner of the country.

The seizures of Phensedyl by all agencies in Bangladesh from 2013 to 2017 are as following:

**Figure 14: Seizure of Phensedyl (Bottles) by all law enforcement agencies in Bangladesh****Table 14: Seizure of Phensedyl (Bottles) by all law enforcement agencies in Bangladesh**

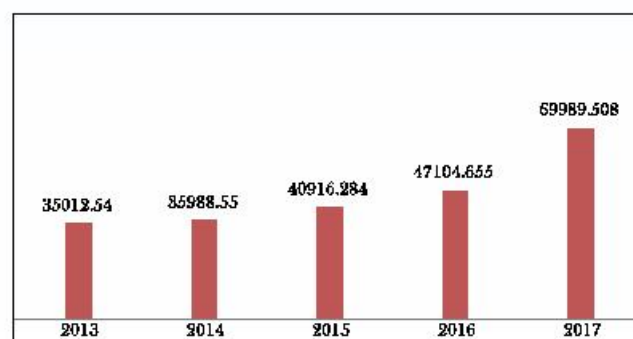
Year	2013	2014	2015	2016	2017
Percentage of patients admitted	4.26	3.10	2.98	1.94	2.00

Source: DNC Data Base

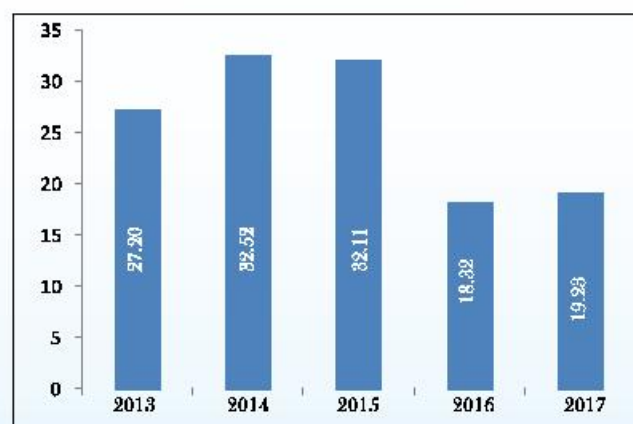
**1.2.4 Cannabis**

Sometimes Cannabis is still cultivated, particularly in the districts of Naogaon,

Rajshahi, Jamalpur and Netrokona in the northwestern region, as well as the hilly districts near Cox's Bazaar, Banderban, Khagrachhari and Rangamati. Cultivation in the Chattogram Hill Tract region is on the increase. Cannabis is being trafficked to Bangladesh through North eastern and eastern states of India, particularly Bihar, Uttar Pradesh, Assam, Tripura, and Manipur. A vast amount of cannabis is trafficked into Bangladesh through the borders of Cumilla and Brahmanbaria districts of Bangladesh.

**Figure 15 : Seizure of cannabis by all law enforcement agencies in Bangladesh****Table 15 : Seizure of cannabis by all law enforcement agencies in Bangladesh**

Year	2013	2014	2015	2016	2017
Seizure of Cannabis (kg)	35012.54	35988.55	40916.284	47104.655	69989.508

**Figure 16 : Patients admitted for Cannabis addiction**



**Table 16 : Patients admitted for Cannabis addiction**

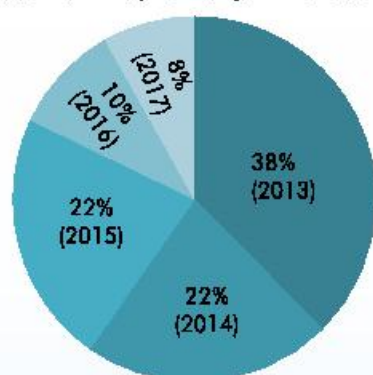
Year	2013	2014	2015	2016	2017
Percentage of patients admitted	27.20	32.52	32.11	18.32	19.23

Source: DNC Data Base

According to the case statistics of the seizures of cannabis by all agencies in Bangladesh from 2013 to 2017, it is being increased. 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.

### 1.2.5 Buprenorphine

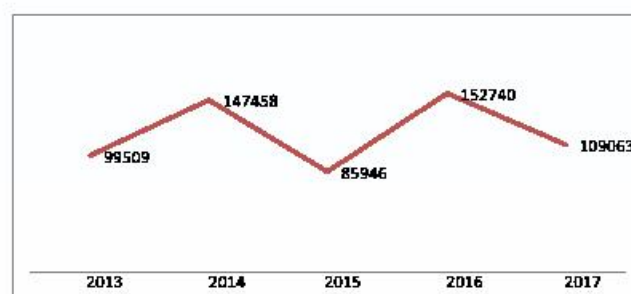
Among the most problematic drug users are those who inject drugs. Injectable drug users have risk of infection as viral hepatitis and AIDS as consequence of the use of unsterilized needle. The most commonly injected drug is Buprenorphine which commonly known by the trade name Tidigesic, Bunojesic, Lupijesic, Tunojesic etc and those items injected intravenous in combination with sedatives, tranquilizers and antihistamine

**Figure 17: Patients admitted to treatment services for Buprenorphine addiction****Table 17: Patients admitted to treatment services for Buprenorphine addiction**

Year	2013	2014	2015	2016	2017
Percentage of patients admitted	20.00	11.74	11.93	5.17	4.31

Source: DNC Database

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, In 2017, it has a sharp fall and has decreased 28.60% in comparison with the previous year.

**Figure 18: Seizure of Buprenorphine (Ampoule)****Table 18: Seizure of Buprenorphine (Ampoule)**

Year	2013	2014	2015	2016	2017
Ampoules seized	99509	147458	85946	152740	109063

Source: DNC Data Base

### 1.2.6 Alcohol

The population of Bangladesh consists of Bengali communities and tribal ethnic groups (indigenous people). In Bangladesh, the consumption of alcohol is strictly prohibited as a religious rite by most of the religions. Alcohol in Bangladesh is regulated and restricted. Bangladesh has one of the lowest alcohol consumption in Asia. Under Bangladeshi law, an alcoholic beverage is defined as any liquor with an alcohol content of >-0.5%. These alcoholic beverages include beer (5% alcohol in volume), wine (12% alcohol in volume), spirits (40% alcohol in volume) and locally made alcoholic beverages, which have variable alcohol content.



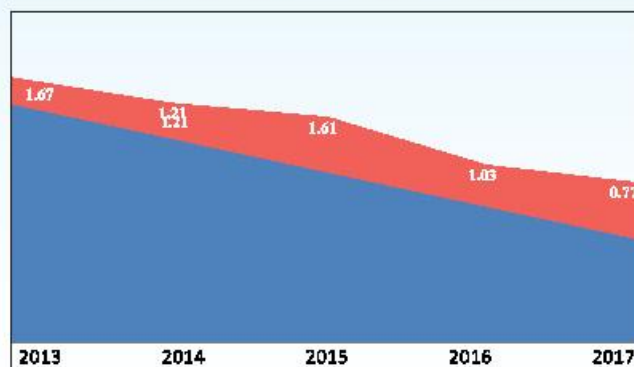


A government permit is necessary for selling, storing and the transport of alcohol. To drink alcohol in Bangladesh, one must have a legal permit. Muslims will need a medical prescription to obtain an alcohol permit. The prescription must be given by an associate professor of the medical college or a civil surgeon. 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 and the Shaontal community, the labors of tea gardens and some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dhongors and Meth are used to drink home-made alcoholic beverage regularly.

The seizure of illicit country liquor & Cholai mod during the year 2017 was 11215.28 liters and the amount of foreign liquor in that period was 73.5 liters, 6310 bottles and 5922 cans of Beer. During the year 2017 the Department of Narcotics Control detected a total of 11612 cases (including cases in Mobile Court) and made 12651 arrests (including arrests in Mobile Court) of which 1104 (09.51%) cases and 1177 (09.30%) arrests were related to offences in connection with alcohol.

According to the data of drug addiction treatment services, only 0.77% 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 and acute like the problem of Yaba, heroin, Phensedyl or injecting drugs.

**Figure 19: Patients admitted to treatment services for alcohol addiction**



**Table 19: Patients admitted to treatment services for alcohol addiction**

Year	2013	2014	2015	2016	2017
Percentage of patients admitted	1.67	1.21	1.61	1.03	0.77

Source: DNC Data Base

### 1.2.7 Sedative, Hypnotic And Tranquilizer Drugs

Sedative or tranquilizer induces sedation by reducing irritability or excitement. They are central nervous depressants and interact with brain activity causing its deceleration. Sedative, hypnotic and tranquilizer drugs, commonly known as sleeping pills, are prescription medicines.. 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.

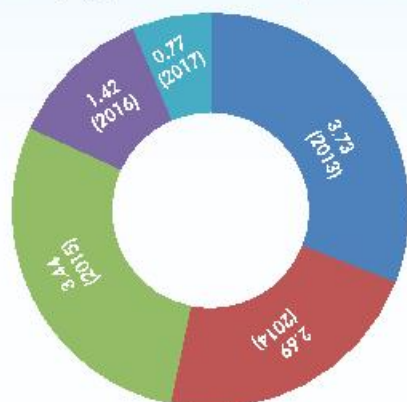
The data from drug addiction treatment services shows that very few people seek treatment for addiction to sedative, hypnotic and tranquilizer drugs. The Prevalence of abuse of these drugs is more prominent





among the female population, population under stress, anxiety or mood disorder and the people with other psychiatric problems.

**Figure 20: Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction**



**Table 20: Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction**

Year	2013	2014	2015	2016	2017
Percentage of patients admitted	3.73	2.69	3.44	1.42	0.77

Source: DNC Data Base

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

Drug abuse has menace in the society with biological, social, financial, psychological and security effect on the individuals, families and the community. Drug addicts are burden for a family and society. Addiction is defined by the continuing, compulsive nature of the drug use despite physical and/or psychological harm to the user and society. Physical dependence is characterized by tolerance and withdrawal symptoms and Psychological dependence is the feeling that the user needs the drug to maintain a feeling of betterness.

The drug consumption rate is higher in adolescents and youths aged between 15

and 30 years. They come from different economical levels of the society. Influence of friends (74.92%) is one of the leading causes. Curiosity stands in the 2nd position i.e. 24.15%. Other reasons include excitement, despair and frustration due to continuous failure in their jobs, poverty, easy access to drugs, deprived in love, and mental stress due to family problems and following the western culture of drug use.

According to the following Table, people of age group from 16 to 40 comprises 90.46% 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 over 50 years are the lowest and 46 - 50 Years up and to 15 years have the second lowest prevalence of drug abuse. But it is still very much alarming because involvement of street children in trafficking and abusing drugs have increased to a great extent recently.

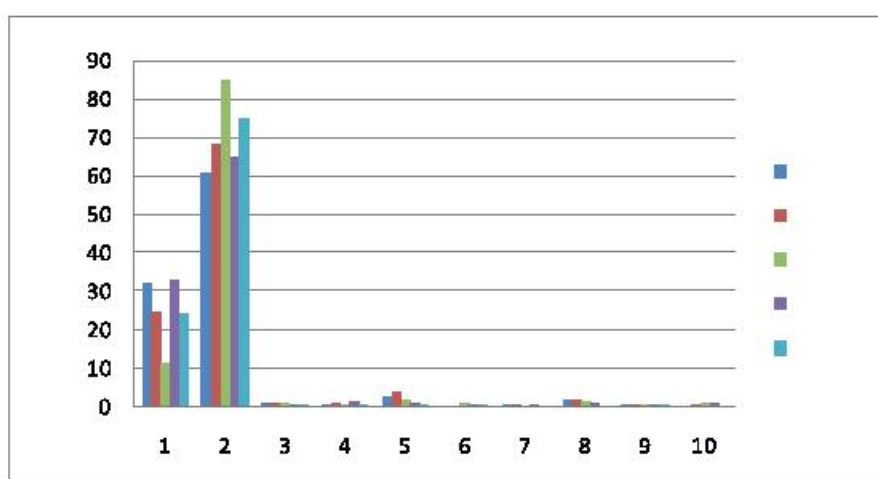
According to the following Table, the highest percentage of addicted population is illiterate, less educated and not having education over ten years. On summation of these three groups, it has been observed that 77.08% of drug addicts admitted in the treatment program are illiterate, less educated and they could not complete their secondary level of education. People with higher education are less involved in drugs.



**Table 21: Primary causes of drug abuse of the patients under treatment programs**

Primary causes of drug abuse	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)
Curiosity	32.07	24.56	11.00	32.84	24.15
Influence of friends	60.64	68.15	84.93	64.44	74.92
Desire to get easy pleasure	0.76	0.81	0.48	0.25	0.15
Psychological disorder	0.15	0.67	0.24	0.86	0.15
Adverse atmosphere in the family	2.74	3.37	1.44	0.37	0.31
Easy access to drugs	0.00	0.00	0.48	0.12	0.15
Unemployment	0.15	0.13	00	0.12	00
Frustration	1.76	1.35	0.96	0.49	00
Lack of drug awareness	0.15	0.13	0.14	0.12	0.15
Complication about Treatment	0.00	0.27	0.48	0.37	00

Source: DNC Data Base

**Figure 21: Primary causes of drug abuse of the patients under treatment programs**

Source: DNC Data Base



**Mr. Asaduzzaman Khan MP Honorable Minister, Ministry of Home Affairs inaugurating an Anti-drug campaign**

Table 22: Age distribution of the drug abusers

Age Group	2013(%)	2014 (%)	2015 (%)	2016 (%)	2017(%)
Up to 15 Years	1.22	3.10	3.60	2.58	2.31
16 - 20 Years	12.16	13.77	13.67	20.65	19.85
21 - 25 Years	21.73	20.11	19.42	18.97	19.23
26 - 30 Years	27.05	27.94	28.30	20.90	24.15
31 - 35 Years	16.72	16.06	14.63	16.39	16.15
36 - 40 Years	10.72	9.72	9.59	11.48	11.08
41 - 45 Years	5.93	5.26	7.19	4.90	3.69
46 - 50 Years	3.50	3.10	2.40	1.94	2.31
Over 50 Years	0.91	0.94	1.20	2.19	1.23

Source: DNC Data Base

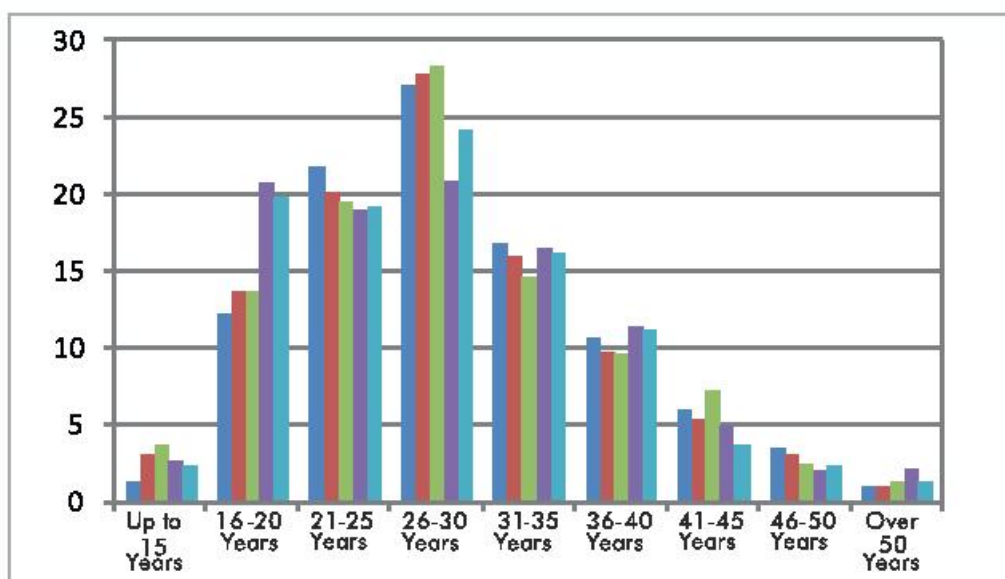


Figure 22: Age distribution of the drug abusers



Mr. Asaduzzaman Khan MP Honorable Minister, Ministry of Home Affairs addressing in the NNCB Meeting in the Ministry.



Table 23: Educational status of the drug abusers

Education Status	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)
Illiterate	14.74	15.92	16.35	18.28	23.54
01 - 05 Years	20.67	19.03	18.03	19.62	20.31
06 - 09 Years	23.25	25.37	24.04	25.27	19.38
10 Years	19.76	18.35	18.03	16.13	13.85
11 - 12 Years	9.12	11.34	11.30	9.27	12.62
13 - 14 Years	7.29	4.45	5.53	8.06	5.23
15 + Years	5.17	5.53	6.25	3.23	5.08

Source: DNC Data Base

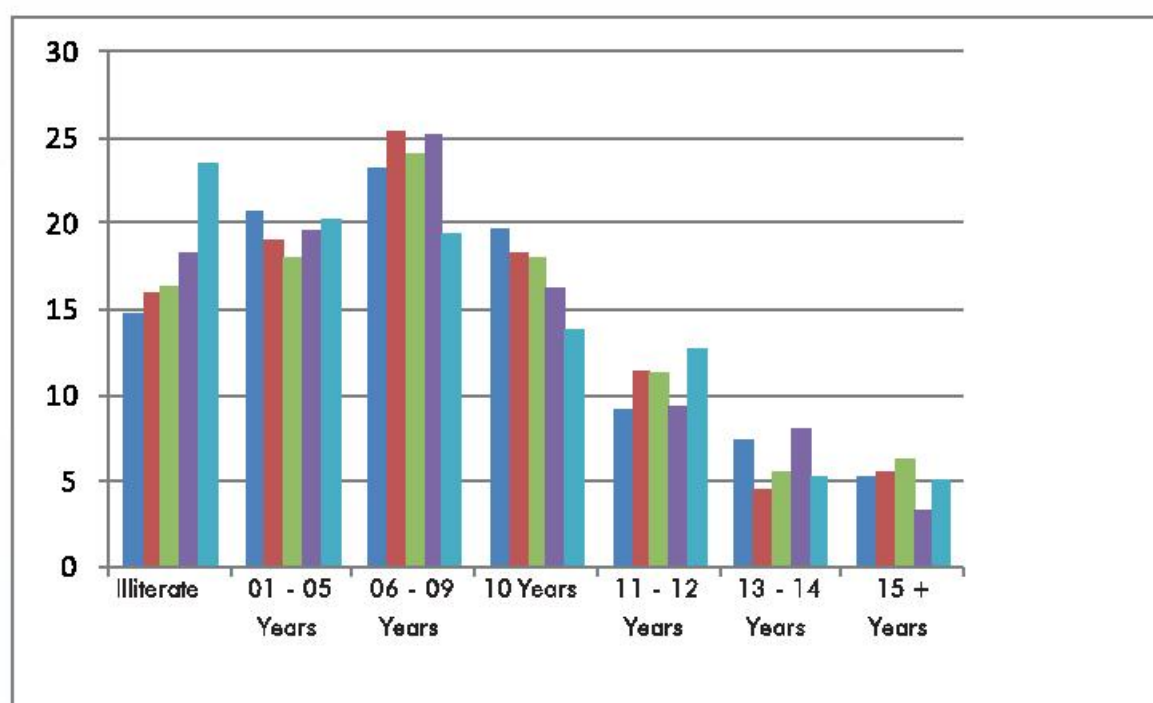


Figure 23: Educational status of the drug abusers

According to the data from the treatment services during 2017, people with no income is the highest group (31.62%) and income Tk.5001 - Tk.10000 is the second highest group (19.93%) for addiction to drugs. The people with no income group are the highest

group 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.



Table 24: Distribution of patients by self- income

Self - Income Group	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)
No Income	54.49	60.54	60.34	11.13	31.62
Up to Tk.1000	0.00	0.14	0.00	3.34	0.86
Tk.1001 - Tk.2000	0.15	0.81	0.00	5.98	1.37
Tk.2001 - Tk.3000	3.81	0.81	0.72	5.15	1.03
Tk.3001 - Tk.4000	1.07	0.68	0.00	0.28	0.34
Tk.4001 - Tk.5000	3.81	4.32	4.33	5.84	5.33
Tk.5001 - Tk.10000	20.24	16.62	17.07	28.09	19.93
Tk.10001 - Tk.15000	8.52	6.76	7.45	22.53	10.65
Tk.15001 - Tk.20000	3.04	3.78	5.05	6.82	14.78
Tk.20001 - Tk.25000	1.37	0.81	1.20	3.48	4.64
Tk.25001 - Tk.30000	1.37	1.22	1.61	3.20	3.61
Tk.30001 and Above	2.13	3.51	2.16	4.17	20.92

Source: DNC Data Base

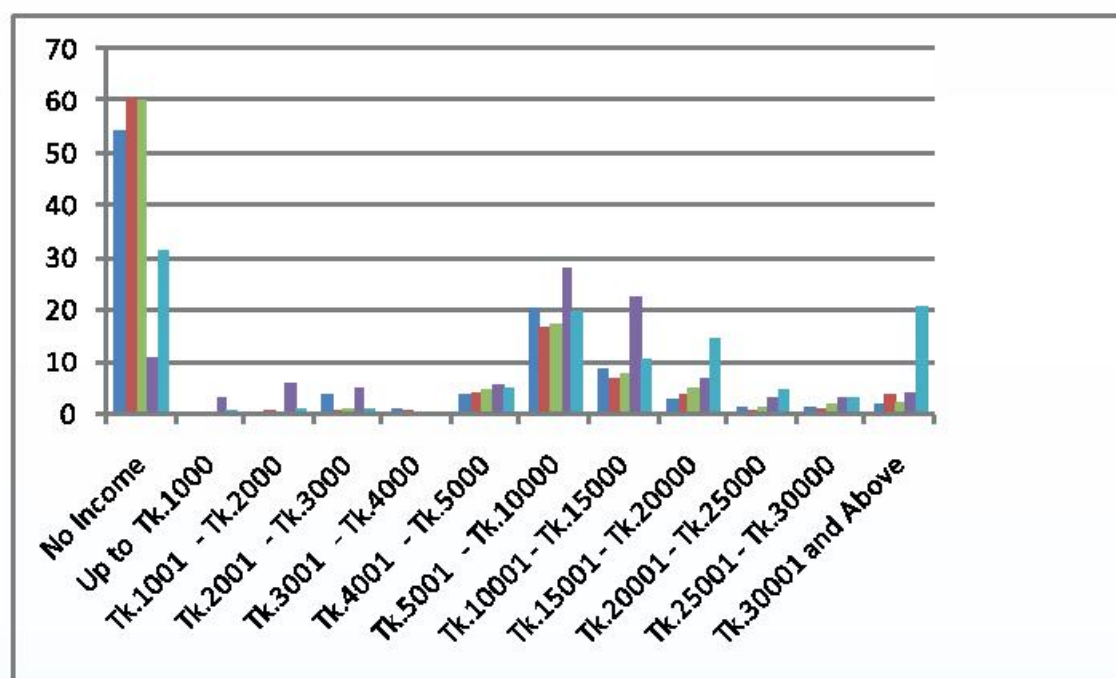


Figure 24: Distribution of patients by self- income

From the Table of self income of the drug abusers, it has been observed that the lower middle class population is the second largest group (19.93%) and upper middle class

population is the third largest group (14.78%) to abuse drug. Therefore the drug problem in Bangladesh prevails mainly within poor and middle class of population.





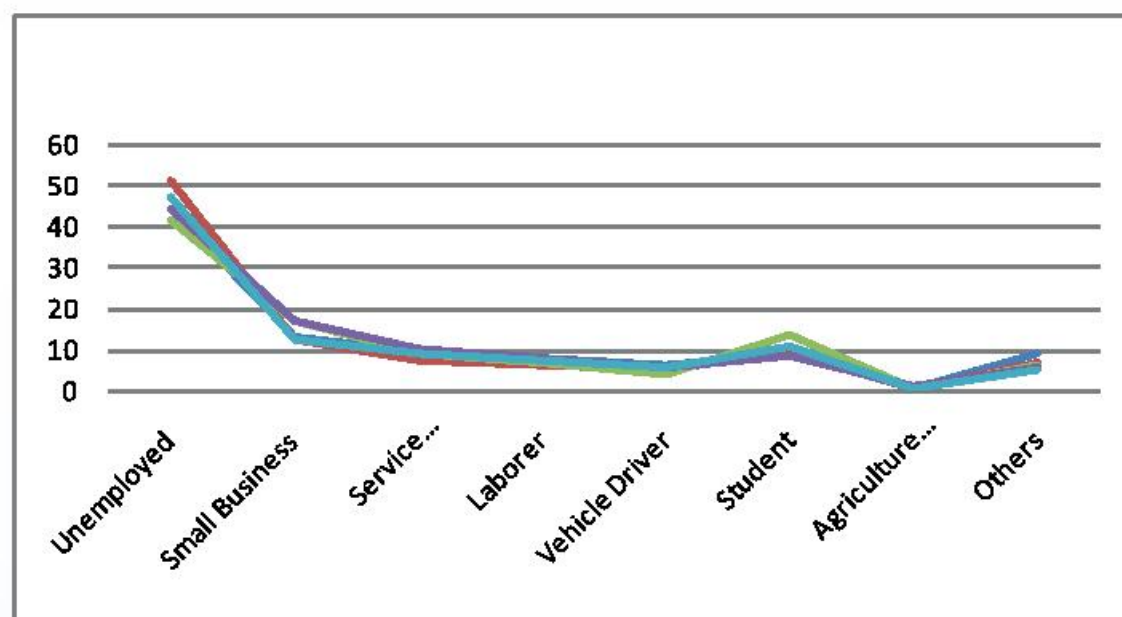
**Table 25: Distribution of patients by self-occupation**

Occupational Group	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)
Unemployed	44.22	51.42	41.83	44.22	47.23
Small Business	12.92	12.28	17.31	16.80	12.62
Service (Private/Public)	9.88	7.42	9.38	10.08	9.23
Laborer	7.90	6.48	6.97	7.93	7.85
Vehicle Driver	6.38	5.13	4.09	5.78	5.69
Student	8.97	9.72	13.46	8.60	11.23
Agriculture profession	0.61	0.54	0.48	1.08	0.77
Others	9.12	7.02	6.49	5.51	5.38

Source: DNC Data Base

On reviewing the Table of professional distribution of drug abusers under treatment services during 2017, it has been observed that majority (47.23%) of them is unemployed and they have no specific profession. The other major professional groups are small businessmen, service

holders and students. 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.

**Figure 25: Distribution of patients by self-occupation**

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.



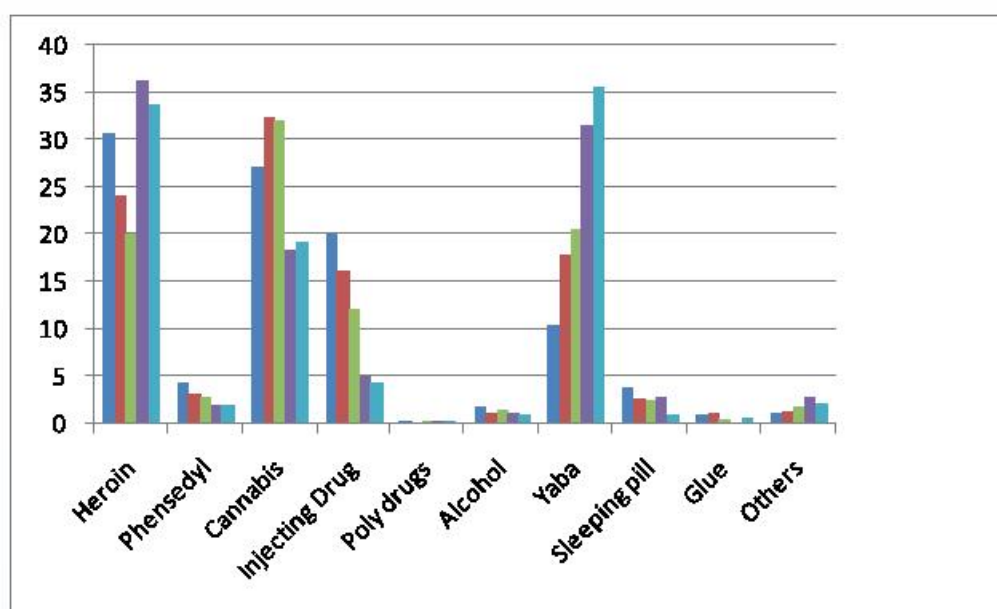
Heroin emerged during mid-eighties & Phensedyl which is a codeine- mixed cough syrup became popular drug at the beginning of nineties. Yaba, an ATS, emerged in Bangladesh in the middle of last decade.

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.

**Table 26: Distribution of patients by principal drug of abuse**

Drug Name	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)
Heroin	30.70	24.02	20.18	36.26	33.85
Phensedyl	4.26	3.10	2.98	1.94	2.00
Cannabis	27.20	32.52	32.11	18.32	19.23
Injecting Drug	20.00	16.06	12.16	5.17	4.31
Poly drugs	0.15	0.00	0.23	0.26	0.15
Alcohol	1.67	1.21	1.61	1.03	0.77
Yaba	10.33	17.95	20.64	31.61	35.54
Sleeping pill	3.73	2.69	2.52	2.84	0.77
Glue	0.91	1.08	0.46	00	0.62
Others	1.05	1.35	1.83	2.84	2.15

Source: DNC Data Base



**Figure 26: Distribution of patients by principal drug of abuse**

According to the data on principal drug of abuse by treatment seekers during 2017, Yaba stands first position comprising 35.54% with an increase of 12.43% in comparison with previous year. Heroin stands second position comprising 33.85%. Cannabis

stands in third position comprising 19.23% with a slight increase in comparison with previous year. Injecting drug stands fourth comprising 4.31% with a decrease of 16.63% in comparison with previous year.





### 1.3 Extent of Drug Supply

#### 1.3.1 Opium

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 & 1 kg of Indian originated opium in Bangladesh during 2012, 2013, 2014 & 2016 respectively. But in 2015 & 2017, there were no seizure of opium in Bangladesh.

#### 1.3.2 Morphine

Morphine is an opioid. Opioids are essential for the successful delivery of palliative care and pain control. 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.

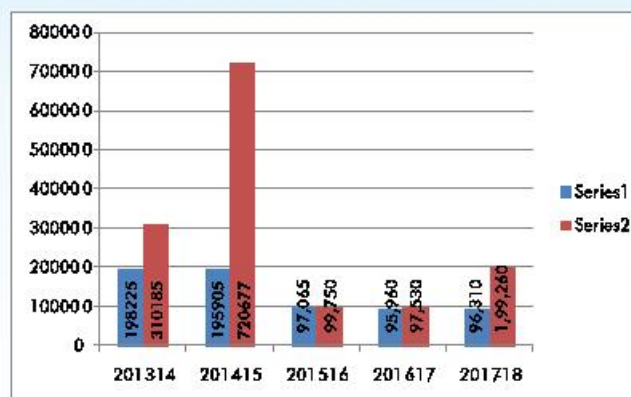
Bangladesh has a quota of 100 kg of morphine from the INCB. It is manufactured and sold through license system under strict supervision and monitoring of the DNC. There is no diversion or abuse of morphine in Bangladesh.

**Table 27: Production of morphine in Bangladesh**

Year	Morphine Injection (Ampoules)	Morphine (Tablet Pcs)
2013-14	198225	310185
2014-15	195905	720677
2015-16	97,065	99,750
2016-17	95,960	97,530
2017-18	96,310	1,99,260

Source: DNC Data Base

**Figure 27: Production of morphine in Bangladesh**



#### 1.3.3 Pethidine hydrochloride

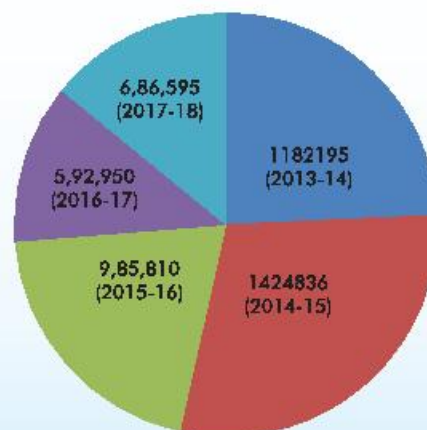
Pethidine is an opioid which is synthetic. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. Pethidine hydrochloride is widely used in any kind of surgical operations in Bangladesh as pain killer, as narcotic analgesic and for deep sedation.

**Table 28: Production of Pethidine in Bangladesh**

Year	Amount of Production (Ampoules)
2013-14	1182195
2014-15	1424836
2015-16	9,85,810
2016-17	5,92,950
2017-18	6,86,595

Source: DNC Data Base

**Figure 28: Production of Pethidine in Bangladesh**



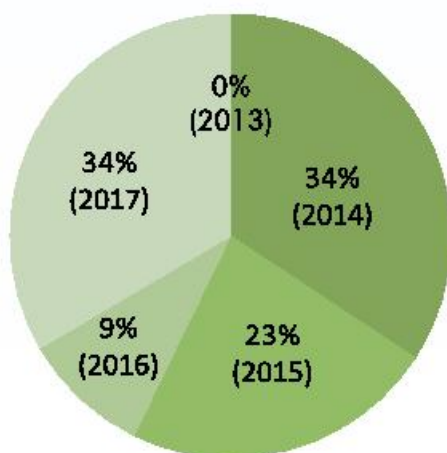


According to the number of patients admitted in treatment services for Pethidine addiction, it has gradually decreased up to 2016. No patient admitted for treatment for pethidine addiction in 2013. But in 2017, 3.69% of total patients admitted in treatment services for Pethidine addiction.

**Table 29: Patients admitted to treatment services for Pethidine addiction**

Year	2013	2014	2015	2016	2017
Percentage of patients admitted	0	3.78	2.52	1.03	3.69

Source: DNC Data Base



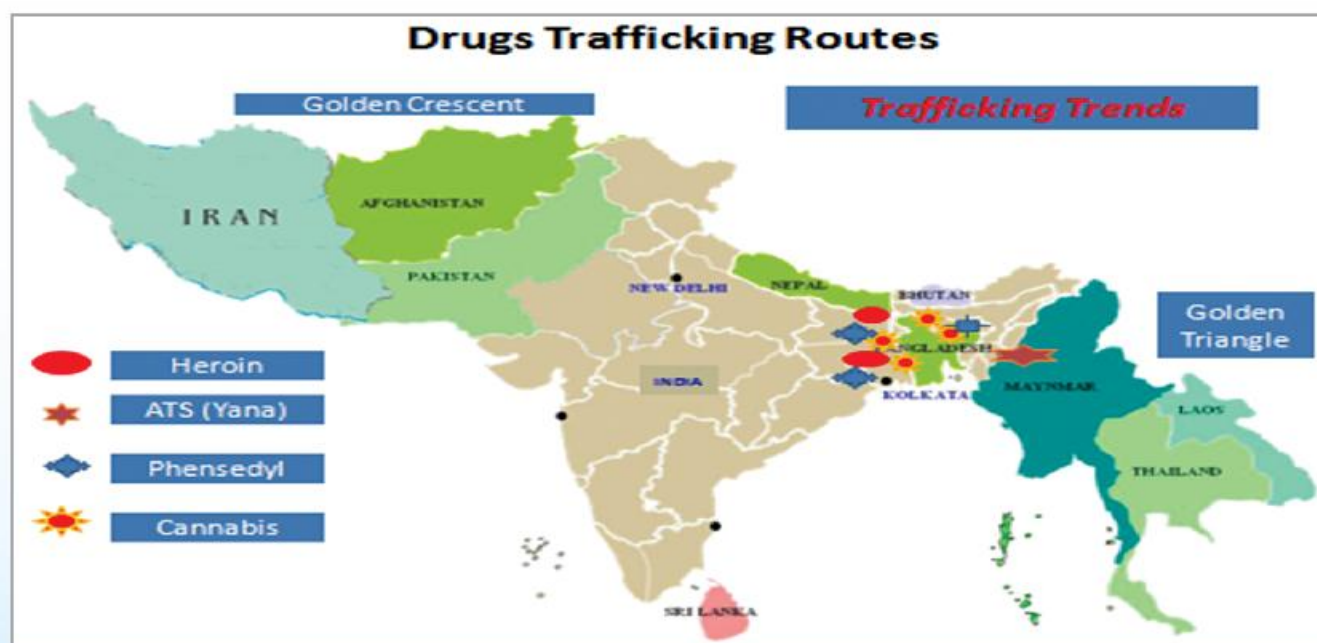
**Figure 29: Patients admitted to treatment services for Pethidine addiction**

#### 1.3.4 Road with map

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.



**Figure : Routes of drug smuggling & their internal movement in Bangladesh**





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.

At 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, Chattogram, Cumilla, Sylhet, Brahmanbaria,

Cox's Bazar, Rajshahi, Pabna, Bogura, Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barishal, Satkhira, Jashore.

Borders of Jashore, Satkhira, Rajshahi, Brahmanbaria and Cumilla Districts at Bangladesh side and borders of North 24 Parganas, 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 30: 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
Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Satkhira	Kaliganj, Debhata, Bhomra, Ifinda, Kalaroa, Kakdanga, Palashpur	Hingatgar, Hasnabad, Taki, Bashirhat, Swarnpunar, Baduria & adjacent areas of North 24 Pargana, Paschimbanga.
Jashore	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, Charchat, Sharda, Yusufpur, Kajala, Belpukuria, Rajshahi town, Haripur, Godagari and adjacent area.	Champapukur, Bongaon, Petrapol, Helencha, Bhawanipur, Ranaghat, Amritabazar, Nonchapota & adjacent areas of North 24 Pargana, Paschimbanga
Chapai Nawabganj	Bholahat, Shabajpur, Binodpur, Kansat	Raghunathganj, 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 31: 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,

Table 32: 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, Bijoyagar.	Ramnagar, Narayanpur, Sonapura, Bishalghor, Joynagar, Agartola, halhali, Ranir Bazar of West Tripura, Tripura.
Cumilla	Jagannathdighi, Chowddagram, Golpasa, Kalikapur, Jagannathpur, Rajapur, Burichong, Brahmanpara Bibirbazar	Camper Bazaar, Bibir Bazaar, Khadala, Hapania Takaria, Barjala, Melaghar, Kathalia, Sonamura, of West Tripura, Tripura.
Feni	Sagalnaiya, Phulgazi, Porshuram	Belonia, Rajnagar of South Tripura, Tripura

Table 33: Some New Routes of Phensedyl Trafficking

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





### 1.3.5 Market Analysis of Drugs.

In recent years, drug addiction has become one of the major problems of Bangladesh. It is not only impairing public health but also corrupting institutions retarding socio economic development, threatening political stability and in some cases endangering state security. It paralyzes the life of the addicts and disrupts peace and prosperity of families.

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.

#### 1.3.5.1 Yaba

More than 31.74% of the seizure of Yaba is made at Chattogram Metropolitan area in 2017. Cox's Bazar and Chattogram Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. Though the seizure of Yaba at Dhaka is more than 17%, it still remains one of the biggest markets of Yaba in Bangladesh

#### 1.3.5.2 Heroin

Rajshahi & Khulna Zone has the highest prevalence of detection and seizure of Heroin respectively. But the number of consumer of heroin in Dhaka city is more than Rajshahi or Khulna. The smuggled heroin from the Lalgola, India to Rajshahi is bound to Dhaka.

#### 1.3.5.3 Cordeine Preparation (Phensedyl)

According to the cases and amount of seizure, the big markets of Phensedyl are big markets are Jashore, Dinaipur, Bogura, Brahmanbaria, Rajshahi, Kushtia. 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.

#### 1.3.5.4 Cannabis

Dhaka is the main cannabis market in Bangladesh. The other big markets are Kishoreganj, Mymensingh, Faridpur, Chattogram Metro, Cumilla, Brahmanbaria, Noakhali, Kurigram, Sunamganj, Moulvibazar and Rangpur. Most of the Cannabis seized in the country is smuggled from India and Nepal.

#### 1.3.5.5 Buprenorphine

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

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.

### 1.3.6 New challenges and measures taken

#### 1.3.6.1 New challenges





The new principles of restriction, control, monitoring, supervision, prevention, education, public welfare, public awareness campaign, social mobilization, treatment and rehabilitation in connection with the problems of drugs and their abuses are newly introduced in our country through the Narcotics Control Act, 1990. The National Narcotics Control Board (NNCB) formulated under this Law is the highest body for advisory function and policy formulation. The Department of Narcotics Control is the Nodal Drug Law Enforcement Agency. The Departments of Police, BGB, Customs, Social Welfare, Education, Information, Health, Youth Development, Local Government, Religion have also functions in their respective jurisdiction. But prevention and control of drugs and precursors are still inadequate to meet the utmost needs. The new Challenges are:

- Training on drug law enforcement, modern investigative techniques and data management;
- Assistance and support for infra-structural development;
- Supply of modern equipment and devices for intercepting illicit trafficking of drugs and precursors;
- Setting up special devices at all the ports of entries to intercept smuggling of drugs and precursor chemicals;
- Enhancing facilities of DNC's Drug Testing Laboratory;
- Conducting survey, research, documentation and data management on drug abuse, Prevention and control;
- Setting up special drug court in every district.
- Conducting operations against notorious and armed drug dealers by the unarmed DNC officials.
- Lack of manpower of DNC.
- Geographical location of Bangladesh and porous border with India and Myanmar.
- The amendment of the Narcotics Control Act, 1990
- The prevalence of new synthetic and semi synthetic drugs.
- Lack of Drug detection Kits, Mobile tracking instrument, vehicles and other logistics supports to combat drug trafficking.
- The failure of making people well aware of the bad effects of the abuse of drug and involvement of mass people with the anti drug campaign.
- Taking instant preventive measures along with increasing surveillance on the traffickers of drugs by boat at the river Naaf and the coastal areas.

Exchange of information for identifying and destroying illegal drug processing sites, clandestine laboratories and illicit cultivation of cannabis and opium poppy with the neighboring countries.

#### 1.3.6.2 Measures Taken

Department of Narcotics Control (DNC) of Security Services Division under Ministry of Home Affairs acts as a nodal agency of the government to combat the abuse and trafficking of drugs. Illegal drug is the main hindrance for the development of intelligence of the young generation of the country. There is a close connection between the whole process of the planning for the development of the country and the eradication of illegal drugs. There are different aspects and multi-dimensions of drug problem. It is very urgent to take participation of the non-government and volunteer organizations along with the government organizations and authorities which are concerned with anti-drug activities.





Expected achievement would not get if we fail to expand the anti-drug movement in the family and individuals. Department of Narcotics Control acts with firm determination to implement the 'Zero Tolerance' policy to drug related crimes which adopted and declared by the honorable Prime Minister and to make the young generation of the country free from drug addiction.

To implement the Vision 2021 and 2041 set by the government and to build the Department of Narcotics Control as experienced and skillful in all fields of drugs, a proposal for increasing the workforce from 1706 to 8505 has been under active consideration in the Ministry of Home Affairs. The office of the narcotics Control has been set up in every district. Besides, it has been given proposal to set up divisional office and divisional intelligence office in 8 divisions, office in 09 land Ports, 03 Sea Ports and 04 Air Ports, Drug Addiction Treatment Centre and Chemical Laboratory in 07 divisions in the newly proposed organogram. Along with these, logistic supports with vehicles have been proposed.

In the last 03 Years, 34008 cases have been filed and 36,714 accused have been arrested by conducting 1,13,895 raids. Along with, 61,44,966 pieces Yaba, 96,042 bottle Phensedyl, 40.099 kg Heroin, 12,525 kg Cannabis with huge amount of other illegal narcotics items have been seized. Month-long anti-drug awareness programs have been arranged countrywide in January-2017 which was declared as the Month of Anti- Drug Raid and Campaign.

For enhancement of the treatment facility, the number of bed of Central Treatment Centre has been increased from 50 to 100. Besides, the number of bed of regional treatment Centre of Chittogram, Rajshahi and

Khulna is going to be increased from 5 to 25. For the sake of better drug addiction treatment and rehabilitation, 4 Government and 216 non-government drug treatment and rehabilitation Centre have been brought under licensing/registration system of the department. 33,269 and 56,712 drug addicted people have been given treatment by government and non-government side accordingly to ensure healthy and normal life.

The construction works of 05 divisional office building of Dhaka, Chattogram, Rajshahi, Sylhet and Barishal have been completed under Annual Development Project (ADP). The Construction works of 14 storiedt building designed for the headquarters of the department is going to be finished within 30 June, 2018 with the cost of 23.77 crore under development project. 86 officers and staves have been recruited and 1126 officers and staves have been given training.

Tower has been set up in Dhaka and Teknaf of Cox's Bazar and 388 Waki Toki set have been purchased to bring the department under Wireless Networking System. The strengthening works of Wireless Networking System is going on. The uniform has been given to the all enforcement official of the department.

The draft of the Narcotics Control Act, 2018 sent to the Security Seives Division, Ministry of Home Affairs for approval of the Government is at the final stage.

12 double Cabin pick-ups have been purchased to strengthen the activities of the department. Besides, in this fiscal, the proposal of purchasing 6 new vehicles as replacement has been sent to the Ministry. Computer and other logistics have been supplied in every district office with internet connection. The Corporate SIM of Grameen





Phone (GP) has been supplied for providing mobile networking to the all enforcement officials of the department. In Current financial year (2017-18), budget has been allocated in all offices of the department under IBAS++

According to the bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, the two countries are sharing information with Bangladesh on drug trafficking on a real-time basis and assisting one another on investigative techniques for interdicting all narcotic, synthetic & medicinal drugs. DNC is closely working with DEA of USA and SPO of Korea Republic. DEA of USA shared Information with DNC at regular basis and as a result, huge amount of Cocaine was seized several times at Hazrat Shahjalal international airport in Dhaka. Bangladesh has signed MOU with South Korea to implement a project covering strengthening of DNC through the development of ICT, forensic lab and providing training for DNC official.

Bangladesh has close relation on prevention and control of drug abuse with the Colombo Plan for Cooperative, Economic and Social Development in Asia and the Pacific. DNC and other Law Enforcing Agencies are working with Asia pacific Group to prevent money laundering in drug offences. Bangladesh regularly exchange specific information with International Narcotics Control Board (INCB) and United Nations Office on Drugs and crime (UNODC) on export, import trafficking and use of controlled drugs.

### 1.3.7 Achievements in 2017:

37.20 kg Cannabis seized from Koyeshpur on 05 January, 2017 and 37.20 kg Cannabis seized from Nasirabad mail train at Kosba of Brahmanbaria on 31 January, 2017. The raid conducted by Bhairab circle and District Narcotics Control

office, Brahmanbaria respectively.

16 kg Cannabis, 50 bottles Phensedyl, 03 kan Beer and 01 CNG seized from Champaknagar Bazar of Bijoynagar, Brahmanbaria On 3 February, 2017. The raid conducted by Brahmanbaria circle of DNC.

20000 pcs Yaba (Amphetamine based Tablet) seized with 4 accused arrested from South Kutubkhali of jatrabari on 6 March, 2017. The raid conducted by Tejgaon circle of Dhaka Metropolitan.

25 kg Cannabis and 97 bottles Phensedyl seized with 2 accused arrested from Basundhara Residential area of Anwara, Chittagonj on 19 March, 2017. The raid conducted by Chattagram Metro of DNC.

1944 can Beer, 546 bottles foreign liquor seized with 4 accused arrested from Metro Shopping mall on 31 March, 2017. The raid conducted by Dhanmondi circle of Dhaka Metropolitan.

23kg Cannabis and 01 CNG seized at Syedabad of Kosba on 2 April, 2017. The raid conducted by Kosba circle of DNC.

10,200 pcs Yaba (Amphetamine based Tablet) seized and 05 gm Heroin with 2 accused arrested from Wari on 05 April, 2017. The raid conducted by Tejgaon circle of Dhaka Metropolitan.

2350 bottles Phensedyl with 1 accused arrested from Gayra of Benapole, Jashore on 5 April, 2017. The raid conducted by District Narcotics Control Office, Jashore.

3605 bottles Phensedyl and a Truck seized with 2 accused arrested from Muroli More of Jashore on 11 April, 2017. The raid conducted by District Narcotics Control Office, Jashore.

35 kg Cannabis seized with 1 accused arrested from Pologround of Chattogram





Metro on 20 April, 2017. The raid conducted by Chattogram Metro of DNC.

750 gm Cocaine Seized with 1 accused absconding from Hazrat Shahjalal International Airport, Dhaka on 23 April, 2017.

200 kg Cannabis seized with 1 accused arrested and 2 accused were absconding from Kasba of Brahmanbaria on 28 April, 2017. The raid conducted by District Narcotics Control office, Narsigndi of DNC.

40 kg Cannabis seized with 1 accused arrested from Turna Nishita Train in Cumilla railway station on 15 June, 2017. The raid conducted by Ka circle of District Narcotics Control Office, Cumilla.

350 gm heroin seized with 1 accused arrested from Arappur Bus stand of Jhenidah on 08 July, 2017. The raid conducted by District Narcotics Control Office, Jhenidah.

44,000 pcs Yaba (Amphetamine based Tablet) seized and 3 notorious accused arrested from 173 Elephant road & 52/3, Raja Bazar of Dhaka city on 9 July, 2017. The raid conducted by Dhaka Metropolitan of DNC.

700 gm Heroin seized with 1 accused arrested in front of Jail gate of Jhenidah on 15 July, 2017. The raid conducted by District Narcotics Control Office, Jhenidah.

60 kg Cannabis with 2 accused arrested from Narayanpur of Sunamganj on 16 July, 2017. The raid conducted by District Narcotics Control Office, Sunamganj of DNC.

17kg Cannabis seized with 1 accused arrested from Cumilla railway station on 07

August, 2017. The raid conducted by ka circle of District Narcotics Control Office, Cumilla.

104 kg Cannabis with 3 accused absconding from Payeerup of Kosba on 17 August, 2017. The raid conducted by Kosba circle of DNC.

20000 pcs Yaba (Amphetamine based Tablet) seized with 2 accused arrested Kolatali of Cox's Bazar on 3 October, 2017. The raid conducted by Chattogram Metropolitan.

20000 pcs Yaba (Amphetamine based Tablet) seized with 2 accused arrested Station Road of Chattagram on 19 October, 2017. The raid conducted by Chattogram Metropolitan.

250 bottles Phensedyl seized with 1 accused arrested from Sadar Rasulpur of Adarsha Sadar, Cumilla on 19 November, 2017. The raid conducted by Ka circle of District Narcotics Control Office, Cumilla.

40,000 pcs Yaba (Amphetamine based Tablet) seized with 5 accused arrested from Jamal market of Teknaf, Cox's Bazar on 22 November, 2017. The raid conducted by Chattogram Metropolitan.

16 kg Cannabis seized from Karnafully Express Train in Cumilla railway station on 15 December, 2017. The raid conducted by Kha circle of District Narcotics Control Office, Cumilla.

20 kg Cannabis seized from Akhaura railway station of Brahmanbaria on 21 December, 2017. The raid conducted by District Narcotics Control Office, Brahmanbaria of DNC.





## 2

**Drug Law Enforcement****2.1 Legal Status****2.1.1 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 drugs as well as treatment and rehabilitation of drug addicts. This Act enacted on 2 January 1990. The government amended this act 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 issues of 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 for scheduled drugs. It provides legal coverage for establishment of the Department of Narcotics Control (DNC) as the Nodal Agency of Narcotics Drug Abuse Control 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 order to comply the obligations under these conventions and the potential for diversion of precursors due to its close proximity to Heroin & Amphetamine -producing areas in South East Asia, the country has imposed restrictions on the import of precursors. The Narcotics Control Act 1990 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 use of 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 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 domestic use. 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. However, precursors chemicals rather proposed to be controlled in the proposed Narcotics Control Act, 2018 as per needs.

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.

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 and '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.

Sections 27 and 28 provide provision for cancellations and suspension of licenses/permits for breach of any condition.

**Table 34 : 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





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.

### 2.1.2 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:

- 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 and trafficking 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 and trafficked from other countries.

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



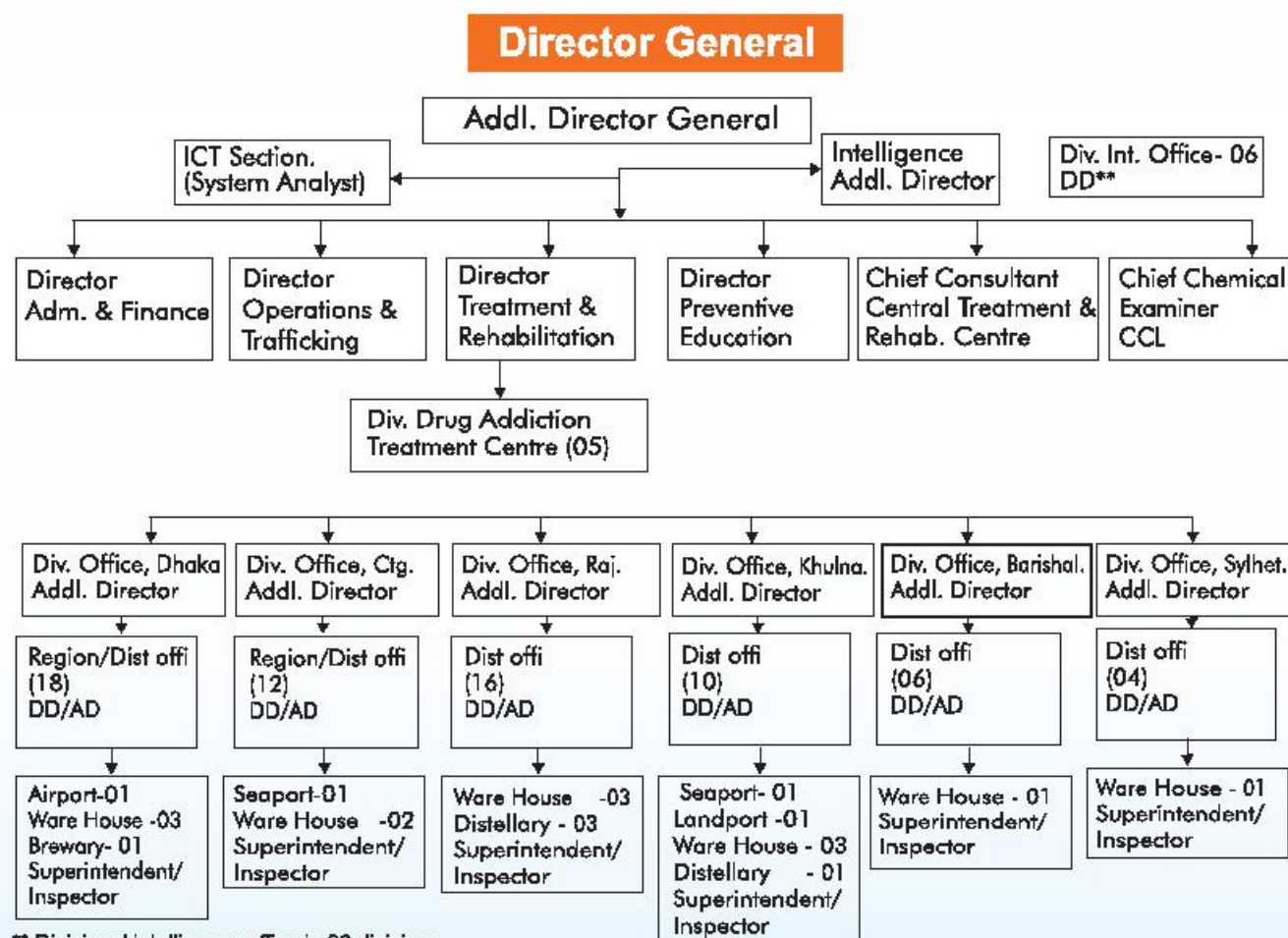
Director General, DNC is on an Anti-Narcotics drives in Dhaka.



## 2.2 Organizational Set up

The Department of Narcotics Control (DNC) is a multifunctional agency under the administrative control of the Security Services Division of the Ministry of Home Affairs. It came into operation in January 1990 with a total of the different kinds of manpower of 1274. After that, its manpower increased to 1706. The DNC is the nodal agency for prevention and control of drug abuse and their illicit trafficking in Bangladesh. It is headed by Director General. All the activities of this Department is run through with 4 main branches of administration comprising (a). Administration, Training, Finance and Accounts, (b). Operations, Trafficking and Intelligence, (c). Preventive Education, Research and Publication, and (d). Treatment and Rehabilitation. Headquarters of this Department runs with entire administration

through 6 Zonal offices, 6 Zonal Intelligence offices, 64 district offices and 108 Circle offices. Besides this Department collect revenue and supervises the production, marketing, distribution and sale of alcohol, spirits, liquor and beer through 5 Distilleries, 1 Brewery and 13 Warehouses. The Department runs its drug addiction treatment programs through Central Drug Addiction Treatment Centre (CTC) at Dhaka and regional drug addiction treatment centers are at Chattogram, Rajshahi and Khulna. Forensic tests for chemical analysis of seized drugs are conducted in the Central Drug Testing Laboratory of the department at Gendaria, Dhaka. Modernization, increase of manpower and reorganization of organizational set up is under process in the Ministry of Home Affairs.



\*\* Divisional intelligence office in 06 divisions.

### Organizational Set Up Of Dnc





Table 35: Statistics of the raids, cases and arrests by DNC

Year	Raid	Case	Arrests
2013	34876	10111	10990
2014	34643	11723	12590
2015	34073	10548	11300
2016	33024	9773	10465
2017	39585	11612	12651

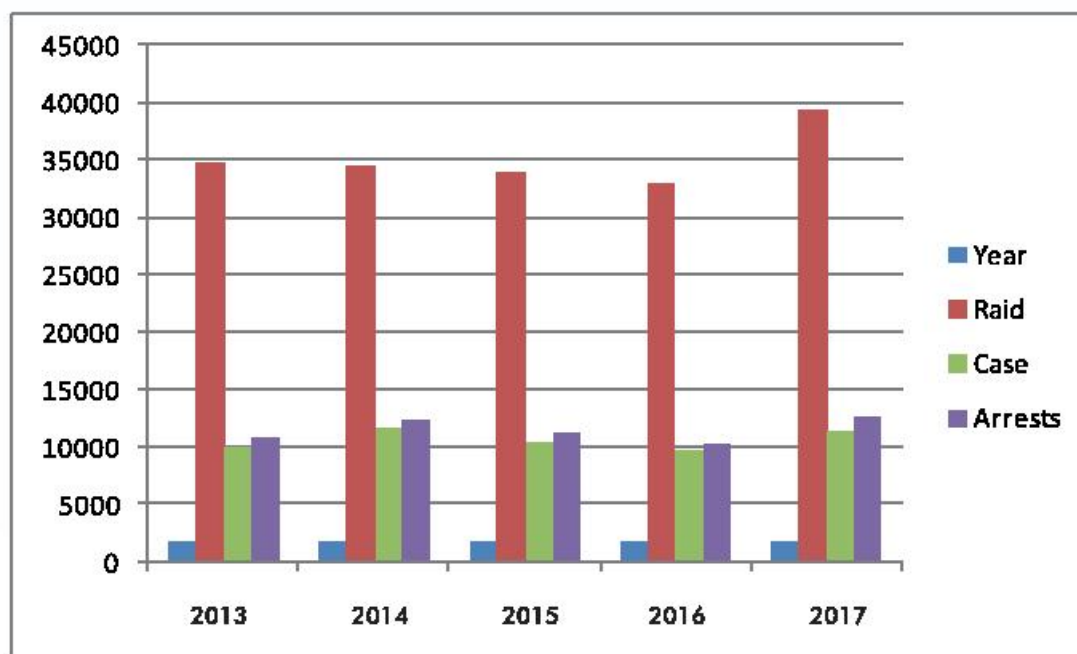


Figure 35: Statistics of the raids, cases and arrests by DNC

### 2.3 Search, Seizure And Arrest

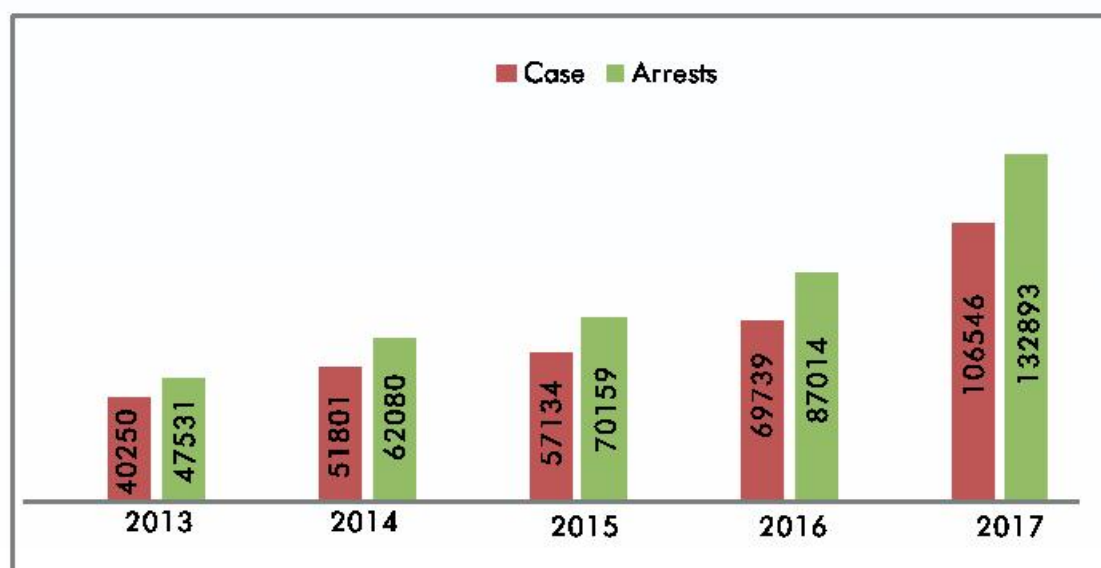
The operations of search, seizures and arrests are guided mainly by Section 36 of the Narcotics Control Act, 1990. The other relevant Sections are:-Sections 32, 33,37,38,41 and 42. The enforcement Officials of the Department of Narcotics Controls, the Police, RAB, Customs Department, BGB and Coast Guard 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 (OC) of the search and seizure. The drugs or any article subject 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 F.I.R. (First Information Report) in the concurrent Police



**Table 36: Statistics of the cases and arrests by all law enforcement agencies**

Year	Case	Arrests
2013	40250	47531
2014	51801	62080
2015	57134	70159
2016	69739	87014
2017	106546	132893

**Figure 36: Statistics of the cases and arrests by all law enforcement agencies**

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.

## 2.4 Investigation

Only the Department of Narcotics Control and Police are empowered to investigate offences under the Narcotics Control Act, 1990. The enforcement officers holding the rank of Sub-Inspector or above of these Departments can investigate drug offences. The main purposes of the investigation are to gather 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 (PO), takes photographs, examines the eye witnesses, collects material and documentary evidences, obtains chemical examiners reports on the drugs seized and writes case diary (CD) 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.

## 2.5 Prosecution and trial

As there is no special or separate Court,





Table 37: Statistics on Disposal of Cases under Trial

Year	Disposal of Cases					Conviction/Acquittal of Accused				Pending Cases	
	Conviction	Rate	Acquittal	Rate	Total	Convicted	Rate	Acquitted	Rate	Total	
2013	1127	55%	939	45%	2066	1218	54%	1057	46%	2275	48680
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	
2017	1016	(40%)	1528	60%	2544	1065	(40%)	1615	60%	2680	

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 lies on 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.

## 2.6 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 take much time 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 so on. 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. Punishment given to the drug offenders base on the confession of the accused persons. These sorts of summary trial have been found very effective to control drug crime, speed up trial system and enhance people's consciousness on drugs and related offences.



Figure 38: Statistics on Mobile Court Operation by DNC

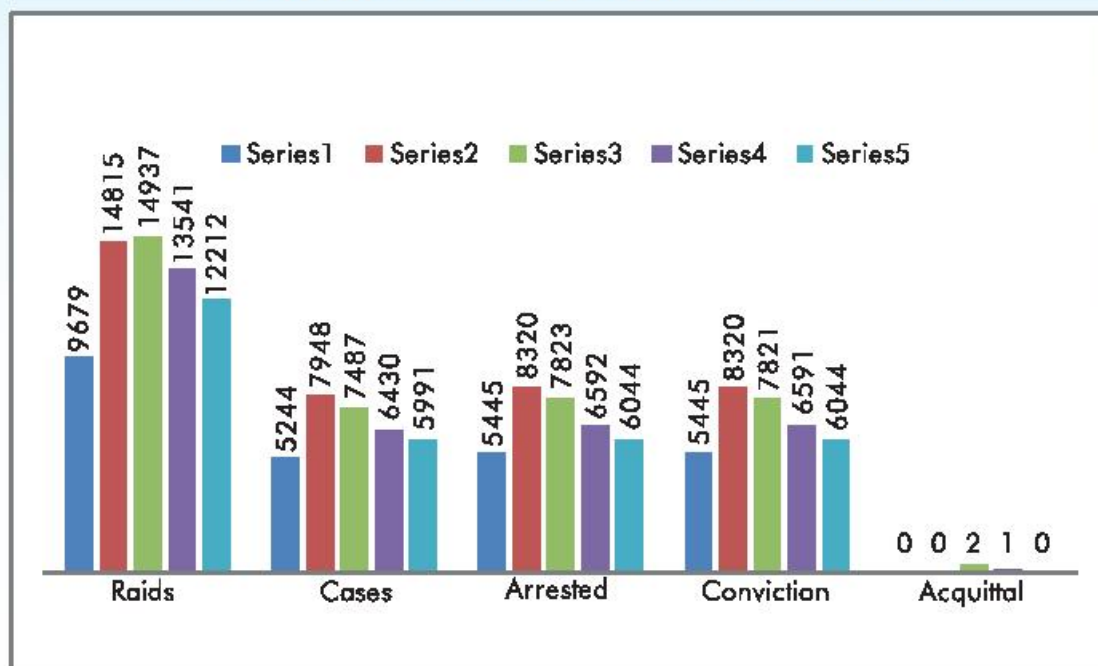


Table 38 : Statistics on Mobile Court Operation by DNC

Year	Raids	Cases	Arrested	Conviction	Acquittal
2013	9679	5244	5445	5445	00
2014	14815	7948	8320	8320	00
2015	14937	7487	7823	7821	02
2016	13541	6430	6592	6591	01
2017	12212	5991	6044	6044	00

## 2.7 Proposed Narcotics Control Act, 2018

Amendment of Narcotics Control act, 1990 is now at the final stage. With passage of time, drugs of abuse, modus operandi, innovation of new drugs, Amphetamine Type Stimulants (ATS) i.e. Yaba created a new demand for amendment of the existing Narcotics Control act, 1990. Yaba is a big challenge of drug abuse in Bangladesh. Young generation of Bangladesh is the main targeted victim of Yaba. It is posing a big threat to country's development also. In the proposed Narcotics Control Act, 2018, ATS is

rescheduled to schedule A' proposing major punishment i.e. death sentence. New Psychoactive Substances (NPS) and Shisha are addressed too in this law. Probable upcoming drugs are also addressed as per the guidelines of International Narcotics Control Board (INCB). In the proposed law, the loop holes of the existing law are tried to be mitigated to the best as per the demand of the present situation and time.

## 2.8 Inter-Agency Co-ordination

There is a forum of coordination on drug related issues at the Upazilla level called the



Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO), at the District level called the District Drug Control Committee (DDCC) is headed by the Deputy Commissioner and at the national level called the National Drug Control Committee (NDCC) which is headed by the Minister of home affairs.

Government has set up 03 (three) highly authoritative committee to reduce drug abusing situation all over the country. The Strategic Committee is comprised of Prime minister's office, Ministry of Home affairs, Ministry of Education, cabinet division of the govt. headed by the Principal Secretary of Honorable Prime Minister. The Enforcement committee comprising of different law enforcers and intelligence agencies of the countries headed by the Senior Secretary of Ministry of Home Affairs (MoHA). The anti drug awareness building and social mobilization committee comprised of different Ministries like Ministry of Education, Ministry of Ministry of Shipping, Ministry of Women and Child Affairs, Ministry of Information, Department of Youth Development, NGO Affairs Bureau, Islamic Foundations headed by the Secretary of Ministry of Education. Among all those 03 committees Director General of DNC is playing a vital role as Member Secretary or Member of the Individual Committee.

Police, RAB, Customs, Coast Guard and BGB are empowered to conduct raid, search, seizure and arrest for drug offences as per Narcotics Control Act, 1990. DNC exchanges information about new trends and modus operandi of cross-border and internal drug-trafficking and shares operational intelligence with the above law enforcement agencies. DNC officials usually get support

from any of the relevant agencies mentioned. Ansar-VDP also helps in conducting any operation against illicit drug offenders in the country. The Taskforce operation against drug trafficking is conducted by any three or more organizations consisting of administration, Customs, Police, DNC, RAB & BGB. The Mobile court against drug trafficking is conducted in presence of the Executive Magistrate and criminals are apprehended and prosecuted on spot and awarded short term imprisonment instantly. All law enforcement agencies give monthly statement of the operations against drug trafficking to the DNC. DNC and other law enforcing agencies arrange training program aimed to promote and enhance knowledge and understanding of the participating officials on drug related offences.

The Department of Prison provides treatment services to drug dependent Jail Mates at Cumilla, Jashore and Rajshahi Central Jail. DNC arranges anti-drug awareness program in the prisons with the help of the jail officials. There is an anti-drug committee in every educational institutions except Primary schools. DNC arranges anti-drug campaign in the educational institutions with the help of anti-drug committee and Education Officials. Police, RAB, BGB, Coast Guard, Ansar-VDP also perform anti-drug awareness campaign against drugs.

## 2.9 Modus Operandi

The traffickers are always innovative about their modus-operandi in carrying, possessing, concealment, storing, and selling of drugs. In transportation of drugs, there are two kind of concealment. Body concealment and concealment in transport vehicles. Under- privileged women and





children are commonly employed for carrying and peddling drugs. Women carriers are largely engaged for body concealment of drugs. Small amounts of heroin and yaba are trafficked in body fitting, under concealment in the undergarments of the women carriers, in costumes, in luggage and in other belongings to the carriers. Phensedyl and cannabis are concealed in special type of jackets and in belts fastened at waist, thigh and legs. The women carriers wear these special types of belts and jackets under their garments and cover their whole body with Borkha. Men are also found to wear this special type of belts for carrying drugs. Shoes, anklets, corset belts, under wears, etc. are also used for carrying heroin and small amounts of cannabis.

Flexible plastic and rubber pipes full of loose phensedyl are tied around legs, thighs and hips of the drug carriers. Women with borkha pretending to be pregnant are the common suspects as drug carriers. There is lots of incidence of swallowing Yaba in Bangladesh. There are incidences of concealments of small amount of heroin and Yaba in rectum and vagina.

In transport vehicles, medium and large consignment of drugs is concealed in commercial commodities like rice, paddy, vegetables, bananas, mangos, pineapples or other suitable business commodities. Cartons and boxes used for carrying medicines and other commodities are also used for concealment of drugs. The cavities in body of trains, cars and minibuses are also used for concealment of drugs. The packets of shops, tubes of tooth pastes, cans of talcum powder are also used for concealment of heroin. Medium and large consignments are smuggled under camouflage or concealment

in bags, cartons, and baskets of fruits, fishes, eggs, vegetables, paddy, rice, potatoes, or similar commodities. Coffins, gas cylinders, oil containers, coconut shells, jack fruits, pumpkins have been found to be ideal for concealment of drugs.

The cavities and specially made secret chambers and false bottoms of oil tankers, Lorries, trucks, buses, cars, trains, covered vans, minibuses, ambulances, boats, or any other suitable transports are also used for concealment of drugs in course of trafficking. Drugs are concealed in the hollows space or secretly made chambers in timber logs. Unattended bags and luggage in public transports like train and buses are used for carrying drugs. False compartments and bottoms of suitcases and bags are used for concealing drug consignments. Sometimes, big consignments are smuggled under the coverage of licit commercial import commodities through the regular freights and cargo.

The transports and communication practices in Bangladesh for carrying drugs from one place to another is road, rail and river. The trucks and covered cargo vans used for carrying commercial commodities from the border areas to the major towns are largely used for carrying big consignments of smuggled drugs. Boats and cargo vessels are also similarly used. The medium consignments are carried in private cars and micro buses as well as by trains. The small amounts of drugs are generally carried through concealment in body. Use of courier services is on increase for illicit trafficking of drugs. Cell phones play a vital role in current drug trafficking and trading. There are home delivery services for drug consumers.





# 3

## Demand Reduction : Massive Awareness Campaign as well as Role of NGO's regarding Drug prevention

### 3.1 Massive Awareness Campaign:

Department of Narcotics Control (DNC), as the nodal agency of the country, is fighting against drug in a coordinated and consorted manner applying demand reduction, supply reduction and harm reduction strategies simultaneously to control over drug abuse and drug trafficking. Massive Awareness Campaign is the main tool for demand reduction. It is found that the effective demand reduction programs can reduce not only the drug problem, but it can decrease drug trafficking and supply also. So, realizing the effectiveness of demand reduction programs, The Government of the People's Republic of Bangladesh took some pragmatic steps in circulating anti-drug message to its citizen. DNC along with NGO's undertook a series of activities to gear up the preventive activities like seminar, discussion, class discussion, 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. The other agencies of government also launch anti-drug programs with their respective jurisdiction to make the people aware about the adverse effects of drug. The various government services, in co-operation with non-governmental organizations (NGOs), have adopted the models and strategies that are action-oriented activities,

primarily intended to promote positive values, attitudes, self-development, creative productivity and skills among young people.

#### 3.1.1 DNC's awareness activities against anti-drug in Education Sector

The DNC with the help of Ministry of Education is working for awareness raising on the bad effects of narcotics drug among students and youths from schools, colleges and universities including out of school students and youth.

1. Anti-drug based activities by the DNC in educational Institution are as follows:

- Organizing anti-drug based debate in educational institution;
- Promoting awareness through discussion in educational institution raising the campaign that 'Preventive health is better than curative health';
- Distributing anti-drug leaflet to the students of primary and secondary schools;
- Hanging anti-drug wall posters;
- By on airing art competition, essay writing contest on drug and awarding prizes to the winners on the commemoration of "International Day against Drug Abuse and Illicit Trafficking" on 26th June.
- Inclusion of Drugs and Drug abuse lesson in text books for awareness of students through National Curriculum and Text Book Board;





Prevention Education and Publication					
Task	2013	2014	2015	2016	2017
Production & distribution of anti-narcotics posters	4200	5000	34500	157785	164236
Distribution of anti narcotics leaflets	49310	150000	104000	974570	870548
Distribution of anti narcotics stickers	14400	9500	15500	75031	8000
Souvenir, Bulletin	5000	157500	9000	20000	20600
Anti narcotics discussion meetings	5851	3813	4247	6607	4801
Anti narcotics class speech at schools and colleges	268	633	826	1469	2460
Forming of anti drug committee in Educational institute	632	309	809	8335	1325

**Table 39 : Statistics on Preventive and awareness Programmes**

### 3.1.2 Anti-drug awareness activities in Mass Media Sector & Social Network:

Undoubtedly mass media is playing a major role for making awareness and educating mass people about drug abuse by on airing through BTV and private TV channels in Bangladesh. DNC along with print and electronic media conducts following awareness building program against drug abuse. These include:

- Making anti-drug short film;
- Creating TV spot/TVC on drug abuse;
- Preparing anti-drug theme song by renowned singer;
- Three dramas on drug abuse made through DFP (Directorate of Film & Publication) for awareness building focusing adverse effects of drug;
- Uploading everyday drug related crime and anti- drug awareness activities across the country through social media e.g. Facebook page & Facebook live page;
- "Jibonke Valobasun, Madok Theke Dure Thakun" anti-drug TV spot has been on air in connection with all TV channels and radio on 1st March, 2018 at 8.50pm.

### 3.1.3 NNCB's Attention to Demand Reduction:

National Narcotics Control Board (NNCB) is the pinnacle body of the Bangladesh that provides proper directives and makes new drug-law policy to curb drug menace. That is why every year this board meeting has been called for formulating new policy against drug related crimes. This year the board meeting held on 5th March, 2018 headed by Asaduzzaman Khan MP, Home Minister and Chairman of NNCB as well as took some decision for awareness building against drug abuse. For instance-To make standard TVC and TV spot on drug abuse as well as airing through BTV and Private Channels. The parliamentary standing committee for Ministry of Home Affairs recommends also 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 monitors the activities of different department which are under its administrative control.

The Government of the People Republic of Bangladesh has also updated three





committees to address adverse effects of the narcotics drug and to strengthen the awareness activities against drug abuse.

#### **3.1.3.1 National Committee on Drug Control and Motivational Publicity:**

This committee consists of 19 members. Home secretary to the government is head of this committee and Director General, Department of Narcotics Control is member secretary of this committee. The rest of the members are from different ministries and department. The committee sits together and finds innovative anti-drug awareness program and monitor also.

#### **3.1.3.2 District Committee on Drug Control and Motivational Publicity:**

This is another committee to operate its performance in the field level. This committee is formed with 24 members in every district. The concern minister of the District is adviser of this committee and Deputy Commissioner (DC) is the head of the committee. Deputy Director or Assistant Director of DNC is member secretary of the committee and other district level officers are members. This committee sits once in every month and overviews the anti-drug control and awareness activities in the district. This committee follows and performs the decision of the National Committee on drugs.

#### **3.1.3.3 Upazila Committee on Drug Control and Motivational Publicity:**

It is a 17 members committee to combat drug in Upazila level. Upazila Nirbahi Officer (UNO) is the head of this committee and Upazila Social Welfare Officer is the member secretary of the committee. Different officers of the Upazila are member of this committee. This committee performs its functions in Upazila level to combat drug menace and to make people aware of bad effect of drug. Besides these 3 committee,

Divisional Taskforce Committee on Law and Order headed by Divisional Commissioner stresses on anti-drug campaign under his jurisdiction.

#### **3.2 Role of NGO's regarding Drug prevention**

NGOs are actively involved in drug demand reduction activities in Bangladesh. Some NGOs are very dedicated and have developed expertise in the area of demand reduction, while others are involved in providing treatment and rehabilitation program including drug prevention.

NGOs itself can protect its workers from the dreadful demand of illicit drugs. In this case NGOs can help others by training a worker in this regard. An NGOs can organize one or more human chains every year in its working area to make people aware about drug abuse. NGOs can arrange entertaining concert, sport, jarigan and drama etc. where staff, friends and neighbors are invited. Increasing mass awareness in the Mahallas or community: NGOs workers in collaboration with civil society organizations can visit house to house to help reduce drug abuse and its demand.

##### **3.2.1 Collaboration between NGOs and GO**

The NGOs have played a positive role in collaboration with the government in Bangladesh in delivering prevention program. On the occasion of Observing of International Day against Drug Abuse and Illicit Trafficking many NGOs organize rally, street meetings, essay competitions, cultural programs and human chains in front of National Press Club. NGOs also attend national program at Osmani Auditorium.

A significant number of convicted and under trial prisoners are drug abusers. With the support of Prison Department of the Ministry of Home Affairs, DNC and NGOs are providing life skill training and







Honorable Home Minister, Mr. Asaduzzaman Khan Kamal visited NGOs stall and many organizations and handed over anti-drug related publication.

awareness campaign about negative impact of drug through Peer Volunteers, Counseling with future treatment plan to continue drug free life. Leading NGOs of the country Dhaka Ahsania Mission, BYFC, CREA organize many training program for the NGOs workers and parents.

### 3.2.2 Major achievements:

The NGOs are playing pivotal role in drug demand reduction through mass campaign in Bangladesh and during the period of 2016-17 achievements are:

- To try in assisting the drug users' re-entry into mainstream society by providing necessary supports.
- To organize two remarkable recovery get together program
- To organize number of community based awareness program such as rally, human chain, discussion meetings etc.
- To Regularly organize Family Meetings and Community Sensitization Meetings.
- To observe of International Day against

Drug Abuse and Illicit Trafficking through mass campaign program

- To organize number of school and college programs
- To provide life skill and psychosocial education and other session on drug addiction and treatment.
- To organize capacity building training for the NGOs worker.

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

NGOs are organizing school and college based discussion meeting, rally, seminar, debate completion, art completion, essay 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





Mr. Farid Uddin Ahmed Chowdhury Honorable Secretary, Security Services Division, Ministry of Home Affairs inaugurating an Anti-drug campaign

these program. Some of these discussion meetings were covered by the news media as awareness campaign.

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 on this issue significantly.

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.

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 on the TV channel.

### 3.2.3 Scope of Work:

Research indicates that some of the factors that make people vulnerable to starting to use drugs, differ according to age. Science has identified risk and protective factors during infancy, childhood and early adolescence, particularly relating to parenting and attachment to school.

Besides rape of women and children, many anti-social activities are happening in our society such as sale of illicit drugs, hijacking by addicts on the streets, theft, car accidents, stabbing, even the incidents of killing are going on every day.

This time another loss is mentioned and it is the loss of Intellectual Property.

Even though it is quite old information, there are nearly 7 lac staffs (2010) working in NGOs. We can assume that 7 lac families are associated or involved in this workplace.

In the present time it is found that number of drug users is increasing day by day in our high schools and Madrashas. The result of





Anti-drug human chain

this is fatal. The next generation will be physically and physiologically crippled due to drug abuse. So NGOs can hold discussions with teachers in their area of work. So that drug dealers are not given any opportunity to enter and sell drugs in the school campus. For example many business organizations bring their products into the schools and those are not healthy. Some drinks may have intoxicating elements in it. Therefore, teachers, members of school management committee along with class captains and prefects should be given drug awareness training.

Nowadays it is seen that beside men, women are involved in abuse of narcotics. Not only that, they are playing a great role in the sale of drugs. In big cities educated and nice young women joined this trade to earn a good income. Therefore, NGOs can play role in reducing the demand in the market by making women aware about the devastating consequences of drug abuse.

Here NGOs can play a vital role through print and electronic media. For example, an advertisement of HIV / AIDS has deeply moved people -- "If you want to live, you should know/ Banchte Hole Jante Hobe."

NGOs can give such small or big advertisements to draw people from every walks of life to contribute in demand reduction of drugs. There are thousands of NGOs in Bangladesh. There are 492 Upazilas spread over Bangladesh. If every NGO, even civil society organization installs one billboard in each upazilla- then in each main connection centre of every upazila we can have 6-8 billboards about bad effects of smoking cigarettes or drug abuse.

Imams and priests of mosques, temples, pagoda and churches can play a big role. Because the people of our country are religious minded, they hear and obey the teachings of religious teachers. All respected imams and priests should be given awareness training on drug abuse. At the same time, religious teachers can present teachings of the Holy Scripture about drug abuse.



# 4

## Harm Reduction

### 4.1 Introduction

Harm reduction is a conceptual framework that provides space for the individuals who is willing to be engaged in services, but not immediately seeking abstinence. Based on a public health model of social problems, harm reduction seeks to eliminate the negative consequences of phenomena for the members of a society without necessarily eliminating the phenomena (Des Jarlais, 1995). In the context of Bangladesh with a society highly stigmatized about substance where moral model of addiction dominates over disease model of addiction vice versa restricts investments of resources and intellects both. However, in Bangladesh currently harm reduction constitutes treatment facilities (inpatient and outpatient based detoxification, outpatient service), echo training to develop service provider in substance use disorder management, technical assistance, psycho-education for family member's, opioid substitution therapy (OST) and needle exchange program.

### 4.2 Treatment Facilities

Treatment service for the Substance use disorder people, the Government of Bangladesh provide through Central Drug Addiction Treatment Center (CTC) in Dhaka and three regional treatment centers Chattogram, Rajshahi and Khulna. The capacity of CTC is 50 beds, 40 beds for adult male patients and 10

for children and adolescents. Followed by a proposal for enhancement of the treatment facility of CTC from 50 beds to 100 beds, all necessary actions have been taken to add 50 more beds within January, 2018. In addition, the government has planned to establish more six treatment and rehabilitation centers with facilities of 200 beds in each divisional headquarters. Furthermore, under Ministry of Health, there are 25 beds in Mental hospital, Pabna and 50 beds at National Institute of Mental Health, Dhaka, Bangladesh.

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 and adolescents substance use disorder patients.

Beside the services provided by the government there are NGO's and private treatment services for the people with



Morning inpatient class with adult male admitted at Central Drug Addiction Treatment Centre, Children Unit, Tejgaon, Dhaka, Bangladesh.



substance use disorder. Under the "Rules for establishment and running non-government level drug addiction counseling, treatment and rehabilitation center-2005", Department of Narcotics Control, Bangladesh, issued licenses to 147 NGO and 197 private treatment centers till December 2017. By decreasing amount of license fee DNC facilitates opening of new treatment centre throughout the country with a view to cover treatment facilities in every district of the country for substance use disorder patients.

Morning inpatient class with adult male admitted at Central Drug Addiction Treatment Centre children unit, Tejgaon, Dhaka, Bangladesh.

#### 4.3 ECHO Training

Central Drug Addiction Treatment Centre with the support of Department of Narcotic Control, Bangladesh conducted eleven echo training on universal treatment curriculum 1, 2,3,4,4a,5,7 and 8 from January, 2017 to

December, 2017. In total 330 participants from a different background (doctor, clinical psychologist, psychologist, nurse, recovery addict, clinic owner, etc.) were trained on the above-mentioned curricula. The goal was to prepare at least 100 examinees to participate in the International Certified Addictions Professional (ICAP), Level I Credentialing Examination. Negotiation was going to conduct ICAP Examination in Bengali language using paper and pencil method and arrange an exam venue in Dhaka, Bangladesh. The Colombo Plan Secretariat showed positive interest and on February 2018, ICAP Examination was held in Bangladesh. Hence, more certified addiction professionals are available for service and training.

#### 4.4 Technical Assistance

From The Colombo Plan Secretariat Program officer Glorie Lou Pasa and Clinical Psychologist Nathalie Panabokke (Drug



Mr. Md Jamal Uddin Ahmed, Director General, Department of Narcotics Control giving certificates to participants after completion of UTC 3, 5 Training Programme in Dhaka, Bangladesh.







Mr. Md Jamal Uddin Ahmed, Director General, Department of Narcotics Control with the participants of Bangladesh in the 23rd UTC 4,4a training programme held on December 2017 in Dhaka, Bangladesh.

Advisory Programme under Child Intervention for Living Drug-free (CHILD) Project visited central drug addiction treatment centre on May 29, 2017. During their visit they observed on going treatment programme for children and adolescents in central drug addiction treatment centre. Present facilities and future need for children and adolescents with substance addiction treatment along with their level of involvement was discussed with them.



Child Drug users are on Group Discussion in CTC

Program officer Glorie Lou Pasa and Clinical Psychologist Nathalie Panabokke from Drug Advisory Programme under Child Intervention for Living Drug-free (CHILD) Project, Colombo Plan during their visit at Central Drug Addiction Treatment Centre, Dhaka, Bangladesh.

#### 4.5 Psycho Education for Family Members

Role of family in the treatment programme of substance use disorder is relatively unique in comparison to other psychiatric disorder. For relapse prevention (early detection, treatment adherence, regular follow up, identification of co-addiction role, maintain recovery) - family should have play the pivotal role along with clinical staff and patient. 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 from 11:00 A.M to 12:00 A.M started since





October, 2015. These psycho education sessions conducted according to a prefixed topics relevant to achieve and maintain recovery, delivered as 4 week programme where anyone who missed a session could catch up if she/he just joined the missed session which will be repeated on next month. Each session conducted by chief consultant, resident psychiatrist, rehabilitation officer, occupational therapist, matron (junior) with support from social welfare department. This initiative is highly appreciated by both from patient and their family.

Yaba use is the highest in comparison to previous year, crossing Opioids use. In addition there is gradual decrease in Cannabis use.\* Yaba is local name of a substance with an unknown combination methamphetamine and synthetic caffeine.

#### 4.6 Opioid Substitution Therapy (OST) in Bangladesh: An overview and update

Opioid Substitution Therapy (OST) designed 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. Under the leadership of DNC, the OST programme in Bangladesh is continuing to provide methadone as an oral substitution to opioid drug. A total of 950 People Who Inject Drugs (PWID) with buprenorphine (an opioid drug) is now under OST coverage.

The first ever OST clinic was established at Central Drug Addiction Treatment Centre (CTC) of DNC in 2010 in the form of a pilot study conducted by International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). After the success of OST pilot study at CTC, limited scale up is being done in the country since 2012 with expansion to 5 OST clinics for PWID along with Save the Children and CARE Bangladesh located mostly at old Dhaka. Analysis of data from the OST project shows that of those PWID who have continued with OST for two years, there has been significant improvement in all

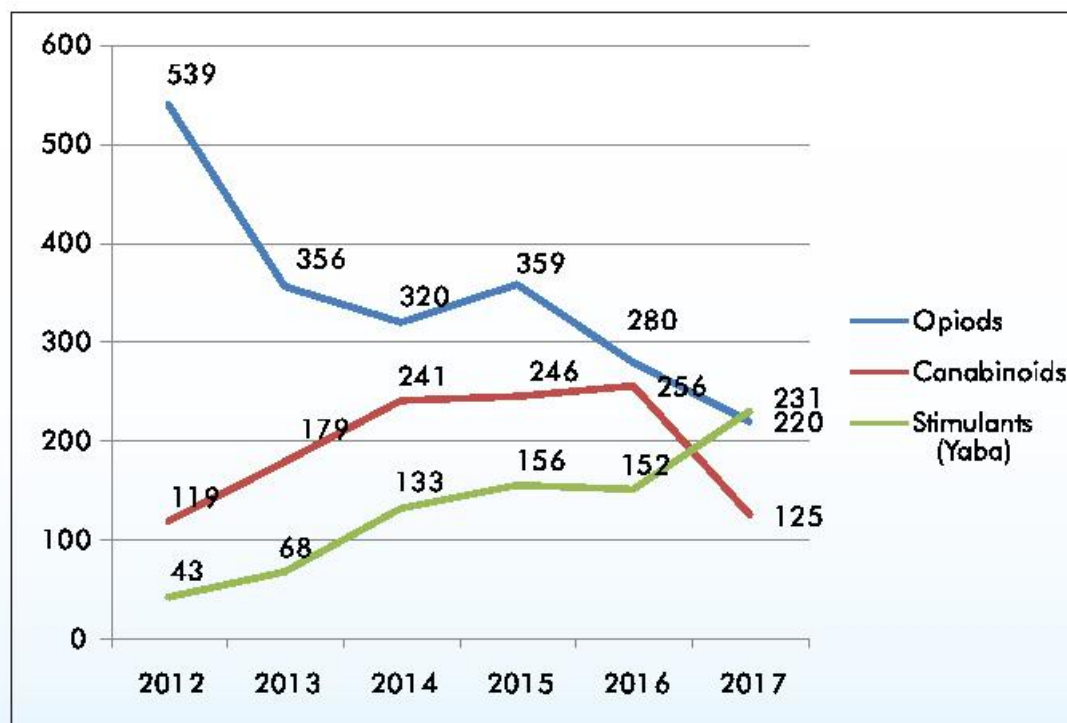


Figure 40 : The graphical presentation of three main substances of abuse in CTC, Bangladesh





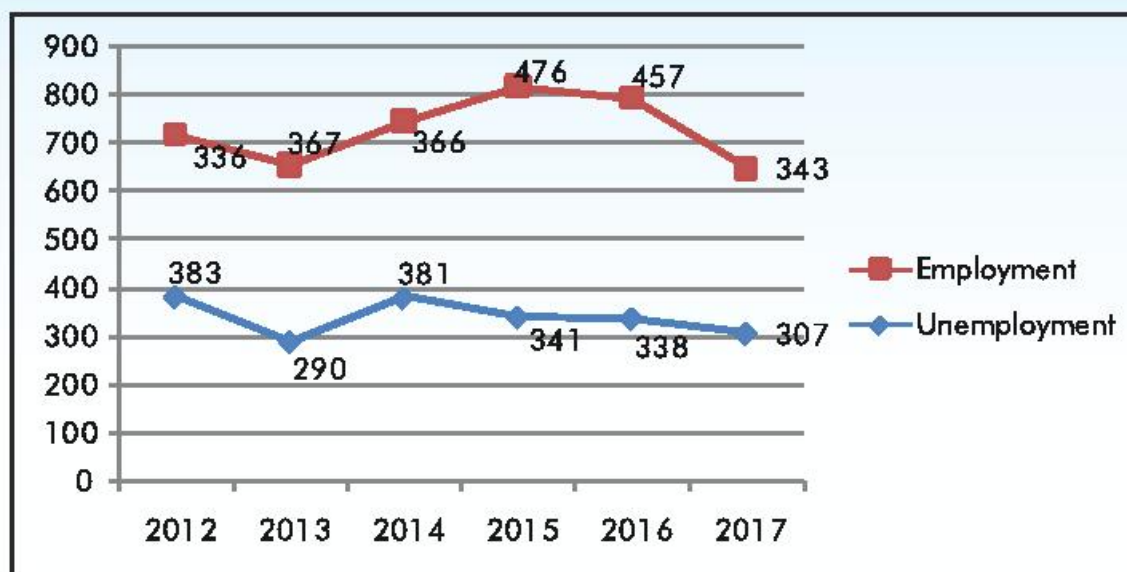


Figure- 41 shows the graphical presentation of Employment Status of the patients. It represents that employment status of substance use disorder patient's decreasing, unemployment status relatively static in comparison to 2016.

aspects of their Quality of Life, mental status and HIV risk behaviours (unsafe injections and unsafe sex), reducing criminal activity and more importantly abstinence from buprenorphine dependence. However, concomitant drug use particularly methamphetamine (YABA) is high among the OST clients. Also employment opportunities for the OST clients, providing OST in closed settings (like prison) and continuous funding for service delivery are among the challenges that need to be overcome.

HIV prevalence among PWID in Dhaka has increased from 5.3% in 2011 to 22% in 2016. To halt the HIV epidemic; both OST and Needle syringe programme are required at high coverage. Evidence suggests that at least 40% OST coverage among PWID is needed to have an impact on HIV. Current OST coverage is 3% in all over Bangladesh (950/33,067 PWID) which is far below the

level of expectation. PWID who are HIV positive are considered to be high risk for transmitting HIV virus through their various risk behaviours like sharing of injecting equipments and having unprotected sex. It is necessary to enroll HIV positive PWID under OST to reduce HIV epidemic among the PWID as well as preventing spread to the general population.



OST clients receiving methadone in OST clinics in Dhaka.

Injectable substance users in icddr,b-

**Table: 42 OST clients receiving methadone in 5 OST clinics in Dhaka.**

Name of the OST clinic	Started on	Treatment setting	Implementing Agency	Total number of OST clients
CTC-DNC, Tejgaon	July, 2010	Govt. treatment centre	icddr,b	150
Moulovi Bazar clinic, Dhaka	Oct, 2012	DIC	CARE	200
SK Das Road clinic, Dhaka	Dec, 2013	DIC	CARE	200
Dholpur, Dhaka	Dec, 2014	DIC	icddr,b	200
Khilgaon, Dhaka	Sept, 2016	DIC	Save the children	200
			Total	950

CTC run OST clinic taking their daily dose of methadone

Given the positive experiences from the current MMT programme in Bangladesh, it is evident that MMT is effective among PWID who inject buprenorphine in Bangladesh in reducing HIV related risk behaviour, psychological distress and in improving quality of life. However, the coverage of existing OST programmes in Bangladesh is substantially low in comparison with the other Asian neighbours. In Bangladesh scaling up along with long-term sustainability of the OST programme is possible which requires collective efforts of the different Ministries/Departments of the Government and the International Organizations.

#### 4.7 Conclusion

Understanding drug use and addiction as a public health matter reflects a paradigm shift, a new perspective and a new conceptual model. Instead of viewing drug problems as phenomena caused by

individual psychological (or moral) deficiencies, harm reduction views any societies patterns of drug use collectively - holding that many of the most destructive consequences and refractory problems of illicit drug use are not solely attributable to the drugs per se (Lowinson, Substance Abuse, 4th Edition, Lippincott Williams & Wilkins, 2004). Furthermore, the criminalization of the drug user undermines the drug users ability to control his or her own drug use and sets the stage for collateral damages, for example, the epidemics of infectious diseases such as HIV (Drucker E. Drug prohibition and public health: 25 years of evidence, public health reports, vol. 114, pp 14-29, Jan/Feb 1999).

The wide arena of harm reduction though unmet till date, certain initiatives evolving at different government and non-government level of Bangladesh, inspire us that in future we may meet the international standard of care and treatment.





## 5

## Forensic Analysis of Substance

Central Chemical (Drugs) Laboratory, Dhaka a premier forensic institution of the country was 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. Narcotics and psychotropic substances in Bangladesh are controlled by the Narcotics Control Act 1990. Department of Narcotics Control (DNC) is the nodal agency for all drugs related issues in Bangladesh. The task of combating drug trafficking is complex and sophisticated because of its linkages with other crimes like corruption, tax evasion, human trafficking, money

laundering and crimes of violence, terrorism etc. In a well thought out strategy to ensure monitoring, spread and effectiveness of the law, The Narcotics Control Act, 1990 empowers officers from Department of Narcotics Control (DNC), Police, Customs and Excise, Border Guard Bangladesh (BGB) etc. to carry out drug law enforcement measures. The laboratory undertakes scientific examination of the clue materials in the crime and civil cases forwarded by the different Courts. It is the specialized and designated laboratory for analyzing narcotics drugs, psychotropic substance and precursor chemical as well as controlled pharmaceutical drugs in Bangladesh.

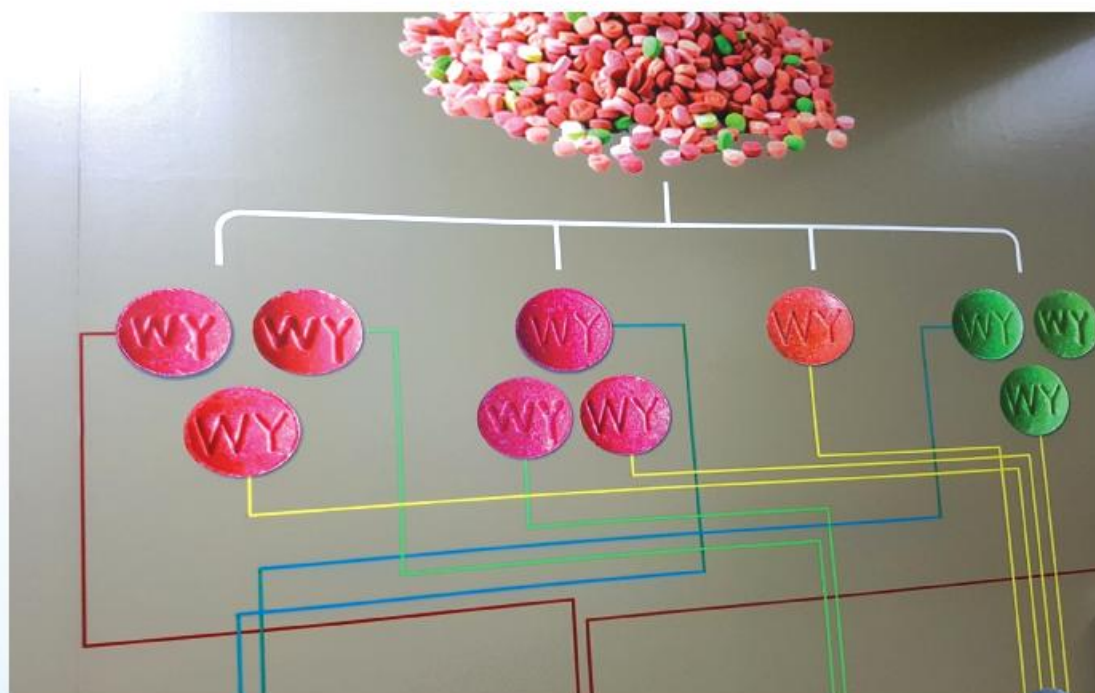


Figure 1: Typical Yaba in the Forensic Laboratory of DNC.



Abuse of pharmaceutical drugs containing controlled narcotic drugs and psychotropic substances (herein after referred as NDPS) is increasingly becoming a public health issue in South Asia. Pharmaceutical abuse has been gaining popularity among drug users in the region. The abuse of certain prescription drugs—opioids, central nervous system (CNS) depressants, and stimulants—can lead to various harms associated with its abuse. There is a need to invest more resources into better understanding the nature and extent of this issue, to ensure that future policy reformations related to pharmaceutical drug control measures, account for these changing trends. This company is dominated by local companies manufactures over 8000 brands, meeting the demand for around 95% of the country's pharmaceuticals and even supplies to 142 countries worldwide.

According to enforcement agencies, drug cartels are increasingly manufacturing large quantities of methamphetamine in nondescript towns and villages in Myanmar. Methamphetamine is the most widely abused synthetic drug produced in Myanmar. It is used regardless of genders, ages, and socio-economic levels. Methamphetamine abuse has a high rate of addiction but a low rate of recovery, and is relatively inexpensive to manufacture. The threat imposed by Myanmar enflaming methamphetamine in to Bangladesh is possessing two prong problem. In Small Capacity Production Labs (SCPLs) (based in the Chicken) Methamphetamine is manufactured by Myanmar Trafficking Organizations (large "Super Labs" in Myanmar & elsewhere). On the other hand High quality methamphetamine utilizing pseudoephedrine & ephedrine (very small capacity per lab / 1-3 grams) together is manufactured simply in a single container. The ingredients includes the following:

- PSE tablets – whole or ground up
- Solvent – ether, camp fuel
- Lithium (batteries)
- Sodium Hydroxide
- Ammonium Nitrate (cold packs)
- Water
- Exothermic Reaction
- Filter off liquid

The most common synthetic drugs is 'Yaba' (illegally manufactured pills containing methamphetamine). Yaba is the recent 'drug of choice' for Young people because of that it contains dis-inhibitive and energy releasing components. It is known as the reason for this is that ephedrine, the principal raw material in the manufacture of the drug, is available over the counter in the pharmacies.

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 can be used as evidence in any proceeding in any Court in Bangladesh. Its work has been subsequently broadened by the chemical examination of all drug cases and seized by any law enforcement agencies in Bangladesh. More over it also examines the drugs and raw materials of any distillery and also the chemical industry or pharmaceuticals industry licensed under the NCA, 1990 for compliance of any provision of this Act. Though this laboratory is specialized for testing of drugs but it cannot perform all kinds of quantitative tests due to lack of sophisticated instruments. Central Chemical Laboratory (DNC) maintains all records of requests for analysis and of the respective items of evidence. During analysis they keep the evidences in their own locker. After completing analysis all examiners submit the analysis reports to the authority. According to GOB rule after six months all rest evidences were disposed. All records of the chain of custody been documented in black and white. It can also calculate the





percentage to some extent. The number of test conducted in this laboratory is increasing each and every year.

SL No.	Division/Organization	Chemical Examination Report-2017	
		Positive(+Ve)	Negative(-Ve)
1.	Dhaka Region	2547	00
2.	Chottogram Region	1570	00
3.	Rajshahi Region	1623	00
4.	Khulna Region	1533	00
5.	Bangladesh Police	61187	00
6.	Bangladesh Railway Police	252	00
7.	Others Organization	12	00
Total		68724	00

**Table: 43 Statistics of Chemical Analysis by Agency wise -2017**

SL No.	Name of The Month		
		Positive(+Ve)	Negative(-Ve)
1.	January	5562	00
2.	February	5160	00
3.	March	6118	00
4.	April	5934	00
5.	May	6388	00
6.	June	7388	00
7.	July	7646	00
8.	August	8654	00
9.	September	3919	00
10.	October	4518	00
11.	November	4093	00
12.	December	3344	00
Total		68724	00

**Table: 44 Month wise Chemical Analysis January 2017 to December 2017**

This Laboratory of DNC, procures and provides Drug Detection kits to the drug law enforcement agencies across the country. Drug Detection kits are two types Narcotics Drug Detection kit and Precursor Chemicals Detection kit along with testing methods and

flow charts. A simple and 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.





# 6

## Precursor Controls

### 6.1 Introduction

Chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances are precursor chemicals. From the scientific point of view precursor chemicals can be defined, as the chemicals that are incorporated at the molecular level of a narcotic drug or psychotropic substances in the manufacturing process. The term precursor included all chemicals that are controlled under the 1988 UN convention.

Precursors are substances that are specific for the production of a specific narcotic drug and during the chemical reaction it incorporates itself in the molecule of drug and contributes a major part of the final molecular structure of the drugs. For example – Pseudoephedrine is a precursor for the production of methyl amphetamine.

There are some chemicals which also play a vital role during the chemical reaction for the manufacturing process of drugs. These are reagent, solvent and catalyst.

### 6.2 Significance

One of the most important reasons, to adopt the UN convention 1988 is that to sensitize the member states about the control and monitor of precursor chemicals which are frequently used in the manufacturing process of narcotic drugs. To save the people from the curse of drugs, world community took a number of strategies to address the drug problem in a comprehensive manner. It is evident that clandestine laboratories

continue to develop new and ever more powerful drugs. So to curve down the supply reduction, the availability of drugs should be under control. Based on the origin, drugs are three types like natural, semi-synthetic and synthetic. Most proportion of the drug market now a days are covered by synthetic drugs which are produced through controlled reaction between precursor chemicals. These drugs cannot be produced without certain chemicals. If we can ensure the restrictions on the availability of the chemicals required for illicit manufacture of drugs, the availability of the narcotics drugs and psychotropic drugs would be cutting down to the society. Because there is a slogan in the drug control regime is that " No chemical, no drugs".

There is problem to control the precursor chemicals because they have dual use – both in legitimate industry and also in the clandestine laboratories for illicit production of drugs. As for example – pseudoephedrine is used in the pharmaceutical industries to produce cold medicine, is also used illicitly to manufacture ATS, abuse as a psychotropic substance. So we have to think about the extent of control of precursor chemicals and establish control mechanism to protect diversion from legitimate to illegitimate channel.

### 6.3 Licit and illicit use of precursor chemicals:

The UN convention 1988 listed 22 precursor chemicals which are frequently





used in the illicit manufacture of narcotic drugs and psychotropic substances. Till October 2000, there were 22 precursor chemicals in the list but in November 2000 nor-ephedrine was included. PCs are placed in Table-I and Table-II. Table -I contains 15

and Table-II contains 9 precursor chemicals. On 6th October 2014, Alpha- phenyl acetoacetonitrile (APAAN) is included in the list as precursor chemicals.

The licit and illicit use of precursor chemicals as follows:

**Table : 45 The licit and illicit use of precursor chemicals. (Table- I)**

Sl. no.	Name of precursor chemicals	Licit use	Illicit use
1	N-Acetyl anthranilic acid ( $C_9H_9NO_3$ )	Pharmaceuticals, Plastic and fine chemicals	Methaqualone and Mecloqualone
2	Acetic Anhydride ( $C_4H_4O_3$ )	Pharmaceuticals, Plastics, paints, dyes, explosives etc.	Heroin, Methaqualone, P <sub>2</sub> P
3	Ephedrine ( $C_{10}H_{15}NO$ )	Manufacture of cough medicines	Amphetamine Type Stimulants (ATS) -Yaba
4	Ergometrine ( $C_{19}H_{23}N_3O_2$ )	Treatment of migraine	Lysergic acid diethylamide (LSD)
5	Ergotamine ( $C_{33}H_{35}N_5O_5$ )	Treatment of acute migraine	Lysergic acid diethylamide(LSD)
6	Isosafrole ( $C_{10}H_{10}O_2$ )	Perfumes, fragrances, pesticides	Tenamphetamine(MDA), (MDMA)
7	Lysergic Acid ( $C_{16}H_{16}N_2O_2$ )	Organic synthesis	Lysergic acid diethylamide(LSD)
8	3,4-methylenedioxyphenyl-2-Propanone ( $C_{10}H_{10}O_3$ )	Manufacture of Piperonal	Tenamphetamine(MDA), (MDMA)
	Norephedrine ( $C_9H_{13}NO$ )	Appetite suppressant, nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
10	1-phenyl-2-propanone( $C_9H_{10}O$ )	Pharmaceutical industries to manufacture amphetamine, methyl amphetamine.	Amphetamine Type Stimulants (ATS) -Yaba
11	Piperonal( $C_8H_6O_3$ )	Perfume, component for mosquito repellent.	Tenamphetamine(MDA), (MDMA), MDE
12	Potassium permanganate ( $KMnO_4$ )	Anti-fungal agents, water purification, organic synthesis.	Manufacture of cocaine base
13	Pseudoephedrine ( $C_{10}H_{15}NO$ )	Branchodilators and nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
14	Safrole( $C_{10}H_{10}O_2$ )	Perfume and soap manufacture.	Tenamphetamine(MDA), (MDMA), MDE
15	Alpha- phenylacetoacetonitrile	Very limited	Amphetamine Type Stimulants (ATS) -Yaba





Table : 46 The licit and illicit use of precursor chemicals. (Table- II)

Sl. no.	Name of precursor chemicals	Licit use	Illicit use
16	Acetone( $C_3H_6O$ )	Use as solvents, Pharmaceuticals, cosmetics, Plastics, paints, lubricants, varnish industries.	Manufacture of Heroin, synthesis of LSD, amphetamine and cocaine base to cocaineHCl.
17	Anthranilic acid ( $C_7H_7NO_2$ )	Manufacture of dyes, Pharmaceuticals, perfumes and insect repellents.	Methaqualone and Meclloqualone
18	Ethyl ether( $C_4H_{10}O$ )	Used as solvent in Plastics Pharmaceuticals, perfumes.	Heroin, cocaine, LSD, ATS, methadone and methaqualone.
19	Hydrochloric acid (HCl)	As catalyst and solvent in organic synthesis.	Hydrochloric salt of narcotic drugs.
20	Methyl Ethyl Ketone ( $C_4H_8O$ )	Solvents and manufacture of coating, degreasing agents, resins	Converts cocaine base to cocaine hydrochloride.
21	Phenylacetic acid ( $C_8H_8O_2$ )	Perfume, Penicillin, 1-phenyl-2-propanone, pharmaceuticals etc.	Amphetamine Type Stimulants (ATS).
22	Piperidine ( $C_5H_{11}N$ )	Anesthetics, analgesics etc.	Phencyclidine & tenocyclidine.
23	Sulphuric acid ( $H_2SO_4$ )	Fertilizer, explosives, paper etc.	Cocaine from coca leaves.
24	Toluene ( $C_7H_8$ )	Solvent, manufacture of explosives, dyes, coatings etc.	Solvent for production of ATS, fentanyl, cocaine, methadone etc.

#### 6.4 Precursor chemicals control in Bangladesh:

Bangladesh does not precursor chemicals. But it is neighbor of a major precursor chemicals producing country, India and one of the largest ATS (yaba) producing country, Myanmar. So, we are more cautious about the operation, movement & diversion of precursor chemicals. Bangladesh import precursor chemicals for industrial and/or legitimate use. 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 submit the legal requirements of a licence or a permit shall be guilty of an offence and liable.

To comply with the 1988 UN convention, the precursor chemicals are included in the Narcotics Control Act, 1990 as A-class drug

and any operation like production, processing, possession, import, export, purchase, sale, transportation and storage of precursor chemicals without licenses/permit is treated as punishable offence. Precursor chemicals related activities are controlled and supervised under section 9 and 32 of the Narcotics Control Act, 1990 and the Narcotics Control Rules, 1999. Norephedrine and Alpha-phenylacetoacetonitrile (APAAN) are not included in the Narcotics Control Act, 1990 so far. However, these two precursors have no legitimate use in Bangladesh and does not import for any purposes.

Among the precursor chemicals only eight like Acetone ( $C_3H_6O$ ), Toluene ( $C_7H_8$ ), Acetic Anhydride ( $C_4H_4O_3$ ), Potassium permanganate ( $KMnO_4$ ), Ephedrine ( $C_{10}H_{15}NO$ ), Methyl Ethyl Ketone ( $C_4H_8O$ ),





Hydrochloric acid (HCl) and Sulphuric acid ( $H_2SO_4$ ) are imported for industrial use. These are mostly used in pharmaceuticals, garments, textiles, paint, plastics, adhesive, coating, dyeing and agro-based industries and are mainly imported from India, China, Singapore, Italy, Germany etc.

Licensing activities of Sulphuric acid and Hydrochloric acid are controlled by the Ministry of Home Affairs & District Administration after getting the no objection certificate from Department of Narcotics Control.

### 6.5 Comparative analysis of Annual Quota & Import of precursor chemicals in Bangladesh:

#### Acetone( $C_3H_6O$ ):

Import of Acetone in the last 4 years is as follows:

Annual quota MT	Import MT			
8,101.49	2014	2015	2016	2017
	679.362	890.08	959.040	818.56

Import statement of Acetone indicates that it is uprising from 2014 to 2016. In 2017, import of acetone decreased 14.64% and it is 1/10th of the annual quota.

**Toluene ( $C_7H_8$ ):** Import of Toluene in the last 4 years is as follows:

Annual quota MT	Import MT			
15,222.207	2014	2015	2016	2017
	2766.270	2762.408	3466.335	3281.901

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 and slightly decreased in 2017.

#### 6.5.1 Methyl Ethyl Ketone ( $C_4H_8O$ ):

Import of Methyl Ethyl Ketone in the last 4 years is as follows:

Annual quota MT	Import MT			
5,235	2014	2015	2016	2017
	587.920	1191.80	1081.045	574.789

Import statistics indicates that in 2015, import of MEK is double compare to 2014 but in 2016 it is decreased by 10% compare to 2015. In 2017, import of MEK is decreased more than 50% compare to 2016.

#### 6.5.2 Potassium permanganate ( $KMnO_4$ ):

Import of Potassium permanganate in the last 4 years is as follows:

Annual quota MT	Import MT			
3520.50	2014	2015	2016	2017
	740.001	556.048	1750	1470

From the above mentioned data it reveals that in 2016, import of potassium permanganate is 136% higher compare to 2014 and 215% higher than 2015 but it is 16% decreased in 2017.

#### 6.5.3 Pseudoephedrine ( $C_{10}H_{15}NO$ ):

Import of Pseudoephedrine in the last 4 years is as follows:

Annual quota Kg	Import Kg			
42,105	2014	2015	2016	2017
	21,111 Kg Pseudoephedrine HCl, 1000Kg Pseudoephedrine. SO <sub>4</sub>	10415.6 kg Pseudoephedrine HCl	20174 kg (HCl)	--

The annual quota of pseudoephedrine allocated among the issued licences was 42,105 Kg. But any operation of pseudoephedrine like import, use, distribution of pseudoephedrine based cold





medicine are prohibited and dosages form of pseudoephedrine based medicine declared illegal by the government of Bangladesh from March 2017 as a cautionary step to stop abuse of it. The registration of all dosage form of pseudoephedrine based medicine is declared ineffective in Bangladesh by the Directorate of Drug Administration. As a result, at present permission for import of pseudoephedrine and production of pseudoephedrine based medicine is stopped.

#### 6.5.4 Ephedrine ( $C_{10}H_{15}NO$ ):

Ephedrine is used as raw material to manufacture of cough suppressing medicines and cold medicine. At present import of ephedrine is discouraged by apprehending misuse of it.

Import of ephedrine in the last 4 years is as follows:

Annual quota Kg	Import Kg			
217	2014	2015	2016	2017
	59.165	42	0.30 gm	35

Import statistics reveals that import and use of ephedrine is not significant in Bangladesh.

#### 6.5.5 Acetic Anhydride ( $C_4H_4O_3$ ):

Import of Acetic Anhydride in the last 4 years is as follows:

Annual quota MT	Import MT			
1916.04	2014	2015	2016	2017
	1073.762	2352.274	1707.040	1759.589

Statistics indicates that import of Acetic Anhydride in 2015 is 119% higher compared to 2014 but in 2016, 27% lower than 2015. On the other hand, in 2017 it is slightly in rising trend (3.08%).

#### 6.5.6 Conclusion:

Precursor chemicals play vital role to the industrial sector as well as to strengthen the economic condition of a nation. But these precursor chemicals are responsible for the production of synthetic or semi-synthetic drugs. Due to its geographical location, Bangladesh is vulnerable for diversion of precursor chemicals but for strong monitoring, supervision and legal obligation, not a single case of diversion is identified. To save the society from the curse of drugs, it is necessary to control misuse, abuse and diversion of precursor chemicals. at the same time, it is very much essential to ensure the easy availability and flow of precursor chemicals for legitimate use in the industrial sector.



Mr. Md Jamal Uddin Ahmed, Director General, Department of Narcotics Control addressing in an Anti-drug campaign





## 7

## Pharmaceuticals Drug Abuse and New Psychoactive Substances (NPS)

### 7.1 Introduction

The drug problem in Bangladesh is to be seen in the context of its geographical location, history, traditions and heritage. Bangladesh's close proximity to two major drug producing areas i.e. Golden Triangle and Golden Crescent has rendered a degree of vulnerability to drug trafficking and drug abuse in the country.

Drug abuse in Bangladesh started to emerge as a social problem during mid-eighties running parallel to the global drug abuse scenario. Today drug abuse has affected entire length and breadth of the nation. Once believed to be a problem concentrated in the urban areas has now reached the rural areas as well and has impacted virtually all segments of the Bangladeshi society. The physical, psychological, familial and socio economic costs of the drug abuse are immense. Drug abuse has not only some direct associated costs like cost of the drug, expenses on treatment, and but it also involves immense indirect costs like disintegration of family ties, drop out from schools, loss of jobs and productivity, drug related crimes and accidents associated with drug abuse etc.

Although there is no national survey on the nature and extent of the drug abuse in the country but experts unanimously believed that the problem of drug abuse is on the rise within the country. Experts term drug abuse scenario in country as dynamic in nature and believed to have changed over a period of time. Now, Yaba has emerged to be the

major drug of abuse in the country. As per DNC statistics, the seizures of Yaba by law enforcement agencies have grown by many times from 2009 to 2016. This indeed is matter of concern for Bangladeshi authorities. Few years ago, codeine based cough syrups were main drug of abuse in country. The persistent engagement and cooperation between agencies of Bangladesh and India and some serious measures taken by Indian agencies have led to decline in the trafficking of Codeine based cough syrups since 2012 as evident from the decline in the seizures reported in DNC statistics.

Among pharmaceutical drugs, codeine based cough syrups and injecting Buprenorphine, are the main drugs of abuse. Abuse of painkillers like Pentazocine and Pethidine and Benzodiazepines class of drugs like Diazepam, Nitrazepam is also noticed in the society. Experts informed that Pethidine, which was once the major injecting drug of abuse in the country but with the emergence of Buprenorphine, abuse of Pethidine has gone down significantly and its abuse is now mainly seen as a substitute for Buprenorphine.

Poly drug use i.e. cocktail of injecting drugs like Buprenorphine in combination with Diazepam and Phenergan is noticed amongst the abusers. A poly drug abuse in form of a cocktail of diazepam and other anti-depressants with non-codeine based cough syrups known as Jhakki is also reported. No information of abuse of





Tramadol in the country was available but cases of abuse Ketamine have been noticed by the DNC.

Physicians believed that easy access, availability and affordability and are believed to be the main reasons leading to pharmaceutical abuse in the country. They also agreed that self-medication of pharmaceutical drugs like benzodiazepines often lead to its misuse. Female population is more likely to abuse the sedative and tranquilizer drugs. Similarly, people with pre-existing psychiatric conditions are more likely to abuse the pharmaceutical drugs. Such a segment of abusers generally do not seek any medical treatment and they remain as hidden population of drug abusers.

Bangladesh has not conducted any assessment of its genuine requirement of the pharmaceutical drugs containing NDPS like Diazepam, Nitrazepam etc. But given the large volumes and scales of their production and local sale of these drugs, experts believe that these drugs are now being increasingly abused.

There has been no epidemiological or national survey on the problem of drug abuse in the country. Department Narcotics Control, being national coordinating agency on drug matters maintains a data base on the drug dependent users seeking treatment from its de addiction centers. However, in absence of any comprehensive survey it is very difficult to determine the profile of abusers using pharmaceutical drugs as data from limited number of government operated treatment centers may not actually represent the true drug abuse scenario in the country.

Locally manufactured pharmaceutical drugs mainly benzodiazepines class of drugs like Diazepam, Nitrazepam, and pain killers like Pethidine etc. are reported to be abused. These drugs are believed to be sourced locally for abuse purposes. The dispensation of pharmaceutical drugs with NDPS is a

regulated activity in Bangladesh but in reality these drugs can be purchased without prescription at least from some pharmacies. Many abusers circumvent the legal requirement of mandatory and valid prescription. Pharmacies in Bangladesh doesn't have a system of stamping the prescription hence malpractices like 'prescription hopping' is a common modus operandi followed by the abusers to procure controlled drugs from pharmacies. Abusers also misuse the prescriptions of their family members, friends etc. to obtain drugs and some of them resort to 'doctor shopping' i.e. procuring prescriptions from different doctors to procure controlled drugs from pharmacies.

The pharmaceutical drugs with psychoactive content and abuse potential can also be purchased on streets from a network of street level peddlers. Besides, it is also believe that some unregistered pharmacies also operate in certain rural areas and they also act as a source of procuring these drugs.

Diversion of the controlled prescription drugs from hospitals is not perceived to be a major source of diversion of such drugs. However, given the extent of problem and quality of controls being exercised over supply chain in hospitals, the experts were of the view that the hospitals and health centres are vulnerable for the diversion of some of controlled drugs esp. injecting drugs like Morphine, Pethidine etc.

## 7.2 New psychoactive substances (NPS)

New psychoactive substances (NPS) have been known in the market by terms such as "legal highs", "bath salts" and "research chemicals". NPS are defined as "substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat". The term "new" does not





necessarily refer to new inventions - several NPS were first synthesized 40 years ago - but to substances that have recently become available on the market.

The main nine substance groups of NPS are (1) aminoindanes (e.g. 5,6-methylenedioxy-2-aminoindane (MDAI)), (2) synthetic cannabinoids (e.g. APINACA, JWH-018), (3) synthetic cathinones (e.g. 4-methylethcathinone (4-MEC) and  $\alpha$ -pyrrolidinopentiophenone ( $\alpha$ -PVP)), (4) phencyclidine-type substances (e.g. methoxetamine (MXE)), (5) phenethylamines (e.g. 2C-E and 25H-NBOMe), (6) piperazines (e.g. benzylpiperazine (BZP) and 1-(3-chlorophenyl) piperazine (mCPP)), (7) plant-based substances (e.g. kratom (*mitragyna speciosa* Korth), *salvia divinorum* and khat (*Catha edulis*)), (8) tryptamines (e.g.  $\alpha$ -methyltryptamine (AMT)), and (9) other substances (e.g. 1,3-dimethylamylamine (DMAA))

The use of NPS is often linked to health problems. In general, side effects of NPS range from seizures to agitation, aggression, acute psychosis as well as potential development of dependence. NPS users have frequently been hospitalized with severe intoxications. Safety data on toxicity and carcinogenic potential of many NPS are not available or very limited, and information on long-term adverse effects or risks are still largely unknown. Purity and composition of products containing NPS are often not known, which places users at high risk as evidenced by hospital emergency admissions and deaths, sometimes associated with poly-substance use. NPS are proliferating at an unprecedented rate, posing a significant risk to public health and a challenge to drug policy. Often, little is known about the adverse health effects and social harms of NPS, which pose a considerable challenge for prevention and treatment. Monitoring, information sharing and risk awareness are needed to counter this new drug problem.

NPS have become a global phenomenon

with over 110 countries and territories from all regions of the world having reported one or more NPS. More than 800 substances have been reported to the UNODC Early Warning Advisory (EWA) on NPS by Governments, laboratories and partner organisations. NPS available on the market have similar effects as substances under international control such as cannabis, cocaine, heroin, LSD, MDMA (ecstasy) or methamphetamine. Looking at the effects of NPS that have been reported the majority are stimulants, followed by synthetic cannabinoid receptor agonists and classic hallucinogens.

Since NPS are not controlled under the International Drug Control Conventions, their legal status can differ widely from country to country. Up to 2017, over 60 countries have implemented legal responses to control NPS, with many countries having used or amended existing legislation and others having used innovative legal instruments. Several countries where a large number of different NPS has rapidly emerged, have adopted controls on entire substance groups of NPS using a so-called generic approach, or have introduced analogue legislation that invokes the principal of "chemical similarity" to an already controlled substance to control substances not explicitly mentioned in the legislation. At the international level, up to 2017, the Commission on Narcotic Drugs decided to place 27 NPS under international control.

DNC has kept a close eye on ketamine, nalbuphine, tramadol, tapentadol, lidocaine, etomidate, propofol, Thiopentone sodium, caffeine and some plant-based substances in Bangladesh. Among these, ketamine is controlled under the Narcotics Control act 1990. Still the NPS problem in Bangladesh is not severe but as early control measure regarding NPS, DNC has initiated to rectify the existing the Narcotics Control act 1990. This control measure has to be implemented into the national legal framework of Bangladesh.





## 8

## Intelligence sharing to combat Transnational Organized Crime (TOC)

### 8.1 Introduction

Transnational Organized crime (TOC) 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. TOC can be defined as serious crime planned, coordinated and conducted by people working together on a continuing basis. Their motivation is often, but not always, financial gain. It is committed by group of professional criminals who work together as part of a powerful and secret organization. It threatens peace and human security, violates human rights and undermines economic, social, cultural, political and civil development of societies around the world. Transnational crimes include: human trafficking, people smuggling/trafficking of goods (such as arms trafficking and drug trafficking and illegal animal and plant products and other goods prohibited on environmental grounds (e.g. banned ozone depleting substances), sex slavery, terrorism offences etc.

According to UNODC - 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.

Transnational organized crime (TOC) is very much relates with national as well as international security or transnational security. In recent years Transnational security issues have been of concern to policy makers for quite some time now. Global terrorism, Drug

trafficking, human trafficking, small arms proliferation and other forms of transnational security threats have raised concern among policy makers for several reasons. First, the negative impacts of such transnational issues do not remain under dark or confined to the territorial boundary of a state; rather these drip over and affect other countries. Second, in recent times, transnational security threats have caused serious damage to the economic, social and political development at the systemic level. The third reason is equally noteworthy. Limitations of national-level legislation and an absence of adequate transnational collaborative mechanisms or legal regimes have made it quite difficult to decisively deal with most transnational threats. Bangladesh faces a host of Transnational Security Threats- starting from terrorism, arms- and drug smuggling, human trafficking, etc to transnational organized crime- that jeopardize its economy and impede social and political development.

Bangladesh is geo-strategically significant for a number of reasons: It is world's 7th most populous nation with about 166 million people. It is also the third largest Muslim nation in the world in terms of demographic strength. Hence, if situation unchecked, the transnational problems facing Bangladesh will have serious consequences for this entire region. Cybercrime is another most important issue for TOC now a day.

It is seeking parallel cooperation with other organizations which would enhance the possibility of putting an end to the internet dissemination of violence and terrorism inciting programs from its source.

Considering the situation, these are badly needed (a) strengthening existing relationship among law enforcement agencies and relevant





organizations inside the country and of the world, (b) crafting of a regional strategy to combat violent extremism and other types of transnational crimes, (c) increasing the practice of exchanging real time information and sharing of best practices among law enforcement agencies and (d) developing a common platform to cooperate in prompt, effective and prolific manner at times of need to fight drug trafficking, illegal financial flows, terrorism and transnational crime. It appears that these objectives may be chosen because of the need for countries within the sub-region, the region and also in the broader context to develop actionable strategies and integrated approaches that would shepherd in more professionalism and efficiency in the common fight against transnational organized crime (TOC).

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) including intelligence organizations of Bangladesh are working on their respective ground. DNC is empowered to resolve any cases related to Money Laundering (ML) as well as transnational organized crime (TOC). So sharing of individual LEA's and intelligence organization's information among the agencies is very much important to combat the organized crime.

### **8.2 Drug trafficking in Bangladesh and TOC.**

Though Bangladesh is not any harmful drug producing or exporting country but facing severe problem concerning abuse of drugs. Geographical location of Bangladesh makes it vulnerable as it is placed between Golden crescent and Golden triangle, the world largest narcotics drugs producing and trafficking zone. Illegal drug issue is a considerable subject for

Bangladesh in context of illegal financial flow as well as TOC. Because evidences shown that drugs and illegal arms stay side by side to spawn crimes or organized crime.

Bangladesh has become a targeted possible transit point for narcotics destined for international markets. Bangladesh long and porous borders have made the country vulnerable to trans-border smuggling. Drug trafficking mainly of ATS (Yaba), heroin, opium, phensidyl, injecting drugs (Buprenorphine) or other psychotropic substances and precursor chemicals, NPS poses a real challenge to the nation. A host of factors have contributed to Bangladesh becoming a lucrative narco-transit-zone for the transnational drug trader. Considering this Bangladesh is being prepared to tackle this problem by equipping the sea port, international airports and land ports. Because there is instance of trafficking different types of drugs especially ATS and Cocaine from other destination using different entry-exit points of Bangladesh.

All LEA's of Bangladesh seized 40079443 pcs yaba in 2017 which about 36% increase compare to 2016 and 4832 % compare to 2010. Other some drugs like heroin, cannabis, codeine and injecting drugs seizure are also in increasing trend.

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 Intelligence Financial Unit (BFIU) is coordinating all relevant 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 departments are working individually or jointly.

### **8.3 Information sharing mechanisms in Bangladesh**

Internal mechanism of 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 Security Services Division of the 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, Additional IGP (Special Branch) of Bangladesh Police, Director General of Rapid Action Battalion (DG RAB) and Director General of Department Narcotics Control (member secretary). As per instruction of Enforcement Committee

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).

Apart from this as per direction of Enforcement Committee a Core Committee comprising of all LEA's, intelligence organizations headed by DG, DNC also working to reduce supply of drugs.

Those committees are working to co ordinate 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.

Bangladesh Financial Intelligence Unit (BFIU) is also playing a vital role to coordinate Money Laundering (ML), illegal financial flows originated from drugs and from others sources as well as to prevent Transnational Organized Crime (TOC). All LEA's and intelligence organizations are acquiring necessary supports from BFIU to investigate financial matters relates with drug crime. BFIU has international Coordination with Asia Pacific Group, Egmont Group, UNODC etc., the international supervisory and co ordinating agencies working in this field.

Various areas of cooperation among the law enforcement agencies are needed including: (a) promoting cooperation among respective investigators and prosecutors with a view to prosecuting offenders involved in terrorism and transnational crimes; (b) establishing IT network with relevant countries for sharing information on how to curb violent extremism and transnational crime; (c) promoting cooperation among forensic science laboratories and training institutions; (d) strengthening and enhancing capabilities on how to act against money laundering, drug trafficking, human trafficking, cybercrime and financial crime; (e) enhancing cooperation to prevent smuggling of illegal arms from being obtained by terrorist groups and other criminal networks; and (f) organizing joint training programs for sharing best practices and exchanging ideas among law enforcement agencies.

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.

#### **8.4 Short brief on our internal Law Enforcing Agencies (LEA)**

##### **8.4.1 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 19 branches including Rapid Action Battalion. Besides police members have deputation tradition to other some important relevant department for necessary performance-based activities.

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.

Every year police recovered or seized remarkable amount of illegal drugs and arrested those who are involve in it. It is said that the main source of criminal activities in the country occurred due to illegal drugs. So illegal drug is a very important issue for the police department and also for other LEA's in Bangladesh.

##### **8.4.2 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. As all kinds of illegal drugs abused in Bangladesh or trafficked through the country are coming from outside or neighboring countries, BGB has to play a vital role to combat it staying at the leading line i.e bordering areas of the country. Every year BGB seized notable amount of different level of illegal drugs from the bordering areas.

##### **8.4.3 Rapid Action Battalion (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. It consists of members of the Bangladesh Police, Bangladesh Army, Bangladesh Navy, Bangladesh Air Force, Border Guard Bangladesh and Bangladesh Ansar. It was formed on 26 March 2004 as RAT (Rapid Action Team), and commenced operations on 14 April 2004.

The Elite force RAB has been successful in apprehending many high-profile terrorists including godfather of drug smuggling. In case of recovery of illegal drugs and apprehend the drug dealers or related criminals RAB has very bright and notable performance in the country.

##### **8.4.4 Coast Guard**

The Bangladesh Coast Guard (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.

Since its establishment 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.

The widely abused drug ATS (Yaba) in the country is smuggled from Myanmar to Bangladesh. Now drug smugglers are trafficking drugs in to Bangladesh using the sea routes. Here Coast Guard of Bangladesh are playing a vital role to tackle the smugglers operating in the sea. Coast Guard of Bangladesh also has very successful recovery history of illegal drugs from sea or maritime boundary of Bangladesh.

#### 8.4.5 Department of Prison

Bangladesh Jail is a law enforcement agency responsible for the management and security of jails Bangladesh and is located in Dhaka, Bangladesh. Inspector General of Prison Brigadier General is head of the force. It is established in 1971.

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. 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 Cumilla, Jashore and Rajshahi central Jail.

#### 8.4.6 Customs

Bangladesh Customs was formed under the National Board of Revenue in 1972 after the Independence of Bangladesh through the Customs Act. Offices under the Customs wing implement the policies formulated by the NBR, collect duties and taxes at the import stage, apply relevant laws and regulations formulated by other border agencies, and ensure facilitation of trade. 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.

Bangladesh Customs has an intelligence division responsible for preventing smuggling and tariff evasions. Custom intelligence is very much aware of smuggling or trafficking of any contraband item. In the recent years they have successful narration of seizing different illegal items including drugs from our international airports and from different land and sea ports of Bangladesh.

#### 8.4.7 Ansar & VDP

The Bangladesh Ansar (also known as the Ansar Bahini) is a paramilitary auxiliary force responsible for the preservation of internal security and law enforcement in Bangladesh. It is administered by the Ministry of Home Affairs of the Government of Bangladesh and is headed by the Director General.

Main focus of the Ansar Battalion is security, disaster management and multiplier of forces. They are working with police force and also with DNC if and when necessary for conducting any operational activities against drug dealers or smugglers.

Bangladesh reiterated his country's determination to address the drug problem in all its facets. Bangladesh now had a functioning Anti-Corruption Commission (ACC) and was strengthening anti-money laundering and especially corruption mechanisms. BFIU assess risks with help of ACC, all LEA's, DNC, Intelligence Organization, different stake holders Bangladesh is also supportive morally to work with other regional organizations those are working against illegal drugs as well as against terrorism relate to drugs. DNC as a nodal agency is committed dismantle or foil the hub of criminals relates to illegal drugs and will work effectively against any sorts of illegal financial flows and TOC.

#### 8.5 External Level of links to combat illegal drugs

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 is sharing necessary information with UN Bodies: UNODC and INCB (PEN, PRISM Alerts,). Signing the International Drug Convention, Bangladesh inherited the policy of giving a full cooperation on drugs control to foreign countries and international organizations.

Information sharing with Regional Bodies: Colombo Plan, SAARC (SDOMD)- Bangladesh is also signatory to the SAARC convention on Narcotic drugs and Psychotropic Substances, 1990.

The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC)- is an international organization of seven nations of South Asia and South East Asia, comprising of Bangladesh, India, Myanmar, Sri Lanka, Thailand, Bhutan, and Nepal. The Fifth Meeting of the BIMSTEC Sub-Group on Prevention of illicit Trafficking in Narcotics Drugs, Psychotropic Substances and Precursor Chemicals held in Nepal on 23 May 2018. All members states vow to share information and work together against illegal drug trafficking, ML and TOC. A newly ongoing administering platform to combat TOC like SARICC (south Asian Regional Intelligence and Coordination Center) is discerning to work with BIMSTEC for necessary feedback among the two organizations with coordination of UNODC.

Bilateral agreement signed with Myanmar and India for suppression of illicit drug trafficking on 01-12-1994 and 2006 respectively. Under bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, 05 (five) times and 03 (three) times DG level talks have been held between Bangladesh & India and between Bangladesh & Myanmar respectively.

MOU with Iran for drug abuse prevention and control. 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 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 especially.

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 instances 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.

Intelligence expert opined - If 'knowledge is power' it can also be deduced that intelligence is a form of power itself. "Information can support the exercise of other forms of power.

So real time intelligence sharing and implementation of shared intelligence is the best way to resolve the problem of drug menace, ML and TOC.





zonal command namely East, West, South and the Dhaka sub zone.

The widely abused drug ATS (Yaba) in the country is smuggled from Myanmar to Bangladesh. Now drug smugglers are trafficking drugs in to Bangladesh using the sea routes. Here Coast Guard of Bangladesh are playing a vital role to tackle the smugglers operating in the sea. Coast Guard of Bangladesh also has very successful recovery history of illegal drugs from sea or maritime boundary of Bangladesh.

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**"To Build Addiction Free Bangladesh is our Vision"**



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