

ANNUAL DRUG REPORT BANGLADESH, 2011



Department of Narcotics Control
Ministry of Home Affairs
Government of the People's Republic of Bangladesh

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Building up Drug Free Bangladesh is Our Vision

Our effort is to limit the use of drugs strictly to legitimate purposes, and prevent any kind of their diversions through an effective system of control, intervention, monitoring, and inspection, through reduction of their illicit demand and supply at one end, and ensure their supply for legitimate purposes on the other end, as well as to reduce and minimize the related harms of abuses in the line of the Constitution of Bangladesh and the UN Conventions, through effective policy, systems, infrastructure and organizational capability, where human potential is maximally released leading to total development and well being of the citizens of Bangladesh, and building a healthy environment for enhancing the quality of our life in all respect, and try to maintain a drug free Bangladesh.

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Dr. Muhiuddin Khan Alamgir, MP
Minister
Ministry of Home Affairs
Government of the People's Republic
of Bangladesh

MESSAGE



Abuse and illicit trafficking of drugs is a global problem. Drug trafficking is now linked to terrorism and organized crime. Drug abusers are generally involved in crimes. Many heinous crimes are committed under influence of drugs or for collecting money to buy drugs. Many killings are committed under influence of drugs. Abuse of drugs is a major cause of spreading HIV/AIDS. The abuse of drugs destroys the productivity and vitality of the work force. It directly hampers the developments and economic growth. Drugs have emerged as threat to national security in many parts of the world.

We achieved our independence through a bloody liberation war. The dream of our father of the nation Bangabandhu Sheikh Mujibar Rahman was to establish a healthy and prosperous nation. Drugs have attacked our young generation, the vitality of our nation. It appears from different studies and reports that more than 80% of the drug abusers are youth. Drug abuse has become a major threat to our public health. Drugs have appeared as root of many social vices and perversions. Under the leadership and directives of Honorable Prime Minister Sheikh Hasina, the Government of Bangladesh is firmly committed to combat the drug menace at any cost. For this purpose we need proper planning and programs to be launched. Success of effective planning on drugs depends on assessment on the nature and extent of the drug problem in Bangladesh.

I believe that this Annual Report on Drugs in Bangladesh will be helpful for all concerned authorities for better understanding and assessment of the drug problem in Bangladesh. I welcome the Department of Narcotics Control for their effort to publish the Annual Drug Report of Bangladesh, 2011 and express my heartiest thanks to all who worked hard for it.

Joy Bangla
Joy Bangabandhu

Dr. Muhiuddin Khan Alamgir, MP



Advocate Shamsul Hoque Tuku
State Minister
Ministry of Home Affairs
Government of the People's Republic
of Bangladesh

MESSAGE



Father of the nation Bangabandhu Sheikh Mujibur Rahman established independent and sovereign Bangladesh through his life-long battle with a dream of a healthy, prosperous and peaceful 'Sonarbangla'. His able daughter our Hon'ble Prime Minister, Her Excellency Janonetree Sheikh Hasina came in power by the people and formed the present Government to fulfill that dream. We have already achieved many successes in law and order situation, socio-economic development including agriculture, industry, education, health and other national issues.


Prevention and control of abuse and illicit trafficking of drugs is one of the prior-issues of our Government. Drugs spoil everything, so development effort can not be successful in a drug-affected society.

Abuse and illicit trafficking of drugs is a complex problem. It is not only a problem within itself, but also the root of many other problems. Most of the social crimes are committed under influence of drugs and it directly affects the law and order situation of the country. It has negative impacts of the overall socio-economic development. Drug is threatening our public health also.

Apart from the Ministry of Home Affairs, the success in programs of other different ministries like Health, Education, Information, Social Welfare, Religion, Youth etc. also depends on effective prevention and control of drugs, because drugs encounter their programs directly or indirectly. These issues should be taken into consideration while planning a program for drug abuse prevention and control. As policy makers, we need to know the nature, scope and magnitude of the drug problem in Bangladesh. I think the Annual Drug Report of Bangladesh-2011 to be published by the Department of Narcotics Control will be a significant contribution in this respect.

I wish all successes of this publication and express my thanks to all concerned.

Joy Bangla
Joy Bangabandhu


(Advocate Shamsul Hoque Tuku)



Senior Secretary
Ministry of Home Affairs
Government of the People's Republic
of Bangladesh

MESSAGE



I am delighted that the Department of Narcotics Control (DNC) is going to publish the Annual Drug Report of Bangladesh, 2011. Drug problem is a multi-dimensional and multi-disciplinary issue. The anti-drug activities have also manifold approaches including supply reduction, demand reduction and harm reduction.

The DNC's organizational set up and other arrangements have been designed encompassing all these approaches. However, due to various external factors, it alone cannot confront the 'Medusa' - like drug monster. Therefore, the law also empowers the Police, BGB, Coast Guard, RAB and Customs to carry out operational and enforcement activities. Apart from the Ministry of Home Affairs, other Ministries and their attached departments in the domain of health, education, information, social services, finance, planning, local governments, religion, youth development and law and justice have also important roles to play within their respective jurisdictions to reduce the demand for drugs and minimize the associated consequences. Besides, the Government bodies, the NGOs, the VAs and the civil society can contribute a lot.

I believe the drug report has been comprehensive with all the multiple features of the nature, scope and extent of the problem analyzed with specific findings so that it will be helpful for researchers, policy makers and program implementers.

I wish the Annual Drug Report 2011 all success.

(C.Q.K. Mustaq Ahmed
Senior Secretary



Department of Narcotics Control
Ministry of Home Affairs
Government of the Peoples' Republic of
Bangladesh

FOREWORD



The problem of abuse and illicit trafficking of drug is a major problem of nations all over the world. Be rich or poor, no nation is immune against the curses of drugs. It is destroying the productivity and economic growth all over the world. It is viewed as the root of most of the social evils. In many parts of the world, it has become a threat to national security and public health. Despite increased attention to global drug demand reduction in recent years, drug use continues to take a heavy toll on every nation. Therefore the United Nations view drugs as one of its priority issues.

Bangladesh is in a vulnerable position in respect of trafficking and abuse of drugs for its location in between the Golden Triangle and the Golden Crescent, the two leading drug producing areas in the world. Illicit trafficking and abuse of drugs are not only major roots of various social crime, they are destroying our working force, affecting economic growth and emerging as major threats to public health. Government of the People's Republic of Bangladesh is therefore committed to combat the menace of drugs and save the nation at any cost.

The Department of Narcotics Control (DNC) along with all the law enforcing agencies under Ministry of Home Affairs and host of other government, semi-government and autonomous bodies are entrusted with the responsibilities in fighting against drugs. The NGOs and Civil Society organization are also DNC's active partners in ensuring a Drug-free Bangladesh.

The Annual Drug Report documents national initiatives of licit and illicit use of narcotics. It is emerging as the prime media through which DNC share all information with stakeholders as well as citizens. The Report documents many facets of our drug problem and our initiatives to overcome them. Due to limitation of space we could not highlight every effort. But we very sincerely recognize all contribution in the fight against drugs in Bangladesh. Though there may be many limitations and loopholes, I hope that this Annual Drug Report will help all those who are concerned about the current drug scenario of Bangladesh.

The draft of the report was prepared by the mid of the year 2012. But we have been delayed in its publication for some unavoidable circumstances and I beg pardon for this delay on behalf of DNC. I express my thanks and gratitude to all who have worked hard in preparing and publishing the Annual Drug Report of Bangladesh, 2011. Special Thank goes to Mr. Abu Taleb, Additional Director Dhaka Region for his unique contribution in this report. We shall be obliged for any valuable suggestion for improvement in the upcoming issues of this report.

Mohammad Iqbal

Director General
Department of Narcotics Control

EDITORIAL

The Department of Narcotics Control is going to publish the Annual Drug Report of Bangladesh for the second time. We had to go through a hardship for preparing the draft of this publication for a couple of reasons. In the report of previous year, we covered a lot of the socio-economic, historic, cultural, environmental and legal aspects of the drug situation in Bangladesh. Though there have been little changes in the drug situation of Bangladesh compared to last year, still we tried to avoid duplication of information and statements, except where continuation is required.

The most critical aspect of our job was the scarcity of data and information. We honestly confess that DNC's data management system is not so much well organized. Moreover, there is no epidemiological survey on the nature and extent of the drug problem in Bangladesh; and the database of the DNC contain very few information in this regard. The data on law enforcement and prosecution of offences were not updated. We could not gather data on preventive education from any other authority except what we have in our hand from the DNC. More than two hundred NGOs and VAs are working in Bangladesh in the field of drug abuse prevention, anti-drug campaign, community mobilization and treatment of drug addiction and rehabilitation of the drug addicts. But very few of them maintain data on their activities and send those to us. Therefore as author and editor of this report, I had to apply my own knowledge and experience in this field which I acquired over last thirty one years of my studious job in this field to explain the nature and extend of the drug problem in Bangladesh.

This Annual Drug Report is supposed to cover all the activities and efforts of all the government agencies and NGOs. To this effect, we tried our best to accumulate data from all relevant sources. But responses were very poor. However we are sincere in using whatever information we got from different sources to give completeness to this publication. We have also used internet and websites for collecting information. The pictures used in this report are mostly from the archive of the DNC. Indeed we have some pictures from internet. For scarcity of fund, we have to keep the volume of this publication within our limited financial ability. Therefore we could not put everything in this publication. In this publication, our focus is on explaining the situation of abuse and illicit trafficking of drugs in Bangladesh. We have also tried to give an idea of the various efforts of the reduction of supply and demand of drugs and reducing their related harms.

I convey my thanks and gratitude to the DG, ADG, Directors and other officials of the DNC for their valuable guideline, suggestions and cooperation extended to me for preparing this report. I thank all other agencies and organizations for supplying whatever information and data they had for enriching this report. Though there is a committee for publication of DNC's special Souvenir on International Day against Drug Abuse and Illicit Trafficking, I had to shoulder its editing, and in many cases supplement the articles, side by side of writing and editing this report in extreme haste and tense for scarcity of time. Therefore mistakes and faults may be inevitable. I do not deserve any credit for my solo labor in this gigantic task. However any constructive criticism and suggestion would be helpful for my future guideline and thereby oblige me to all concerned.



Md. Abu Taleb
Additional Director
Department of Narcotics Control

EXECUTIVE SUMMARY

Bangladesh is not basically a drug producing country. Our vulnerability for drug-problem is due to our geographic location and historical perspectives. There were traditional use of cannabis among saints and meditationist; and alcohol among the tribal populations from time immemorial. The Arab merchants introduced medicinal use of opium during seventh century. But none of these drugs was abused as it exists today. The use of these drugs were within a very negligible segment of the society and it no how affected the main stream of the society. The British colonial rulers introduced the consumption and commercial operations of drugs in this land to earn revenue, which continued up to 1989.

From the early eighties, we began to notice the problematic abuse of drugs and their harmful effects on the society. Generation of public opinion against drug abuse led the Government to ban many harmful substances including cannabis, opium, alcoholic medicinal preparations and harmful narcotic drugs and psychotropic substances from the period 1982 to 1987. Coming out of the revenue earning concept and being inspired by the ideology of public welfare, the Government of Bangladesh enacted the Narcotics Control Act 1990, and established the Department of Narcotics Control in 1990 for prevention and control of all sorts of drugs, for providing treatment and rehabilitation to the drug dependent persons and for reducing related harms of drug abuse. But after 22 years, the drug epidemic is still on increase. New drugs are replacing the old ones. There were emergence of heroin during early eighties, phensedyl (codeine preparation) during early nineties, injecting drugs at the beginning of the present century, yaba (ATS) during 2005, and glue sniffing during 2008.

Urban areas are mostly affected by drugs. The leading factors and indicators of the drug epidemic in Bangladesh are social unrest and disruption of social fabrics, increase of violence and various social crimes, increase of mental illness and psychiatric disorders, increase of slums in urban areas, increasing production of drugs in neighboring countries, increase in cultural perversion and influence of western culture. There is a very close relation between drugs and crime. Almost 50% of the detected crimes in Bangladesh are related to drugs. There are many killings and raping under influence of drugs. Most of the theft, robbery, extortion, etc. are committed by drug abusers for collecting money to buy drugs. Eve teasing is closely associated with drug abuse.

At the beginning, the drug epidemic was confined in urban life. But now it is spreading towards the rural areas. The young people are the main victims of drugs. But recently women and children are also largely being the victims of drugs. The most vulnerable group of population in Bangladesh for drugs are the street children, the slum dwellers, the marginalized women, sex workers, rickshaw pullers and hijra. Drug traffickers are largely deploying street children and marginalized women in trafficking of drugs. Most of the criminals of the country are now engaged in illicit trafficking of drugs. The most prevailing drugs in Bangladesh are cannabis, liquor, phensedyl, heroin, yaba, injecting drugs, tranquilizers and glue. The recent trends of the pattern of abusing drugs are that more people are moving towards injecting drugs, which is also increasing the vulnerability of the spread of HIV/AIDS. In recent time, yaba smuggled from Myanmar is getting very quick popularity. Anabolic steroids, though not yet recognized as drug of abuse in the provision of law, are largely being abused by sex workers.

Most of the drugs abused in Bangladesh are sourced from India through our western and eastern border. Yaba is mainly smuggled from Myanmar. The traffickers are very innovative in using the

modus-operandi for smuggling drugs. They explore every possibility and method for illicit trafficking of drugs. Small amount of drugs are trafficked in body-concealment. The medium consignments are in baggage and large consignments are trafficked through concealment in commercial commodities. The drugs sold in the street are generally highly adulterated. Dhaka is the principal market of all sorts of drugs. The big cities and townships near the smuggling routes are other markets of drugs in Bangladesh. In recent times, illicit trafficking of heroin and phensedyl is almost static. The illicit trafficking of yaba (ATS) and injecting drugs are increasing very rapidly with very high prevalence all over the country.

The DNC is the nodal agency for drug abuse prevention and control in Bangladesh. It also performs preventive education, anti-drug campaign for public awareness and community mobilization against drug abuse. The other agencies for drug law enforcement in Bangladesh are: Bangladesh Police, the Border Guard Bangladesh (BGB), the Rapid Action Battalion ((RAB), Coast Guard, and Customs. The DNC and police investigate drug related offences. Besides the general judiciary, the Government has introduced operation of Mobile Courts for 'on the spot prosecution and trial' of drug offences for quick disposal of drug cases. Bangladesh Police, being the largest law enforcement agency of the country, detects highest number of drug cases (yearly 20000 on averages) with highest amount of seizure and highest number of arrests. The biggest consignments of drugs are generally seized by the BGB, as they work at the front line of the border, where the smuggling actually occurs. RAB being the most powerful and elite force with most sophisticated training, logistics, arms and equipments also have big seizures and arrests of most notorious and criminal drug lords. The DNC with only 506 operational manpower in the field and without any arms; and even in most cases without any transport, detects 8500 cases and arrests 9000 drug related criminals yearly on average. All the seized drugs are destroyed after confiscation by the Court and seized sale proceeds of drugs or valuation of other valuable articles are to be deposited in the National Narcotics Control Board Fund.

The DNC performs its activities of treatment and rehabilitation of drug addicts through its four treatment centers. Over last two years, the DNC is running an oral drug substitution treatment program for the heroin addicts at its Central Drug Addiction Treatment Center in collaboration with UNODC and ICDDR,B on pilot basis. Besides the DNC, there are NGOs who performs preventive education, anti-drug public awareness campaign, community mobilization and treatment and rehabilitation of drug addicts.

Bangladesh is signatory to all UN and SAARC Conventions on narcotic drugs and psychotropic substances. It has working relation with many countries of the world in drug abuse prevention and control. It also has bilateral agreements, protocols, and MOU with India, Iran, and Myanmar. During 2011, Bangladesh hosted the meeting of the SAARC member countries for sharing experiences on best practices in counter narcotics and the meeting of DG level second bilateral talks with India. During 2011, Bangladesh also sat with Myanmar in Yangon for talk on bilateral issues for preventing illicit trafficking of drugs between the two countries.

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ANALYSIS OF THE DRUG ABUSING SITUATION

BACKGROUND

Cultivation, manufacture, trade and consumption of drugs were almost absent in the historical and cultural heritage of Bangladesh. Limited use of hemp by saints and drinking of home-made alcoholic beverage by tribal people never affected the main stream of the society of Bangladesh. British colonial rulers introduced commercial operations of opium, cannabis and alcohol in this country almost two and half century ago. Bangladesh is located within the close proximity of Golden Triangle, and surrounded from three sides by India, the world's largest licit opium producing country, where very large amount of illicit opium and heroin production is whispered. Phensedyl, the most threatening drug for Bangladesh, is produced in India. Bangladesh is a country of multi-religion group of population. No religious group, except the Muslims, has any restriction on drinking alcohol. The Hindu and Buddhist saints use cannabis for concentration in meditation: Alcohol is freely used with in Hindu, Buddhist and Christian community.

Though at present Bangladesh is not a drug producing country, it was, during the British colonial period, the source of a considerable amount of cannabis in the world drug market. During the British colonial period, there was no control or restriction on drinking alcohol among the Muslim community, even though it was restricted in the Islam. Almost at every Thana Headquarters, even at many of the important union and rural trade centers, there were vending shops for country liquor, cannabis and opium till 1984. The Arabian merchants introduced opium in this country as medicine. The British colonial invaders introduced and expanded the trade and commercial use of

opium, alcohol, cannabis and tobacco in our country.

After 1947, some sort of control was imposed on liquor in the erstwhile East Pakistan. Drinking alcohol was restricted for Muslims except on medical ground. People of other religion were also required to take permit for drinking liquor. A system for taking pass was also imposed on consumption of opium during 1957. Opium or cannabis was not at all any concern of the society. More over the adverse effects of intoxicating substances were only visible to the society in case of liquor. As majority of the population in Bangladesh are Muslim, and there is restriction on drinking liquor in Islam, the general popular view to mean any intoxicating substance was liquor. Therefore when any question about intoxicating substances or adverse effects of getting intoxicated was raised, everybody was used to point their fingers at liquor. Among all the drugs, only liquor was against public sentiment.

On consideration of the public sentiment, our father of nation Bangobandhu Sheikh Mujibur Rahman ordered for closing down all the country liquor shops during the year 1972, except for a few bar license at aristocratic hotels for the foreigners, diplomats and foreign tourists. But as it was creating problems for the non-Muslim populations, particularly the coolies at the tea gardens, the tribal populations and sweepers at the municipal areas, the country liquor shops at all municipal areas were reopened.

By 1982, it was observed that due to excess restriction and control on liquor, people had started drinking various alcoholic medicinal preparations for intoxicating purposes. An Ayurvedic preparation called 'Mritasanjibani

Sura', various homeo patent alcoholic medicines and various allopathic preparations containing alcohol earned immense popularity by 1982. On consideration of the harmful effects of these substances on health, the Government banned all homeopathic and allopathic alcoholic medicinal preparations by proclamation of the Drug Ordinance 1982. But mritasanjibani sura, an ayurvedic medicinal preparation containing 42 proof alcohol was still in use, and as a medicine, there was no control or restriction on it. As a result mritasanjibani sura became the only alcoholic drink for people who were not allowed to drink liquor legally. Within two years mritasanjibani reached at the pick of popularity as a substitute to country liquor and became the number one drug of abuse in the country.

On consideration of the abuse and harmful effects of mritasanjibani sura, the government imposed ban on it during 1984. At the same year, opium was also banned. During the year 1987, the Government stopped the cultivation of cannabis at Naogaon District and imposed ban on cannabis during 1989. In this way, all the traditional and prevalent drugs of abuse were banned by the year 1989. But unfortunately there was no program for prevention, education, campaign, motivation, or social mobilization against drug abuse and their harmful effects. In this situation, the habitual drug abusers and drug dependent persons were looking for alternative substances to get intoxicated.

Heroin was introduced in Bangladesh at the early eighties. Though not very popular, it was somehow prevailing in Dhaka and at the North-western part of the country. Phensedyl, though banned in Bangladesh, was still a legal medicinal drug in India. In the contemporary period, there was a booming of drug market all over the world. Due to Russian invasion, the Golden Crescent was boomed by the tribal warlords of Afghanistan. There was also tremendous expansion of the Golden Triangle by the war lords of South-east Asia. Besides the legal

cultivation, illegal cultivation of opium poppy in India also increased to a great extent to meet the very highly increased demand in the world market.

At the beginning, Bangladesh, for its strategic geographic location, was being used as transit or corridor for trafficking of the narcotics produced in these three regions during the mid eighties. But within next ten years, it became a market of heroin and phensedyl, because due to ban and restriction on all traditional drugs, the habitual drug takers in Bangladesh were in search of new intoxicant substances. Heroin and phensedyl sourced from India immediately quenched their thirst for a new intoxicating drug. The Indian drug traffickers established many clandestine laboratories for manufacture of heroin in Indian territories across our East and western border by the end of last century. Experiencing the harmful effect and severe consequences, the media, the law enforcement agencies and the society as a whole in Bangladesh became aware of heroin and phensedyl. There was scarcity in the supply of these drugs very often. The addicts of these drugs therefore began practicing Buprenorphine during the periods of scarcity. In this way, abuse of injecting drugs was also introduced in Bangladesh.

We do not know the specific reasons for emergence of the 'yaba-culture' in Bangladesh. May be it is due to the influence of satellite TV. May be, it is related to the imitating behavior of our young generation, because our young generation are always found to imitate the fashions and crazes of the western culture. They are mostly guided by the myths and misconceptions about drugs. The myths and misconceptions prevailing among our young generation about yaba is that: 'Yaba is a symbol of smartness and speed. As a stimulant drug, Yaba provides extra energy and body-stamina for singing and dancing at the week-end raving parties. Yaba helps to be awakened for the whole night. Yaba removes the pains and tiredness. It is

an excellent way to get rid of frustration, agitation, anxiousness and boredom. It enhances the effects of cheerfulness. Yaba is a source of sexual energy. It enhances the physical capabilities of performances in music, sports and other recreational activities.' Many of youngsters believe that Yaba enhances their physical appearance and beauty. There are myths that Yaba helps slimming the body.

Whatever may be the myths and misconceptions about yaba, and whatever may be the results and consequences of yaba abuse, it has now become the most popular drug among the student community, particularly among the English medium students and students of private universities. At the beginning, yaba was confined among the English medium students of the elegant society of Dhaka city. Thereafter it has spread among the fashion girls, band musicians and models. By now, yaba is prevailing all over the country, even at the rural areas.

Another feature of the drug scenario in Bangladesh is sniffing adhesives or glue. The main ingredient of adhesive or glue is toluene. Toluene is a controlled precursor chemical in Bangladesh. Its use is limited in industrial sector under strict control and monitoring of the Department of Narcotics Control (DNC). But the finished product of toluene, the adhesive, as a very essential industrial and household substance, is sold in open market at a very low price. We do not know how it became a substance to get intoxicated, but all of a sudden, we came to know that it has become a major drug of abuse among the street children in Bangladesh, and from the street children, it has now been spreading among other segments of the population.

So, if we review the background and history of the drug abusing situation in Bangladesh, we see that cannabis was the most ancient drug in this land. Though the home-made alcoholic drinks were in prevalence among the ancient tribal groups in Bangladesh, the culture of

modern liquor and alcohol were introduced by the British rulers in this country. Though opium was introduced by the Arab traders, its use for commercial and intoxicating purposes were introduced by the British colonial rulers in this country. The emergence of modern drugs like heroin and phensedyl was an after-effect of the restriction and ban on traditional and customary drugs. Injecting drugs were introduced as substitutes to heroin in the periods of scarcity and yaba entered into our country as a symbol of fashion.

PROFILE OF BANGLADESH AT A GLANCE

- **Official Name:** The People's Republic of Bangladesh
- **Area:** 1,47,570 sq. km
- **Population:** 142.319 million
- **Sex Ratio (Males per 100 Females):** 100.3
- **Density of Population:** 964 per sq. km
- **Average Annual Growth Rate of the Population:** 1.34%
- **Number of Household:** 3,20,67,700
- **Average Household Size:** 4.4, Economies in World Rank: 47
- **Rural - Urban Distribution of Population:** 76.57%: 23.43%
- **GDP:** \$269.3 Billion, **Per Capita Income:** \$ 751, **GDP Growth:** 6%
- **GDP Sector:** Agriculture-18.6%, Industry-28.6%, Service-52.8%
- **Labor Force:** 73.87 Million (Agriculture-45%, Industry-30%, Service-25%)
- **Literacy Rate (7+):** Both Sexes:
- **Religion Based Population:** Muslim 89.7%, Hindu 9.2%, Buddhist 0.7%, Christian 0.3%, others 0.1%.

(Source: Statistical Bureau of Bangladesh)

On review of the profile of Bangladesh, we find certain prevailing characteristics of our country, which are vulnerable for abuse of drugs

among its population. Firstly, the country has one of the highest densities of population in the world. Due to this extreme population-density, pollution in nature and society is very high. Polluted and crowded society like Bangladesh is the breeding ground of drug epidemic. The country is on the track of very rapid urbanization. Few years back, the rural-urban ratio of population was 85:15. But the population census during 2011 shows that it is now 76.57% : 23.43%. This rapid urbanization is increasing the number and size of slums in big cities and as slums are the most vulnerable places for all drug-related activities, both marketing and consumption of drugs are increasing day by day.

The per capita income in Bangladesh is also on increase. This increased income is enhancing the purchasing capabilities of all segments of population including the drug abusers. Bangladesh was once classified as an agriculture-based country. In the past, most of the labor force were engaged in traditional agricultural activities. But the recent census of 2011 projects that employment in industries and various services have increased to a great extent. This increased labor force and service holders mainly reside in crowded cities and in densely populated slums of urban localities. The pressure of the increased population in urban society is augmenting the drug problem.

INDICATORS FOR THE NATURE AND EXTENT OF THE DRUG SITUATION

So far there is no nationwide survey on the nature and extent of the drug situation in Bangladesh. Whatever we write or speak on the drug situation is based on media reports and individual small studies on different aspects of the drug situation in Bangladesh. Most of these reports are based on individual experiences and views. However, there are some parameters and

indicators, which help for gathering ideas about the drug situation of the country. These indicators are:

SOCIAL UNREST AND DISRUPTION OF SOCIAL FABRICS

Abuse of drugs is a social disease. On an overview of the situation of countries around the world, we experience that where there is a problem of illicit trafficking and abuse of drugs, there is social unrest and disruption of the social fabrics. If we compare between the pre-liberation and post liberation situation of our society, we see that social unrest is on increase and the traditional social system is changing.

INCREASE OF VIOLENCE

On a comparative study on the trends of social changes occurring gradually over last few years, we experience a increase of incidence of different kind of social violence. Kidnapping, killing, raping, teasing girls, etc. have increased more than any other times.

INCREASE IN MONEY CIRCULATION

There has been a great increase in the money circulation and inflation of money during 2011. The price level of all commodities increased more or less 20% to 40% during 2011. Increase in the price of all sorts of drugs was also remarkable. The increased price motivated the drug traffickers for enhancing their activities. The increased activities of the traffickers made the drug market more dynamic and active.

INCREASE IN RURAL-URBAN MIGRATION

Due to natural calamities rural population in many regions of the country lost their properties and became poorer. These people have moved to big cities at large, which has caused a great increase in rural-urban migration and pollution

of urban life. In most cases, these increased number of population having no job or suitable means of generating income, became involved in peddling drugs.

EXPANSION OF SLUMS IN URBAN LIFE

In Bangladesh, the life in slum is very miserable. The slum dwellers lack proper sanitation, drinking water, health services, education, nutrition, and other healthy environment in all respect. Just for survival, many slum dwellers become involved in various crimes, of which drug peddling is a major one.

INCREASE IN PRODUCTION OF DRUGS IN THE NEIGHBORING COUNTRIES

India surrounds Bangladesh from three sides. Besides licit cultivation, there are illicit cultivation of opium poppy in West Bengal and Eastern Provinces of India, all of which are in close proximity of Bangladesh. Basing on these illicit poppy cultivations, there have been established many clandestine laboratories for illicit manufacture of heroin and phensedyl, which are mostly smuggled into Bangladesh. Though the inflow of phensedyl decreased a little during 2011, heroin was still on the increase. It appears from Indian media reports, that illicit poppy cultivation in India increased during 2011.

According to a recently compiled Narcotics Control Bureau (NCB) intelligence report, a shocking 7,620.5 acres of illicit poppy cultivation was detected and destroyed in 2010. These illicit fields had sprung up nine Indian states. And 7,620.5 acres was only what had been detected. Enforcement officials of India say, that undetected area of illicit poppy cultivation may be as much as 10 times of the detected 7,620.5 acres of area. According to Indian experts, the

detected 7620.5 acres would yield over 80,000 kilos of opium and over 5,000 kilos of heroin.

The area licensed for poppy cultivation in India during the crop year 2003-2004 was 21,141 hectares. During 2004-2005, this went down to 8,770 hectares. By 2007-2008, only 4,680 hectares were licensed for licit poppy cultivation. Though the trend of legal cultivation is decreasing, the illicit cultivation is on increase. According to Indian media reports, during 2007-08, India detected an area of 1,820 acres of illicit poppy cultivation. During 2008-2009, it increased to 5,532 acres and during 2009-2010, it was 7620.5 acres. As expected by the NCB expects, more cultivation were to pop up during 2011 in the same area of nine Indian States in the close proximity of Bangladesh. Therefore we can apprehend that, Bangladesh would experience more severe situation in question of heroin and phensedyl during 2012.

INCREASE IN MOBILITY OF LABOR FORCE TOWARDS DRUG ABUSING FOREIGN COUNTRIES

Recently there has been increased mobility of the Bangladeshi labor force towards drug abusing foreign countries like Eastern Europe, South East Asia and Mediterranean countries. These people are not only vulnerable carriers of drugs to these countries; they may even be victims of drug abuse during their stay in these countries.

INCREASE IN MENTAL ILLNESS AND PSYCHIATRIC DISORDERS

A recent report states that mental illness and psychiatric disorders has been increased to a significant level in Bangladesh. A great portion of the drug abusers in Bangladesh are also patients of various mental illness and psychiatric disorders. Recent increase in violence and agitation among industrial labors, social unrest, eve teasing, political turmoil, etc. are symptoms

of people's mental illness. These sorts of mental illness in the society are ideal breeding grounds for drug epidemic.

INCREASE IN CULTURAL PERVERSION AND INFLUENCE OF WESTERN CULTURE

For the easy and broad access of the satellite TV and western culture, the contemporary young generation in Bangladesh is highly influenced by Western culture. They are imitating many of perversion of the western culture, just to demonstrate smartness. Band music, disco dances, costumes, fashions, foods, life styles, week end raving parties, recreation clubs, and most prominently practice of modern drugs are examples of perversions and influences of western culture.

PEOPLE ARE SPEAKING ON THE DRUG PROBLEM

The drug epidemic in Bangladesh is demonstrated in many ways. If we look at wall writings at the crowded areas of any city, we find slogans and wall writings against drugs. Listening to people's conversation in tea stalls, we find that they are talking on drugs. Almost every electronic media are regularly telecasting talk shows on issues related to drugs. A considerable portion of the space of the daily news papers are occupied by news, reports and features on drugs. Drug is now a popular topic of discussion, debate and cultural performance everywhere. Drug is now a common issue in cinema, movie and TV drama serial. All these are happening, because drug has already become a severe problem in our society.

THERE ARE HOSPITALS AND CLINICS FOR TREATMENT OF DRUG ADDICTION

Treatments for drug addiction were introduced by some psychiatrists in private clinics in the city

of Dhaka at the beginning of eighties. The drug addiction treatment center (CTC) was established during 1988 at Tejgaon, Dhaka, by the Ministry of Health; and it was placed under the administrative control of the newly established Department of Narcotics Control at the beginning of 1990. Since then, more than 200 drug addiction treatment centers have been established throughout the country at private level till today, of which 66 are licensed under the DNC and others are under the process of having license. The general hospitals are also often admitting patients with drug problems. We still do not have the statistics of the exact number of people getting treatment services for drug addiction in Bangladesh every year. It is known from relevant experts that there might be some 1,00,000 people getting indoor treatment services and another 3.00.000 getting outdoor counseling services for drug addiction every year. Therefore it is beyond any shadow of doubt that Bangladesh is now seriously affected by drug abuse problem.

LAW ENFORCEMENT AGENCIES ARE BEING MORE ENGAGED IN COMBATING DRUG MENACE

Before 1990, there was no specialized agency in Bangladesh to deal with intoxicating drugs. The functions of the erstwhile Department of Narcotics and Liquor under the National Board of Revenue, were mainly collecting revenue from alcohol, cannabis and opium. Detecting drug crime and apprehending drug offenders were their subsidiary work to safe guard revenue collection. The concepts of prevention, drug education, public awareness campaign against drugs, social motivation and community intervention against drugs, treatment of drug addiction and rehabilitation of the drug addicts were absent in all government policies and legislation.

After enactment of the Narcotics Control Act in 1990 and establishment of the DNC,

operation, raid, search, seizure, arrest and prosecution have become major functions of almost every law enforcement agency in Bangladesh. More than 40% of the detected crimes are now drug related, more than 30% of the cases under trial in judicial system are related to drugs and almost 50% of the prisoners in Jails are drug offenders. Seizures of drugs by all agencies are on increase. All the law enforcement agencies are being more engaged in combating the drug menace. All these phenomena indicate that, drug is a rising problem in Bangladesh.

ACCIDENTS AND UNEXPECTED DEATHS RELATED TO DRUGS ARE ON INCREASE

The statistics on our health system indicate that life expectancy of the people in Bangladesh has increased significantly over last few years. General health service delivery system has a great improvement. Unexpected deaths in general have decreased. But in case of drug abuse, it has increased to a great extent. It is now recognized by all concerned, that injecting drug is the major cause of the spread of HIV and hepatitis B/C in Bangladesh. STDs have the highest prevalence among the drug users. Drugs have become one of the major causes of motor accidents on the roads and highways. There are lots of killings under influence of drugs. The records of deaths related to drug over dose and drug interaction in various treatment services is on increase. All of these are indication that drug abuse problem in Bangladesh is on increase.

THE CURRENT TRENDS AND RISK FACTORS THAT ARE AUGMENTING DRUG ABUSE IN OUR SOCIETY

Abuse of drugs is a part of contemporary culture of any country. The choice of drugs and their using methods are closely related to people's life

style, technological advancement and social values. For quickly absorbing the modern culture and values, Bangladesh is moving very fast from traditional to modern drugs. Over a period of last five years, almost all the modern drugs have entered into the realm of addiction in Bangladesh.

The traditional family system in Bangladesh is changing very rapidly towards nuclear system of family: The traditional life in Bangladesh is also changing very rapidly. More and more people are moving from rural to urban life; even to foreign countries for profession and job. Women empowerment and employment has increased to a great extent. Educated, professional and job holder women prefer independent and private married life and they are very seldom submissive to their in-laws family. Women empowerment and economic freedom of women are creating personality clashes among the couples very frequently. Consequently divorce rate has increased alarmingly with result in the increase of the number of broken families. All these phenomena are leading and accelerating the emergence of drugs in Bangladesh.

The society in Bangladesh is day by day becoming handicapped by corruption and black money. Patriotism, honesty, moral values, ethical standards and civic sense among the mass population is going down day by day. Politicians, businessmen, bureaucrats, social leaders, professional service providers, and all are engaged in unhealthy competition for money and power. The whole social environment is unhealthy. In this situation the emergence of drug epidemic is natural.

Though the rate of education in Bangladesh has increased significantly, people's awareness on adverse consequences of drug abuse is not yet adequate. Besides, there are many popular myths and misconceptions about drugs. Drug abuse is a symbol of smartness and glamorization in urban affluent society. Faulty and traditional education

system without any orientation to job and profession is actually increasing the number of unskilled and unemployed youths in the country. These youths are the most vulnerable group for drug abuse and drug trade, because unemployment and frustration are dragging them to drug trade.

In spite of all government efforts, the number of population in Bangladesh is still increasing very high. Farming lands and forests are very quickly turning into residential places by reducing the areas for sources of food. Wild life in Bangladesh is at stake to accommodate the increased number population. Quick urbanization and industrialization are destroying the ecological balance in the nature. Environment pollution is getting very high day by day. Lack of healthy recreational facilities is increasing the risk of the spread of drug abuse.

Though Bangladesh is not substantially a drug producing country, its geographic location near the close proximity of Golden Triangle and cultivation and production of drugs at its East, West and South sides in Indian territory, has made it vulnerable for being used as transit route for international trafficking of drugs. Bangladesh imposed sudden ban on traditional and less harmful drugs without preventive education and motivation programs. Therefore drug abusers have switched over to new and modern drugs which are more harmful.

THE RISK FACTORS OF INTERNATIONAL DRUG TRADE THAT THREAT OUR NATIONAL SECURITY

The main risk factor of international drug trade that threatens our national security is that illicit drug trade is closely associated with organized crimes, terrorism and arms trade. To secure their drug business, they can do any kind of espionage or subversive activities threatening the national security of any nation. The international drug

syndicates are so powerful, well organized, desperate and resourceful, that they very often corrupt the administration, judiciary, political system and the law enforcement machineries.

As per UN estimation, the annual turnover of the global drug business is about US\$ 400 billion. In Bangladesh, the money annually spent for drug abuse, may be Taka twenty five thousand crore, which is equivalent to US \$ 31 billion. It is a great economic threat for a poor country like Bangladesh that almost 80% of this amount of money is drained out of the country in terms of gold or foreign currency. One of the internal threats of the drug trade in Bangladesh is that almost 70% of serious social crimes like theft, robbery, extortion, snatching, etc. are direct outcome of drugs. The drug addicts are generally engaged in these sorts of crimes.

It is evident from research findings that more than 30% cases of HIV/AIDS are the result of injecting drug use. The other types of drug users are very likely habituated to illegal and perverted sex, which is the cause of 70% of HIV/AIDS. Bangladesh is surrounded by India, Myanmar and Thailand, where the prevalence of HIV/AIDS is very high. Therefore drugs have added fuel severely to the risk of HIV/AIDS for Bangladesh.

NATURE AND EXTENT OF THE DRUG ABUSING PROBLEM IN BANGLADESH

Drug abuse as a problem in Bangladesh is now recognized by all national and international individuals, institutions and societies. A reasonable portion of the spaces of newspapers are now occupied by drug related news, articles, features and reports. The electronic medias are also sparing a significant portion of their slots for issues related to drugs. More than 40% of the arrests and criminal offences of the country are now related to drugs. The judiciary is overburdened with trial of drugs cases comprising

almost 30%. Hospital records project that a considerable portion of people are seeking treatment for drug related problems and disabilities. If we take all these phenomena together into account, it is clear that our society is affected by the problem of abuse and illicit trafficking of drugs. But we do not know the nature and exact extent of the problem. Whatever we tell, write or project on the nature and extent of the drug abuse problem in Bangladesh, is based on personal experiences, media reports and statistics of various sources. On summation of all the information of different sources, we can come to the conclusion that the drug problem in Bangladesh is getting worse and complicated day by day. In addition, it is also instigating other problems.

Abuse of drugs like alcoholic drinks, cannabis and opium is traditional and historical in Bangladesh. Almost all the primitive tribal groups in Bangladesh had been used to traditional and home-made alcoholic drinks. Use of cannabis had been ascended from the Vedic culture. Opium was introduced in this land fourteen hundred years ago by the Arabian traders. Traditional and natural drugs had been prevailing in this land almost in every ancient society and culture. But their uses were limited within religious, ritual or medicinal purposes. Though there were some uses for social recreation, those were limited within a minor segment of population, and the society as a whole, was never affected by drugs in any way. Therefore, use of drugs was never recognized as a problem. But in course of time, drug is now known to all as a serious problem for our society. The politicians and the policy makers, law enforcement agencies, social workers, social leaders, media, donors, everybody is now conscious that drug abuse is a problem in Bangladesh. The nature and the extent of the drug problem in Bangladesh is that:

The drug epidemic has exceeded the level of social tolerance. Social movement against drugs

has already begun. More than 200 NGOs have been organized for anti-drug movement in Bangladesh. They are launching campaign against drug abuse. More than 12000 anti-drug committees have been formed in educational institutions throughout the country. There have been many Community Intervention Teams (CIT) in drug affected areas across the country. As we see from media reports that many of the community leaders and public representatives are leading anti-drug movements through programs of human bondage, rally, public gatherings and other demonstrations in their respective area. The religious leaders and Imams of mosques are talking on adverse effects of drugs at their Khutba (special lecture delivered at the Jummaa prayer on Friday). Political leaders very often talk on drugs at almost every public meeting.

Drug as a bad culture is directly hitting the norms and values of the society. There were also uses of traditional drugs during British colonial period and Pakistani regime in this country. But those were limited within a very minor group of population and nobody dared to take drug publicly. But contemporary drug users do not care about the society. Drugs are taken publicly in clubs, restaurants, recreation centers, and on open streets without any regard for the social norms and values of the mass people.

Drugs have become a major threat to public health. Drug induced disabilities and diseases are on increase. It is one of the main causes of spreading HIV/AIDS, hepatitis and sexually transmitted diseases. It has added extra burden on treatment services. Drug related deaths and fatal accidents are increasing day by day. Most of the motor accidents on roads and highways are occurring under influence of drugs.

Drug is threatening the public security and peace. Nobody is secured and can live peacefully in a drug affected community. The major cause of theft, burglary, robbery, snatching, extortion, kidnapping, raping and killing is drug. Majority of the drug abusers are engaged in these

misdeeds just for money to buy drugs. Drugs have become one of the main causes of family breakdown. Most of the drug addiction put ends to married life through divorce. If any member of a family is a drug addict, the entire family suffers for him. If any member of a family is drug addict, then nobody is secured there. There are many incidences of killing parents, or other members of the family by a drug addict. Drug addiction disrupts the social reputation of a family. One of the main causes of eve teasing is drug addiction.

Drug is causing a great damage to the national economy. Drug abusers lose their productivity and working capability. Almost twenty five thousand crore taka (equivalent to 3125 million US Dollar) is drained out of the country each year for smuggling drugs into Bangladesh. Drug money is creating serious money inflation. Drug abuse is a major obstruction to our national development. Where the head of the family is an addict, most of the earning of that family are wasted for buying drugs and the whole family has to starve. Drugs also damage memory and talents, which causes most of the students to be dropped out from the education system.

Drug is causing pollution of the social environment. It is the root of many social perversions. There is very high prevalence of illegal sex and sexual crime in communities with drug abuse problem. Drug abusing girls in many cases are engaged in prostitution for money to buy drugs.

ANALYSIS OF THE TRENDS AND PATTERNS OF DRUG ABUSING SITUATION

Drugs do not necessarily mean only intoxicant substances. The Narcotics Control Act 1990 has a definition of drugs and a schedule of substances which fall under the category of drugs. When the substances scheduled in the

law is used for legitimate purposes in legitimate ways as per provision of law we call it use. But when there is any diversion of use from the set provision of law and related rules for a diverted purpose we call it abuse. As per provision of the Narcotics Control Act 1990, drugs have many-fold uses: as raw materials for manufacturing medicines, as medicines in treatment of various ailments and psycho-physical disorders, as precursors, raw materials or solvents for manufacturing various industrial and commercial products and as chemicals and substances in various scientific research and educational purposes. But abuse has no limit or boundary in purposes, methods, utilities and effects.

Drugs are abused for getting intoxicated, having pleasure, getting excited, experiencing supernatural feelings, changing mood, perception, feelings and vision, building muscles, enhancing stamina, removing physical discomforts, relaxation of nerves, and for so many unlawful purposes. The methods of abuse depend on the nature, shape, size and state of the drug. Liquid drugs are drunk or injected. Solid drugs are smoked, swallowed or chewed. Gas or fumes are swallowed or sniffed. There are drugs in the forms of patches, rubbing balms, ointments, adhesives or spray. Many of the drugs can also be abused by applying multiple methods. For example, heroin can be injected, or smoked. Yaba can be swallowed, smoked or injected. The abusing pattern depends on individual's choice and contemporary fashion, culture and norm of the particular society.

In Bangladesh alcohol is drunk, cannabis and heroin are smoked, phensedyl is drunk or swallowed, tranquilizers are swallowed or injected depending on whether it is liquid or solid, yaba is swallowed, or smoked in combination with any smoking preparation, buprenorphine is injected, and the odor of glue or adhesive is sniffed. The paraphernalia for abusing drugs are also changing due to modernization of technology. Once upon a time

cannabis had been smoked in traditional bowls of hookah. But now it is being smoked putting into cigarette rolls. Yaba was swallowed at initial stage, but now it is being smoked in combination with various smoking preparations at shisha bars. Buprenorphine was injected singly at early stage of its emergence, but now it is injected in combination with liquid tranquilizers.

Drug abuse, once mainly confined in urban areas, are now expanding from urban to rural areas. Youth were the major drug abusing group of population during last decade, but recently it is expanding rapidly among the adolescents and street children. In spite of more biological vulnerability, abuse of drugs was rare among women, but recently, girls are being more inclined to drugs. Especially, many of the girls studying in colleges and universities are being inclined to drugs under influences of their boyfriends with drug habit. Girls of rich families, fashioned in western style, are more visible in practicing of drugs.

Many so-called recreational clubs have been established in Gulshan, Baridhara, Banani, Dhanmondi and Uttara in the city of Dhaka, the capital of the country. These recreational clubs celebrate thirty first night every year at 31 December, where alcohol, cannabis, yaba and other nerve stimulating substances are abused escaping the strict surveillance of the law enforcement agencies. These recreation clubs very often arrange raving parties at the weekends, where young girls and boys continue dancing with the rhythm of music for whole night. It is alleged, that there are plenty of abuse of yaba at these parties. Besides the recreation clubs, many of the boys and girls of this area of the capital often gather at one of their friend's house at the weekends for amusements in the prearranged raving parties, where they practice cannabis, alcohol and yaba. There are even families in the aristocratic area of the capital city, where parents and adolescents drink together just in imitation of the western culture.

The marginalized women, being engaged in drug trading, are being victim of drug addiction more and more. Though the students of general education system are comparatively free from drugs, drug abuse is increasing among the student community of private universities and English medium schools to a great extent. Some of the five star hotels in the city of Dhaka have introduced Shisha bars to entertain their foreign guests. In Shisha bars, they also practice Yaba, cannabis and heroin.

The price of phensedyl has been increased tremendously from Taka 200 per bottle to taka 2000 per bottle. It is also being highly adulterated with molasses, liquid sugar, or similar sweet liquid substances. Sometimes phensedyl is coming from India in bulk in big plastic containers and being bottled inside Bangladesh. Considering high demand and very high price fake phensedyl are also being manufactured. Illicit trafficking and abuse of yaba has increased to a great extent. After Dhaka, it is now spreading towards peripheral towns, even in rural areas. Abuse of dandy (adhesive and glue) is a new dimension of drug abuse among the street children in Bangladesh.

As there are restrictions on any kind of drugs and there is very strict control on alcoholic beverages, many commercial companies import, or locally manufactured non-alcoholic energy drinks. Though these drinks are supposed to be free of any intoxicating drugs, recent seizures show that nerve and sex stimulating substances and chemicals are added to those to enhance energy and sex urge. The importers and manufactures are advertising continuously in electronic and print media. Under influence of these advertisements, the so called energy drinks are gaining popularity among the young generation very rapidly.

Nalbuphine, a morphine-like synthetic non-controlled substance is neither under the control of UN convention, nor the Narcotics Control Act 1990. Its action in suppression of pain is like morphine. One local pharmaceutical company is

manufacturing and marketing nalbuphine as a substitute to pethidine. The injecting drug users have begun abusing nalbuphine as a substitute injecting drug when buprenorphine or pethidine is not available. Another remarkable change in the drug scenario in Bangladesh is that teenage female sex workers are abusing anabolic steroids to make their outlook attractive and beautiful to attract their clients.

Ketamine, the latest and most sophisticated drug, is not yet a drug of abuse in Bangladesh. At least we have not yet received any patient in our treatment programs with problems of ketamine abuse. But the trends of the social, cultural and behavioral changes among our young generation, particularly the emergence of so many recreational clubs, culture of raving parties, night clubs, disco parties and DJ parties in Dhaka, indicate a favorable environment of the emergence of ketamine abuse in Bangladesh, because ketamine co-exists with these situations almost everywhere in the world. We still do not know whether ketamine has already entered in the realm of abusing drugs in Bangladesh. There is also no internal seizure of ketamine in Bangladesh, except a few seizures on transits at the Airport. These seizures were made on suspicion of heroin, but later on those were proved to be ketamine. Ketamine has not yet been placed under the control of the Narcotics Control Act 1990. Therefore some of the pharmaceutical companies import Ketamine and produce anesthetic medicines, which are used in surgical operations without any concern of the Department of Narcotics Control. However in response to a proposal from INCB, the DNC has sent proposal to the Government for declaring Ketamine as a drug under the Narcotics Control Act 1990. In the mean time, Ketamine has been included in the schedule of drugs in the proposed draft of the ongoing amendment of the Narcotics Control Act, 1990.

PREVALENCE OF MAJOR DRUGS IN BANGLADESH

A. OPIUM

Bangladesh was, and is, never a drug producing country. The East India Company introduced cultivation and trade of opium in India during mid of 18 century. Bangladesh, the erstwhile East Bengal, as a part of undivided India, also became a market of opium. There was vending system of opium all over Bengal. Most of the opium consuming people were old-aged and many of them used opium for health-related problems. A considerable number of populations, especially some of the tribal people in the Hill Tracts area, and the people in the coastal area in Patuakhali (the Maugh), were used to consume opium traditionally. The traditional healers called Hekim and Kabiraj had been using opium as traditional medicine. There was also a tradition of smoking prepared opium called 'Chandu'. There were opium sales rules in 1957 to control opium consumption. Around 60,000 people were registered as opium users in erstwhile East Pakistan in 1960. This vending system for opium has been abolished in 1984 from Bangladesh. So far there is no opium consumer in the country at present. Even we do not have any pharmaceutical use of opium. The data of the drug addiction treatment services also shows that there is no incidence of opium addiction in Bangladesh. But still there were seizures of 11.69 kg and 8.07 kg of Indian originated opium in Bangladesh during 2010 and 2011. May be those were bound for trafficking elsewhere.

Besides legal cultivation, illicit cultivation of opium poppy is taking place in many parts of India, especially at the Eastern States and in West Bengal. Consequently this illegal poppy cultivation is being penetrated into the border sides of Bangladesh. His Excellency the DG of NCB, India also admitted in his statement during the Director General Level 2nd talk held

at Dhaka on 23-24 March, 2011, that illicit cultivation of poppy and operation of heroin manufacturing clandestine laboratory are going on at the Bangladesh-India bordering areas of West Bengal with high prevalence at Lalgola, near Godagari of Rajshahi. Bangladesh is also experiencing illicit poppy cultivation in the remote hilly areas of Thanchi, in Bandarban District across the Bangla-Myanmar border. We have information that the insurgent groups of Myanmar are forcing the innocent tribal people at the border of Myanmar for the cultivation of opium poppy. Our army has been destroying poppy cultivation at these areas each year. (Source:BGB)

B. MORPHINE

There is no abuse of morphine in Bangladesh. As a life saving drug and very effective pain killer, it has medical use for post operative pain management and for management of acute pain of heart disease and cancer. Bangladesh has a quota of 25 kg of morphine from the INCB. At present three pharmaceutical companies produce morphine injections and tablets. 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. The statistics on seizure of drugs shows no seizure of morphine in Bangladesh. The data on treatment services shows that only 1 patient (0.13%) was admitted into the treatment services for morphine addiction during 2011. The Production of morphine in Bangladesh for last five years is as following:

STATISTICS ON PRODUCTION OF MORPHINE IN BANGLADESH

Year	Morphine Injection	Morphine Tablet
2007 - 08	198780 ampoule	----
2008 - 09	119870 ampoule	-----
2009 - 10	198555 ampoule	102020 tablet
2010 - 11	98103 ampoule	82 130 tablet
2011 - 12	198253 ampoule	236980 tablet

Source: DNC Data Base

C. PETHIDINE HYDROCHLORIDE

Pethidine hydrochloride is a widely used medicine in any kind of surgical operation in Bangladesh as pain killer, as narcotic analgesic and for deep sedation. Bangladesh has an allocation of quota of 300 kg of Pethidine hydrochloride from the INCB.

STATISTICS ON PRODUCTION OF PETHIDINE IN BANGLADESH

Year	Amount of Production
2007 - 08	1083239 ampoule
2008 - 09	1219771 ampoule
2009 - 10	1269661 ampoule
2010 - 11	1046798 ampoule
2011 - 12	1204268 ampoule

Source: DNC Data Base

For its very high addictive potentiality, pethidine was once the major injecting drug of abuse in Bangladesh. Due to emergence of buprenorphine during last three decades, and for very high price, the abuse of pethidine has come down to a remarkable level. Moreover, due to availability of nalbuphine from local pharmaceutical industry, and smuggling of pentazocine from India, there is limited abuse of pethidine at present. The amount of seizure of pethidine by all law enforcement agencies during 2011 was only 295 ampoules. This negligible seizure indicates that diversion of pethidine from licit to illicit channel is very negligible. If we study the number of patients admitted in treatment services for pethidine addiction, we see a remarkable decrease in pethidine addiction over last three years. Presently only 1.19% of patients seek treatment for pethidine addiction.

PATIENTS ADMITTED FOR TREATMENT OF PETHIDINE ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for Pethidine addiction	6.69	3.96	1.19

Source: CTC Client Monitoring System

This is an indication that prevalence of Pethidine abuse in Bangladesh is very negligible and it has decreased to a great extent.

D. HEROIN

The abuse of heroin emerged in Bangladesh during early eighties primarily in Dhaka and afterwards in Pabna, Rajshahi, Comilla and Jessore. Though Dhaka was, and still is, the principal market of heroin, the important townships of the bordering Districts appears to be mostly affected by heroin, because it is mainly processed in the clandestine laboratories located in Indian territories near the western and Eastern border. Heroin abused in Bangladesh is mostly in crude and impure form with reddish to grey color. It is reddish or gray in color, because its manufacturing process from morphine base to heroin, is mostly half-done. Superior grade white heroin is almost absent in Bangladesh. We are yet to determine the exact purity level of heroin sold at street level in Bangladesh, but we know from various sources, that it is adulterated several times after entering in Bangladesh from its source country India. It reveals from various reports that, the purity level of heroin in Indian local market varies from 5% to 10%. Therefore we can presume that, in Bangladesh, this purity level will never exceed 5%. A considerable amount of heroin produced in Golden Triangle is also smuggled into Bangladesh through its Eastern and South-Eastern borders, but it mainly goes to the markets in Europe and USA. We know from intelligence reports that the Bay of Bengal, the Chittagong port, and the South-eastern territory of Bangladesh are being used as transit points for shipments of the heroin produced in Golden Triangle to Europe, America and Middle-east.

If we take an account of the total drug market in Bangladesh, it will appear that the number of heroin abusers is much less than those of cannabis, alcohol and phensedyl (codeine). But data from treatment centers

shows the increasing number of heroin addicts because consequences of heroin abuse are more visible and severe than those of other drugs. As a new drug, heroin caught the attention of media from the beginning, and there after it somehow became enlightened in the media coverage. At this stage, it was consequently whispered to be the major drug abuse in Bangladesh. But soon after phensedyl appeared in the arena drugs, the focus of attention of all concerned was on phensedyl. In recent times, the media focus is on the latest drug yaba (ATS). Therefore heroin is no more considered as the major drug of abuse. However illicit trafficking and abuse of heroin and its consequences are still on increase.

The enlightened campaign against heroin over last two decades developed consciousness against heroin among the educated population and it lowered the prevalence of its consumption in the educated and upper class population, but for low price due to very high adulteration, it has widely spread among the poor and working class of population. At the beginning, heroin was confined in major rural areas, but with the passage of time, it has reached almost every corner of the country, even in most rural areas. During the year 2011, the amount of seizure of heroin by all law enforcement agencies in Bangladesh was 107.499 kg comparing 188.186 kg in 2010. It indicates a decrease in the prevalence of heroin availability.

PATIENTS ADMITTED FOR TREATMENT OF HEROIN ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for heroin addiction	38.26	35.25	42.73

Source: CTC Client Monitoring System

But if the number of patients admitted for treatment of drug addiction is reviewed, we see that treatment seekers for heroin addiction decreased a little during 2010, but it has again increased during 2011. This increase may be due to a decrease in phensedyl consumption.

E. PHENSEDYL (CODIENE PHOSPHATE)

Phensedyl, a codeine-based cough syrup was a popular medicinal drug in Bangladesh till the promulgation of the Drug Ordinance 1982. After imposition of ban on all alcoholic patent and medicinal preparation in the drug Ordinance of 1982, and imposition of ban on opium and mritasangibani sura (an ayurvedic tonic) in 1984 and imposition of restriction on cannabis in 1989, there was a temporary crisis on the availability of intoxicating drugs in Bangladesh. The habitual drug abusers were looking for alternative intoxicating drugs, which caused the introduction of heroin and tranquilizers and later on phensedyl in Bangladesh.

Phensedyl is the trade name of a liquid cough suppressant, which contains codeine phosphate. Though the Government of Bangladesh banned phensedyl under the Drug Ordinance 1982, its production and medicinal use were prevailing in the neighboring country India. The people in Bangladesh are ethnically, geographically and culturally very close to India. Bangladesh has the widest and closest relation with India in trade and commerce. Apart from alcohol and cannabis, it is still the most popular drug of abuse in Bangladesh. Based on this popularity, it also has become the number one smuggling item from India. For easy smuggling, the Indian drug traffickers are reported to have established many clandestine laboratories for manufacturing phensedyl in Indian territory near the Western and Eastern border of Bangladesh.

Though phensedyl is a legal medicinal drug in India, most of the phensedyl smuggled into Bangladesh are manufactured in the illegal clandestine laboratories. The seizure of bulk amount of liquid phensedyl in plastic containers in our Western and Eastern bordering Districts, (such as Comilla, Bramhanbaria, Satkhira,

Jessore, Rajshahi and Joypurhat) and variation in their codeine contents, confirms the existence of these illegal clandestine laboratories. One of the major causes of popularity of phensedyl in Bangladesh is, that it is compatible both to the smoker and non-smoker population. The other reasons are its good taste, easy availability, easy marketing facility and lower health risk. For massive campaign against heroin over last two decades; and for the visible miserable consequences of its abuse, the educated upper class population has switched over from heroin to phensedyl. Even sometimes it emerged as a fashionable drug. The abuse of phensedyl has spread over almost all the urban and industrial areas in Bangladesh over last two decades. It is observed that, for very high range of price, the prevalence of phensedyl abuse is comparatively less among the lower income group of population.

On the basis of bilateral dialogue between the drug control authorities of the two countries, the Indian Government has recently imposed restriction on the movement of codeine within 50 kilometers of the border. As a result, there has been temporary scarcity in the supply of phensedyl in Bangladesh; and the price per 100 ml bottle has risen from taka 150 to taka 2000/. It is also observed that for very high price and severe scarcity, phensedyl is being highly adulterated with molasses, liquid sugar and similar substances. The seizure of phensedyl during 2009, 2010 and 2011 were 1117354, 961260 and 932874 bottles respectively. This statistics indicate that there has been a slight decline in the supply of phensedyl over last two years.

PATIENTS ADMITTED FOR TREATMENT OF PHENSEDYL ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for phensedyl addiction	6.46%	3.58%	2.02%

Source: CTC Client Monitoring System

If we take an account of the data from the treatment services, we see that number of treatment seekers for phensedyl addiction is decreasing gradually.

F. CANNABIS

Cultivation and consumption of cannabis was traditional in Bangladesh. Naogaon District was famous for cannabis cultivation from time immemorial. During British regime, the East India Company introduced commercial cultivation of cannabis and it became a source of Government revenue. For expansion of commercial market of cannabis, its vending system was introduced all over Bengal. It was a major item of export to other parts of British India, even to other parts of the world as well. The cultivation of cannabis continued till 1987 under Government control. Any kind of operation of cannabis including its cultivation, trade and consumption in Bangladesh has been banned since December 1989. But this ban could not annihilate the demand for cannabis in the society of Bangladesh. The consumers began planting cannabis here and there, at their home yard and ultimately small scale commercial cultivation also began to occur illegally.

Cannabis was, and still is, a main drug of abuse in Bangladesh. If we review the case statistics of DNC during 2011, we find that 48.27% of cases and 47.78% of arrests are for offences related to cannabis. That is, from the crime point of view, cannabis is the number one drug of abuse in Bangladesh. The gross figures of the seizure of cannabis in Bangladesh over last 5 years in metric ton are 13.55 > 24.28 > 32.95 > 48.75 > 54.24 respectively. It is very clear from these figures that the market of cannabis in Bangladesh is expanding gradually with a very high increasing rate.

If we review the above data from treatment services, we see that apart from heroin abuse

cannabis abuse is the second cause of admission into treatment services, which comprises 24.30% in 2009, 19.41% in 2010 and 16.56% in 2011. It is also noticeable from the Table that the

PATIENTS ADMITTED FOR TREATMENT OF CANNABIS ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for cannabis addiction	24.30	19.41	16.56

Source: CTC Client Monitoring System

incidence of treatment seeking for cannabis addiction is decreasing gradually over last three years. But as per seizure records, the volume of cannabis market is expanding. The innate cause is that, new users of cannabis are increasing and due to scarcity of phensedyl in recent time, the demand for cannabis has increased to a great extent. This increased demand has caused the booming of the illicit trafficking of cannabis into Bangladesh.

There is no survey on the size of the cannabis market in Bangladesh. An unofficial estimate says that the number of cannabis smokers may be approximately 12,00,000. The major portion of cannabis now abused in Bangladesh is smuggled from India and Nepal. Besides this, illicit production of cannabis also takes place in remote areas of the country, of which the Jamuna basin is the major one. The other parts of the country reported to be areas for illicit cultivation of cannabis are: the hilly areas of Chittagong and Chittagong Hill Tracts, Sunamganj, Bramhanbaria, remote rural areas of greater Mymensingh, Jamalpur, Faridpur, Tangail, Manikganj, Pabna, Natore, Bogra, Joypurhat, Rangpur, Gaibandha, Naogaon, Kushtia, Meherpur, Chuadanga, Jhinaidaha, Satkhira, Jessore, etc. There is also wild growth of bhang (a species of cannabis plant) in many parts of the country. But smoking bhang is not as much popular as cannabis, because its THC (Tetra Hydro Cannabinol) content is very low.

G. CHARAS

Cannabis resin, commonly known as Charas, is not a common or popular drug of abuse in Bangladesh for its very high price and unavailability. During the year 2011, only 470 grams of charas was seized by all law enforcement agencies in Bangladesh. This seizure statistics shows that it is a rare drug in Bangladesh. The very little amounts of charas sometimes seized in Bangladesh are sourced from India, Nepal or Pakistan. In recent times, some of the shisha bars in Dhaka, the capital of the country, were alleged to mix charas with ingredients of shisha, especially to entertain the foreign tourists, but no such case has been detected, except a single one in 2009. We do not have any data on abuse of charas from patients admitted in treatment services.

H. ALCOHOL (LIQUOR)

Alcohol is the most widely known and criticized intoxicating substance in Bangladesh. In Muslim community, it is prohibited and in other communities, it has no general social acceptance. The law permits non- Muslim populations to take alcohol under an effective permit system. The major alcoholic drinks available in Bangladesh, are: overseas liquor and spirit, wine, beer, country liquor and tari (fermented palm or date juice). Besides these alcoholic drinks, there is absolute alcohol or ethanol for pharmaceutical and industrial use, rectified spirit for industrial, homeopathic and pharmaceutical use and denatured or methylated spirit for industrial use.

Only one Government-owned distillery produces liquor or drinking alcohol in Bangladesh. Four private-owned distilleries produce commercial and industrial alcohol and spirits in Bangladesh. Besides the legal production, there also exists illegal distillation of liquor by tribal people and people of lower castes all over the country. Though it appears from the statistics of permits for consumption of liquor,

that there are 72106 permits for consumption of country liquor and 12890 permits for consumption of foreign liquor during the year 2011, the actual number of people drink alcohol may be ten times more than this figure. During the year 2009-10, the consumption of liquor produced within the country and supplied from the legal source was 32,80,182.75 proof liters of country liquor and 6,51,660.23 proof liters of foreign liquor. But the actual amount of liquor consumed is much higher than this figure.

The seizure of illicit country liquor and foreign liquor during the year 2010 was 3,23,422 liters and 21,786 liters respectively. During the year 2011, the Department of Narcotics Control detected a total of 8599 cases and made 9268 arrests of which 2082 (24.21%) cases and 2094 (22.61%) arrests were related to offences in connection with alcohol. Therefore, alcohol



Seizure of smuggled foreign liquors by the raiding team of DNC Dhaka Metro.

stands as the second largest subject of drug related crime in Bangladesh and of course the second priority drug of abuse in Bangladesh. But if we review the data of drug addiction treatment services, we see that only about 1% of the treatment seekers have problem with addiction to alcohol. This figure obviously does not reflect the real picture of the magnitude of the drug problem in Bangladesh. Because 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 heroin phensedyl or injecting drugs.

PATIENTS ADMITTED FOR TREATMENT OF ALCOHOL ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for alcohol addiction	1.06	1.53	0.76

Source: CTC Client Monitoring System

I. BUPRENORPHINE

Buprenorphine, a product of India, clinically used for blocking opiate receptors, was not supposed to a drug of abuse for intoxicating purpose. But unfortunately it is true for Bangladesh, that buprenorphine is one of the major and the most popular injecting drug of abuse in Bangladesh. It was introduced initially during nineties among the heroin addicts. The heroin addicts began using Buprenorphine to get relief from with pains at the time of unavailability of heroin. As buprenorphine has both the capability of blocking the opiate receptors and producing morphine-like dependence, many of the heroin abusers have switched over from heroin to buprenorphine, because it is very cheap and it is very effective as an anti-dote to withdrawal syndrome of heroin addiction. Abuse of buprenorphine began in the year 1990. But very soon it emerged as a



Courtesy: DNC Photo Archive

Seizure of huge amount of Buprenorphine injection by the raiding team of DNC Dhaka Metro

substitute to heroin, pethidine and phensedyl. Though the number of intravenous drug abusers in Bangladesh is still negligible, the heroin smokers and phensedyl abusers practice injecting buprenorphine when heroin and phensedyl are not available. Over the last ten year, the abuse of buprenorphine is on increase. It is often injected intravenous in combination with sedatives, tranquilizers and anti-histamine. Initially it was found under the trade name 'Tidijesic'. But now it is available under the trade names 'Lupijesic', 'Bunojesic', 'Tunojesic', etc.

TREATMENT OF BUPRENORPHINE ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for Buprenorphine addiction	17.71	31.54	27.56

Source: DNC Data Base

If we review three years' data of treatment seekers for buprenorphine addiction, we see that it comprises almost 25% of the total patients enrolled in drug addiction treatment programs. Again, if we have a look on the data of seizures

SEIZURE OF BUPRENORPHINE

Year	2007	2008	2009	2010	2011
Amount of Buprenorphine seized	5331	45921	89469	69158	118890

Source: DNC Data Base

of buprenorphine, we see that it has increased almost twenty times over last 5 years. Therefore abuse of injecting drug, especially buprenorphine, is a rising and rapid increasing problem in Bangladesh. More over, it has added very high risk of spreading HIV/AIDS among the drug users, because buprenorphine is administered mainly through injection and the injecting drug users often share needle among their group.

I. YABA (ATS)

Yaba is the name of a latest amphetamine type stimulant drug of abuse in Bangladesh, which is

sourced from Myanmar. Though the main ingredient of yaba is methamphetamine, amphetamine or pseudoephedrine can also be used for manufacturing yaba. For enhancing its stimulant effects, other stimulants such as caffeine, or similar substances can be added to it. To decrease, increase or balance the stimulant effects, sometimes any narcotic, sedative or tranquilizers are added to it. yaba is generally flavored with vanilla, orange or lemon. The color of yaba, found in Bangladesh is generally red or orange. But white, or green yaba is also available in the South-Eastern part of the country. Other colors may also be added to hide its visual identity. ATS the main ingredients of



Courtesy: DNC Photo Archive

Seizure of Yaba by the raiding team of DNC Dhaka Metro.

yaba is available in India, China and Bangladesh as well. But so far our knowledge and information goes, Yaba is till today sourced from Myanmar.

Though the illicit trafficking and abuse of heroin is nearly stable, it has increased alarmingly in case of yaba over last few years in Bangladesh. The young generation of Bangladesh is the main victim of yaba. Criminal activities in association with yaba trade have also increased to a great extent. As per recent media reports, many of the young students in English medium school and colleges, and students of some private universities are being hooked to yaba and consequently they are being dropped out from the education system. It is also instigating perversion among the young generation. The

river Naff and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of yaba from Myanmar to Bangladesh.

The Myanmar-origin Rohingas settled at the extreme South-eastern part of Bangladesh frequently travel between the two country across the river Naff. Intelligence reports reveal that the citizens of Myanmar from Maungdaw, Sabaigon, Ale Kalaywa, Zawmadat travel from Myanmar to the bordering townships of Bangladesh with yaba. They sell it to Bangladeshi drug dealers and buy their essential commodities including medicines, toiletries, garments and food stuffs. Very recently seizure of large consignments of Bangladeshi eggs, bound for smuggling to Myanmar, proves that these are being bartered with yaba. For its very small size, yaba is very easy to smuggle. It can be concealed anywhere, in any belongings. Even a match box can hold more than 50 yaba tablet. Women carry yaba in under garments, in genital organs or elsewhere in their body as it is very small in size.

There might be organized criminal gangs at the bordering areas of both the countries, who are engaged in illicit trafficking and trade of yaba. It is whispered that the insurgent groups in Myanmar may also be involved in manufacture and trade of yaba. The Rohingas at the bordering areas of Teknaf are also suspected to be involved in illicit trafficking of yaba. The fishermen fishing in the Bay of Bengal are also vulnerable in this respect. The routes and spots of smuggling yaba are located in the territory of Myanmar near the South-eastern border of Bangladesh.

SEIZURE OF YABA IN BANGLADESH

Year	2007	2008	2009	2010	2011
Amount of Yaba seized	144751	36543	129644	812716	1360186

Source: DNC Data Base

It appears from the above Table that the illicit trafficking and abuse of yaba has increased almost forty times over last four years. Recently

it has become the number one smuggling item from Myanmar. Our intelligence reports say that there are yaba manufacturing factories at Maungdaw in Myanmar within 10 miles of the border of Bangladesh. In the major cities of Bangladesh, women and students are recently found engaged in trading yaba. Most of the Bangladeshi citizens arrested with yaba are Rohingas of Teknaf and Cox's Bazaar. Most of the Myanmar citizens arrested in Bangladesh for trafficking yaba are from Maungdaw.

We came to know from our intelligence reports and law enforcement data, that there are as many as 7 yaba manufacturing clandestine laboratories in Maungdaw and its adjacent areas, where almost two lac yaba tablets are produced per day for trafficking into Bangladesh. We do not have information yet on the pin point location of these sites. But we know that inhabitants of the river Naff basin and the inhabitant of the coastal area of Myanmar are largely engaged in illicit trafficking of yaba into Bangladesh. The clandestine laboratories of yaba can be operated in any small place, even in a bathroom, in small kitchen or even in a moving transport. All the yaba seized in Bangladesh over last few years are sourced from these clandestine laboratories.

J. TOLUENE

Toluene is the latest addition as intoxicant in Bangladesh. It is abused mainly in the form of adhesive. In western countries, it is found in form of stick or as pest in tubes. In Bangladesh it is found in caskets made of tin. Though sniffing adhesive or glue in other parts of world is prevailing for at least last forty years, in Bangladesh, it has been introduced only three to five years ago. Street children are pioneer to sniff adhesive for getting intoxicated. It is very cheap and easily available at hardware stores, or at any shoe factory, or bicycle/ rickshaw repairing garage, or even to shoe repairers in the street corner. We do not know how the street children



Street children in Dhaka Metro city living in sewerage pipe sniffing dandy (Toluene) (Source: Internet).

in Dhaka and some other big cities began sniffing or inhaling the odor of adhesives. The active ingredient of these adhesives to create intoxication is toluene.

As heroin, phensedyl or yaba are comparatively costly, the street children practice glue or adhesives very cheaply, which they call 'dandy' or 'denty'. One gram of dandy costs approximately taka 10 to 15, and this amount is sufficient for three to four children to get intoxicated. Though toluene as a precursor chemical is under control of the DNC, the adhesives cannot be controlled or restricted, because they are widely used in various industrial, repairing and household purposes. The adhesive abusers are taking the advantage of this decontrolled situation on adhesive. Even the society is not yet aware on the potentiality of the intoxicating aspects of adhesive.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR TOLUENE ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for toluene addiction	0.12	0.51	1.01

Source: CTC Client Monitoring System

Generally the glue is put in a polythin bag and its fume or odor is sniffed or inhaled by putting the mouth inside the bag. The number glue sniffing people in Bangladesh is not yet so many in comparison with other drugs. But the

data from drug addiction treatment services shows that it is increasing very rapidly.

L. SEDATIVE, HYPNOTIC AND TRANQUILIZER DRUGS

Sedative, hypnotic and tranquilizer drugs are commonly known as sleeping pills in Bangladesh. These are psychiatric medicines and generally prescribed by the physicians for mood disorder, insomnia, anxiety, restlessness, tension, excitation and other psychiatric and neurological disorders. Besides physicians' prescription, lots of people use these medicines on self prescription for sound sleep, or for relaxation from tension.

The Narcotics Control Act, 1990 provides a system of control on import, manufacture, sale, prescription and use of sedative, hypnotics and tranquilizers in Bangladesh, as required under the UN Convention on Psychotropic Substances 1971. The pharmaceutical companies import the raw materials and conduct manufacture under licenses/permits from the Department of Narcotics Control. But a system of control has not yet been established on the sale and prescription these drugs. We do not have yet any assessment on the real medical requirement of these drugs in Bangladesh. The DNC issues licenses and permits and sanctions annual allotments mainly on the basis of the recommendation from the Directorate of Drug Administration. Though these medicines are supposed to be sold only under prescription from a qualified physician, in reality, it is sold like any non-prescription medicine from any chemist or druggist store on the basis of the on counter demand by the customers. 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. It is to note that, diazepam tops the list of sedatives and tranquilizers abused in Bangladesh. Phenobarbital

and nitrazepam are in the second and third position. There was no control on the production, distribution and consumption of these drugs in Bangladesh till 1989.

The data from drug addiction treatment services shows that very few people seek treatment for addiction to sedative, hypnotic and tranquilizer drugs. Withdrawal syndrome or side effects of these drugs are not so much severe as those are in case of heroin or injecting drugs. Therefore very few people seek treatment for addiction to these drugs. But the volume of production and sale of these drugs indicates that these are largely abused.

It reveals from the reports of psychiatric physicians that mental illness and psychiatric disorders are severely on increase in the country. Consequently abuses of these drugs are supposed to increase to a great extent. But due to absence of any study or data in this respect, we cannot enumerate the number of people addicted to these drugs. 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. These sorts of

PATIENTS ADMITTED TO TREATMENT SERVICES FOR SEDATIVE, HYPNOTIC AND TRANQUILIZER ADDICTION

Year	2009	2010	2011
Percentage of patients admitted for sedative, hypnotic and tranquilizer addiction	2.11	1.27	1.40

Source: CTC Client Monitoring System

people generally do not seek any medical treatment. They are called the "drug abusing hidden population".

M. SHISHA

Shisha is a part of Middle Eastern culture. In ancient times, it was just smoking tobacco with hookah and pipe. In course of time, various



Teenage girl and boy of affluent society smoking (Yaba?) in shisha bar at Dhaka (Source: internet)

essence, flavor, fruits and spices have been added to it to make it more gorgeous and attractive. Some of the five star hotels in Dhaka introduced shisha bar during last decade to entertain their foreign guests. But sooner, many of the aristocratic restaurants and recreation club introduced shisha bar. It is alleged that cannabis, charas, heroin, ketamine or yaba is added to the ingredients of shisha to attract the youngsters.

N. METHADONE

Methadone is not yet a drug of abuse in the street of Bangladesh, because it is still not available in the open market. Under strict Government control it is introduced very recently as a pilot project for treatment of chronic heroin addiction in Bangladesh as oral drug substitution. This project, located at the Central Drug Addiction Treatment Center, is run by the ICDDR,B and financed by the UNODC. The ICDDR,B has been issued a license for import, storage and use of methadone. The annual allotment of methadone for this project is 15000 grams. The use of methadone in this project is managed and supervised under strict control by authorized and qualified professional. Only repeatedly relapsed heroin addicts registered in the clinic of this project are provided with specific doses of methadone on regular basis. So far 150 patients are registered

under this program till date, out of which 23 patients have dropped out for various reasons and the rest are still under methadone coverage.

O. TODDY

Toddy is fermented juice of date or palm. It is a traditional alcoholic beverage in the rural area of Bangladesh. It is generally available during summer season from palm juice and during winter season from date juice. The alcoholic volume of toddy is 5%-10%. The tribal groups, or under-privileged class of population drink toddy during ritual programs and for social recreational purposes. The popular view about toddy is that it helps reducing dehydration and body heat during the hot summer. The North-western part of Bangladesh has the highest prevalence of toddy use. For emergence of modern and new drugs, the number of the consumers of toddy has recently decreased to a great extent. Consequently most of the licenses for manufacture and sale of toddy have discontinued due to decrease in demand and in some cases for local opposition. However, in rural areas, there are still scattered and illicit manufacture, sale and consumption of toddy.

P. VOLATILE INHALANTS

Volatile inhalants are not regular drugs of abuse in Bangladesh. We did not find any single case of its abuse as a primary or major drug of abuse. The data on treatment of drug abuse also does not show any treatment seeking incidence for abuse of volatile inhalants. Volatile inhalants are not yet problem-drugs in Bangladesh, even they are not yet scheduled in the list of drugs under the Narcotics Control Act, 1990. However, sometimes there are reports in various media about abuse of volatile inhalants among street children. The poly drug abusers are also reported to be casual abuser of volatile inhalants. The adolescents, particularly the street children and child labors, working at gas stations, or at petrol pumps, or at motor garages or at furniture

workshops are sometimes reported to inhale petroleum, octane, diesel, aerosol or thinner, or lacquer.

Q. STEROIDS

Anabolic steroid use is such a problem in Bangladesh, that has not received much publicity. But it is still a growing problem among some section of population in Bangladesh. Steroids are different kinds of hormone, of which sex hormones are the major group. Sometimes the physicians prescribe hormones for different types of biochemical and sexual disorders. Athletes, wrestlers, boxers, body builders, band singers and dancers use anabolic steroids to increase their physical capabilities and sometimes for formation of particular muscles and body shape. Model girls, use sex hormones to increase their physical beauties. These hormones, produced synthetically, are similar to the testosterone hormone naturally produced in body. Steroids are injected, taken orally as pills, or applied on the skin in the form of gels or creams. Anabolic steroids cause boys to develop breasts.

When a person consumes anabolic steroids, it upsets the balance between testosterone and estrogen in the body. As boys are more likely to use anabolic steroids, their effects on males have been well documented. It also causes premature



*A female sex worker taking steroid tablet oradexon.
(Source: internet)*

baldness and a rash or acne, especially on the back. The effects of anabolic steroids use among girls is similar to that of boys, such as balding and acne. In addition, females also experience breast shrinkage and develop deeper voices than normal.

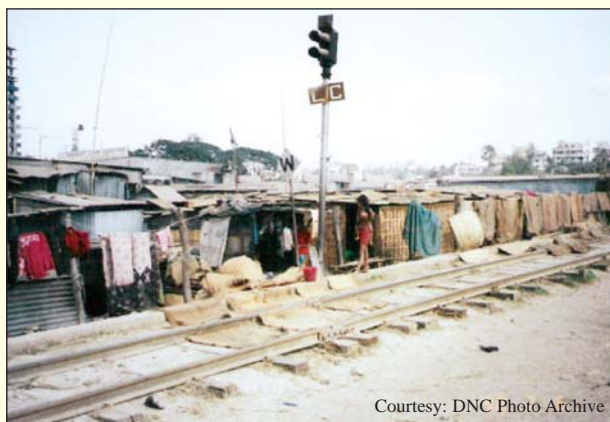
DRUGS AND THE HIGH RISK POPULATION

STREET CHILDREN

Abuse of drugs among the street children is a great concern of all authorities in Bangladesh. According to a survey report of Bangladesh Institute of Development Studies, there are 6,74,000 street children in Bangladesh. Another survey conducted by Bangladesh Child Right Forum in 2006 reports that 28.7% of the street children have drug abusing father, 5.1% have drug abusing mother and 14.9% have drug abusing brother. The same report states that 50.2% of the street children came from a drug abusing family background.

Most of the street sellers of cigarettes at bus terminals, rail stations and crowded market places are young adolescents. The women drug traffickers keep hired babies with them to escape the attention of the law enforcement officials, or to draw sympathy if arrested. Street children are very frequently engaged by the drug traffickers in peddling drugs, because they are easily available on low payment; and the law is lenient to them. It is evident from the statistics of the DNC that 6% of the arrestees during 2002, 13% during 2003, 17.87% during 2005 and more than 20% of the recent arrestees for drug offences are under the age of 16.

The street children mostly start smoking before they are 7 years of age. Those who are engaged in peddling cannabis began smoking cannabis before they were 10. The survey report of Bangladesh Child Right Forum states that 42% of the street children smoke heroin and 24% smoke cannabis. This report also states that



Courtesy: DNC Photo Archive

This sort of slum in Dhaka city is the most vulnerable place for drugs

76% of the street children began abusing drugs under peer pressure. It is stated in this report, that 65.5% of the injecting drug users among the street children share needles. It is a surprising information that 80% of these children had sexual relation at least once with the commercial sex workers and 65.5% are themselves victim of sexual abuse. All these information give a clear indication that street children are not only victim of drugs, they are also under very high vulnerability of HIV/AIDS, hepatitis and sexually transmitted diseases.

SLUM DWELLERS

Slum dwellers are vulnerable to trafficking and abusing drugs. Indeed, major portion of the drug related activities in Bangladesh are prevailing among the slum dwellers. A news report of 2006 states that 37.4% of the whole population of Dhaka is living in slums occupying 4% of the total land. Slums are growing rapidly. One study shows that out of 15 million, 6 million people live in slums. Every day we observe the influx of hundreds of new people to the city of Dhaka. Bangladesh is urbanizing very rapidly. Economically disadvantaged and jobless rural people are moving from rural to urban areas everyday, where they perceive to have jobs and opportunities. The bigger the city, the stronger is the flow of rural to urban migration.

Dhaka is the primate city in Bangladesh. It is pulling rural migrants faster and larger than any other cities in Bangladesh. Findings of a study show that, 56% people migrated to Dhaka city for economic reasons. Bangladesh has one of the highest rates of the urban population growth rate. Estimated 3-4 lakh new migrants arrive each year and create new problems in urban areas. There are also some push factors working in the process of migration to the cities, especially to Dhaka city. The often natural disasters like flood, drought, cyclones, riverbank erosion destroys the agricultural outcomes every year and the farmers are obliged to go to the cities for livelihood, where most of them reside in slums. The overall situations of these slums are very miserable. They cannot afford any basic human needs in slums. The rate of substance abuse, theft, sexual crime, and gambling is very alarming. Most of the dens for taking drugs are located in the crowded slums.

In the slums of Dhaka, injecting drug use and prostitution are fuelling the HIV/AIDS epidemic. During an interview for collecting data for this report, a teenage drug abuser admitted that he had been on drugs for three years. He smokes heroin and injects a popular narcotic drug buprenorphine. He gets his supply of drug from the narrow alleyways of City Colony, one of Dhaka's biggest slums. He started using drugs under influence of one of his bosom friends. He has also experience of sex from commercial sex workers.

Drugs are bought and sold in small dark shades, low huts, on street corners, and at very narrow lanes of the slums. Temporary tea stalls in slums are very common places for vending drugs. There are lot of street children and teenage peddlers employed for peddling drugs around slums. These peddlers are controlled by local Mastans, who are also the financier, owner, or patron of the local drug trade. The drug business in each slum is controlled by an individual or group of Mastans. They maintain

liaison with local influential politicians, or powerful leaders.

Many of the owners of the drug trades in slums possess illegal fire arms and various sharp weapons. Generally a particular slum is controlled by a gangster. There are often clashes among the gangsters to take over the control of the drug business of the slum area. The drug lords force the slum dwellers for storage of the drugs. Sometimes they are paid by the drug lords for this storage services. A peddler admitted conservatively that about 50 peddlers sale drugs in City Colony and 200 local slum-dwellers including the peddlers here are regular heroin smokers and around 1000 customers from outside come here every day to buy drugs. But the real number may be much higher. The HIV prevalence rate across Bangladesh is less than one percent, but it soars to around five percent among injecting drug users. Research done among 5,000 users by humanitarian and development agency CARE International showed that more than 90 percent of them shared needles.

MARGINALIZED WOMEN

Marginalized women are one of the most high risk groups both for trafficking and abusing drugs. Marginalized women are economically in a disadvantaged position and they are socially neglected. In many cases, they are abandoned children from broken families, divorced or abandoned by their husbands, or they are widow, or they live singly as their husbands are convicted for any criminal offences and imprisoned for a long period of time. The wives of drug addicted husbands are also marginalized and live in economic hardship. Girls of poor parents, orphan girls, street girls and girls living in slums are also marginalized, because they are deprived of basic human needs. They have to face hardship in all sphere of their life. In most cases these group of women do not get any suitable earning means or job to maintain their

livelihood. In most cases, they are recruited by the drug lords for carrying, peddling, packing, or storing drugs. Their employers sometimes make them addicted to drugs, so that, they are compelled to work in their drug business. Most common is that, while handling drugs, they become habituated to it. There are many incidences, where these women practise drugs just to forget about their deprivation in life. In many cases, if husbands are drug addicts and their wives do not have any economic or social freedom, they compel their wives taking drugs. Companion of a drug addict husband also make many women addicted to the same drug that their husband is habituated to.

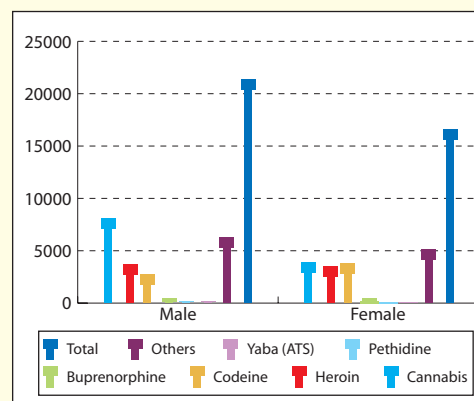
If we have a look on the gender distribution of the arrested drug offenders of 2010 in Bangladesh, we see that 43.72% of the arrested drug offenders are women and these women are of course marginalized women. In many cases, the drug traders engage their wives in carrying



A marginalized woman arrested for illicit trafficking of Phensedyl

GENDER DISTRIBUTION OF THE DRUG RELATED ARRESTS

Type of drugs	Number of Arrests	Gender			
		Male	% of total	Female	% of total
Cannabis	11881	8022	67.52	3859	32.48
Heroin	7281	3718	51.07	3563	48.93
Codeine	6478	2704	41.75	3774	58.25
Buprenorphine	681	479	70.34	202	29.66
Pethidine	87	72	82.76	15	17.24
Yaba (ATS)	143	96	67.13	47	32.87
Others	11319	6213	54.89	5106	45.11
Total	37870	21304	56.28	16566	43.72



Source: CTC Client Monitoring System

and peddling drugs, because they can easily draw sympathy of the law enforcement people and find an easy way to escape. The judiciary and legal system in Bangladesh is also comparatively lenient to women. A male law enforcement official cannot search a woman. Therefore they have extra privilege to conceal drugs inside their body. Generally a woman with an infant can draw extra sympathy to avoid search or arrest. In border areas, these marginalized women are largely engaged for carrying drugs by train. In slums, the marginalized women are the main traders and peddlers of drugs. If we have a look at the table of the gender distribution of the drug related arrests, we see that marginalized women are mostly engaged in carrying and peddling heroin, phensedyl, cannabis and Yaba.

STUDENTS

Abuse of drugs among students is one of the most widely discussed contemporary issues in Bangladesh. In the perspective of the total population of the country, the students comprise only around 10% to 15% and almost half of this population is primary students. Reviewing the distribution of the age group of the drug abusers admitted in treatment programs, we see that 1.39% of the treatment seekers are up to age 15, 10.25% are of the age group from 15 to 20 and 17.22% are of age group 20 to 25. In our country, students up to 15 years of age, study at secondary level, students up to 20 years of age study at

higher secondary level and students up to 25 years of age study at university level on average. Therefore we can draw inference that prevalence of drugs is almost absent in primary level of education. Not all, but some of the drug abusers of age group 15 to 20 (only 10.25% of the treatment seekers) may be students of higher secondary level and some of the treatment seekers of age group 20 to 25 may be students of university level. If we have a review on the whole scenario of the drug abusing population in the treatment programs, we find that students comprise a very small segment of the patients admitted in the drug addiction treatment programs. During the years 2009, 2010 and 2011 students among the treatment seekers for drug addiction were 6.38%, 5.87% and 3.79% respectively.

PERCENTAGE OF STUDENTS IN DRUG ADDICTION TREATMENT PROGRAMS

Year	2009	2010	2011
Percentage of Students	6.38	5.87	3.79

Source: CTC Client Monitoring System

It is a very good sign to notice that percentage of student population in drug addiction treatment programs are coming down. It is also evident from recent SSC result, that their educational performance level has also improved to a great extent. It indicates that students upto secondary level are yet immune against drug abuse to a great extent. But there is different picture in private universities. A recent study carried on 344 students of private

universities shows that 23% of the students of private universities are involved in abuse of drugs. This study also shows that 82% of these drug abusers are male, 83% are undergraduate and 17% are graduate students. This study also shows that 95% of the students had knowledge about drugs of abuse including their harmful effects. This is a clear indication that these students in the education system of private universities abuse drugs not out of ignorance, but knowingly. They are mostly influenced by perverted western culture, as well as by different myths and misconceptions about drugs. Many of them consider drugs as symbol of smartness and fashion.

SEX WORKERS

Drug use and prostitution go hand in hand all over the world. In Bangladesh, sex workers are the most vulnerable group for abuse of drugs and its related consequences. Reversely, many study reports suggest that the drug abusers have the highest prevalence of experiencing commercial sex. There are an estimated 90,000 professional female sex workers in different brothels in Bangladesh. (Source: Internet). The number of floating sex workers in different urban communities, though not enumerated, is almost of same size. Besides, there are also residence-based sex workers in large cities, who are actually called hidden population, because it is hard to unveil their identity. However, a recent qualitative study suggests that they are considerable in number, very heterogeneous, and at increased risk of HIV and STIs due to lack of the access of preventive services to them.

Prostitutes in Bangladeshi brothels are often under-aged and now, many of them are hooked to pain killers, tranquilizers, alcohol, heroin, yaba, sex hormones and steroids. Most of the sex workers in brothels in Bangladesh lead a life of slave. They are mostly very poorly paid. Maximum portion of their income goes to their Sardarni or owner, pimps, Mastans and even to

law enforcement people. Meeting all expenses, the portion of their daily income left, is very inadequate for their survival. Therefore they have to attend five to ten clients a day, which makes them extremely exhausted, tired and numbed. They often need pain killers, narcotic drugs, alcohol, tranquilizers or heroin to suppress physical discomfort and pain. Those who work for the whole night, need stimulants like yaba to keep themselves awakened. Besides the vulnerability of addiction to various drugs and their consequent hazards, the sex workers are very dangerous to their clients, because they spread most of the venereal diseases and HIV/AIDS.

Oradexon, known as dexamethasone, a hormone type steroid to treat inflammation and allergies, is potential and very effective for fattening livestock. Majority of the brothel-going clients are from low income group of population and they like healthy and stout women. To impress the clients, the brothel owners force the brothel girls to take this hormone type drug, which is very cheap and available everywhere over-the-counter. One tablet of oradexon costs less than Taka 1.00. A recent study report shows that almost 90 percent of sex workers in different brothels in Bangladesh use and are addicted to oradexon. The girls are first forced to take it by their madams, or "Sardarnis", who run the brothels. It increases their appetite, helps gaining weight rapidly and gives the poorly nourished immature brothel girls an appearance of healthy and attractive figure.

Oradexon is preferred to many brothel madams as a way to camouflage the real age of their younger child prostitutes and making their figures more voluptuous. Sex workers themselves sometimes want to use oradexon, because the plumper they are, the more clients they get, and the closer they come to buying their freedom. Despite the popularity of steroid drugs, the majority of the country's estimated 200,000 sex workers (both brothel-based and floating) are not aware of the dangerous side

effects of steroid hormones, which include heart disease, kidney failure, osteoporosis and heart failure. This drug is also highly addictive and has intense withdrawal symptoms, such as skin rashes and migraines.

HIJRA

Hijras are born with biological malformation in gender. They are neither men nor women. In most cases, they are physically male with female organs as well. Many have both male and female organs. Their voice has a mixed tone of both male and female. In most cases, they behave like female and wear female dresses. In many research, they have been called inter-sex with ambiguous genitalia. The Hijra community



Hijra community is vulnerable for all sorts of drugs (Source: internet).

consider themselves as "the third gender". Hijra community is the most marginalized population in Bangladesh. The society does not accept them in any norm. According to the Bangladeshi constitution, equality before law is guaranteed on the basis of citizenship, not on the basis of sex. But Hijra community is practically deprived of several rights under Bangladeshi law, because it recognizes only two sexes, male and female. All Bangladeshi governmental documents, therefore, are prepared only for men and women, leaving Hijras with the cognitive dissonance of having to conform to one of the two restrictive categories.

They very rarely get employment opportunities. Generally they get their income from performing at ceremonies. In other times, they are compelled to earn their livelihood by begging, extortion, or sex work. A research study shows that almost 35,000 Hijras in Bangladesh are engaged in sex work. In many cases, they are victim of persecution and violence, especially Hijra sex workers are often brutally treated in public spaces, police stations, prisons, and even at their homes. They face extreme discrimination in society with services of health, housing, education, employment, immigration, law and any social issue.

However, about 100,000 Hijra have very recently been issued voter identity cards with voting right. Social deprivation and discrimination in every sphere of life, have made the Hijra community extremely frustrated. They live in extreme stress for their existence. In this situation, being victim of drug is very common for them. The Hijra sex workers are mostly in practice of drugs for the sake of their profession. Starting from cannabis and alcohol, they use all sorts of drugs including heroin, yaba and injecting drugs. Almost all the research works suggests them as the most vulnerable group for victim of HIV/AIDS and spread those to their clients and ultimately to the normal society as well.

PROFILE OF THE DRUG USERS IN BANGLADESH

If it is asked to narrate the profile of a vulnerable person for drug use in Bangladesh, theoretically and from scientific point of view, the answer will be: in Bangladesh a vulnerable person for drug use is he, who has biological and genetic components of being drug user; who is uninformed of the dangers of drug use; who is

in a state of poor physical and mental health; who is under-privileged and unsatisfied with the quality of his/her life-standard; who has a poorly integrated personality; who lives in an unfavorable family and social environment; and who is frequently faced with easily available drugs. But practical answer should be based on study in this field. Here we face a crisis to deal with the matter. So far till today, there is no epidemiological and nationwide survey on the drug situation in Bangladesh. Whatever information we have in this respect, is based on media reports, individual small scale studies, various studies conducted by NGOs, academic writings and the information from the data base of the Department of Narcotics Control (DNC).

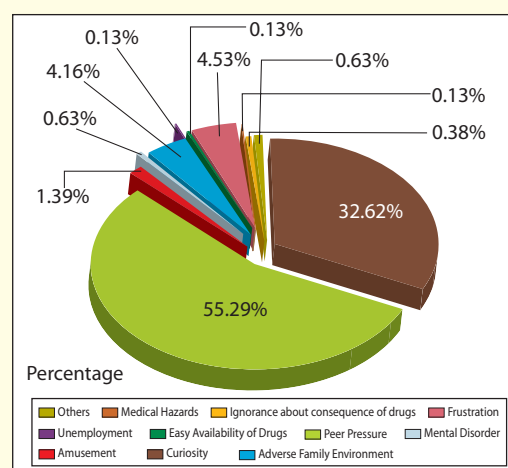
The DNC is responsible for information on every aspect of the drug situation in Bangladesh, because it is the Nodal Agency for drugs in Bangladesh. But unfortunately the database of the DNC is not well organized and complete till today for absence of appropriate manpower, equipment and technology. Moreover, neither the DNC, nor any other competent authority of the Government, has yet conducted any survey and research in this respect. The only reference in this respect we have till today is the "Annual Drug Report of Bangladesh 2010". In this report,

we made an attempt to describe the latest drug situation in Bangladesh with all its socio-economic, historic and cultural background. We also tried to present the profile of the drug users in Bangladesh with whatever data we had in hand at that moment. We do not think that there have been so many changes in the situation just within a few months since we have published it. However there might be of course some changes and new additions to the situation.

First of all, if we go to the question, why people in Bangladesh practise drugs; the basic and underlined causes are still remaining same with little changes in their ratio and prevalence. Having a look at the following Table, we see that peer pressure is the principal cause (55.29%) of taking drugs. Other major causes are curiosity, frustration and adverse family environment. Amusement, mental disorder and ignorance also play important role for individual's inclination to drugs. Medical hazards, easy availability, etc. also work as factors for taking drugs. But we cannot consider these factors behind drug addiction as universal, because these are based on only the information from the patients under drug addiction treatment programs. However, as the patients represent cross section of population

PRIMARY CAUSES OF DRUG ABUSE OF THE PATIENTS UNDER TREATMENT PROGRAMS:

Primary Cause of Drug Abuse	Number of Patients	Percentage
Curiosity	259	32.62
Peer Pressure	439	55.29
Amusement	11	1.39
Mental Disorder	5	0.63
Adverse Family Environment	33	4.16
Easy Availability of Drugs	1	0.13
Unemployment	1	0.13
Frustration	36	4.53
Ignorance about consequence of drugs	3	0.38
Medical Hazards	1	0.13
Others	5	0.63
Total	794	100.00

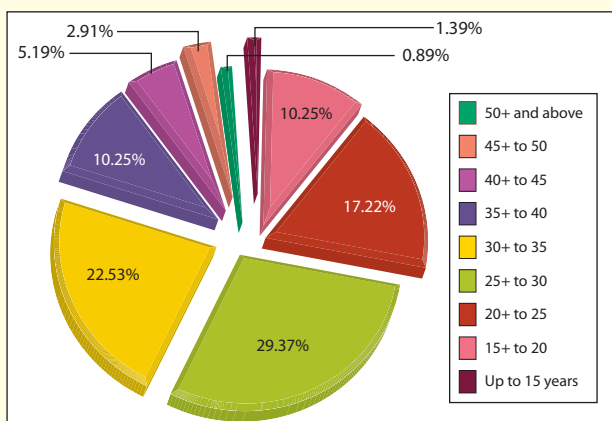


Source: CTC Client Monitoring System

and various regions of the country, it at least gives us some indication of the real picture.

We know from scientific researches, that for biological, particularly for endocrinal reasons, youth is the most vulnerable age for addiction to drugs. The global statistics and statistics of all previous studies and reports in Bangladesh also support this proposition. Though not mentioned, the exact percentage we mentioned in "the Annual Drug Report of Bangladesh 2010", that young people of age group from 15 to 35 are the majority of drug abusers in Bangladesh. The following Table on study on the drug abusers under treatment programs in Bangladesh during 2011 shows that people of age group from 15 to 35 comprises 79.37% of the drug abusing population in Bangladesh. Since long, we have been telling that around 80% of the drug users in Bangladesh are youth. The data from the Table of study on drug users during 2011 have matched with this information.

Abuse of drugs by people of age over 50 years, is the lowest and people of age group up to



15 years, have the second lowest prevalence of drug abuse. But it is still very much alarming, because involvement of children, especially the street children, in trafficking and abusing drugs, have increased to a great extent recently. In "Annual Drug Report of Bangladesh 2010", we had a paragraph on drug abuse among the street

children in Bangladesh. We have explained the scenario as much as possible there. We do not exactly know how many people abuse drugs in Bangladesh, because we do not have any nationwide authentic survey in this respect. However, media reports state that there may be 5,000,000 drug abusers in Bangladesh; and this figure is cited in many speeches and discussions over the table. Though not authentic, if we consider this figure, then the number of drug abusers among the child population comes to 69,500. Children of marginalized population, especially the street children in Bangladesh, are victim of many problems, situations and curses including malnutrition, lack of education, lack of health services, lack of recreational facilities and so on; and drugs have added fuel to their problems.

Many studies show that sex and sexual satisfaction play a vital role in controlling individual's personality, attitudes and behavioral pattern of which inclination to drugs is a major one. Generally there is more practice of sex in married life. But we exactly do not know

AGE DISTRIBUTION OF THE DRUG ABUSERS

Age Group	Number of Patients	Percentage
Up to 15 years	11	1.39
15+ to 20	81	10.25
20+ to 25	136	17.22
25+ to 30	232	29.37
30+ to 35	178	22.53
35+ to 40	81	10.25
40+ to 45	41	5.19
45+ to 50	23	2.91
50+ and above	7	0.89
Total	790	100.00

Source: CTC Client Monitoring System

whether marital status has anything to do with drug addiction. But it is a fact that married people have more responsibilities, liabilities and stresses than the unmarried people. A married person has responsibility for sexual satisfaction towards his/her spouse. Child nourishing, earning, family maintaining, etc. are

MARITAL STATUS OF THE DRUG ABUSERS

Marital Status	Number of Patients	Percentage
Unmarried	295	37.25
Married	430	54.29
Separated	41	5.18
Widow	3	0.38
Divorced	22	2.78
Others	1	0.13
Total	792	100.00

Source: CTC Client Monitoring System

responsibilities of every married person, those confront him/her every moment with stress and other situations that compel an individual taking drugs. Therefore married people may be more vulnerable for taking drugs than the unmarried people.

Our study on patients admitted for drug addiction treatment services during 2011 in Bangladesh, shows that married persons are the principal group for addiction to drugs comprising 54.29% of the whole sample under study. Unmarried persons are the second majority group comprising 37.25% of the samples under study. Separated and divorced people also appear to be vulnerable for drug addiction, because they are also under stress and sufferings.

Addiction to drug is something that depends on individual's biological, environmental and personal factors. People with biological vulnerability, genetic pre-disposition and high risk personality traits cannot escape drugs, if he/she lives in a vulnerable family, social and cultural environment. But knowledge, awareness and motivation sometimes immune individual against drug abuse; and education of course is an important factor for these immune and preventive attributes against drugs. Therefore educational status is important for someone's being or not being addicted to drugs.

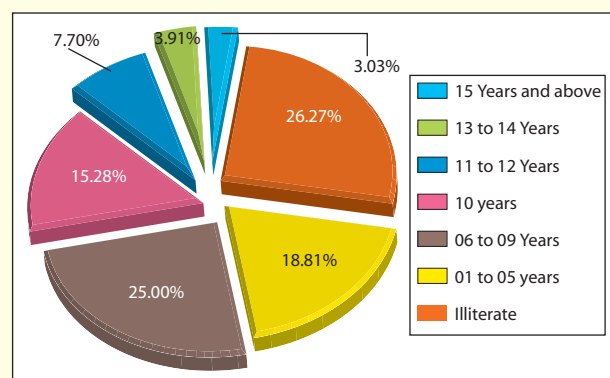
If we study the data from the treatment of drug addiction services in Bangladesh during 2011, we see that the highest percentage of addicted population is illiterate. The second highest group is drop outs from secondary level

of education, and the third highest group has only primary level of education. On summation of these three groups, we see that 70.08% of drug addicts admitted in the treatment program, could not complete their secondary level of education. Therefore less education stands as a cause of addiction to drugs. Moreover, being dropped out from the educational system, may make the people under study, incapable of getting any job or doing anything worthy; which again can make them feel insignificant in the society causing lack of coping skill and frustration about life and career. We find in the study, that people with higher education are less involved in drugs, because education helps them making judgment and right choice about drugs.

Once it was thought that the habit of drugs is for rich people. In fact, rich and developed countries were more affected by drugs than the poor or less developed countries. From this point of view, Bangladesh as one of the world's least developed country, was not supposed to face a problem of drug abuse. But the real

EDUCATIONAL STATUS OF THE DRUG ABUSERS

Years of Education	Number of Patients	Percentage
Illiterate	208	26.27
01 to 05 years	149	18.81
06 to 09 Years	198	25.00
10 years	121	15.28
11 to 12 Years	61	7.70
13 to 14 Years	31	3.91
15 Years and above	24	3.03
Total	792	100.00



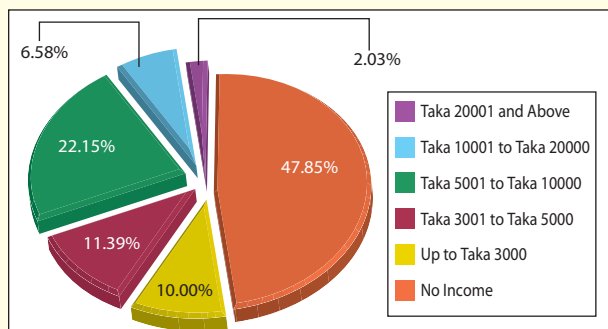
Source: CTC Client Monitoring System

scenario is different. As estimated by the NGOs and media, the number of drug abusing people in Bangladesh was almost 4.6 million during the year 2010. This number may be higher at present. Therefore poverty is not a barrier for flourishing the drug market in Bangladesh. Rather if we have a look at the data from the treatment services during 2011, we are astonished to see that people with no income are the highest group for addiction to drugs. Here no income means they have no legal source of income. May be that these people 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. There are also people, who get the supply of their daily doses of drugs in lieu of peddling drugs on behalf of some real drug traders.

Whatever may be the situation, we see from the Table that people with less income are the majority of drug abusers. From the Table of economic status of the drug abusers, we see that 47.85% of the drug abusers have no income, 21.39% have monthly income of Taka up to 5000 (US\$ 62), and 22.15% have monthly income of

ECONOMIC STATUS OF THE DRUG ABUSERS

Monthly Income group	Number of Patient	Percentage
No Income	378	47.85
Up to Taka 3000	79	10.00
Taka 3001 to Taka 5000	90	11.39
Taka 5001 to Taka 10000	175	22.15
Taka 10001 to Taka 20000	52	6.58
Taka 20001 and Above	16	2.03
Total	790	100.00



Source: CTC Client Monitoring System

Taka up to 10000(US\$ 124). Drug abusing people with monthly income of more than Taka 20000 comprises only 2.03%. Therefore the drug problem in Bangladesh prevails mainly within poor and middle class of population. But at the same time, we need to keep in mind, that to buy drugs someone needs at least some money. Therefore beggars, or people in extreme poverty shall not take drugs, because they are not at all capable of keeping their drug habit.

If we study the family income of the drug abusing people, the same picture reveals. People under extreme poverty comprise only 1.90% of

FAMILY INCOME STATUS OF THE DRUG ABUSERS

Monthly Family Income Group	Number of Patient	Percentage
Up to Taka 2000	15	1.90
Taka 2001 to Taka 3000	86	10.89
Taka 3001 to Taka 5000	133	16.84
Taka 5001 to Taka 10000	330	41.77
Taka 10001 to Taka 20000	151	19.11
Taka 20001 and Above	75	9.49
Total	790	100.00

Source: CTC Client Monitoring System

the drug abusing population. The majority (41.77%) are from middle class with monthly family income of Taka 5001 to 10000 (the 22.15% of the drug abusers of the previous Table as the earning member of family also fall under this group) and 27.73% are from monthly family income group of Taka 2001 to 5000. People with monthly family income of Taka 20001 and above comprises only 9.49%. Therefore we finally see that the middle and lower middle class of population is the major victim of drug abuse in Bangladesh.

The major causal aspects of drug abuse are biological factors, genetic pre-disposition, individual's personality traits and surrounding socio-economic and cultural environmental factors. Profession is a major component of the surrounding socio-economy. Drug dealers are the most vulnerable group for abusing drugs for their close contact and affiliation with drugs. There are stressful professions, where the

PROFESSIONAL DISTRIBUTION OF THE DRUG ABUSERS

Distribution of Profession	Number of Patient	Percentage
Unemployed	365	46.09
Small Business	104	13.13
Job Holder	64	8.08
Day Laborer	84	10.61
Vehicle Driver	56	7.07
Student	30	3.79
Peasant	11	1.39
Others	78	9.85
Total	792	100.00

Source: CTC Client Monitoring System

situation compels an individual to be hooked to drugs. In many profession, people need extra energy and stamina to maintain the level of performance, and under influence of myths and misconceptions about effectiveness of drugs, people start abusing those.

On reviewing the Table of professional distribution of drug abusers under treatment services during 2011, we find that majority (46.09%) of them is unemployed and they have no specific profession. May be that these people were themselves drug peddlers, or they get their daily doses of drugs in lieu of selling drugs on behalf of a drug dealer, or may be that these people are just dropped out from educational system, they have no job and they are dependent on their family. The other two major professional groups are small businessmen and day laborers. These sorts of people work very hard. They have very few opportunities for mental recreation and amusement. Generally they practice cheap drugs like cannabis or alcohol just for having a little pleasure from the monotony of their hardship in daily life.

Vehicle drivers are one of the most vulnerable groups for drugs in Bangladesh. Most of the bus, truck and lorry drivers drink alcohol. They believe that alcohol helps them gaining extra energy for long drive and keeping them awoken and alert. But practically this is quite a wrong concept. In fact, most of the road

accidents occur under influence of alcohol. An overdose of alcohol often cause blur eye and visual hallucination. In Bangladesh, abuse of drugs is mostly confined in urban areas. In recent times, though the rural areas are reported to be affected by drugs, the farmers or peasants are rarely involved in it. The Table of drug abuser's professional distribution also demonstrates the same picture. Here we see that peasants are the smallest group of drug abusers representing only 1.39%.

Which one is the most dominating and widely abused drug in Bangladesh, is a commonly asked question. We get different answers from different group of people in different time. The popular and ancient view is that alcohol and cannabis are the most widely abused and dominating drug in Bangladesh. But after emergence of heroin during mid eighties, the media enlightened heroin so much, that it became the focus of all talks and discussions. The policy makers, the law enforcement officials, the service provider NGOs, the social workers, and all other concerned, diverted all their attention to heroin. There was a time, when heroin became the real hero in the drug world in Bangladesh.

At the beginning of nineties, phensedyl, a codeine- mixed cough syrup, took over the place of heroin. The media, the law enforcement agencies, the whole society concentrated their attention to phensedyl. In the mean time, prevention of HIV/AIDS became a major national issue. Researchers and policy makers observed that one of the major causes of spreading HIV/AIDS is injecting drugs. Therefore the donors, the NGOs, the service providers, the researchers, everybody started talking on relation between use of injecting drugs and spread of HIV. Though nobody demanded injecting drug to be major drug of abuse, but donors, NGOs and service providers put all their attention on it.

Yaba, an ATS, emerged in Bangladesh in the middle of last decade. Initially it was confined among the adolescents of aristocratic society, particularly among the English medium students of Dhaka city. But very soon, it became a symbol of smartness, fashion and aristocracy. Model girls, film heroines, singers, dancers and many of the celebrities became a subject of media reports for abusing yaba. In many cases, children of rich people, even university students, were found involved in yaba trading. In fact, yaba has been occupying most of the attention of media during last two years. Many of the concerned people have started pointing their fingers at yaba as the number one drug in Bangladesh at present. There are of course many reasons behind these sorts of people's perception on yaba. If we have a look on the statistics of the seizures of drugs over last four years, we are astonished to see that the seizures of yaba have increased in jumping mode from 36,543 tablets to 13,60,186 tablets, i.e. more than 37 times only within four years. Therefore we see that, in the passage of time, different drugs have dominated in the drug market of Bangladesh in different situation.

In absence of any survey or authentic data, it is really hard to determine which one is the dominating and most widely abused drug in Bangladesh. Drug abusers sometimes use more than one drug. There are poly drug abusers.

PRINCIPAL DRUG OF ABUSE OF THE TREATMENT SEEKERS

Principal Drug of Abuse	Number of Patient	Percentage
Alcohol	6	0.76
Cannabis	131	16.56
Heroin	338	42.73
Phensedyl	16	2.02
Injecting Drug	234	29.58
ATS	34	4.30
Tranquilizer	11	1.39
Glue Sniffing	8	1.01
Poly Drug	2	0.25
Others	11	1.39
Total	791	100.00

Source: CTC Client Monitoring System

More over, they often switch from one drug to another as per availability and other prevailing situations. Whatever data we have on the abuse of drugs, are mainly from the treatment programs; and from the law enforcement and judicial records. Data from treatment records do not actually represent the real situation of the country. People seek treatment mainly when their regular life is disturbed for the miseries and suffering caused by addiction. Severe and visible harms and hazards associated with abuse of drugs are other factors, those compel someone to seek treatment. From this point of view, harder is the drug, greater is the treatment seekers in number.

If we review the statistics on principal drug of abuse by treatment seekers during 2011, heroin appears to be the number one drug comprising 42.73%. Injecting drugs stands second comprising 29.58% and cannabis as third comprising 16.56%. ATS and phensedyl are in fourth and fifth position. Alcohol and tranquilizers represents only 0.76% and 1.39%. The statistics shows that prevalence of alcohol abuse is lowest as a single drug. But on consideration of other factors and in reality, it still remains as the most widely abused single drug in Bangladesh. The position of cannabis, phensedyl and heroin comes as second, third and fourth respectively. The prevalence of tranquilizers, ATS, injecting drugs and glue sniffing come gradually one after another.

We know that illicit trafficking of drugs is mostly operated by criminal gangs' worldwide. There are syndicates and groups, and some of them are so powerful that in many cases they hold parallel position with the Government in terms of money and power. There are clashes, killings, kidnappings, terrorism, even war for domination over the drug markets. In Bangladesh, we see that the top terrorists and top ranked criminals are the top persons dealing in drugs. Law enforcement agencies are often encountered by the armed drug dealers. The



A female injecting drug user in Dhaka city (Source: internet)

addicts engaged in peddling drugs are more or less associated with various crimes. 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. There are raping and killing under influence of drugs. Eve teasing, a social crime and most contemporary burning issue of the country, is generally committed by naughty boys who in most cases are abusers of drugs.

If we study the crime records of the drug abusers under treatment programs during 2011, we see that almost half of them were involved in different crimes. Starting from 2007, the criminal behavior of the drug abusers were on increase and after reaching a 73.68% in 2009 it has gradually decreased to 46.88% during 2011. This decrease may be due to more actions by the law enforcement agencies after few incidences of casualties during 2010 and 2011.

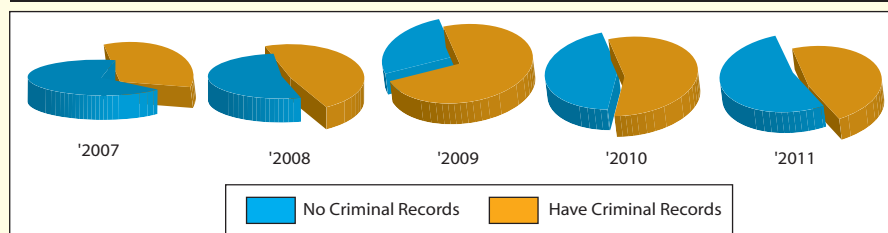
Many research studies show that drug abusers are more inclined to illegal and commercial sex than the average group of population. Commercial sex workers are most vulnerable for spreading HIV/AIDS. Therefore drug abusers with experiences of commercial sex, are the high risk group to spread HIV/AIDS among their legal sex partners, illegal sex partners, family and thus ultimately among a great portion of population of the society. From this point of view, the sexual life and sexual

experiences of drug abusers are great concern of any study.

In spite of contemporary great changes in moral values regarding sex, the society in Bangladesh is more or less conservative in this question. But drug users are exceptions from the normal norms of the traditional life in Bangladesh. The number of both open and hidden sex workers is on increase. Hijra community is largely involved in commercial sex for their survival. The number of MSM is also on increase. Street children and both male and female homeless people in street are confronting every moment with unprotected sex and sexual

CRIMINAL RECORDS OF THE PATIENTS UNDER TREATMENT AT CTC

Year	2007	2008	2009	2010	2011
Have Criminal Records	33.22%	47.73%	73.68%	56.10%	46.88%
No Criminal Records	66.78%	52.27%	26.32%	43.90%	53.13%
Total	100.00%	100.00%	100.00%	100.00%	100.00%



Source: CTC Client Monitoring System

EXPERIENCE OF ILLEGAL AND OR COMMERCIAL SEX

Age group	2007	2008	2009	2010	2011
Below 10	02	00	00	01	01
10 to 14	06	01	00	04	09
15 to 19	50	12	08	76	82
20 to 24	34	05	07	66	67
25 to 29	23	05	02	21	17
30 to 34	05	00	01	03	04
35 to 39	00	00	00	02	02
40 and above	00	00	00	01	00
Total Agreed	120	23	18	174	180
Denied	470	7	9	5	02
Did not respond	1546	1236	1319	526	611
Not Applicable	01	00	00	00	01
Total	2137	1266	1346	705	794

Source: CTC Client Monitoring System

harassment. The prevalence of illegal sex and drugs is common in all these issues. But we

faced great problem in collecting data on this subject. In most cases, the drug addicts did not respond to question on issue of illegal or commercial sex. A very little portion of the subjects agreed on their experience of illegal or commercial sex. From the Table above, we see that people of age group from 15 to 24 are the majority comprising 82.77% of the agreed respondent of commercial sex during 2011. The alarming situation is that 55.55% of the agreed respondents are below 15 years of age, and most of them are street children. ■



Honorable Home Minister Advocate Shahara Khatun, MP, Honorable State Minister for Home Affairs Advocate Shamsul Hoque Tuku, MP, respected Ex-Home Secretary Abdus Sobhan Sikder, the DG and ADG of DNC, at a discussion meeting held on International Day against Drug Abuse and Illicit Trafficking, 2011.



SITUATION OF ILLICIT TRAFFICKING OF DRUGS

ANALYSIS OF THE CURRENT TRENDS, MODUS-OPERANDI AND SITUATION OF DRUG TRAFFICKING IN BANGLADESH

As the number of drug abusers in Bangladesh has increased in recent times, it also indicates that illicit trafficking of drugs is generally on increase to meet the demand of the increased number of drug abusing population. But this increase is not same in case of every drug. The current statistics of seizures indicate a serious increase in the inflow of yaba during 2011. It is almost 37 times more than that of four years ago, and 67.36% in comparison with last year. There have also been yaba trafficking syndicates at Cox's Bazaar and Teknaf. These syndicates have also links in Myanmar. The quantity of the balks of seizures at a time is also on increase. Trafficking of injecting drug is also of same condition. Over the period of last five years, it has increased more than 22 times and 71.91% in comparison with last year. Illicit trafficking of cannabis has increased 4 times over last five years and 11.27% in comparison with last year.

There is a little decrease in the trafficking of heroin and phensedyl. Starting from 2007 to 2010, heroin was on increase. But during this

year, it has decrease 42.87% in comparison with last year. Trafficking of phensedyl was on increase till 2009. During 2010, and at the beginning of 2011, there was bilateral discussion between the drug control agencies of Bangladesh and India. As per commitments, the Indian authority has imposed control on movements of codeine within 50 kilometers of the borders and took action against many of the drug traffickers near the border. As a result, trafficking of phensedyl has decreased after 2009. During the year 2011, it has decreased 2.95% in comparison with previous year. Though this decrease is very

STATISTICS ON THE SEIZURE OF DRUGS BY ALL AGENCIES IN BANGLADESH

Name of Drugs	2007	2008	2009	2010	2011
Poppy Plant	60038	-----	1450210	unknown	unknown
Opium (in Kg)	01.650	-----	-----	11.69	8.070
Heroin (in Kg)	87.039	146.593	159.783	188.186	107.499
Codeine preparation (Bottle)	380625	904384	1117354	961260	932874
Codeine (Loose)(Ltr)	6526.252	2620.438	2955.300	4119.185	3227.600
Cannabis (in Kg)	13550.028	24282.395	32955.581	48749.357	54244.168
Cannabis Plant	26380	2834	791	1760	742
Buprenorphine (Ampoule)	5331	45921	89469	69158	118890
ATS (Yaba) (Tab)	144751	36543	129644	812716	1360186
Total No. of Cases	16987	19091	27441	29662	37245
Total Number of Accused	22000	25042	34315	37508	47309

Source: DNC Data Base

negligible, yet it is significant, because phensedyl was at the top of popularity for a long period of time.

Most of the drugs are smuggled into Bangladesh through western and Eastern border. The Western border being mostly plain land, and within the easy access of most part of India, is more convenient for the traffickers and it is always the major route of smuggling. But

recently, the trafficking of drugs through Eastern border has increased more in comparison with that of Western border. The reasons are that Dhaka, the main drug market in Bangladesh, is nearer and within easy access of the Eastern border. Travel from eastern border to the capital is easy than from the western border, because it is directly linked with the capital both by road and rail. The traffickers have to cross many barriers of the law enforcement agencies to reach Dhaka through western border than through the eastern border.

In the past, illicit trafficking of drugs in Bangladesh was mainly conducted by individual traffickers and dealers. But recently, we are experiencing the presence of organized syndicates. Merchants and importers of commercial commodities are being involved in illicit drug trafficking through their legal consignments of commercial commodities. Some of the importers of commercial items are reported to be engaged in illicit trafficking of yaba from Myanmar in bulk under concealment in consignments of tamarind or palm. There have been organized trafficking gangs comprising citizens of Myanmar and Myanmar-origin Rohingas of Cox's Bazaar and Teknaf at the South Eastern border of the country to deal in yaba. Individual and small traffickers generally do not use the legal ports of entry for smuggling small consignments of drugs. Avoiding the legal ports of entry, the big consignments had also been smuggled earlier through suitable spots and routes of the border. But recent seizures indicate that the traffickers are also using the legal ports for illicit trafficking of drugs under concealment of legal commodities.

Routes and spots of illicit trafficking of drugs are not static. They are constantly shifted from one place to another. The drug traffickers also keep surveillance on the activities of the law enforcement agencies. When there is any significant seizure or arrest at a particular route or spot, the traffickers immediately shift their

routes. When there is enhanced activities of the law enforcement agencies at any particular route, the smugglers immediately shift their site of operation. Sometimes the smugglers use reverse routes and divert their movements to escape the interception by law enforcement agencies.



The DG DNC, with the raiding team of the DNC Dhaka Metro after seizure of 10,000 Yaba tablets sourced from Myanmar.

In course of the smuggling of drugs from the neighboring countries into the territory of Bangladesh, the traffickers use transit stations at both the sides of the borders for collection, accumulation and storage of drugs and looking for appropriate and safe time of shipment. The small towns and trade centers near the borders are used as transit points for smuggling drugs. There are local agents of the traffickers at the border, who provide shelter and protection to the smugglers. They also have to pay tax or extortion money to local influential people. The smugglers prefer the jungles, canals, rivers, or uncommon rural paths across the borders, rather than using the roads and highways, to avoid risks of detection by the law enforcement agencies.

As Bangladesh is not a drug producing country, drugs are mostly smuggled from out sides of the country. Phensedyl is absolutely sourced from India. Heroin with very high adulteration and impurities of brownish color is mostly sourced from India. However, good quality of heroin sourced from Golden Triangle

area are also sometimes penetrated into the South-eastern part of Bangladesh mostly for further shipment to Europe and America by sea.

Cannabis enters into Bangladesh through all the three sides of borders with India. It appears from media reports, that recently commercial cultivation of cannabis is taking place in Eastern states of India, particularly in Manipur, and entering into Bangladesh through the borders of Comilla and Bramhanbaria. The big consignments of recent seizure of cannabis in Bangladesh are from this area. Buprenorphine is also absolutely sourced from India. Earlier South-western border had mainly been used for smuggling buprenorphine. But recent seizures indicate that North-western border of Bogra and Joypurhat District is the main route of trafficking buprenorphine. Medicines-delivering covered vans travelling from capital to these areas are alleged to be used by the traffickers to carry buprenorphine on their way back to the capital, because it is very easy to conceal buprenorphine injections in packages and boxes of other injectable medicines.

The main source of yaba is Myanmar. It appears from reports of Myanmar drug control authority, that most of the yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochin States. The insurgent groups of these areas are reported to be involved in manufacture of yaba and trafficking those to different parts of the world. Bangladesh, being one of Myanmar's next door neighbor, and having its recent high demand for yaba, have become a major market of yaba. Most of the consignments travel from China-Myanmar border to Yangon and enter in Bangladesh directly by sea route from Yangon to Teknaf, or they first come to Maungdaw by road by different route and then travel from Maungdaw to different places of Teknaf and Cox's Bazaar. Fishing boats are largely used for smuggling yaba. As reported by the drug controlling authority in Myanmar, a little

amount of cannabis, buprenorphine and tranquilizers are smuggled from Bangladesh to Myanmar through barter system in exchange of yaba. Bangladeshi eggs, medicines, toilet preparations, fuel, fertilizers, etc. are also exchanged for yaba.

The small amounts of drugs are generally carried through concealment in body-fitting, in costumes, in luggage and in other belongings. Very special jackets and costumes are used to carry heroin and phensedyl in human body. Heroin and yaba are put into latex-made condoms and swallowed



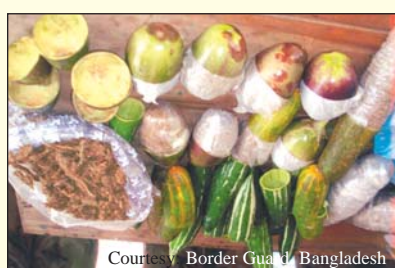
Courtesy: DNC Photo Archive

A Bangladeshi woman arrested for carrying drugs in body-fitting

by the traffickers. Sometimes rectum or vagina is also used for concealment of small amounts of drugs in course of trafficking. Shoes, anklets, corset belts, under wears, sanitary towels, etc are also used for carrying heroin, yaba or small amounts of cannabis. Flexible plastic and rubber pipes, full of loose phensedyl, are tied around legs, thighs and hips by the drug carrier to avoid interception. Women carriers are largely engaged for body-concealment of drugs. Women with 'borkha' pretending to be pregnant are the common suspects to be drug carriers in body-fitting. The traffickers are also found to use human dead body for concealment of drugs in course of trafficking. In many cases, coffins are used for concealment and carrying drugs.

Medium and large consignments are smuggled under camouflage or concealment in bags, cartons, and baskets of fruits, fishes, eggs, vegetables, rice, potatoes, or similar commodities. Coffins, gas cylinders, oil containers, coconuts shells, jack fruits, pumpkins, even the stomachs of the cows, especially those coming from India, have been found to be ideal for concealment of drugs.

Under-privileged women and street children are commonly employed for carrying and trading drugs. The drug carrier women sometimes borrow or rent children of other poor women, or children of their relatives and keep those children in their arms to avoid suspicion of the law enforcement officials in course trafficking drugs. Even new born babies are used for these purposes. There are many incidents of detecting heroin, yaba, or cannabis from children in school uniform with school bags. Drugs are put in school bags to avoid suspicion. Toys, baby foods, nappies, cosmetic



Courtesy: Border Guard Bangladesh

Amazing and Innovative Technique of Concealment of Cannabis in Vegetable.

bags, tooth paste tubes, cans of food and drinks, any kind of belonging are used for concealment of drugs depending on the amount, size, nature and shape of the drug. 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 in course of trafficking.

Big consignments are smuggled under the coverage of freights of licit commercial import commodities. The cavities and specially made secret chambers and false bottoms of oil tankers, gas cylinders, 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. We have also detected drugs concealed in the hollows space or secretly made chambers in timber logs. The two biggest consignments of heroin seized from Dhaka international airport were concealed in soap packets and in tubes of tooth pastes. The cavities in body of trains, cars and minibuses are also used for concealment of drugs.

The traffickers generally use false and more than one vehicle registration number plate. On way of carrying drugs, they change the vehicle registration number plate several times to escape surveillance and deceive the law enforcement agencies. Even they change the vehicles at suitable halting places. In many cases, they use very costly and new vehicle to avoid suspicion. There are many instances, where ambulances were used for carrying drugs. In these cases one of the trafficker play the role of a serious patient, like patient of heart attack, or brain stroke. There is instance, where a woman was put with makeup and dressed as pregnant. Lying on stretcher in an ambulance, she was pretending screaming for labor pain, but her abdomen was covered with tightly twisted packets of heroin, and there was no baby inside. There is example, where a male and a female drug trafficker travelling in public transport with drugs inside their body, were in bridal dress and they were pretending to be newly married couple, to deceive the law enforcement people.



Courtesy: DNC Photo Archive

A common method of carrying drugs in body-fitting.

The drug traffickers are really very cunning and innovative in their style and modus-operandi in trafficking drugs. Their methods and techniques are beyond the horizon of imagination in many cases. When any consignment of drug moves from one place to another in course of trafficking, generally the traffickers deploy a navigating vehicle a few kilometers ahead, to give the drug carrying main vehicle a clearing signal continuously. The traffickers follow the signals and keep moving. When there is any signal for danger from law

enforcement agencies, they immediately make diversion of their movement and trafficking route. The traffickers prefer night and solitary roads and avoid check posts for their movements. Consignments of drugs are loaded and unloaded in disguise of legal commercial commodities. They do not deploy any unknown person in loading or unloading operations of drugs.

The drug traffickers have been using courier services at large, for internal movement of their consignments of drugs. In fact, courier services have now become the most popular, easiest and widely used means of transport for shipment of any commodities or goods. Millions of boxes, parcels, bags, cartons and packets are moving everyday from one place to another. It is impossible for the law enforcement agencies to trace shipments of drugs through courier services without specific information.

Slums are the most common places for storage of drugs. The traffickers split up the stock of drugs in the process of storage to minimize the risk of seizures and other related losses. Store places are generally located at a reasonable distance from the marketing places to avoid the risks of seizure of the whole lot all together at a time. Underground secret chambers, ditches, hollow chambers between two walls, water preservers or ponds, secret chambers of furniture, graves etc. are ideal places of concealment during storages. Small amount of any drug may be concealed anywhere.

Cell phones play a vital role in current drug trafficking and trading. We have seizure of cell phone along with drugs almost in every case. The traffickers use several SIM cards. They very frequently change their SIM card and mobile phone set, so that the law enforcement agencies would not easily trace their location and identity. They generally do not attend any unknown phone call. The drug traders have introduced home delivery services for drugs.

The drug traffickers very largely deploy street children in peddling drugs. These peddlers are always mobile at the street corners or near the approach areas of the slums or other drug peddling areas. The recent trends of abuse and trafficking of drugs indicate that, though few years ago it was concentrated mostly in urban areas, by now it has spread over almost all rural areas. Till last year, yaba was mainly a concern of major cities. But by 2011, there are many media reports about abuse of yaba in remote rural areas of the country. Drug is now the main source of earning for the anti-social elements and miscreants. We are being encountered by the criminals in most search and seizure operations of drugs. One of major seizure items along with drugs are now illegal arms.

SPOTS AND ROUTES OF ILLICIT DRUG TRAFFICKING

The illicit trafficking and inflow of drugs from one country to another depends on several factors. They are:

- Easy mobility, well communication and easy transport facilities.
- Availability and good quality of the drugs to be trafficked.
- Presence of risk or no risk of the interception by the law enforcement agencies.
- Presence of, or link to a nearby area, where there exists a population abusing a particular drug, i.e., where there is demand for that drug.
- Difference of prices between the source place and the consuming market. Where drug trafficking is profitable, and the traffickers get good price.
- Where the traffickers are able to involve the local community in their activities, or they get assistance and support of the local community.
- Where there are transit and storage facilities.

- Where there is ample scope of camouflage and concealment in course of carrying drugs from the source to the destination.
- Where there is less expenditure of transport/trafficking.
- Where the trafficking groups have socio-economic and other vested interest.

Both the western and eastern border of Bangladesh is vulnerable for trafficking drugs from India, because they are mostly plain lands with easy road communications. There are business centers and townships at these areas with easy facilities of transit and storage. There is frequent mobility of various business commodities from these areas. We have no estimation on the number of drug traffickers in Bangladesh. However about 35,000-40,000 drug cases are detected with more than 40,000 arrests annually in Bangladesh. These are mainly from major cities and towns at the border areas. These arrestees are mainly carriers and retail sellers of drugs. The financiers, patrons and godfathers are seldom arrested for lack of appropriate evidence. It is whispered that influential persons linked with political parties, are active in many cases, behind the big incidents of drug smuggling. Less educated, unemployed and under-privileged women and children are also made engaged in activities related to drug trading for their easy availability.

Most of the drug carriers illegally cross the border and collect drug from their Indian counterparts, who facilitate them to easily cross the borders with drugs. To stop this inflow of drugs, a better border management from both side is most essential. In this region, it is a common practice for the illicit drug manufacturers, to change the trade name, shape, color, label size of the containers of drugs. This has happened more in case of codeine-based phensedyl and buprenorphine. As India surrounds Bangladesh from three sides, almost all the points and routes of smuggling are located at Indo-Bangladesh border. Only yaba is smuggled from Myanmar through the Bay of Bengal and the outlet of the river Naff at Myanmar-Bangladesh border at the extreme South-east corner of the country. The vulnerable point of smuggling and inflow of drugs from India and Myanmar into Bangladesh and their routes are as following:

WESTERN BORDER

Districts	Vulnerable Points of Traffic king in Bangladesh Side	Vulnerable Points of Trafficking Drugs from India
Satkhira	Kalaroa, Debhata, Bhomra	Taki, Bashirhat, Hasnabad and adjacent areas of 24 Pargana District of Pasimbanga.
Jessore	Benapole, Putkhali, Chowgacha, Narayanpur, Sharsha, and adjacent areas	Champapukur, Bangaon, Petrapol, Helencha, Bhawanipur, Nonchapota and adjacent areas of 24 Pargana District of Pasimbanga.
Chuadanga	Kapasdanga, Darshana, Jibannagar	Tehatta, Dist: Nadia of Pasimbanga.
Meherpur	Dariapur, Buripota	Jalangi, Dist: Nadia of Pasimbanga.
Rajshahi	Monigram, Charchat, Sardah, Yusufpur, Kajla, Belpukuria, Rajshahi town, Haripur, Godagari and adjacent areas	Godagari Diar, Lalgola, Azimganj, Krishnapura, Raghunathganj, Bharampur, Aurangabad, Nimita and English Bazaar, and adjacent areas of Murshidabad, Maldah of Pasimbanga.
Chandpai Nowabganj	Bholahat, Sahabajpur, Binodpur	Roghunathganj, Aurangabad, Dist: Maldah of Pasimbanga.
Joypurhat	Panchbibi	Krishnapura, Raghunathganj, Bharampur, Aurangabad, Nim Tita, Dist: Maldah of Pasimbanga.
Dinajpur	Ghoraghat, Hakimpur, Birampur, Phulbari, Hilli, Kamalpur, Ashkarpur, Biral	English Bazaar, Balurghat, Nimita, and Gangarampur of Maldah-South Dinajpur and adjacent areas of Pasimbanga.

EASTERN BORDER

Districts	Vulnerable Points of Traffic king in Bangladesh Side	Vulnerable Points of Trafficking Drugs from India
Sylhet	Madhabpur and Zakiganj	Karimganj, Mohanpur, Bamutia, Pachem, Bhubanban of Agartala Tripura.
Bramhanbaria	Karimpur, Kashba, Akhaura, Singerbil, Paharpur, Bijoyganj	Ramnagar, Joynagar, Agartala of Tripura.
Comilla	Jagannathdighi, Chowddagram, Golpasa, Kalikapur, Jagannathpur, Burichong, Rajapur, Brahmanpara,	Camper bazaar, Khadala and Hapania of Tripura.
Feni	Sagalnaiya, Phulgazi, Porshuram	Sonamura, Rajnagar of Tripura

NORTHERN BORDER

Districts	Vulnerable Points of Traffic king in Bangladesh Side	Vulnerable Points of Trafficking Drugs from India
Kurigram	Roumari, Bhurungamari	Mankarchar of Meghalaya
Sherpur	Jhinaigati and Nalitabari	Barengapara of Meghalaya
Mymensingh	Haluaghat, Dhobaura	Baghmara of Meghalaya
Netrokona	Durgapur, Kamalkanda	Baghmara of Meghalaya

NORTH-EASTERN BORDER: POINTS OF ENTRY AND ROUTES OF SMUGGLING DRUGS FROM MYANMAR TO BANGLADESH

Sl. No.	Vulnerable Points of Trafficking in Bangladesh Side	Vulnerable Points of Trafficking Drugs from Myanmar
1.	Jaliapara, St. Martin's Island, Shahporirdip.	Anauk Myinhlut
2.	Jaliapara, Dakhinpara, St. Martin's Island.	Al Le Than Kyaw
3.	Dakhinpara, Jaliapara, Shahporirdip	Zawmadat
4.	Teknaf, Sabrang, Dakhinpara, Jaliapara, Shahporirdip.	Kanyinchaung, Maungdaw, Nyaunggyaung
5.	Dhumdhumia, Jadipara, Cox's Bazaar Highway, Teknaf, shahporirdip	Ale Kalaywa
6.	Dakshin Nhila, Chotapara, Chowdhurypara, Ledhapara, Dhumdhumia.	Sabaigon
7.	Noapara, Whaikhyang, Cox's Bazaar Highway, Tumbru.	Kymbouk
8.	Ukhia, Gundum, Katapahar, Balukhali Bazaar, Tumbru (BD), Whaikhyang, Noapara.	Tumbru, Taunbro, Maungdaw,

Source: DNC and BGB

DRUG RELATED CRIMES

Drugs and crimes are in co-existence all over the world. Almost all the criminal gangs and syndicates around the world, are directly or indirectly linked to drugs, be it trafficking, or abuse. Drug lords use sophisticated arms. In many cases, they are even capable to confront with the government. Drug money is so powerful, that it can buy everything. Political system in many countries is corrupted by the drug money. Drug syndicates are often involved in clashes, terrorism, killing kidnapping and other serious acts of violence. Drugs and crimes have also a vicious cycle. Criminal groups earn money from drugs for sustaining their operations and existence. Many serious crimes are committed under influence of drugs. For commitment of suicidal attack by the terrorist groups, drugs those extinguish the rationality, judgment, feelings and sense of perception, are

administered on the attacking members. Members of the killing missions of the terrorist groups use drugs to enhance their aggressiveness and cruelty before killing operations. Drugs are also used in the underworld activities of torture by criminal gangs and in espionage.

In Bangladesh, the drug traffickers in most cases are now armed. They often become involved in clashes and bloodshed to capture the control of drug market of particular locality. Secret killing,

kidnapping and concealment of dead bodies have become common phenomena. The law enforcement agencies are often being encountered by them with arms. The top ranked criminals are now the top ranked drug dealers. They have undertaken the drug business as their most effective source of income. The drug users in Bangladesh are being more and more involved in various crimes. Crimes most frequently committed by drug users are drug peddling, theft, robbery, extortion, prostitution, public nuisance, eve teasing and pick pocketing. In recent times, there have been many incidences of killing parents or other members of the family by drug addicts. In most cases, they committed these crimes unconsciously under influence of drugs. Sometimes they commit homicides just for money to buy drugs.

The number of drug-related arrests, seizures of illicit drugs and people seeking treatment for

drug addiction has been increasing during the past decade in Bangladesh. The situation during 2011 has aggravated. Crimes, such as, money laundering, fraud, corruption, abduction, violence, terrorism, raping etc. are also associated with drugs. Drug users mostly practice illegal, perverted and extra marital sexual crime and fuel the spread of HIV among all the strata of the society. There are casual female sex workers, who are involved in illegal sex trade, just for money to maintain their drug habit. In spite of being HIV positive, many of the drug abusers sale blood to blood banks. An estimated 100,000 people work in the drug trafficking industry in Bangladesh. The drug traffickers are engaging under-privileged women and street children in carrying and peddling drugs. They sometimes force the slum dwellers for providing facilities for storage of their drugs. In many cases, the drug dealers deceitfully make innocent adolescents habituated to drugs for expanding their market. In many cases, the drug dealers engage the drug addicts for peddling their drugs in lieu of giving their daily doses free of cost.

PRICE AND PURITY OF DRUGS

Drugs, as illegal merchandise, have no recognized rate of price. However, there are of course exchanges of money in the illegal drug market. The price level of drugs, though illegal, often changes as per availability, demand and strictness of law enforcement. The price also depends on level of purity. Very highly adulterated drugs are comparatively cheap. Sometimes the retail drug dealers sale their

drugs at a lower price adding very high ratio of adulterants in accordance with their class of customers. Drugs sold to low income group people are very cheap, because they are generally highly adulterated. The drugs smuggled from outside the country are comparatively cheap at the border areas. Drugs in general, are costly in Dhaka in comparison with other parts of the country. On an observation and analysis of the local drug market in Dhaka during 2011, we found the following rates of price of a single dose of different drugs at the retail market:

STREET-LEVEL PRICE OF DRUGS IN BANGLADESH

Name of Drug	Unit	Price During 2010 (in BDT)	Price During 2011(in BDT)
Heroin	one twentieth of a gram	30/ -- 50/	40/ -- 60/
Herbal Cannabis	per 5 gra m	20/ -- 30/	50/ - 60/
Country made Liquor	per 500 ml bottle	50/ -- 70/	80/- 120/
Overseas Liquor	per peg of average quality	100/ -- 300/	150/ - 350/
Phensedyl(Codeine)	per 100 ml bottle	300/ -- 600/	1500/ - 2000/
Pethidine Injection	per ampoule	100/ -- 250/	150/ - 300/
Buprenorphine Injection	per ampoule	40/ -- 60/	50/ - 70/
ATS (Yaba)	per tablet	300/ -- 500/	500/ - 700/
Adhesive/Glue	per gram	10/ --- 15/	15/ - 20/

Source: DNC Operatin Wing

In comparison with 2010, there is increase in the price of all drugs during 2011. The rate of increase of price in most cases is 30% to 50%. But in case of phensedyl, it is almost 300 times, because due to measures taken by the Indian authority and the strict surveillance by law enforcement agencies in Bangladesh, there has been severe scarcity of phensedyl almost throughout the whole year. There is also a very high increase in the price of yaba for its expanded market and increased demand during 2011.

The price of drugs in wholesale market also varies from place to place. Generally it is cheap in the border areas near the source. The price goes higher and higher as per distance it travels from the border. When there is high demand and high scarcity, the price automatically goes higher. In Dhaka, the capital of the country, price of all sorts of drugs is higher than any other

place of the country. The price also goes higher, where more in-transit risk and risks of apprehension by law enforcement agencies are involved. After every seizure, the law enforcement agencies declare a price of the drug seized. As there is no pre-set price level of drugs, generally different law enforcement agencies declare different level of price. Therefore the high-powered multi-agency law enforcement monitoring committee of the Ministry of Home Affairs, in its meeting dated 27.12.2010, determined the standard assessed price of various drugs to be declared as following:

But so far this guideline is not being

ASSESSED STANDARD WHOLE SALE PRICE OF DRUGS IN BANGLADESH

Heroin:	Taka	20,00,000/ per kg
Opium:	Taka	75,000/ per kg
Cocaine:	Taka	50,00,000/ per kg
Phensedyl:	Taka	400/ per bottle of 100 ml
Ganja:	Taka	3,500/ per kg
Country Liquor:	Taka	300/ per liter
Foreign Liquor:	Taka	15,00/ per bottle
Beer:	Taka	250/ per can
Yaba Tablet:	Taka	300/ per tablet
Injecting drug:	Taka	150/ per ampoule

Source: DNC Operatin Wing

followed by every agency. Sometimes prices of seized drugs are quoted in news reports exaggeratedly just to draw more attention of the people and to demand more reward money.

ADULTERANTS

Adulterants in drugs are common world-wide. The traffickers generally do not possess any moral or ethical standard. Profit, and profit is their only motto in life. To make more profit, they generally increase the bulk amount of drugs by adding various adulterants. Adulterants are sometimes chemicals, sometimes natural herbs, food stuffs, or substances in liquid, powder or solid form, those match with the drugs in nature, color, size and shape. In developed countries, adulterants are generally chemicals. But in less

developed countries like Bangladesh, adulterants are mostly nature-originated. The following is a list of drugs and their adulterants commonly found in Bangladesh:

HEROIN: Burnt clay or brick dust with reddish color, tobacco powder, resin, flour, urea, strychnine, powder of tranquilizer tablets, etc.

CODEINE: Liquid sugar, molasses, caramel and water with sugar, tranquilizers, coke, pepsi, colored water etc.

CANNABIS: Tobacco herbs, powder of dry leaves, lower grade cannabis herbs called bhang, etc.

BUPRENORPHINE: Liquid tranquilizers, distilled water etc.

ATS: Any kind of white tablets are flavored with vanilla essence and colored with red color, ketamine are used to manufacture fake yaba.

TRANQUILIZERS: Tranquilizers are manufactured in local pharmaceutical industries and very cheap in price. Therefore they are not found to be adulterated.

SHISHA: Yaba, cannabis, heroin, tranquilizers, ketamine, or other smokable drugs are added to shisha to add intoxicating effects and attract young adolescents.

LIQUOR: Rectified spirit, methanol, water and suitable color that match the brand.

ILLICIT DISTILLATION OF ALCOHOL

In every town, there was a place called "Bhatikhana" for distillation and vending of country liquor under control of the Excise Department of the Government of Bengal during British period. But after issuing license to Carew and Company for exclusive privilege of manufacture and vending of country liquor at the beginning of twentieth century, all the 'Bhatikhana' were closed down. The British rulers issued license for vending country liquor at almost every town and important inhabited

places throughout the country. But peoples of different tribal groups and lower classes of population were more comfortable with home-made liquor. Therefore, illicit distillation of liquor has been in existence since long. Till Pakistan period, illicit distillation of liquor was confined within tribal communities, coolies of tea gardens and sweeper colonies, and Muslims were rarely found to be involved in it. But for last two decades, it is observed that commercial distillation of liquor is going on all



The raiding team of Gazipur destroying fermented wash used for illicit distillation of liquor

over the country, irrespective of race, religion and culture.

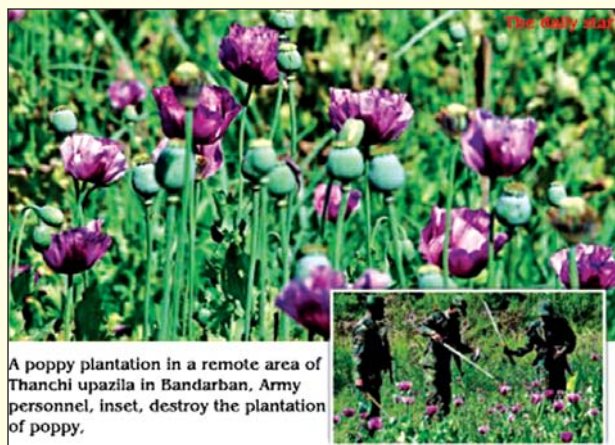
The most vulnerable places for illicit distillation of liquor are generally the tea gardens, the inhabited areas of tribal people and the sweeper colonies of municipal towns and city corporations. But recent law enforcement records and seizure statistics show that apart from these areas, illicit distillation of liquor is going on at large in remote rural areas of Gazipur, Narayanganj, greater Mymensingh, Chittagong, Cox's Bazaar, Rajshahi, Pabna, Bogra, Rangpur, Dinajpur, Jessore, Satkhira and Patuakhali. During the year 2011, almost 17% of the drug offences detected by the DNC were related to illicit distillation of liquor. Illicit distillation of liquor has now emerged as a commercial enterprise. Due to high price of country liquor supplied from the legal sources, most of the lower consumer groups of country

liquor prefer illicitly distilled liquor at a lower price. To speed up the process of fermentation in the manufacturing of illicitly distilled liquor, various herbs and injurious chemicals are added to the fermenting wash as fermenting agent. As a result, there are often incidences of unnatural deaths due to alcohol poisoning.

ILLICIT CULTIVATION OF CANNABIS AND POPPY

There had been traditional cultivation of cannabis in Naogaon District long before the British colonial period. The East India Company introduced commercial cultivation and trade of cannabis for revenue purpose, which continued up to 1987. After stopping cultivation of cannabis in 1987, and imposition of ban on it during 1989, Bangladesh began to experience very small scale home-based cannabis cultivation in cannabis consuming regions of the country with major prevalence at Jamuna basin and at North Bengal. Later on, the Hill Tract regions were also reported to be areas for cannabis cultivation. Due to smuggling of good quality of cannabis from Nepal and Eastern States of India, cannabis cultivation in Bangladesh has recently decreased to a great extent. The seizure statistics show that against the seizure of 26380 cultivated cannabis plants during 2007, only 742 plants have been seized during 2011.

Opium poppy was never a crop of Bangladesh. The supply of opium under vending system introduced in our land during the British colonial period, was used to come from the poppy cultivation in India. After Golden Triangle was dismantled, poppy cultivation was spread throughout the Eastern Provinces of India, particularly in Manipur and Assam, located at the close proximity of Bangladesh. Besides the legal cultivation, illegal cultivation of opium poppy also began to occur in vast areas of Indian territory across our



Source: internet

Western border. The insurgent groups in Myanmar also began cultivation of opium poppy at the remote and inaccessible hilly areas of Bangladesh-Myanmar border near Thanchi of Bandarban District. As a result, we began to detect illicit cultivation of poppy in small scale at Thanchi of Bandarban District and at some places of our Western border. During 2007 and 2009, the law enforcement agencies in Bangladesh destroyed 60038 and 1450210 poppy plants at these areas.

We do not have any information on the number of poppy plants destroyed during 2008, 2010 and 2011. As it appears from media reports, that the border security force of Bangladesh destroyed about 35 poppy fields on 100 acres of land during 2008, which were owned by the insurgent group in Myanmar. Bangladesh Army destroyed a total of 122 poppy gardens in 2010 throughout these areas. On July 29, 2010, Bandarban Hill District Security Forces destroyed about 20 acres of poppy fields in Sangu Reserved areas under Ruma, Alikadam, and Thanchi near Myanmar border. A joint team of Bangladesh Army, the Border Guard Bangladesh, the Department of Narcotics Control and the Police destroyed poppy plantation in 55 acres of poppy cultivation during a drive at Karaikashan of Lyaanman Jhiri in remote area of Sepupara, Likrepara, Panjhiri and Remacry of Thanchi Upazila in Bandarban near the Myanmar border on February 20 of 2011 to March 8 of 2011. During this operation,

huge amount of arms and ammunition were also recovered from the poppy cultivation areas. It is reported by the concerned people, that some insurgent groups of Myanmar compelled the local tribal people for these cultivation of opium poppy.

DRUG-PRONE AREAS

The prevalence of any drug in any particular area is closely related to geographic factors, socio-economic condition, marketing facilities, availability, religion and cultural aspects. There is very high prevalence of consumption of alcohol among the tribal communities of Hill Tract areas, among the Garo community in greater Mymensingh, and among the Shaontal community in North-western part of the country. Almost in every big city, there are colonies for some lower casts and low-profession people called Sweeper, Dom, Cobbler, Dhangors and Methor. As a part of their profession and daily life, they are used to drink home-made alcoholic beverage regularly. Therefore, consumption of alcoholic drinks is also very high among these communities



Seizure of huge quantity of illicitly distilled liquor with arrest of five acquessed from the forest area of Gazipur. throughout the country. The labors of tea gardens in North-eastern part of the country called "coolis" are also used to drink home-made alcoholic drink and country liquor regularly as a part of their daily life. Therefore, the prevalence

of country liquor and other alcoholic drinks is very high among this community.

Almost 80% populations of Bangladesh live in rural areas. They are mostly peasants, and their main profession is cultivation of farming lands. Consumption of any kind of drugs, except tobacco, is rare among this rural population. Therefore rural areas are less vulnerable for prevalence of any kind of drugs than the urban areas. It appears from different studies, that in urban life, working classes of population are the major group of population consuming low price drugs like cannabis, tranquilizers, injecting drugs and heroin. These classes of population generally live in slums and in densely populated areas of the cities. Therefore the slums and densely populated parts of cities have high prevalence of abuse of these drugs. Yaba and phensedyl for their very high price, are mainly consumed among the upper and upper middle classes of population. Yaba, as considered as a symbol of smartness, has the highest prevalence among the student communities of private universities and English medium education system.

To buy drugs, someone first needs money. Therefore any kind of drugs have higher prevalence in areas with higher circulation of money and higher earning-opportunities. Dhaka being the capital of the country, has the highest urban population (almost 10% of the whole population of the country and almost 58% of the urban population of the country), has the highest money circulation, has the highest economic activities, and has the highest earning opportunities and the highest number of slum dwelling population. Therefore Dhaka 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.

Most of the drugs are smuggled into Bangladesh through the borders of Satkhira,

Jessore, Rajshahi, Bogra, Joypurhat and Dinajpur at the Western region and Comilla and Brmhanbaria at the Eastern region. Yaba is mainly smuggled through the Bangladesh-Myanmar border at extreme South-Eastern area of Cox's Bazaar District. The smuggled drugs travel from the border to Dhaka and other major cities mainly through road and rail routes. Therefore, townships on these routes are also affected by abuse of drugs. On review of the recent seizure statistics and studies or media reports on prevalence of the abuse of drugs, we see that, apart from the major drug market at Dhaka, the Districts located on the drug-smuggling routes have more prevalence of drug abuse than other places of the country. From this point of view, Rajshahi, Natore, Pabna, Sirajgong, Bogra, Joypurhat, Satkhira, Jessore, Khulna, Faridpur, Comilla, Bramhanbaria, and Narshingdi District are drug-prone areas. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur, Narayangang, Savar, Tangail and Mymensingh are thus affected by drugs.

The following Table of the statistics on the region wise acses and seizure of drugs alone cannot give a clear picture of the prevalence of drugs in any area, because there are many other factors and indicators to give an understanding of the drug situation of any area. Moreover, seizures occur by chance; and seizure in any area does not necessarily mean, that the drug was definitely for consumption in that area. However, seizure is still considered as the most dominating indicator of the prevalence of drug in an area. If we analyze the following Table of statistics on region-wise number of cases and seizure of drugs by the DNC in 2011, it gives us a rough idea of the flow of supply and availability of drugs in different regions of Bangladesh.

If we review the cases of heroin, we see that the ratio of the detection of heroin cases were

**STATISTICS ON REGION-WISE NUMBER OF CASES AND SEIZURE
OF DRUGS BY THE DNC IN 2011**

Name of Region	Heroin (kg)		Codeine (Phensedyl) (Bottle)		Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (Tablet)		Energy drink (Bottle)	
	Case	Seizure	case	Seizure	Case	seizure	case	seizure	case	seizure	Case	Seizure
Dhaka Metro.	45	1.140	99	3944	954	748.500	185	4720	196	50416	04	25704
Dhaka Region	35	0.361	62	3619	352	652.260	15	2224	77	4438	06	14440
Mymensingh	31	0.358	20	417	229	427.021	16	1334	00	21	01	16
Faridpur	29	0.271	52	1070	144	60.546	00	0000	15	635	03	956
Tangail	20	0.084	04	197	86	39.043	00	0000	02	40	00	00
Jamalpur	08	0.184	00	000	56	15.178	04	49	01	20	00	00
Dhaka Intelligen	12	0.156	11	696	82	60.760	09	411	13	702	00	00
Total of Dhaka Zone	180	2.554	248	9943	1903	2003.309	229	8738	304	56472	14	41116
Chittagong Metro	46	0.846	32	806	158	121.499	02	35	54	12895	00	00
Chittagong Reg.	01	0.003	06	230	38	32.820	00	00	01	03	00	00
Sylhet	09	0.081	16	176	211	116.901	00	00	01	06	00	00
Noakhali	05	0.294	19	237	83	77.090	01	05	05	34	04	1003
Comilla	07	0.058	96	3668	150	1524.950	13	770	07	148	01	16800
Cox's Bazaar	08	0.053	03	20	57	47.640	00	00	15	3072	00	00
Khagrachari	00	00.00	00	00	00	00.000	00	00	00	00	00	00
Bandarban	00	00.00	00	00	01	0.050	00	00	00	00	00	00
Rangamati	01	0.028	01	05	00	00.000	00	00	00	00	00	00
Chittagong Intelli.	04	0.018	04	191	36	58.118	00	00	14	3025	00	00
Total of Chittagong Zone	81	1.381	177	5333	734	1979.068	16	810	97	19183	5	17803
Khulna	37	0.310	73	1951	293	50.249	11	113	3	63	00	00
Jessore	23	0.594	74	2795	233	84.907	00	00	00	00	00	00
Kushtia	27	0.107	16	204	112	29.114	02	47	00	00	00	00
Barisal	08	0.262	13	153	103	67.612	00	00	03	21	00	00
Patuakhali	02	0.002	00	00	22	13.082	00	00	00	00	00	00
Khulna Intelligen	02	0.007	06	45	51	6.243	00	00	00	00	00	00
Total of Khulna Zone	99	1.282	182	5148	814	251.207	13	160	6	84	00	00
Rajshahi	91	1.709	180	5057	178	62.664	11	902	2	60	00	00
Pabna	71	0.357	74	1079	153	68.825	5	625	00	58	00	00
Bogra	29	0.275	88	901	69	30.825	4	650	00	00	00	00
Rangpur	8	0.014	68	1274	235	71.337	00	00	00	00	00	00
Dinajpur	22	0.120	79	1481	87	21.735	18	532	00	00	00	00
Rajshahi Intelli	2	0.400	11	206	47	29.134	1	50	00	00	00	00
Total of Rajshahi Zone	223	2.875	500	9998	769	284.520	39	2759	02	118	00	00
Grand Total	583	8.092	1107	30422	4220	4518.104	297	12467	409	75857	19	58919

Source: DNC Data Base

30.87% in Dhaka Zone, 13.89% in Chittagong Zone, 16.98% in Khulna Zone and 38.25% in Rajshahi Zone. The seizures of heroin was 31.57% in Dhaka Zone, 17.06% in Chittagong Zone, 15.84% in Khulna Zone and 35.53% in Rajshahi Zone. Therefore it appears that Rajshahi Zone has the highest prevalence of both detection and seizure of heroin. Dhaka as the biggest drug market in Bangladesh with 10% of the total population and almost 50% of the urban population of the country was supposed to be at the top of seizure and cases of heroin, but

practically Rajshahi secures this position. The main reason behind this may be that Lalgola, in India, the most defamed place for clandestine manufacture of heroin is adjacent to Rajshahi. Moreover, highest number of cases and highest amount of seizure do not mean that Rajshahi has the highest prevalence of heroin. Most of the large seizures were from Dhaka-bound transports. But still apart from Dhaka, Rajshahi has the highest prevalence of heroin. The next maximum prevalence of heroin is at Pabna and Bogra of Rajshahi Zone and Chittagong Metro

city of Chittagong Zone and Khulna, Jessore and Kushtia of Khulna Zone. The hill area of Chittagong Zone, the coastal areas of Khulna Zone and the tea garden areas of Sylhet are the least heroin affected areas in the country.

If we review the cases and seizures of phensedyl, we see that 22.44% cases were detected in Dhaka zone, 16.02% in Chittagong Zone, 16.29% in Khulna Zone and 45.25% in Rajshahi Zone. In case of seizure, it was 32.30% in Dhaka Zone, 17.33% in Chittagong Zone, 16.73% in Khulna Zone and 33.63% in Rajshahi Zone. Here we see the same picture as it was in case of heroin. In case of phensedyl, Rajshahi is also at the top, because most of the cultivation of poppy and location of the phensedyl producing clandestine laboratories in India, are adjacent to Rajshahi. Therefore, here the prevalence of phensedyl is naturally more than any other parts of the country. But Rajshahi is not the biggest market of phensedyl. The biggest phensedyl-market is at Dhaka and most of the consignments of phensedyl seized at Rajshahi were Dhaka-bound. The other phensedyl-affected areas of the country are the adjacent areas of Dhaka city and Faridpur of Dhaka Zone, Comilla of Chittagong Zone, Khulna and Jessore of Khulna Zone, and Pabna, Bogra, Rangpur and Dinajpur of Rajshahi Zone. Apart from the City of Dhaka and Rajshahi the most phensedyl affected area of the country is Comilla Sub-Zone, because it is on the second biggest smuggling route of Phensedyl from India.

Cannabis appears to be largest item of case and seizure among all drugs. It comprises 48.13 % of all the cases detected by the DNC during 2011. In question of detection of cases, Dhaka Zone comprises 44.98%, Chittagong Zone 17.43%, Khulna Zone 19.33% and Rajshahi Zone 18.26%. The seizures of cannabis are 44.34% in Dhaka Zone, 43.80% in Chittagong Zone, 5.56% in Khulna Zone and 6.30% in Rajshahi Zone. It appears that Dhaka is the

biggest market of cannabis. Though the cannabis market at Chittagong Zone appears to be almost of same size as Dhaka, it is not really as such as it appears in the Table, because more than one third of the country's cannabis are smuggled through Comilla border alone; and it is mainly for Dhaka. It appears from media reports, that there is a booming of cannabis cultivation in Tripura near Bangladesh border during 2011, and most of those are smuggled into Bangladesh through Comilla border. Dhaka alone comprises more than 45% of the cannabis market in Bangladesh. The other big markets are Mymensingh and Faridpur in Dhaka Zone, Chittagong Metro, Comilla, Sylhet and Noakhali in Chittagong Zone, Khulna, Jessore Kushtia and Barisal in Khulna Zone; and Rajshahi, Pabna, Rangpur and Bogra in Rajshahi Zone.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. Though a few years ago, it was concentrated at north Bengal, by last two years, it has the highest prevalence at Dhaka. It appears from the Table, that 77.10% of the cases of Buprenorphine are detected at Dhaka, 5.38% at Chittagong, 4.38% at Khulna and 13.13% at Rajshahi Zone. If we review the seizure, we see that 53.06% of the Buprenorphine are seized at Dhaka Zone, 4.92% at Chittagong Zone, 0.97% at Khulna Zone and 41.04% at Rajshahi Zone. Almost 50% of the markets of Buprenorphine are at Dhaka. the second highest market is at Rajshahi comprising almost 30%. The other big markets of Buprenorphine are Mymensingh, Comilla, Pabna, Bogra and Dinajpur. The most alarming aspect of Buprenorphine is that it has the highest vulnerability of spreading HIV/AIDS, because it is used by injection and often sharing needles. The tea garden areas of Sylhet Sub-Zone, the Hill Tracts areas and the coastal areas of Khulna Zone are almost free from Buprenorphine.

Among all the drugs, Yaba was the most burning issue during 2011. Both the detection of

cases and seizure of Yaba increased tremendously during 2011. During 2007, the DNC seized only 483 yaba tablet, but during 2011, the seizure of yaba by the DNC is 75857 tablets. The ratio of increase in seizure is 424.67% in comparison with last year and 15688.20% in comparison with 2007. This unbelievable increase of the seizure of yaba indicates how fast its prevalence is increasing. If we review the number of cases of yaba, we see that 74.33% of the cases are detected at Dhaka Zone, 23.72% at Chittagong Zone, 1.47% at Khulna Zone and 0.48% at Rajshahi Zone. The seizures are made 74.44% at Dhaka Zone, 25.29% at Chittagong Zone, 0.11% at Khulna Zone and 0.16% at Rajshahi Zone. Though 25.29% of the seizures are made at Chittagong, those are mostly Dhaka-bound. This is a clear indication that Dhaka comprises more than 90% of the yaba market in Bangladesh. But recent media reports indicate that it is gradually spreading towards other parts of the country, even to the rural areas. Apart from Dhaka, Chittagong Metro and Cox's Bazaar has the highest prevalence of yaba, because it is smuggled from Myanmar through this route. The hill Tracts areas of Chittagong Zone, tea

garden areas of greater Sylhet, Jessore, Kushtia, and Bogra, Rangpur and Dinajpur of Rajshahi Zone is still free from yaba.

Energy drinks are claimed by its producers as non-alcoholic, non-drug nerve stimulating and energy producing drinks. It contains some chemical substances which are not yet under the purview of the control of the Narcotics Control Act or any similar law of the country, or any international convention. But the young generation of Bangladesh is currently inclined to it very seriously. Beer or similar alcoholic drinks are not accessible to mass population. Therefore the young generation has accepted it widely. During the last two years, energy drinks were being abused by the young generation like any intoxicating drug. Therefore, the law enforcement agencies began to seize those. On chemical tests, some of the samples of the seized energy drinks have been found to contain opiate. Therefore it is now considered as a drug. The statistics of seizure shows that during 2011, there were only 17 cases of energy drinks with seizure of 58919 bottles. The seizures are made mainly at Dhaka and Comilla. There are also two seizures at Faridpur and Noakhali. ■



The Honorable Members of the delegations of the SAARC countries (attending the Experience Sharing Meeting on the Best Practices Relating to counter Narcotics, held in Dhaka 20-23 September, 2011) during their visit at the National Memorial Monument.

Courtesy: DNC Photo Archive



Honorable Home Minister Advocate Shahara Khatun, MP, the DG DNC, the DG BGB and ADG DNC at the Inaugural Session of the Workshop of Officials of DNC and BGB on Enforcement of the Narcotics Law.



Honorable Home Minister Advocate Shahara Khatun, MP, Honorable State Minister for Home Affairs Advocate Shamsul Hoque Tuku, MP, respected Ex-Home Secretary Abdus Sobhan Sikder, the DG and ADG of DNC at the prize giving ceremony for anti-drug essay competition held on International Day against Drug Abuse and Illicit Trafficking, 2011.

ENFORCEMENT

INTELLIGENCE

Each of the law enforcement agencies has special wings for collecting intelligence on crime. Intelligence is collected in two ways: by the intelligence staffs and by the paid sources. The methods of collecting intelligence are kept confidential within every organization. But there are some common features of the intelligence activities. Every organization has to maintain

Inspector and four Sepoy at each Zonal Intelligence office. The intelligence officials and staffs generally collect information on drug related crime and hand those over the operational wings of their respective jurisdiction. In special cases, they can also conduct raid, search, seizure, arrest and investigation. The achievement of the Intelligence wing of the DNC in seizure of drugs during 2011 is as following:

ZONE WISE CASES AND SEIZURE OF DRUGS BY INTELLIGENCE WING OF THE DNC

Name of Intelligence Zone	Heroin(kg)		Codeine (Phensedyl) (Bottle)		Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (Tablet)		Energy Drink (Bottle)	
	Case	Seizure	case	Seizure	Case	seizure	case	seizure	case	Seizure	Case	Seizure
Dhaka	12	0.160	11	696	82	60.760	09	411	13	702	00	00
Chittagong	4	0.018	4	191	36	58.118	00	00	14	3025	00	00
Rajshahi	2	0.400	11	206	47	29.134	1	50	00	00	00	00
Khulna	2	0.007	4	45	51	6.243	00	00	00	00	00	00
Total	20	0.585	30	1138	216	154.255	10	461	27	3727	00	00

Source: DNC Data Base

secret sources. The sources are paid for their services. The sources are recruited from relevant businesses and professions. In question of drugs, the existing or ex-drug traffickers and drug abusers are the best sources. Sources are sometimes dangerous, because there is every possibility, that they can play role of double agent and conduct counter intelligence on the law enforcement agencies. The sources can commit fraud and take advantage over the drug dealers by exploitation of their position and identity. A source can endanger the life of a law enforcement official by disclosing his personal identity to the drug traffickers.

The DNC has a mini intelligence wing with 4 zonal offices at Dhaka, Chittagong, Rajshahi and Khulna. Each of these offices is headed by a Deputy Director. There are two Assistant Directors, two Superintendents, one Sub-

OPERATION: RAID, SEARCH, SEIZURE, ARREST

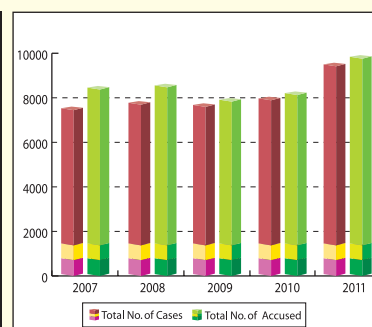
Raid, search, seizure and arrest are the major components of the supply reduction activities related to drugs. Almost every law enforcement agency in Bangladesh conducts raid, search, seizure and arrest. The DNC conducts all operational and enforcement activities through it's 108 Circle Offices. DNC's Circles are generally located at civil District Headquarters with same jurisdiction of a District, except a few exemptions. There are 14 Circles in Dhaka Metropolitan City and 6 Circles in Chittagong Metropolitan City. There are 25 Regional offices to supervise the activities of the Circles. Each of DNC's Circle Office has a sanctioned manpower of 6 persons headed by an Inspector. Currently the Circles are manned by 3-4 persons

on average. Whenever required, the Circle Inspectors seek assistance and supports from Police or RAB. In border areas, they are also assisted by the BGB. Besides the individual operations, the Circle Inspectors also conduct raid, search, seizure and arrests in combination with the District Anti-smuggling Task Force. Moreover, there are also mobile Courts operated by the District Magistracy. Other law enforcement agencies such as Police, RAB, BGB and Coast Guard also conduct anti-drug operations in course of discharging duties in their own operational jurisdiction.

in general, appears to be increasing gradually. During the year 2005, the total number of cases was 16987 with a total arrest of 22000. But over last five years, it has been increasing gradually each year. During the year 2011, the total number of cases of drug related crimes detected by all agencies is 37245 with 47309 arrests. If we compare these figures with figures of last year, we find that detection of drug related cases has increased 25.56% during 2011 with an increase of 26.13% in arrests. The rate of increase in detection of cases and arrests between 2010 and 2011 is much higher than that of the year 2009 and 2010.

STATISTICS ON THE SEIZURE OF DRUGS BY THE DNC BANGLADESH

NAME OF DRUGS	2007	2008	2009	2010	2011
Heroin (in Kg)	20.856	29.014	21.189	9.515	8.092
Codeine Preparation (Bottle)	29691	54169	58875	45531	30422
Cannabis (in Kg)	1768	2302	2101	3673	4518
Buprenorphine (Ampoule)	4979	15008	18771	23548	12467
ATS (Yaba) (Tab)	483	8184	4051	14458	75857
Total No. of Cases	7589	7842	7764	8019	8599
Total No. of Accused	8476	8598	7966	8283	9268



Source: DNC Data Base

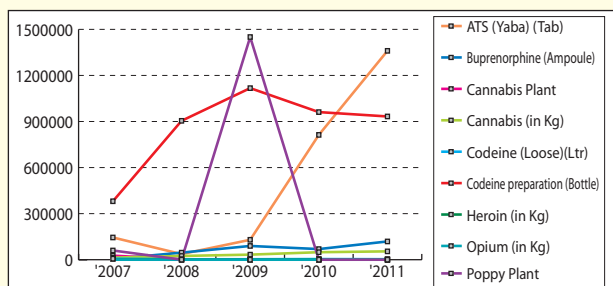
STATISTICS ON THE SEIZURE OF DRUGS BY ALL AGENCIES IN BANGLADESH

Name of Drugs	2007	2008	2009	2010	2011
Poppy Plant	60038	-----	1450210	unknown	unknown
Opium (in Kg)	01.65	-----	-----	11.69	8.07
Heroin (in Kg)	87.039	146.593	159.783	188.186	107.499
Codeine preparation (Bottle)	380625	904384	1117354	961260	932874
Codeine (Loose)(Ltr)	6526.252	2620.438	2955.300	4119.185	3227.600
Cannabis (in Kg)	13550.028	24282.395	32955.581	48749.357	54244.168
Cannabis Plant	26380	2834	791	1760	742
Buprenorphine (Ampoule)	5331	45921	89469	69158	118890
ATS (Yaba) (Tab)	144751	36543	129644	812716	1360186
Total No. of Cases	16987	19091	27441	29662	37245
Total Number of Arrests	22000	25042	34315	37508	47309

Source: DNC Data Base

If we have a look at the consolidated statistics of drug related cases and arrests of all agencies in Bangladesh, the trends of illicit drug trafficking

Illicit cultivation of opium in very remote and inaccessible area of Myanmar-Bangladesh border in Bandarban District is still going on in



spite of the destruction of those by Bangladesh Army and BGB. We do not have specific data on the number of plants destroyed. It reveals from media reports that 20 acres of poppy fields were destroyed during 2010 and 7 poppy gardens were destroyed in February, 2011. This is only the detected cultivation. The undetected cultivation may be several times more than this figure. Though there is no consumption of opium in Bangladesh, 11.69 kilos in 2010 and 8.07 kilos in were seized. The seizure of heroin was on a gradual increase till 2010. But during 2011, it decreased from 188.186 kg to 107.499 kg. The percentage of decrease is 42.88%.

On review of the overall market of heroin in Bangladesh, it appears that there is some decrease in the consumption of heroin, but it must not be 42%. Increase or decrease of the seizure of a particular drug is one of the indicators of its prevalence both in abuse and trafficking. But this is not all to explain the situation. Sometimes decrease in one drug is the result of increase in another substitute drug. If we review the trends of the seizure statistics of Buprenorphine, we see that during 2010 and 2011 it was 69158 and 118890 ampoules respectively. Here the rate of increase is 71.91%. Now if we do an equation with 42.88% decrease in case of heroin with 71.91% increase in case of buprenorphine, we get the answer. A very sharp increase in buprenorphine has caused a decrease in heroin. That is, people with heroin habit are rapidly switching over to buprenorphine. It means, a huge number of drug dependent persons in Bangladesh are quickly turning over from heroin to injecting drug buprenorphine. This statistics of seizure is symptom of another

alarming message, that Bangladesh is proceeding forward to be a injecting drug using country like the western world. Though at present the prevalence of HIV/AIDS seems to be going down, the increase of injecting drug will put it in a very critical position of the risk of increasing HIV/AIDS.

After 2007, there was a sharp increase in the seizure of Phensedyl from 380625 bottles to 904348 bottles. But thereafter it is almost steady, except a little increase in 2009. During 2011, the seizure of phensedyl has gone a little bit down. This may be an after-effect of the measures taken by the Indian authority for controlling the movement of codeine within 50 kilometers of the border. But Phensedyl has not yet lost its popularity in Bangladesh. Rather its contemporary scarcity has increased the street price from 300 Taka per bottle to 2000 Taka per bottle.

The seizure statistics reveals another important feature of the trafficking of drugs in Bangladesh, that though our country was a source of cannabis during British and Pakistan regime and after discontinuation of licensed cannabis cultivation since 1987, illicit cultivation of cannabis was going on at random. But it is now going down to a great extent, because most of the supplies of cannabis are now coming from the neighboring countries. During 2007, the seizure of cannabis plants was 26380 with a sharp decrease at only 742 during 2011. On the other hand, seizure of smuggled cannabis has increased from 13550 kg during 2007 to 54244 kg during 2011. Here the rate of increase is almost 300% within 5 years. This is an indication of the fact, that apart from the increase of the cannabis market in Bangladesh, smuggling of cannabis from neighboring countries has increased to a great extent. The foreign drug traffickers are occupying the cannabis market in Bangladesh.

The most remarkable change in illicit trafficking of drugs in Bangladesh happened in case of yaba during last two years. During 2009,

the amount of seizure of yaba was 129644 tablets. But during 2010, it had an incredible jump from 129644 to 1360186 tablets with an increase of 167.36%. Yaba is comparatively a new drug in Bangladesh. Its first seizure was during 2005. At the beginning, it was confined among the English medium students of the aristocratic families in Dhaka. But within only last five years, it has spread over almost in every urban area of the country. Even during 2011, we found

STATISTICS ON THE SEIZURE OF MONEY, VEHICLES ETC. IN CONNECTION WITH DRUG OFFENCES

Name of Article Seized	2007	2008	2009	2010	2011
Sale Proceeds of Drugs (BDT)	1005648	899705	1279163	879129	1233014
Car (Number)	5	2	25	21	17
Truck/covered van (Number)	2	4	5	1	5
Auto Rickshaw (Number)	5		14	18	10
Motor Cycle					34
Bus (Number)			2	2	1
Arms (Number)			2	2	2
Mobile Phone (Number)	113	42	125	151	79

Source: DNC Data Base

many media reports about yaba abuse in rural areas in Bangladesh. At the beginning in 2004-05, the price of yaba was Taka 200-250 per tablet and it has been increased up to Taka 1000 per tablet by the year 2010 at the street level. But during 2011, the price of yaba has fallen down from Taka 1000 to Taka 200 again. One of the main causes of the decrease of the price of yaba is a very wide increase in smuggling and vast availability. As it appears from reports of various sources, that more than 40 gangs at Teknaf, Cox's Bazaar, Chittagong and Dhaka are in operation of smuggling yaba from Myanmar. The smugglers have network with their counterparts in Myanmar.

The arms and ammunitions seized during any drug related raid are deposited at the local police station and a separate case is lodged under the Arms Act. But money, vehicles and other valuable articles are kept under the custody of the investigating officer during the investigation. When the investigation is completed, these are to be submitted to the Court of jurisdiction for

trial. But generally the Courts permit to keep those under the custody of the detecting or investigating authority on condition that whenever summoned, those must be submitted to the Court. Any drug or other articles related to the commencement of an offence under the Narcotics Control Act 1990, is liable for forfeiture under Section 33 of the said Act. Under Section 34 of the Narcotics Control Act 1990, the Court has authority to forfeit any seized drug or article used for committing any offence under the same Act. After an order of forfeiture is made by the Court, the seized sale proceeds of drugs, or any money obtained from auction of any confiscated article, is to be deposited to the National Narcotics

Control Board Fund. Other suitable articles may be used by, or transferred to the competent Government authority as per provision of prevailing laws and rules.

COMPARATIVE STUDY ON MANPOWER, CASES AND ARRESTS BY LAW ENFORCEMENT AGENCIES IN BANGLADESH

The Narcotics Control Act, 1990 empowers the DNC, Police, BGB, RAB, Coast Guard and Customs to conduct raid, search, seizure and arrest. But all agencies do not have the same level of operational capabilities. As appears from the law enforcement statistics, that DNC, Police, BGB and RAB performs most of the drug law enforcement activities in Bangladesh. The Department of Narcotics Control is a multi-disciplinary Department by nature. As the

nodal agency for drugs in Bangladesh, it performs all sorts of activities related to drug abuse prevention and control including intelligence, operation, preventive education, public awareness campaign, community mobilization against drugs and treatment and rehabilitation of the drug addicts. But its manpower is very limited. Out of its 1283 sanctioned posts, only 843 are currently filled up and out of this 843 personnel only 506 are currently engaged in enforcement and operational activities. The others are ministerial staffs, physicians, nurses, MLSS and other supporting staffs. The operation wing working in the field, consist only four persons on average in a circle mostly with jurisdiction of a District. Moreover, DNC's operation wing is unarmed and they work mostly without any transport or other logistics. In spite of these limitations, they detected 8599 drug related cases with 9268 arrests during 2011.

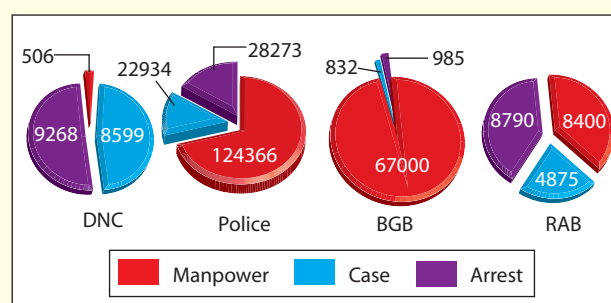
Police is the largest law enforcement agency in Bangladesh with a total manpower of 1,24,366 persons. They are well trained and well equipped with very wide communication network and administrative set up all over the country. They are provided with arms, transport and other logistics. The primary responsibility of Police is to control the overall crime and maintain the law and order situation of the country. Drug is not the principal operational subject of Police. Police conduct drug related operational activities as one of their multifold activities. But as currently major portion of the crimes are directly or indirectly related to drugs, almost 50% of the crimes encountered by Police is regarding drugs. Apart from the enforcement police of Thaana, the Crime Investigation Division (CID), the Detective Branch (DB) and the Special Branch (SB) also deals with crimes related to drugs. During the year 2011, Police detected 22934 crimes related to drugs with 28273 arrests.

BGB is also a big organization with 67000 manpower. They are well equipped with transport arms and necessary logistics. They are a semi-military force. All officers are deputed from Army. They have their own jurisdiction only within five kilometers of the border. Their main responsibility is to guard the security of the border and prevent smuggling. In emergency situations, they also assist Police to maintain the law and order situation of the country. Drugs as major item of smuggling, are also a big concern of BGB. Actually all drugs from the neighboring countries are penetrated into Bangladesh by pilfering the defense system of the BGB. The BGB detected 832 drug related crimes with 985 arrests during 2011.

RAB is actually a wing of Bangladesh Police administration. It consists of members from

COMPARATIVE STUDY OF THE MANPOWER CASES AND ARRESTS OF DNC, POLICE, BGB AND RAB

Organization	Manpower	Case	Arrest
DNC	506	8599	9268
Police	1,24,366	22934	28273
BGB	67,000	832	985
RAB	8400	4875	8790



STATISTICS OF THE EXPENDITURE OF DNC FOR DETECTING CASES

Financial Year	Reward	Source Money	Operational Expenditure	Total
2006-07	225000	2000000	911000	3136000
2007-08	199000	1986000	1023000	3208000
2008-09	224000	2800000	746000	3770000
2009-10	225000	2500000	1360000	4085000
2010-11	225000	2500000	1389000	4114000
2011-12	250000	3000000	1500000	4750000

Source: DNC Data Base

Bangladesh Police, Bangladesh Army, Bangladesh Navy, Bangladesh Air Force, Border Guard Bangladesh and Bangladesh Ansar. Though RAB was basically created to combat crimes of serious nature committed by the high profile criminals and terrorists, at present, drugs have become a major subject of their operation, because most the criminals in Bangladesh are involved in illicit operations of drugs. Since its inception, RAB has detected a good number of cases related to drugs and arrested the involved criminals. During 2011, RAB detected 4875 cases related to drug crimes with 8790 arrests.

Detection of cases involves huge expenditure. Every law enforcement agency has to follow the criminals day after day to trace their location, identity, modus-operandi, associates and storage places for drug business. In most cases, sources (persons provide secret information of crimes) and secret service agents are deployed for this purpose. The law enforcement agencies have to pay 'Source Money' to the source for incurring the incidental expenditure of their services. The

most important thing in this respect is, that the 'Source Market' is highly competitive. A source works with all law enforcement agencies. He often bargains with different law enforcement agencies and supply the information where he gets the highest amount of money. Therefore detection of good cases, and seizure of bigger amount of drugs, always involve bigger amount of the payment of source money. But unfortunately the budget allocation of the DNC in this respect is so inadequate, that we cannot compete with big law enforcement agencies like Police, BGB, RAB, Coast Guard and Customs with their big budget for obtaining secret information from the sources. During the year 2010, the DNC with all its only 506 enforcement personnel in the field, detected 8599 cases with 9268 arrests. The total allocation of money was Taka 41,14,000/, of which Taka 2,25,000 was for reward, Taka 25,00,000 was for payment of source money and Taka 13,89,000 was for incurring the incidental operation costs. Therefore we see that average allocation of money for each case was taka 26.16 for reward,

DESCRIPTION OF SOME IMPORTANT CASES DETECTED BY DNC DURING 2011

Sl. No	Number of case	Date	Place of Occurrence	Description of Seized Articles	No. of Accused
1.	Joydevpur-79	02/02/11	Joydevpur, Gazipur	Phensedyl 300 Bottle	2
2.	Narayanganj-17	09/02/11	Narayanganj	Cannabis 20 kg	1
3.	Chaandgaon-12	14/02/11	Chandgaon, Chittagong	Yaba 1000	1
4.	Kotowali-26	15/02/11	Chittagong Metro	Yaba 1700	2
5.	Joydevpur-1	16/02/11	Joydevpur, Gazipur	I D Liquor 3000 ltr, Wash 41,000 ltr.	5
6.	Gulshan-65	22/02/11	Gulshan, Dhaka Metro	Cannabis 20 kg	1
7	Boublemuring-27	22/02/11	Doublemuring, Chittagong Metro	Phensedyl 400 bottle	3
8.	Kotowali-49	25/02/11	Chittagong Metro	Yaba 900	4
9.	Gulshan-36	10/03/11	Gulshan, Dhaka Metro	Phensedyl 1260 bottle, Car 1	1
10.	Lalpur-29	17/03/11	Lalpur, Rajshahi	Pistol 2	2
11.	Bramhanbaria-65	17/03/11	Bramhanbaria	Cannabis 50 kg, Car 1	2
12.	Adabor-24	18/03/11	Adabor, Dhaka Metro	Heroin 200 Gram	1
13.	Mirpur-53	19/03/11	Mirpur, Dhaka Metro	Yaba 1600	1
14.	Paltan-53	31/03/11	Paltan, Dhaka Metro	Yaba 450	1

Sl. No	Number of case	Date	Place of Occurrence	Description of Seized Articles	No. of Accused
15.	Gulshan-114	31/03/11	Gulshan, Dhaka Metro	Cannabis 40 kg	1
16.	Bramhanbaria-10	01/04/11	Bramhanbaria	Cannabis 180 kg, truck 1	3
17.	Pahartoli-10	06/04/11	Pahartoli, Chittagong	Cannabis 30 kg, Microbus 1	3
18.	Kotowali-49	10/04/11	Dhaka Metro	Phensedyl 500 bottle, Cannabis 12 kg, Car 1	1
19.	Kushtia Sadar-14	10/04/11	Kushtia Sadar	Cannabis 100 grm, Gun 2	2
20.	Godagari-19	12/04/11	Godagari, Rajshahi	Heroin 300 Gram	2
21.	Uttara-27	12/04/11	Uttara, Dhaka Metro	Heroin 300 Gram	3
22.	Khilgaon-08	03/05/11	Khilgaon, Dhaka Metro	Yaba 300	1
23.	Paltan-13	04/05/11	Paltan, Dhaka Metro	Yaba 300	1
24.	Khilkhet-03	06/05/11	Khilkhet, Dhaka Metro	Yaba 200	2
25.	Kaliakoir-09	08/05/11	Kaliakoir, Gazipur	I D Liquor 1500 ltr, Wash 20000 ltr	2
26.	Bramhanpara-5	09/05/11	Bramhanpara, Cox's Bazaar	Cannabis 130 kg	2
27.	Bramhanpara-6	10/05/11	Bramhanpara, Cox's Bazaar	Cannabis 40 kg	1
28.	Uttara-44	20/05/11	Uttara, Dhaka Metro	Yaba 18000	1
29.	Kasba-41	21/05/11	Kasba, Comilla	Cannabis 35 kg	2
30.	Benapole-37	24/05/11	Benapole, Jessore	Heroin 150 gram,	2
31.	Kaligang-20	30/05/11	Kaligonj, Satkhira	Phensedyl 400 bottle	3
32.	Motijheel-03	01/06/11	Motijheel, Dhaka Metro	Yaba 3000	2
33.	Dhaka Railway-1	03/06/11	Dhaka Metro	Cannabis 24.300 kg	2
34.	Bakalia-08	10/06/11	Chittagong Metro	I D Liquor 378 ltr., Truck 1	2
35.	Cox's Bazaar-24	11/06/11	Cox's Bazaar	Yaba 600	1
36.	Cox's Bazaar-25	11/06/11	Cox's Bazaar	Cannabis 20.550 kg	2
37.	Gulshan-23	14/06/22	Gulshan, Dhaka Metro	Cannabis 20 kg	1
38.	Karnaphuli-09	15/06/11	Karnaphuli, Chittagong	I D Liquor 168 ltr, Car 1	2
39.	Cox's Bazaar-39	17/06/11	Cox's Bazaar	Yaba 800	2
40.	Sutrapur-37	22/06/11	Sutrapur, Dhaka Metro	Buprenorphine Inj. 400 Amp	1
41.	ChandgaonGD-09	25/06/11	Chandgaon, Chittagong	I D Liquor 374 ltr, Microbus 1	1
42.	Kotowali-30	29/06/11	Kotowali, Faridpur	Phensedyl 21 bottle, 1 Pistol with 2 round bullet	1
43.	Bramhanbaria-01	01/07/11	Bramhanbaria	Cannabis 30 kg, Car 1	2
44.	Chandpur-05	02/07/11	Chandpur	Opiate drink 16000 Bottle	3
45.	Baizid Bostami-2	04/07/11	Chittagong Metro	I D Liquor 360 ltr, Microbus 1	2
46.	Dhamrai-10	09/07/11	Dhamrai, Dhaka	Opiate drink 4408 Bottle	5
47.	Zattrabari-27	10/07/11	Jattarabari, Dhaka Metro	Yaba 2000	2
48.	Khilgaon-18	16/07/11	Khilgaon, Dhaka Metro	Yaba 4500	2

Sl. No	Number of case	Date	Place of Occurrence	Description of Seized Articles	No. of Accused
49.	Kuliarchar-11	21/07/11	Kuliarchar, Narsingdi	Opiate drink 13000 bottle	2
50.	Bhanga-19	22/07/11	Bhanga, Faridpur	Yaba 342, Motor Cycle 2	3
51.	Kotowali-33	24/07/11	Kotowali, Chittagong Metro	Yaba 860	2
52.	Panchlaish-29	30/07/11	Panchlaish, Chittagong Metro	Yaba 600	2
53.	Gulshan-91	30/07/11	Gulshan, Dhaka Metro	Foreign Liquor 2017 bottle, Beer 6472 Can	2
54.	Ramu-05	02/08/11	Ramu, Cox's Bazaar	Yaba 200	1
55.	Gulshan-05	02/08/11	Gulshan, Dhaka Metro	Cannabis 40 kg	1
56.	Shahbag-05	03/08/11	Shahbag, Dhaka Metro	Yaba 300, Car 1	1
57.	Sylhet Sadar-10	03/08/11	Sylhet Sadar	Cannabis 30 kg	2
58.	Muktagacha-03	07/08/11	Muktagacha, Mymensingh	Cannabis 73 kg	1
59.	Gendaria-11	07/08/11	Gendaria, Dhaka Metro	Buprenorphine 200 Amp.	1
60.	Joydevpur-31	10/08/11	Joydevpur, Gazipur	Cannabis 73 kg	2
61.	Khulshi-21	21/08/11	Khulshi, Chittagong Metro	Yaba 600	3
62.	Paltan-42	26/08/11	Paltan, Dhaka Metro	Opiate drink 11160 bottle	1
63.	Joydevpur-101	27/08/11	Joydevpur, Gazipur	Phensedyl 1350 bottle	2
64.	Bramhanbaria-123	28/08/11	Bramhanbaria	Cannabis 20 kg, Car 1	2
65.	Pahartoli-27	28/08/11	Pahartoli, Chittagong Metro	Yaba 700	2
66.	Pabna	29/08/11	Pabna	Phensedyl 220 bottle, Car 1	2
67.	Kotowali-12	04/09/11	Kotowali, Mymensingh	Heroin 100 Gram, Buprenorphine 1000 Amp.	1
68.	Sutrapur-18	11/09/11	Sutrapur Dhaka Metro	Yaba 200	2
69.	Gulshan-32	14/09/11	Gulshan, Dhaka Metro	Yaba 400	2
70.	Bramhanbaria-42	19/09/11	Bramhanbaria	Cannabis 45 kg	1
71.	New Market-17	28/09/11	New Market, Dhaka Metro	Yaba 300	2
72.	Motijheel-72	28/09/11	Motijheel, Dhaka Metro	Yaba 300	2
73.	Dumuria-45	29/09/11	Dumuria, Khulna	Phensedyl 500 bottle, Pick up Van 1	2
74.	Bakalia-01	02/10/11	Bakalia, Chittagong Metro	Yaba 400	2
75.	Joydevpur-18	05/10/11	Joydevpur, Gazipur	Buprenorphine 1980 Amp	1
76.	Khulshi-10	08/10/11	Khulshi, Chittagong	Yaba 600	1
77.	Halishahar-11	15/10/11	Halishahar, Chittagong Metro	Heroin 500 Gram	1
78.	Motijheel-39	15/10/11	Motijheel, Dhaka Metro	Yaba 600	1
79.	Panchlaish-19	19/10/11	Panchlaish, Chittagong	Yaba 350	1
80.	Joydevpur-99	25/10/11	Joydevpur, Gazipur	Opiate Drink 8064 bottle	4

Sl. No	Number of case	Date	Place of Occurrence	Description of Seized Articles	No. of Accused
81.	Rampura-61	27/10/11	Rampura, Dhaka Metro	Buprenorphine 550 Amp, Yaba 150	2
82.	Sutrapur-64	29/10/11	Sutrapur, Dhaka Metro	Cannabis 30 kg	1
83.	Motijheel-79	31/10/11	Motijheel, Dhaka Metro	Yaba 300	1
84.	Palton-01	01/11/11	Palton, Dhaka Metro	Yaba 300	1
85.	Kaliakoir-09	02/11/11	Kaliakoir, Gazipur	Cannabis 30 kg	2
86.	Cox's Bazaar-11	02/11/11	Cox's Bazaar	Yaba 300	1
87.	Uttara-07	03/11/11	Uttara, Dhaka Metro	Heroin 200 Gram	2
88.	Joydevpur-10	03/11/11	Joydevpur, Gazipur	Yaba 1650	3
89.	Joydevpur-30	11/11/11	Joydevpur, Gazipur	Cannabis 45 kg	4
90.	Jattarabari-57	11/11/11	Jattarabari, Dhaka Metro	Phensedyl 630 bottle, Car 1	1
91.	Muktagacha-06	13/11/11	Muktagacha, Mymensingh	Cannabis 300 kg	3
92.	Bongshal-17	14/11/11	Bongshal, Dhaka Metro	Buprenorphine 200 Amp.	1
93.	Fatullah-65	22/11/11	Fatullah, Narayanganj	Opiate Drink 1248 bottle	2
94.	Bramhanbaria-99	22/11/11	Bramhanbaria	Cannabis 20 kg, Car 1	1
95.	Dhanmondi-14	22/11/11	Dhanmondi, Dhaka Metro	Yaba 400	2
96.	Jattrabari-06	24/11/11	Jattrabari, Dhaka Metro	Yaba 600	1

Source: DNC Data Base

Taka 290.73 for source and Taka 161.53 for incidental operational cost. We do not know how much money is allocated for other law enforcement agencies for these purposes. But as per opinion of the informers or sources, the

Police, RAB or BGB pays source money amounting four to five times more than that paid by the DNC. The BGB and Customs gets reward money equivalent to 25% of the assessed value of the seized articles. Therefore the

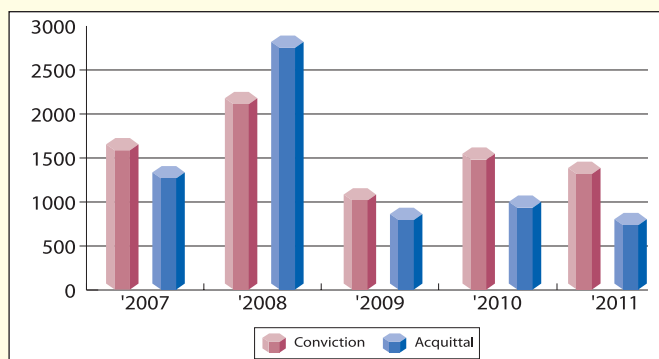
CHEMICAL EXAMINATION OF DRUGS

Month	Number of Cases	Number of sample examined	Result (as per number of cases)			Monthly Pending
			Positive	Negative	Total	
January	2761	3127	2735	19	2754	7
February	2371	2624	2359	5	2364	7
March	2940	3319	2928	7	2935	5
April	2523	2909	2521	2	2523	0
May	2916	3243	2909	6	2915	1
June	1847	2186	1844	3	1847	0
July	1997	2445	1993	4	1997	0
August	2554	2979	2552	2	2554	0
September	2111	2492	2108	3	2111	0
October	2740	3310	2735	5	2740	0
November	2500	2709	2498	2	2500	0
December	2389	2695	2388	1	2389	0
Total	29649	30438	29570	59	29629	

Source: DNC Data Base

STATISTICS ON DISPOSAL OF CASES DECTED BY DNC DURING LAST 5 YEARS

Year	Disposal of Cases			
	Conviction	Acquittal	Others	Total
2007	1586	1268	14	2868
2008	2111	2751	43	4905
2009	1019	795	00	1814
2010	1480	934	00	2414
2011	1444	891	238	2573



STATISTICS ON DISPOSAL OF CASES DECTED BY DNC DURING 2011

Month	Disposal of cases during the month					Total Cases (2+4+6)
	Conviction		Acquittal			
	Number of cases	Number of convicted persons	Number of cases	Number of persons acquitted	Others	
1	2	3	4	5	6	7
January	158	164	48	50	8	214
February	137	141	48	50	22	207
March	161	165	61	64	30	252
April	107	121	68	87	51	226
May	109	116	86	93	58	253
June	93	97	50	65	14	157
July	101	109	34	41	17	152
August	107	107	22	22	00	129
September	209	211	344	352	00	553
October	99	108	44	48	00	143
November	90	89	36	35	22	148
December	73	73	50	42	16	139
Total	1444	1501	891	949	238	2573

Source: DNC Data Base

sources and informers naturally prefer supplying secret information to RAB, Police or BGB. In spite of these limitations, the achievements of the DNC in enforcement of law is not bad in comparison with other agencies.

The offences apprehended, are mostly related to carrying, possession and sale of drugs. The carriers, possessors or sellers are not always drug traders by themselves. They are mostly employees of the real traffickers on payment of daily wage or on commission.

DISPOSAL OF SEIZED ARTICLES AND DRUGS

Narcotics Control Act 1990 provides provision for four kinds of disposal of seized articles.

1. When the seized article is perishable, or not suitable for transport, transfer, carrying, or for any other reason it requires immediate or 'on the spot disposal', then the raiding and seizing authority, after keeping appropriate and suitable sample and evidence of it, can destroy, or transfer to a competent authority, or use, or dispose up in any other way in a procedure prescribed by rules.

2. During investigation, or any time before the trial is complete, the investigating or seizing authority, for any appropriate reason, can



Honorable Home Minister Advocate Shahara Khatun, MP, local political leaders and the officials of Gazipur District Administration, DNC and Police at the destruction ceremony of drugs at Gazipur.

apply to the Court of jurisdiction for confiscation and disposal of the seized articles. If the Court thinks it reasonable for pre-trial or on trial disposal of any seized article, it can order for such confiscation and disposal as per provisions of relevant rules.

3. Whenever an order for confiscation of any drug or seized article is made by any competent Court during investigation, or before the trial is complete, or after the trial, the drug or seized article is immediately to be transferred to the Director General, or any of his authorized officers. The Director General, or any of his authorized officer should use, transfer, destroy or dispose up it in a manner prescribed by rules.
4. Whenever any drug or article is seized, but the owner or accused is not traced or found, the Director General or any of his authorized officers, superior to the seizing officer, can confiscate it by written order after issuing a fifteen days' public notice for submitting objection against the confiscation.

As per these provisions of law, all illegal drugs are confiscated. The sale proceeds found with the drugs during raids, are confiscated and deposited to the National Narcotics Control Board Fund and vehicles or other usable articles are kept under the disposal of the seizing and investigating authority for order from competent Court for confiscation and lawful disposal thereafter.

OPERATION OF MOBILE COURT

The operation of Mobile Court is introduced under the Mobile Court Act, 2009. The District Magistrate, or an Executive Magistrate empowered by the Government in this behalf, is authorized to operate Mobile Court. The Magistrate of a Mobile Court can conduct raid, search, seizure, arrest, prosecution and 'on the spot trial' under as many as 85 laws in

Bangladesh, of which the most practiced one is the Narcotics Control Act, 1990. Under the Mobile Court Act, 2009, the Executive Magistrate can conduct 'on the spot prosecution and trial' of offences punishable with a maximum period of 5 years imprisonment, or with fine, or with both, but while imposing penalty, he can impose penalty of maximum two years imprisonment, or fine or both. But in course of imposing penalty, the Magistrate cannot impose penalty of less than the penalty prescribed in law.

The 'on the spot prosecution and trial' is applicable only in cases, where the accused confesses his guilt. Otherwise after seizure and arrest, a report is to be made to the local Police Station and the accused is to be sent to a regular Court of Jurisdiction for trial in the traditional judicial system. The general practice is that, when any Mobile Court is operated, Police or RAB is obviously accompanied by the Magistrate along with an authorized and empowered officer of the concerned nodal agency responsible for administering the law.

In Bangladesh, the Mobile Court can conduct trial only offences which are liable for punishment with maximum 5 years of imprisonment. In this perspective, offences with seizure of maximum 5 kg cannabis, or 26 cannabis plant, or 5 grams of amphetamine/methamphetamine, or offences for consumption, or use of any B-class or C-class drug is punishable under the Mobile Court Act 2009. Offences for allowing any land, house, transport, equipments etc. for committing an offence under the Narcotics Control Act, or offences for doing anything without permit or pass under the Narcotics Control Act 1990 are also punishable under the Mobile Court Act 2009. Besides the DNC, the Police and RAB also conduct Mobile Court operations by their own Magistrate deputed for this purpose.

Operation of Mobile Court has been found very effective in Bangladesh for controlling all

STATISTICS ON MOBILE COURT OPERATION DURING 2011

Month	Raids	Cases	Arrests	Conviction	FIR
January	558	508	546	546	00
February	492	286	333	333	00
March	758	417	429	409	20
April	623	290	318	308	10
May	719	321	360	290	70
June	449	234	246	225	21
July	591	275	290	290	00
August	462	249	273	257	16
September	642	284	295	226	69
October	626	263	301	241	60
November	477	288	300	329	71
December	542	309	320	230	90
Total	6939	3724	4011	3584	427

A Total amount of fine of Taka 38, 78,703.00 was also realized from 399 convicted persons in addition to their imprisonment.

Source: DNC Data Base

STATISTICS ON PERIOD OF CONVICTION BY MOBILE COURT

Period of Imprisonment Imposed in Mobile Court Operation	Number of Convicts	
	2010 (Aug. to Dec.)	2011
Imprisonment for 2 Years	59	231
Imprisonment for >1 Year to less than 2 Years	00	27
Imprisonment for 1 Year	159	220
Imprisonment for 9 to 11 Months	171	72
Imprisonment for 6 to 8 Months	299	1067
Imprisonment for 3 to 5 Months	262	410
Imprisonment for less than 3 Months	680	1557
Total	1691	3584

Source: DNC Data Base

sorts of crime. It has been reducing the burden of cases in the general judiciary system to a great extent. In Mobile Court, the criminals are caught red-handed and punished on the spot then and there. Therefore the criminals have

less scope to escape the law or lingering the trial processes. As the criminals get exemplary punishment on the spot, the mobile Courts help generating public awareness against drug offences and mobilizing community movement against abuse of drugs. It saves time and money spent for trial process in the general Courts. The following Tables furnish the statistics of the Mobile Court operations of the DNC during 2011 and the statistics of punishments imposed by the Mobile Court during last two years. ■

The accused in red circle has been convicted for 87 years of imprisonment for illicit operation of Yaba and other drugs.



A colourful procession of Dhaka Metropolitan Police (DMP) for campaign against drugs.



LEGISLATION, STRATEGY AND POLICY

LAWS AND RULES

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

- a. **The Special Power Act, 1975:** This law particularly deals with prevention and control of smuggling. As drug is one of the major items of smuggling in Bangladesh, this law also addresses issues related to drugs. The main jurisdiction of this law is within five kilometers of the border. It is also applicable in other areas of the country in respect of drugs which are smuggled from other countries.
- b. **Customs Act:** Though the Customs Act deals with collection of Customs Duty on import and export of various commodities and prevention of smuggling, it also covers the issues related to import and export of narcotic drugs, psychotropic substances and precursor chemicals. There are penal provisions for illicit import or export of any drugs. The other laws and rules are:
 - c. Prevention of Money Laundering Act, 2002
 - d. Coast Guard Act, 1995
 - e. The Code of Criminal Procedure, 1898
 - f. The Evidence Act, 1872
 - g. The narcotics Control Rules, 1999
 - h. The National Narcotics Control Board Fund Rules, 2001
 - i. The Private Treatment and Rehabilitation Center Rules 2005

STRATEGIES AND POLICIES

The Department of Narcotics Control (DNC)

follows three strategies for drug abuse prevention and control. These are:

- a. Supply Reduction
- b. Demand Reduction, and
- c. Harm Reduction;

The supply reduction strategy in compasses:

- Licensing,
- Monitoring and Inspection,
- Intelligence and enforcement,
- Crop eradication and destruction of drugs,
- Investigation,
- Prosecutions and sanctions and
- Summary trial of drug offences in Mobile Court

The Demand Reduction Strategy includes:

- Prevention,
- Education,
- Price control and Taxation,
- Control and Restriction on Advertisement of Drugs,
- Treatment and
- Rehabilitation.

The Harm Reduction strategy consists of:

- Detoxification of drug addiction,
- Abscesses management,
- Campaign against Injecting drug use,
- Oral Substitution program for the injecting drug users,
- Programs against HIV/AIDS among the drug users,
- Cooperation with the NGO's in various harm reduction programs. ■



Courtesy: DNC Photo Archive

Seizure of huge amount of Phensedyl by the raiding team of DNC Gazipur.



Courtesy: DNC Photo Archive

Seizure of huge amount of cannabis sourced from Tripura, India with one arrested person.



Courtesy: DNC Photo Archive

Seizure of huge amount of cannabis and phensedyl sourced from India with arrest of two accused by the DNC Dhaka Metro.



Courtesy: DNC Photo Archive

Honorable Home Minister Advocate Shahara Khatun, MP, and the officials of DNC at the destruction ceremony of drugs at Gendaria Dhaka.



Courtesy: DNC Photo Archive

Seizure of phensedyl and arrest of a phensedyl carrier dressed in especially made phensedyl carrying jacket.



Courtesy: DNC Photo Archive

Seizure of phensedyl and cannabis by the raiding team of DNC Dhaka Metro.



ORGANIZATIONAL CAPABILITY

THE DEPARTMENT OF NARCOTICS CONTROL

MANPOWER OF THE DEPARTMENT OF NARCOTICS CONTROL

The Department of Narcotics Control is the nodal agency for prevention and control of drug abuse and their illicit trafficking in Bangladesh. It is headed by a Director General. It has a sanctioned manpower of 1283, but the existing manpower totals 843 and 440 posts are vacant. It means almost 35% of the posts are at present vacant. The breakup of manpower is as follows:

MANPOWER OF DNC

Class	Sanctioned Post	Existing Posts	Vacant Posts
Class I Officers	91	55	36
Class II Officers	54	43	11
Class III Employee(Enforcement)	779	506	273
Class III Employee (Ministerial)	254	173	81
Class IV Employees	105	66	39
Total	1283	843	440

Source: DNC Data Base

Among this 1283 sanctioned manpower, only 779 persons are for the purpose of law enforcement and control of crimes related to drugs. But due to shortage of manpower, only around 506 people are working in the whole country for law enforcement and control of crimes related to drugs. To fill up the vacant posts 8 class I, 15 class II and 43 class III and Class IV post were filled up by new appointment during the year 2009. After 2009 a total of 164 posts were filled up by promotion. Details of the statistics are furnished below:

APPOINTMENT AND PROMOTION

Sl. No.	Class of Post	Appointed	Promoted
1	Class I	8	27
2	Class II	15	30
3	Class III	36	107
4	Class IV	7	-
Total		66	164

Source: DNC Data Base

The DNC is under the process of appointing another 225 persons in 17 different categories of posts. The scrutiny of the application is already complete and other processes are ongoing.

OFFICES OF THE DEPARTMENT OF NARCOTICS CONTROL

The DNC Headquarters was located at 1, Segun Bagicha, Dhaka-1000 in accommodation provided by the Government till 2008. There from, it was shifted at a hired building at Eskaton Dhaka.

Due to some inconvenience, it has again been shifted temporarily at an unutilized building of the Rehabilitation Center of the DNC at 441 Tejgaon Industrial Area at an unutilized building of the Rehabilitation Center of the DNC. After construction of DNC's Headquarters Office Building at 41 Segun Bagicha, Dhaka-1000, it will be shifted there. There are 4 Zonal offices and 4 Zonal intelligence offices at Dhaka, Chittagong, Khulna and Rajshahi. The DNC run its field administration through 25 Regional offices Located at Dhaka, Metro, Dhaka, Mymensingh, Faridpur, Tangail, Jamalpur, Chittagong Metro, Chittagong, Comilla,

Noakhali, Sylhet, Cox's Bazaar, Rangamati, Bandarban, Khagrachari, Khulna, Jessore, Kushtia, Barisal, Patuakhali, Rajshahi, Pabna, Bogra, Rangpur and Dinajpur.

The Regional Offices are generally located at greater and old District Headquarters. The Zonal and Regional offices perform administrative and supervisory functions. They also issue licenses and permits. The enforcement and operational activities are performed through 108 Circle Offices throughout the country. The Circle Offices are under the direct control of the Regional offices. The DNC has also 5 Distillery offices and 13 Warehouse Offices to collect revenue from alcohol, spirits and liquor. The DNC has 4 Drug Addiction Treatment Centers at Dhaka, Chittagong, Rajshahi and Khulna. It has also a Chemical Laboratory for chemical tests of drugs under the Narcotics Control Act 1990.

TRANSPORT AND LOGISTICS

As per approved TO&E, the total number of sanctioned transports for the DNC is 50. Out of which, 6 transport has not yet been purchased since establishment of the DNC. Among all the existing 44 transports, 41 are in operation. Most of the transports are 22 years old which were purchased at the time of establishment of the DNC. Some of the unusable transports have been declared condemned and replaced by 4 Jeeps during 2007-08, 3 Jeeps during 2008-09, 3 Pickup Vans during 2010-11 and 2 Pickup Vans during 2011-12. For last few years, the DNC has been running in extreme scarcity of logistics and equipments. However, during the year 2011, a new TO&E has been approved by the government. Under this new TO&E, the DNC has been allocated with some new logistics and

equipments. Details of the newly allocated equipments are as follows:

EQUIPMENTS OF DNC

Description	Sanctioned	Existing	Under Process of Procurement
Computer	96	56	02
Laptop	17	01	
Photocopier Machine	40	01	
Fax Machine	40	01	
Walkie Talkie	388		
Car Mobile Walkie-Talkie	25		
Multi-media Projector	03		

In the mean time, a project of Taka 563,70,000 has been approved by the Ministry of Home Affairs for digital data management, telecommunication and procurement of computers for drug law enforcement and control of crimes, which are to be implemented within next three years.

ESTABLISHMENTS

Before establishment of the Department of Narcotics Control in 1990, the name of this Department responsible for controlling intoxicating drugs, were respectively the Bengal Excise Department during the British colonial period, the Department of Excise and Taxation



Honorable Home Minister Advocate Shahara Khatun, MP, the DG DNC and Senior Officials of the Ministry of Home Affairs and DNC at the Inauguration of the Construction of the Zonal Office Building of DNC, Dhaka.

during the Pakistan period and the Department of Narcotics and Liquor till 1989. Being almost a century-old Department, it never had its own

office. One upon a time, it was accommodated in the Deputy Commissioners office complex at each District. After being separated from the District Administration, almost all the field offices are being maintained in rented houses. However, 23 decimals of land at 41 Segun Bagicha, Dhaka, have been registered in favor of the DNC during 2011. Planning for establishment of the DNC Headquarter at this land is under process. Apart from the DNC Headquarter, construction of Zonal and Regional DNC offices at Dhaka, Chittagong, Rajshahi, Sylhet, and Barisal is going on. The total Budget allocation for this project is Taka 27,49,89000/-. Details of the Project are furnished below:

CONSTRUCTION OF OFFICE BUILDINGS FOR DNC'S FIELD OFFICES

1.	Name of the Project	Construction of Office Building for the DNC field offices at the Divisional Cities at Dhaka, Chittagong, Rajshahi, Sylhet, and Barisal
2.	Estimated Expenditure	Taka 27,49,89000/-
3.	Period of Implementation	January, 2010 to June 2012.(Proposed for extension upto June 2013)
4.	Date of Approval	12/12/2010
5.	Implementing Agency	Department of Public Works and the DNC
6.	Initiating Ministry	The Ministry of Home Affairs
7.	Location of the Projects	Dhaka, Chittagong, Rajshahi, Sylhet, and Barisal
8.	Purpose of the Project	Construction of Office Building at 5 Divisional cities of Dhaka, Chittagong, Rajshahi, Sylhet, and Barisal for the DNC

COLLECTION OF REVENUE

Collection of revenue is not a major function of the DNC. Its functions are mainly, reduction of the demand and supply of drugs and the related harms of drug abuse. Revenue is a byproduct of DNC's activities for reduction of the demand and supply of drugs. In general, all drugs are restricted in Bangladesh as per provision the Narcotics Control Act, 1990, except for manufacture of medicine, treatment, industrial use and scientific research under license, permit or pass granted under this law. While issuing licenses, permits or passes for these purposes, the DNC collects license and permit fees and 'Madok Shulko' (taxes on intoxicating drugs)

imposed by the Government on alcohol, spirits and liquors. Here, the license fees and taxes increase the price of drugs and reduce the purchasing power of the consumers. But excessive taxes and excessive increase of price can compel the consumers to go for illegal channels to procure their supply of drugs and it can enhance the criminal activities related to drugs. Therefore fees and taxes are imposed on the basis of such calculation, and at such a point of equilibrium, where the consumer's

STATISTICS ON COLLECTION OF REVENUE BY DNC

Revenue Item	2007-08	2008-09	2009-10	2010-11	2011-12
Country Liquor	199195891.60	228134628.40	264653736.40	340154254.32	162675902.30
Foreign Liquor	204173789.90	229480877.60	222130155.90	195976047.30	105144309.90
Rectified Spirit	12049011.26	10557223.44	13069102.78	14390079.06	7469583.20
Denatured Spirit	43036619.04	31997907.60	21605777.26	20908106.72	7232265.78
Absolute Alcohol	-----	13552.00	98444.72	172518.04	56360.00
Toddy	503510.00	413455.68	169900.00	11644328.00	5153334.00
License/Permit Fees	47762276.60	46611620.00	37261217.76	43645276.00	9825330.00
Miscellaneous	120240.00	8754.00	1365.00	245800.00	96314.00
Total	506841338.40	547218018.72	558989699.82	627136409.44	297653699.10

Source: DNC Data Base

purchasing power, the demand, the supply and the probability of diversion to illicit channels meet each other at such a point of equilibrium where the government gain maximum benefit of reducing the demand and supply of drugs with minimum probability of diversion to illegal channels. The statistics on collection of revenue by the DNC for last five years are as shown in the chart.

evidence; prosecution and trial of cases; procedure of trial of cases in Court and submission of evidence; the Criminal Procedure Code and Evidence Act; preventive education and public awareness campaign against drug abuse; community mobilization against drug abuse; various methods and approaches for drug addiction treatment, rehabilitation and harm reduction.

STATISTICS ON EXPENDITURE OF THE DNC

Head of Expenditure	2007-08	2008-09	2009-10	2010-11 (Revised)	2011-12 (Allocation)
Salaries of Officers	13000000	11277000	15232000	17200000	18000000
Salaries of Subordinate Staffs	54500000	54029000	75598000	84588000	85500000
Allowances	51072000	60407000	49674000	75340000	76535000
Supplies and Services	33895600	32651000	42367000	44021000	48790000
Repairs and Maintenances	1391000	1464000	1517000	2119000	1950000
Procurements and Purchases	12956500	10461000	159000	7167000	11020000
Total	166815100	170289000	184547000	230435000	241785000

Source: DNC Data Base

TRAINING AND CAPACITY BUILDING OF DNC

Every DNC officials and staff is provided with short basic training course after they join the service. There are basic and specialized training courses for the drug law enforcement officials. Under these courses, they are provided with knowledge and information of both theoretical and practical aspects of drug related issues. Some of the important topics of training are: definition, description, nature, classification, origin and identification of drugs; effects and consequences of drug abuse; the international, regional and national perspectives of abuse of drugs and their illicit trafficking, international and domestic laws and rules relating to drugs; functions and responsibilities of various law enforcement agencies in Bangladesh for drug abuse prevention and control; techniques of intelligence; planning and conducting raid, search, seizure and arrest; investigation of offences, collection and management of

Besides the basic and foundations training courses on drugs, the newly recruited officials are also trained on basic aspects of service rules and governmental systems. Apart from these training courses, there are refreshers courses and short training courses. Along with the DNC officials, officials of other law enforcement agencies are also trained on drugs. The DNC have already created a master trainer group within itself. The members of this group also work as resource persons in training courses organized by other agencies. Details of the internal and overseas training facilities provided for the DNC officials over last three years are as follows:

STATISTICS OF TRAINING DURING 2011

Year	Persons trained internally	Persons trained overseas	Total
2009	273	06	279
2010	271	24	295
2011	268	23	291
Total	712	53	765

Source: DNC Data Base

DETAILS OF OVERSEAS TRAINING DURING 2011

Period	Subject of Training	The organizing Agency and Country	Number of persons received training	
			Govem ment	Non-Govem ment
2011	Harm Reduction for Injecting Drug Users and Study Visit	Colombo Plan Secretariat, Malaysia	01	
2011	Controlled Delivery Operations & Profiling on International Cargo & Courier Parcels Intended for sensitive Destinations.	UNODC, Faridabad, India	17 (DNC-11 Others-6)	
2011	Workshop on Regional Training on forensic Drug Analysis Program	Colombo Plan Secretariat, New Delhi, India	01	
2011	South Asia Regional Training on Treatment and Rehabilitation.	Colombo Plan Secretariat, Maldives.	01	01
2011	4th Regional Training on Development of Outreach/Drop in Centre	Colombo Plan Secretariat, Islamabad, Pakistan.	01	01
2011	Regional Training of Women Counselors on Treatment and Rehabilitation.	Colombo Plan Secretariat, Chennai, India		01
2011-12	Asian Recovery Symposium	Colombo Plan Secretariat, New Delhi, India	03	01
2011-12	First Training of Trainers of Bangladesh on Treatment and Rehabilitation	Colombo Plan Secretariat, Bhutan	15	

Source: DNC Data Base

OTHER DRUG LAW ENFORCEMENT AGENCIES

POLICE

Police is the biggest law enforcement agency in Bangladesh under the administrative control of the Ministry of Home Affairs. It is headed by the Inspector General of the rank and status of a Secretary. Though their primary responsibility is to maintain the law and order situation of the country, most of the law dealing with any crime empowers police for search, seizure, arrest and prosecution. In Metropolitan cities, the commissioners of Police have magisterial power to enforce any law. As per nature of job and responsibilities, the Police Department has different branches of operational administration. These branches are: the regular Police of Divisions, Districts and Thanas of the Civil Administration, the Metropolitan Polices of different Metropolitan cities, the Special Branch,

the Detective Branch, the Criminal Investigation Division, the Immigration Police, the Reserved Armed Battalion Police, the Industrial Police and the Rapid Action Battalion.

Rapid Action Battalion, though a wing of the Police administration, work separately to control serious crimes and terrorism. Majority of RAB are deputed from army. 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 empowers Police for search, seizure, arrest, investigation and prosecution of a drug related crime. The Commissioner of Metropolitan Police can exercise some magisterial power as admissible in the law. Bangladesh Police have a total manpower of 1,24,366 persons (as of March 2010). The details are as follows:

Besides the law enforcement, the police also perform some community based activities for

MANPOWER OF THE DEPARTMENT OF BANGLADESH POLICE

Sl	Rank	Number
1.	Inspector General (IG)	1
2.	Additional Inspector General (Addl IG)	9
3.	Deputy Inspector General (DIG)	29
4.	Additional Deputy Inspector General (Addl DIG)	32
5.	Superintendent of Police (SP)	194
6.	Additional Superintendent of Police (Addl SP)	244
7.	Senior Assistant Superintendent of Police (Sr ASP)	217
8.	Assistant Superintendent of Police (ASP)	882
9.	Inspector	2,367
10.	Sub Inspector (SI)	11,048
11.	Sub Inspector (TR)	254
12.	Town Sub Inspector (TSI)	107
13.	Sergeant	1,227
14.	Assistant Sub Inspector (ASI)	6,757
15.	Head Constable	6,611
16.	Naik	5809
17.	Constable	88,578
	Total	1,24,366

Source: Website of Bangladesh Police

awareness against drugs. They sometimes make referrals of the drug addicts to treatment services. There are also community mobilization activities done by the police casually. During the year 2011, the Police detected a total number of 22939 drug related offences throughout the country with a total number of 28273 arrests. The important seizures of drugs by Police during 2011 are: heroin 21.40 kg, cannabis 17800 kg, phensedyl 160074 bottle, buprenorphine injection 10,680 ampoule, yaba 192686 tablets and country liquor 164668 liters.

BORDER GUARD BANGLADESH (BGB)

Border Guard Bangladesh, as a paramilitary force is entrusted with the responsibility to defend the 4,427 km border of the country. It is the first line of defense for the nation. BGB boasts an illustrious past with rich traditions and a remarkable military history spanning over two centuries. During peacetime, this force is also responsible for anti-smuggling operations,

investigating cross border crime and extending governmental authority to remote and isolated areas. From time to time, BGB has also been called upon to assist the administration in the maintenance of internal law & order, and relief and rehabilitation work after any kind of natural disaster. During wartime, BGB comes under the control of the Ministry of Defense as an auxiliary force to Bangladesh Army.

The BGB is commanded by a Director General of the Rank of Major General from Bangladesh Army.. The BGB administration and most of the officer corps are trained and

deputed from Bangladesh Army. The strength of the man power of BGB is 67,000. It is divided into 61 battalions and numerous border outposts (B.O.P), mostly along the borders. BGB is organized into a central headquarters and 4 regional headquarters. Under the regional headquarters there are 16 sectors. Each sector is commanded by a Colonel. The responsibilities of BGB are: patrolling and securing the border, investigating cross border crimes, anti-smuggling operations, counter terrorism,



The official of the DNC and BGB at a joint workshop cum training program on drug law enforcement held at DNC Headquarters.

domestic law enforcement during national emergencies and acting as a reserve force under M.O.D. during war.

RAPID ACTION BATTALION (RAB)

In 2004, elite force of Bangladesh Police Rapid Action Battalion (RAB) was formed consisting of the personnel of Bangladesh Police, Bangladesh Army, Bangladesh Navy, Bangladesh Air Force, Border Guard Bangladesh and Bangladesh Ansar. Rapid Action Battalion (RAB) is an elite anti-crime and anti-terrorism unit of Bangladesh Police. 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 status of Additional Inspector General of Police.

Since its inception, the RAB has seized a total of 3,149 illegal arms and more than 36,000 rounds of ammunition with over 500 arrests. RAB has been successful in apprehending many high-profile terrorists including godfather of drug smuggling. During the year 2011, RAB has a total of 4875 detection of drug related offences with 8790 arrests. The important seizures of RAB during this period are: heroin 58.825 kg, cannabis 12536.715 kg, phensedyl 275625 bottle, buprenorphine 45158 ampoule, yaba 291109 tablets and country liquor 196325 liters.



The Officials of RAB, Chittagong with four arrested persons and seizure of 2,70,000 Yaba sourced from Myanmar.

COAST GUARD

The Coast Guard Act 1994 was passed by the Parliament in September 1994. Formally, the Coast Guard came into being on 14 February 1995 and started its operational activities in December 1995 with two patrol craft received from Bangladesh Navy on loan. Since then, the Coast Guard has been rapidly expanded and has been active in several high-profile anti-piracy operations in close conjunction with the Navy, Army, BGB, Police and Narcotics Control Department. Bangladesh Coast Guard, being the principal maritime law enforcing authority 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. During the year 2011, Bangladesh Coast Guard Seized 11.4 kg cannabis, 5264 bottle foreign liquor, 2580 can beer, 786 bottle phensedyl and 78482 yaba tablet.

CUSTOMS

Customs is primarily responsible for collection of all duties and taxes at the import stage. Apart from collection of government revenue, it is also responsible for trade facilitation, enforcement of government regulations, protection of society and environmental protection, preparation of foreign trade statistics, trade compliance and protection of cultural heritage. At the legal ports of entry, it is the principal agency to apprehend illicit trafficking of drugs. The customs authority in Hazrat Shah Jalal International Airport at Dhaka seized several big consignments of heroin, cannabis and ketamine, which were going to be smuggled to Europe and South East Asia. As the Customs authority is not empowered to investigate offences, whatever cases are detected by them, is handed over either to the Police or to the Department of Narcotics Control.

DEPARTMENT OF PRISON

In Bangladesh, the Department of Prisons comes under the purview of the Ministry of Home Affairs. The Inspector General of Prisons is the head of the organization. Prisons are mainly the custodian of all sorts of arrestees both before and after conviction. There are about 80 prisons in Bangladesh, among which 8 are central jails, 56 District jails and 16 Thaana jails including a female prison with 74170 prisoners in different prison in Bangladesh. Thaana jails are basically 'detention houses' situated at the focal point of some Thaana. Among the 80 prisons countrywide, some 16 are not functioning yet. The total number of yearly arrests for drug related offences in Bangladesh is approximately 40,000 on average. Among these arrestees there are also drug abusers. Sometimes drug addicted persons are made over to the prisons by their parents to make them free of addiction in a confined state. Majority of the drug peddlers are also habituated to drugs and when they are put into prison, they need treatment for their addiction. Apart from problem with drug addiction, prison populations are highly vulnerable for HIV/AIDS, because they are mostly open to homosexuality. Each of the prison in Bangladesh has a hospital. The Narcotics Control Act 1990 provides provision for declaring these hospitals as drug addiction treatment centers. On consideration of these aspects, the UNODC-ROSA provided with financial assistance for pilot intervention program for prevention of HIV/AIDS and drugs in the prison system in Bangladesh. Under this program there were training on peer-led intervention and senior peer volunteers and peer volunteers for 110 participants at Gazipurr District Jail.

NATIONAL NARCOTICS CONTROL BOARD

The National Narcotics Control Board (NNCB) is established under Section 4 of the

Narcotics control Act 1990. It is the highest advisory and policy formulating body of the country for any issue on drugs. The members of the NNCB are Ministers of the Ministries of Home Affairs, Foreign Affairs, Health, Education, Information, Social Welfare, Finance, Planning, Local Governments, Religion, and Youth Development. The Secretary of Law and Justice and Secretary of Ministry of Home Affairs are also Members of the NNCB. Apart from the Ministers and Secretaries, one renowned philanthropist, one renowned social worker, one renowned journalist and one renowned physician or psychiatrist, to be nominated by the Government, are also Members of this Board. The Director General of the DNC is the Member-Secretary of the Board. This Board has been constituted with multi-disciplinary dignitaries, because participation of all concerned agencies is required to combat a multi-disciplinary problem like drugs. The Department of Narcotics Control (DNC) acts as the executive agency of this Board. The NNCB performs the following activities:

- a. Formulate policies on prevention and control of drugs and take measures for their implementation
- b. Provide guidelines for collection of data and conducting research in various aspects of the drug problem;
- c. Formulate policies relating to manufacture, supply, use and control of drugs;
- d. Formulate policies on treatment and rehabilitation and ensure their implementation;
- e. Undertake preventive educational measures and create public awareness on drugs;
- f. Make liaison with all concerned ministries and agencies and coordinates their activities;
- g. Undertake any measure necessary for the performance of its functions and responsibilities.



Honorable Home Minister Advocate Shahara Khatun, MP, Honorable Finance Minister AMA Muhit, MP, and other Honorable Members of the NNCB at the 12th NNCB Meeting.

The NNCB could not sit in meeting for a long period of time after the 11th meeting held during 2008. After nomination of the new members during the tenure of the present Government, the NNCB was reorganized on 10/08/2011 and it sat on its 12th meeting on 01.01.2012. The major decisions of the 12th meeting of the NNCB are:

1. All the law enforcement agencies including the DNC, shall be more vigilant for combating the drug menace in the country.
2. Presence of both government and non-government witnesses at the trial of cases should be ensured for quick disposal of the cases under trial.
3. Complain boxes should be placed under special arrangement at the drug-prone areas of the country.
4. The Ministry of Home Affairs should take necessary steps for formulating Special Task Force for conducting anti-drug operations.
5. The Ministry of Home Affairs should take quick actions for implementing the decisions on updating the Organizational set up of the DNC, enhancing its logistic support, allocating adequate budget, infrastructural development, amendment of the Narcotics

Control Act 1990 and training of the manpower of the DNC.

6. The ministry of Home Affairs should take necessary actions for quick implementation of the proposal sent by the DNC for providing arms, uniform, risk allowance and facilities for ration for the employees of the DNC.

7. The NNCB accorded its approval for spending Taka 10,00,000/ (one million) from the NNCB fund for anti-drug campaign in print and electronic media for

publication of Annual Drug Report, for treatment of the drug addicted street children, for anti-drug seminar, symposium and for observance of the International day against abuse and illicit trafficking of drugs.

8. The DNC and the Ministry of Home Affairs should take necessary actions for anti-drug advertisement in televisions in collaboration with the Ministry of Information.

LICENSING LICENSE, PERMIT

The Narcotics Control Act 1990 has imposed restriction and control on any kind of operation of drugs or their ingredients except for manufacturing medicines, treatment, industrial use and scientific research under license, permit or pass. However, the law permits the non-Muslim population and foreigners to drink any kind of alcoholic preparations and liquor for amusement and recreational purposes under permit issued by the DNC. The Muslim population can take alcohol only for treatment purposes under prescription from authorized physicians. Licenses are required for cultivation,

production, processing, export, import, possession, warehousing, storage, distribution, sale, purchase, exhibition, etc. Permits are required for use, administration or consumption. Passes are required for transport and carrying. Total number of different kinds of licenses under the control of the DNC is 4773. The Director General of the DNC, or any officer authorized by him, can issue license permit or passes under certain prescribed terms and conditions, on payment of prescribed fees and on prescribed forms.

Licensing system is an effective method to control, monitor and limit the licit drug supply facilities, locations, types, numbers and activity hours. It is also effective to differentiate between the licit and illicit operations relating to drugs. The behavioral patterns of the license/permit holders relating to drugs are also monitored and controlled through licensing system. No import, export, transport, shipment, manufacture, processing sale, distribution, purchase, possession, storage, warehousing, use,

consumption, etc. of alcohol, spirit, alcohol containing products and certain narcotic drugs and precursor chemicals can be done without a license, permit or pass from the DNC. The Narcotics Control Rules, 1999 has provision for control, monitoring and supervision of the operations of drugs or precursors in industrial, scientific and medical purposes through a licensing system. Importers, exporters, manufacturers, distributors, users or operators of drugs or precursors have legal bindings to allow inspection by DNC official. A thorough investigation is made before issuing any license/permit, or allowing any import or export. Each import and export requires clearance from the DNC. Every import is followed by inspection by the DNC and assessment of the requirement. The manufacture, sale, processing or uses of drugs are monitored by inspecting DNC officials. Inspecting officers of DNC verify accounts and statistics of all drug related operations.

STATISTICS ON LICENSES OF NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR CHEMICALS

Category of License	Number
Distillery	06
Brewery	01
Alcoholic Molt beverage (Whole sale)	03
Bonded Ware House	18
Country Liquor	216
Foreign Liquor	Club/Bar= 108, Whole Sale and Retail=38
Rectified Spirit (homeo medicine and Industry)	267
Denatured Spirit	2790
Narcotic Drugs (Morphine & Pethidine)	767
Psychotropic Substances (for Pharmaceutical Industries)	Import- 78 Export- 13 Processing- 73
Precursor Chemicals	Import=111, Manufacture/Processing= 32, Retail Sale=65, Use=55
Private Drug Addiction Treatment and Rehab Center	66
Registered Anti-drug NGOs	66
Total	4773

Source: DNC Data Base

The DNC monitors the supply system of drugs through its field officials. Liquor shops are inspected at least once a month and others at least once a quarter. Officials of and above the rank of Inspector can inspect any license whenever desired. This method facilitates the DNC to control and monitor the behavior of both the suppliers and consumers of drugs. The DNC's Policy is to patronize expansion of licit trade and industry. There is no public harassment. The DNC ensure regular, adequate and uninterrupted licit supply to licit traders, industries and users. DNC holds periodical meeting with traders, industrialists and users to solve problems. The DNC stops unauthorized and suspected consignments of the imports of drugs.

DISTILLERY, BREWERY AND WAREHOUSE

Though Bangladesh was never a traditional alcohol consuming country, the tribal populations were used to drink alcohol from

liquor, foreign liquor, rectified spirit, denatured spirit and absolute alcohol under license from the Government. Carew & Co. was also issued exclusive privilege license for manufacture and sale of country liquor throughout the whole of Bengal. To distribute country liquor among the vendors throughout the country, there are also 13 warehouses. Country liquor is sent to these warehouses under bond of payment of Government duty. The officers in charge of these warehouses are responsible for collecting revenue while issuing country liquor to retail vendors.

Carew & Co was the sole producer and distributor of all sorts of alcohol till 1984. Thereafter another three private distillery named Jamuna Distillery at Natore District, Rangpur Distillery at Rangpur District and Marshal Distillery at Panchagar District were established to manufacture and trade rectified spirit and denatured spirit. Very recently another distillery named Sunipun Distillery at Faridpur District has been issued license to manufacture and trade

STATISTICS ON SUPPLY OF ALCOHOL (In proof Liter)

Year	Absolute Alcohol	Rectified Spirit	Denatured Spirit	Country Liquor	Foreign Liquor
2005-06					
2006-07	790.75	85138.01	2507997.64	2235720.54	540787.73
2007-08	1048.75	98028.57	3055190.05	2560485.64	618708.20
2008-09	1337.61	170646.36	2303001.79	2908827.96	695396.72
2009-10	1153.71	225660.48	1496531.94	3280182.75	651660.23
2010-11(up to May)	1488.23	182753.36	1216846.39	2796794.12	531520.64

Source: DNC Data Base

time immemorial. During the Mughal and British regime, there were taxes on manufacture and trade of alcohol. The British Indian Government established "Bhatikhana" in each District to control and monitor the manufacture and trade of country liquor. The rights of manufacture and trade of country liquor were sold on auction each year. At the beginning of last century, the British merchants established Carew & Co. at Darshana, in Chuadanga District and began manufacturing country

rectified spirit and denatured spirit. All the distilleries use molasses sourced from local sugar mills as raw material for manufacturing spirit. The only brewery in Bangladesh, named Crown Beverage Limited, was established in the year 2009 at Kaliakoir, in Gazipur District. The raw materials used in this brewery are imported malt and hops. The combined quantity of supply of spirit, liquor and alcohol by all the distilleries and the quantity of beer supplied by Crown Beverage are as following:

**STATISTICS ON PRODUCTION AND SALE OF BEER BY CROWN
BEVERAGE LIMITED, KALIAKOIR, GAZIPUR**

Period	Production (Can)	Sale (Can)	Revenue (Taka)
Sep. 2009—Jun. 2010	22,40,040	11,53,536	1,10,16,268.00
July, 2010—June, 2011	15,60,960	13,97,760	1,49,07,168.00
July, 2011—May, 2012	14,82,192	14,82,192	1,41,54,936.00

Source: DNC Data Base

STATISTICS ON THE PERMITS FOR CONSUMPTION OF LIQUOR

Financial Year		2007-08		2008-09		2009-10		2010-2011		2011-2012	
Sl.	Region	C.S.	F.L.	C.S.	F.L.	C.S.	F.L.	C.S.	F.L.	C.S.	F.L.
1	Dhaka Metro	4282	5400	5908	6570	6302	7020	6005	7001	5075	6479
2	Dhaka Reg.	1580	201	1725	309	1950	375	2100	401	2226	585
3	Mymensingh	1783	329	1969	343	2699	369	3081	374	3456	385
4	Faridpur	1370	190	1138	240	1848	240	2157	258	1910	260
5	Tangail	568	275	713	160	735	189	817	217	855	192
6	Jamalpur	521	----	600	----	610	----	668	----	700	21
	Total of Dhaka Zone	10104	6395	12053	7622	14144	8193	14828	8251	20127	7922
7	Chittagonj Metro	4708	1273	5420	1255	4971	1414	6525	1372	5905	1775
8	Chittagonj	----	----	----	----	----	----	----	----	-----	-----
9	Sylhet	15051	197	14653	197	18007	258	19107	248	18118	241
10	Comilla	1259	449	1753	482	2033	501	1999	501	1809	463
11	Noakhali	1850	----	2109	----	2543	----	2718	----	2425	----
12	Cox's Bazaar	161	62	100	74	131	88	150	105	150	123
13	Bandarban	----	----	----	10	----	10	----	15	----	20
14	Rangamati	----	----	----	----	----	----	----	----	---	---
15	Khagrachari	----	----	----	----	----	----	----	----	---	---
	Total of Chittagonj Zone	23029	1981	24035	2018	27685	2271	30499	2241	28407	2622
16	Rajshahi	1886	226	2447	150	3149	251	3901	250	2925	301
17	Rangpur	2693	249	3139	201	3615	220	3945	231	3967	290
18	Pabna	2211	5	2122	----	2221	----	1971	10	2492	1
19	Bogra	1121	306	1454	334	1507	452	1908	374	2076	534
20	Dinajpur	988	250	974	351	945	352	1115	354	1264	356
	Total of Rajshahi Zone	8899	1036	10136	1036	11437	1275	12840	1219	12733	148²
21	Khulna	2345	222	2617	171	2936	247	2877	325	3536	385
22	Jessore	1995	250	2095	349	2297	206	2543	400	2836	303
23	Kushtia	2177	8	2702	12	2901	14	3589	13	3589	13
24	Barisal	203	7	252	205	363	134	780	163	805	163
25	Patuakhali	64	----	57	----	66	----	69	----	73	----
	Total of Khulna Zone	6784	487	7723	737	8563	601	9858	901	10839	864
	Grand Total	48816	9899	53947	11413	61829	12340	68025	12612	72106	12890

Source: DNC Data Base

If we review the number of permit holders for consumption of liquor over last five years, it appears that alcohol consuming population of the country has been increasing gradually each year at the a ratio from 6% to 10%. But this statistics does not project the actual number of people with drinking habit in the country. Permits for drinking country liquor are granted to only non-Muslim population. But in reality, a major portion of the alcohol consuming population are Muslim. As they are not entitled to any permit for consuming country liquor legally, they drink alcohol from illicit sources. The illicit distillation of alcohol prevails almost all over the country. Almost 20% of the cases detected by the DNC each year are related to illicit distillation of liquor. Many people, having no permit drink rectified spirit as a substitute to liquor.

ANNUAL REQUIREMENTS OF NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR CHEMICALS

Out of 23 precursor chemicals, Bangladesh use only 8. Pharmaceutical industry is growing fast. Therefore, use of psychotropic substances has also increased to a great extent. It is to note that the license holders could not import the entire quantity of the allotment for delay in the import process, and to some extent for the political unrest in the country. Details of imports are furnished below.

STATISTICS ON THE INCB ALLOTMENT OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES AND THEIR IMPORT

Name of the Narcotic Drugs	Allotment	2008	2009	2010	2011
Dextropropoxyphene (Grams)	450 000	-----	-----	2001	-----
Fentanyl (Grams)	800	62.500	63.67	125.05	502.900
Methadone (Grams)	1500 000	-----	-----	4600	---
Morphine (Grams)	100 000	10 000	25	5000	---
Pethidine (Grams)	420 000	130 000	120 000	30 000	100 000
Pholcodine (Grams)	300 000	-----	-----	-----	---
Ephedrine	368 000	110 000	-----	-----	10 000
Pseudo ephedrine(Grams)	49021 000	26400 000	11587 000	14955000	16685 000
Alprazolam	300 000	15 000	25 000	25 000	39 500
Barbital	200 000	-----	-----	-----	-----
Bromazepam	1200 000	360 000	420 000	410 000	352 000
Clobazam	1500 000	620 025	388 000	287 000	452 000
Clonazepam	800 000	158 151	158 000	140 000	299 000
Diazepam	3000 000	555 000	1665 000	1210 000	585 000
Flurazepam	300 000	100 000	84 000	30 000	66 000
Lorazepam	600 000	-----	10 000	-----	5000
Midazolam	1000 000	125 750	279 498	115 377	147 000
Nitrazepam	1000 000	200 000	150 000	150 000	360 000
Oxazepam	100 000	-----	20 000	20 000	----
Pentobarbital	1000	-----	-----	-----	-----
Phenobarbital	5000 000	870 000	1335 000	1390 000	560 000
Zolpidem	100 000	-----	-----	15 000	15 000

Source: DNC Data Base

STATISTICS ON IMPORT OF PRECURSOR CHEMICALS

Name of Precursor Chemical	2008	2009	2010	2011
Acetic Anhydride	716.160 mt	937.800 mt	605.770 mt, 200 ltr	958.770 mt
Acetone,	542.000 mt	1098.480 mt, 200 ltr	797 mt, 260 ltr	876.720 mt
Ephedrine	110 kg	-----	-----	10 kg
Ethyl Ether		100 ltr	150 ltr	-----
Methyl Ethyl Ketone,	628.048 mt, 33312 ltr	684.223 mt, 2490 ltr	373.297 mt, 12710 ltr	570.490 mt
Potassium Permanganate,	20.000 mt	115.000 mt	276.500 mt	300.000 mt
Pseudo ephedrine,	26400 kg	11587 kg	14955 kg	16685 kg
Toluene	2146.930 mt	2882.351 mt	2419.297 mt	1982.870 mt

Source: DNC Data Base



Source: DNC Photo Archive

The DG and ADG of DNC with other DNC officials at a demonstration of Human bondage at the occasion of International Day against Drug Abuse and Illicit Trafficking, 2011.



Source: DNC Photo Archive

The UNODC, ROSA Officials at their visit to DNC Headquarters for discussions on implementation of Harm Reduction Projects of UNODC in Bangladesh.



Source: DNC Photo Archive

A singer singing at a cultural program at Panchagar, organized at the International Day against Drug Abuse and Illicit Trafficking, 2011.



Source: DNC Photo Archive

A scene of Art Competition on Anti-Drug Theme organized by the DNC on the International Day against Drug Abuse and Illicit Trafficking, 2011.

DEMAND REDUCTION

PREVENTION

The Preventive Education, Research and Publication wing of the DNC is responsible for the activities of the reduction of demand for drugs in the country. It performs the following activities for demand reduction:

- Community mobilization against abuse and illicit trafficking of drugs
- Generating public awareness against drugs
- Dissemination of anti-drug messages
- Conducting various preventive education programs
- Formation of community intervention teams against drug abuse
- Conducting campaign against drug abuse and illicit trafficking
- Conducting various preventive education programs
- Formation of policies and programs for prevention and control of drugs
- Monitoring and evaluation of programs for prevention and control of drugs
- Assessment of the drug problems through conducting survey and collecting data
- Conducting research on various aspect of drugs

- Networking with NGOs and VAs engaged in various activities of drug abuse prevention and treatment
- Guiding and monitoring the anti-drug activities of the NGOs and VAs
- Publication of various prevention materials and literatures related to drugs
- Preparing periodical reports on the situation of drug abuse and illicit trafficking
- Preparing audio-visual materials for anti-drug campaign



Courtesy: DNC Photo Archive

A Segment of Audiance at the Discussion Meeting on the International Day against Drug Abuse and Illicit Trafficking, 2011.

Over last four years, the activities of the DNC for preventive education, research and publication were as following:

DESCRIPTION OF THE ACTIVITIES OF PREVENTIVE EDUCATION, RESEARCH AND PUBLICATION

Description of Activities	2008	2009	2010	2011
Publication and Distribution of Anti-drug posters	2410	104450	90000	57000
Publication and Distribution of Anti-drug leaflets	94910	5200	17000	10500
Publication and Distribution of Anti-drug stickers	21010	13950	13000	10000
Anti-drug Seminar, Discussions, etc.	6427	6486	6611	4231
Anti-drug Class room Lectures at schools and colleges	109	85	211	185
Publication and Distribution of Anti-drug posters	4184	1500	1225	-----
Formation of Anti-drug Committees at schools and colleges	-----	5979	5549	828

Source: DNC Data Base

RESEARCH AND PUBLICATION

The most remarkable research and publication work of DNC during 2011, is preparation and publication of the Annual Drug Report of Bangladesh 2010. Since the establishment of the DNC in 1990, this is the first time, that DNC prepared and published the Annual Drug Report of Bangladesh. This report contains analysis of the nature and extent of the drug problem in Bangladesh with its socio-economic and

historical background along with describing the achievement of the DNC and other law enforcement agencies in drug abuse prevention and control. DNC also publish its monthly bulletin regularly.

SHORT FILMS PREPARED BY THE DNC

The DNC has made the following short films for campaign against drugs in collaboration with other local and international organization. ■

SHORT FILMS PREPARED BY THE DNC

Sl. No.	Name of the Short Film/Movies	Organization/Author
01	Grohan-er-Kal	Mr. Humayun Ahmed
02	Chokh Mele Chao	Central Treatment Center, Cooperated by WHO
03	Aar-Dhangsho Noy	Mr. Sani Alam
04	Jibon Ektai	Mr. Abu Sayed Khan
05	Ghun	Mr. Gazi Rakayet
06	Nesha Aar Na	



Courtesy: DNC Photo Archive

Honorable Home Minister Advocate Shahara Khatun, MP, the DG of DNC and Officials of the DNC at the prize giving ceremony and discussion meeting on the role of NGOs in prevention of drugs.

TREATMENT AND REHABILITATION

TREATMENT

DRUG DEPENDENCE TREATMENT CENTERS OPERATED BY THE GOVERNMENT

- Central Drug Addiction treatment Centre (CTC), Dhaka.
- Regional Drug Addiction treatment Centre (RTC), Chittagong.
- Regional Drug Addiction treatment Centre (RTC), Rajshahi.
- Regional Drug Addiction treatment Centre (RTC), Khulna.

TREATMENT SERVICES OPERATED BY THE DIRECTORATE OF PRISON

- Dhaka Central Jail Hospital
- Jessore Central Jail Hospital

- Rajshahi Central Jail Hospital and
- Comilla Central Jail Hospital.

TREATMENT SERVICES PROVIDED BY NGOS:

The NGOs play vital role for providing treatment and rehabilitation services for the drug dependent persons throughout the country. More than 200 NGOs are working in this field. As required by law 69 NGOs have been issued license for Treatment and Rehabilitation from the Department of Narcotics Control. Almost another 100 applications for license are under process.

SERVICES PROVIDED FROM THE DRUG ADDICTION TREATMENT CENTERS:

- Detoxification (two weeks);
- Psychiatric assessment and management;

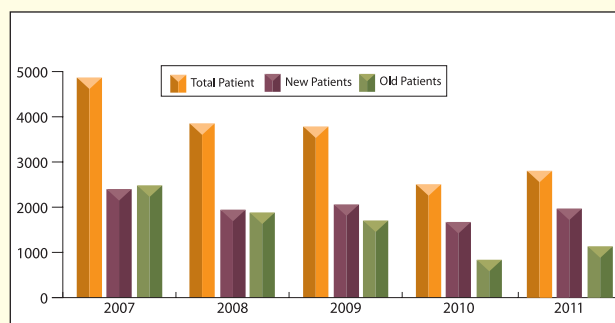


Honorable Home Minister Advocate Shahara Khatun, MP and the DG of DNC talking to a drug addict street child during their visit to the drug addicted children ward at the CTC.

Courtesy: DNC Photo Archive

STATISTICS ON ACTIVITIES OF TREATMENT AND REHABILITATION

Year	Indoor Service		Outdoor Service		Number of Total Patients	New Patients	Old Patients
	Male	Female	Male	Female			
2007	2134	12	2732	00	4878	2395	2483
2008	1266	06	2589	08	3869	1964	1905
2009	1346	00	2443	04	3793	2073	1720
2010	705	02	1827	02	2536	1667	869
2011	673	00	1912	00	2585	1709	876



- Rehabilitation (up to 6 month);
- Information and education on drug use related HIV transmission and prevention;
- Confidential HIV counseling, testing of HIV and services related to STI;
- Referral services.

HIV/AIDS SITUATION AMONG DRUG ABUSERS

HIV/AIDS: BANGLADESH SCENARIO AND ACHIEVEMENT:

- The first detection of HIV in Bangladesh was in 1989.
- Prevalence of HIV in general population is <0.1%.
- Estimated number of HIV infected persons is 7,500

NATIONAL RESPONSE TO HIV/AIDS FOR ACHIEVING MDG-6

- National AIDS Committee (NAC) was formed in 1985 and reconstructed in 2010.
- National policy on HIV/AIDS was endorsed by the cabinet and came into effect in 1996.

- MOHA is the leading Ministry to provide treatment through the Department of Narcotics Control (DNC) for people who use drugs.
- MOHFW is the leading Ministry to work on the prevention of HIV/AIDS through National AIDS/STD Program (NASP).

In Bangladesh, we have been able to keep HIV prevalence rates to less than 0.01% due to our effective national program aided by our strong inherent social values. The decline has been due to rapid expansion of HIV prevention services and dedicated financing for anti-AIDS programs. Bangladesh is in a unique position to succeed where several other developing countries have not: to keep the AIDS epidemic from expanding beyond current level by initiating comprehensive and strategically viable preventative measures, avoiding a gradual spread of HIV infection from high-risk groups to the general population.

HIV/AIDS INTERVENTION AND SERVICES TO ACHIEVE MDG-6

Intervention Packages:

- Injecting drug users
- Sex workers
 - Street based
 - Hotel based and
 - Residence based
- Clients of sex workers
- MSM, MSW and Hijra.

ORAL SUBSTITUTION THERAPY (OST)

Use of needle and shirring is not a popular method of abusing drugs in Bangladesh. There is no prevalence of the use of cocaine. Heroin is mostly smoked. Therefore, we have less concern about injection of cocaine or heroin. The problem with injectable drugs in Bangladesh is with buprenorphine and pethidine. We do not know the percentage of population with habit of injecting drugs. But the treatment data shows that treatment seeking patients with injecting drugs comprises 29.58%. Moreover, the statistics of seizure of drugs shows that seizure of injecting drugs is increasing every year almost by 100%. Therefore, it is a clear indication, that problem with injecting drug in Bangladesh is on increase. We know that injecting drug abusers are the most vulnerable group of population in question of spreading HIV/AIDS. Therefore, the government put much importance on oral substitution treatment for the injecting drug abusers. In Bangladesh, we have so far only methadone program on pilot basis in this respect. We have not yet introduced buprenorphine or other opioids, because these substances are also major drugs of abuse in our country.



The DG of DNC Khandker Mohammad Ali with other officials at the inauguration of the MMT Clinic at CTC, Dhaka.

The National Narcotics Control Board (NNCB) approved the pilot study on OST with methadone on 28 August, 2008. This pilot program is being conducted by ICDDR, B in collaboration with the Department of Narcotics Control (DNC) and National AIDS/STD Program (NASP) with support from United Nations Office on Drugs and Crime, Regional Office for South Asia (UNODC-ROSA). The pilot study on OST using methadone among the injecting drug users in Bangladesh began in July, 2010 at Central Drug Addict Treatment Centre (CTC), under the DNC after appropriate refurbishment of the site. This is now referred to as the Methadone Maintenance Therapy (MMT) Clinic. As of June 2011, 150 injecting drug users have been enrolled in this pilot project and they are receiving the following services:

- Methadone is being dispensed in a medically supervised environment, where doctors, nurses, counselors and psychiatrists are available;
- Trained doctors provide outpatient services and prescription for treatment of uploads as per requirement; and referrals are also made if required;
- Laboratory investigations are provided as per requirement;
- There are counseling services on relevant issues and purposes;
- Services for community mobilization and sensitization are provided through trained and expert staff and with support from self-help group of drug users;
- All treatment services are followed-up by counselors and members of self-help groups;
- Voluntary Counseling and Testing (VCT) services are provided for high-risk clients for HIV;
- It also allows for stabilization of persons who have already been infected with HIV.

FOCAL AGENCIES OF THE GOVERNMENT OF BANGLADESH

- Department of Narcotics Control (DNC)
- National AIDS/STD program(NASP)
- Supported by: UNODC and FHI
- Implementing and technical agency: icddr,b
- Started on July 2010 and another OST/MMT site will be established very soon
- Based on the experience of the pilot project, further scale up will be done.

RETENTION RATE AND REASONS FOR DROP OUT

A total of 150 patients with problems of injecting drug use is enrolled and being provided with OST services. As of 31 August 2011, a total of 23 persons dropped out (85% retention rate).

CHALLENGES AND HIGH RISK FACTORS OF HIV/AIDS IN BANGLADESH

Injecting drug users, sex workers and men having sex with men (MSM) are considered as the most at-risk groups for HIV infection in Bangladesh. It is estimated that 23000 people in Bangladesh inject drugs, 57% borrow needles and only one in three used sterile equipment. This percentage is much higher in female injecting drug users (74%). More than half (57%) of injecting drug users (IDUs) are married. Most of the IDUs are sexually active (with an average of two partners). The HIV rate among IDUs in Dhaka is 6.4%. Though not recognized socially, commercial sex work occurs in Bangladesh, as it does in other Asian countries. Most married men, who have unprotected sex with sex workers, continue to have unprotected sex with their wives, exposing them to infection with HIV and other sexually transmitted diseases. Low condom use, risky behavior and general lack of understanding

about HIV, are still in prevalence among clients of sex workers. In fact, these traits are widespread and heighten as the most prominent risk factor of HIV epidemic in Bangladesh. Although many people have heard of HIV, their knowledge is limited in regards to how it is transmitted, and how they can protect themselves. Nearly one in every five ever-married women, who had heard of AIDS, does not know if there is any way to prevent it. This is lower for men, at 6%. Men having sex with men are largely hidden due to the strong social stigma and discrimination they face in Bangladesh. More than five million citizens of Bangladesh work abroad in countries of high prevalence of HIV/AIDS, where they mostly lack HIV prevention services due to their migrant status, which can make them even more vulnerable to HIV infection.

Other high risk factors are

- High rate of needle sharing among IDUs;
- External and internal rapid migration;
- High prevalence of HIV in neighboring countries with porous border;
- Poverty, illiteracy and ignorance;
- Limited correct knowledge of HIV/AIDS among the youths;
- Low condom use among the MARP and bridging population;
- Low level of voluntary blood donation and high prevalence of STDs;
- Professional blood donors among drug users;
- Less facility for HIV screening in the process of blood donation.

STIGMA AND DISCRIMINATION ON AIDS IN BANGLADESH

Stigma and discrimination on HIV/AIDS exist to some extent among the aware population, but people with complete ignorance on HIV/AIDS

are not so much concerned of this issue. They consider it as an ailment of general nature. The sustained campaign is accelerating the improvement of people's positive view on HIV/AIDS. Bangladesh hosted the 2011 Cricket World Cup, which featured campaign and messages against HIV-related stigma and discrimination. This campaign and messages promoted respect and dignity of people living with HIV.

NGOS IN ANTI-DRUG ACTIVITIES

The contribution of the Non-Government Organizations (NGO) in Bangladesh in development issues and in combating various social problems is renowned world-wide. Some of the NGO like Grameen Bank, BRAC,

PROSHIKA, TMSS, Ganoshastho, Dhaka Ahsania Mission etc. are internationally famous for their contribution to over all development of the society. The NGOs, who work in the field of drug abuse prevention and control, are not as big as the above-mentioned NGOs. But their contribution is very significant in this field. In fact they, as very active working partner of the DNC, are contributing more than the Government does in the field of preventive education, public awareness campaign, community mobilization and especially in the field of treatment and rehabilitation of drug addicts. The NGOs working for treatment and rehabilitation of drug addicts require license from the DNC. So far 69 NGOs have been issued license for this purpose and more than hundred are under the process of getting license from the DNC. The NGOs work in the field of



Honorable Home Minister Advocate Shahara Khatun, MP and the DG of DNC delivering the certificate and award to the Managing Director of Popular Life Insurance Company for their significant contribution in anti-drug activities in Bangladesh.

preventive education, public awareness campaign and community mobilization are also required to be registered with the DNC. Out of two hundred NGOs of this category 66 have been registered with the DNC till today; and others are under process.

SERVICES FOR VOLUNTARY COUNSELING AND TESTING FOR HIV AMONG THE DRUG USERS

The services for voluntary counseling and testing for HIV are provided under the National AIDS Program. Besides, injecting drug users

being the most vulnerable group for HIV/AIDS are also provided limited services for voluntary counseling and testing for HIV at the oral substitution treatment program at the CTC and at two NGO-run treatment program, called APON and Ahsania Mission. ■



Honorable Home Minister Advocate Shahara Khatun, MP, respected Ex-Home Secretary Abdus Sobhan Sikder and the DG of DNC at the inaugural session of the Experience Sharing Meeting on the Best Practices Relating to Counter Narcotics Among the Narcotics and Drugs related Officials of the Member States of SAARC held at Dhaka on 20-22 September 2011.



INTERNATIONAL AFFAIRS

RESPONSE TO INTERNATIONAL EFFORTS

Abuse and illicit trafficking of drugs is a global problem. Drug traffickers are also organized multi-nationally. Therefore comprehensive and multi-national global plan of actions are needed to combat the drug menace. Believing on these principles firmly, the international communities are involving nations around the world in all their efforts against drugs. The three international Conventions, viz. the Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances 1971, the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances 1988, and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990 are the major tools in this respect. Bangladesh inherited the partnership in the Single Convention on Narcotic Drugs, 1961 and became a signatory to the Convention on Psychotropic Substances 1971, the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances 1988, and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. Our Parliament ratified all the Conventions in 1990 to support, advance and cooperate with all international and regional efforts to combat and control the menace of drugs.

Apart from the international and regional conventions on drugs, Bangladesh has close partnership with USA, UK, France, Australia, Germany, Japan, Korea, China, Malaysia, Singapore, Thailand, Myanmar and the SAARC countries for exchange of information, mutual cooperation and technical assistance in various aspects of drug abuse prevention and control.

The DEA, INM and USIA of USA are assisting us for long time with training, logistics and technical supports. The DAP of the Colombo Plan Bureau is one of our strong and very close partner in the fight against drugs. We are in close contact with INCB, UNODC, and SDOMD. Bangladesh is one of the most active members of SAARC in respect of drugs. We exchange information with our partner countries in the fight against drugs regularly through their Drug Liaison Officers posted at Dhaka.

At present the UNODC is running 4 projects in Bangladesh in collaboration with the Department of Narcotics Control. The Projects are:

UNODC Project RAS/H-13: "Prevention of Transmission of HIV among Drug Users in SAARC Countries."

UNODC Project RAS/H-71: "Prevention of Spread of HIV among vulnerable groups in South Asia."

UNODC Project RAS/H-60: "Regional Precursor Control Project for South and South-West Asia."

UNODC Project XSA/J-81: "Strengthening Drug Law Enforcement Capacities in South and South-West Asia."

AGREEMENTS, PROTOCOLS, MOU

Besides the UN conventions on drug abuse prevention and control, Bangladesh also entered into a bilateral agreement with Myanmar in 1994 for suppression of illicit traffic in drugs. We entered into a Memorandum of Understanding with Iran for drug abuse prevention and control in 1995. We also have bilateral agreement with

India since 2006 for suppression of illicit trafficking of drugs.

THE DIRECTOR GENERAL LEVEL 2ND TALKS BETWEEN BANGLADESH AND INDIA

The year 2011 was significant for Bangladesh in the field of international cooperation in the fight against drugs. We hosted the Director General level 2nd Talks between Bangladesh and India, held at Dhaka, 23-24 March, 2011. The important decisions of that meeting were that:

- a. Zonal Directors of the Narcotics control authority of both the countries will take part in the periodical meetings of BGB and BSF as and when required.
- b. Both sides agreed for exchanging contact details of field officials for extension of cooperation. Posting of a DDG of NCB at

Kolkata was recognized as a more proximate operational point on drugs from India. Both sides exchanged all sorts of communication details of the focal points.

- c. DG of DNC handed over lists of clandestine laboratories and illicit drug traffickers to the DG of NCB with a request for legal actions against those. Vulnerable point and routes of smuggling drugs from India to Bangladesh were also identified at the presentation from Bangladesh side. Indian side also shared the same. There was discussion on extensive mapping of routes, meaningful exchange of operational intelligence and analysis of the causes and perspectives of using particular routes for smuggling drugs. List of suspected illicit drug traffickers was also exchanged by both sides at the meeting for verification and



The DG of DNC and the DG of NCB, India with the honorable members of both delegations at the DG level 2nd Talks between the Drug Control Nodal Agencies of Bangladesh and India.



Honorable Home Minister Advocate Shahara Khatun, MP, respected Ex-Home Secretary Abdus Sobhan Sikder and the DG of DNC with the honorable Members of the Delegations of SAARC Countries at the Experience Sharing Meeting on the Best Practices Relating to Counter Narcotics Among the Narcotics and Drugs related Officials of the Member States of SAARC.

further actions. It was also decided to enhance vigilance at the border by both the sides.

- d. Both sides exchanged information on new trends and modus-operandi of illicit drug trafficking and trafficking of new drugs. It was agreed, that such exchange of information may also be at the Zonal level on need basis. Both sides also agreed on exchange of operational intelligence on need basis. Emphasis was also given on comprehensive border management from both sides.
- e. On proposal of DG of DNC, the DG of NCB informed about their capability of providing training for DNC officials on precursor chemicals, financial investigation, chemical analysis of drugs, training of sniffer dogs and training for drug addiction treatment and rehabilitation professionals.

THE EXPERIENCE SHARING MEETING ON THE BEST PRACTICES RELATING TO COUNTER NARCOTICS AMONG THE NARCOTICS AND DRUGS RELATED OFFICIALS OF THE MEMBER STATES OF SAARC

Bangladesh hosted the Experience Sharing Meeting on the Best Practices relating to Counter Narcotics among the Narcotics and Drugs related Officials of the Member States of SAARC, held in Dhaka on 20-22 September, 2011. Bangladesh, Bhutan, India, Pakistan, Nepal and Sri Lanka participated in the meeting. The member states of SAARC reviewed the overall drug situation of South Asian countries and exchanged information on their best practices on counter narcotics. The multi-disciplinary approaches adopted by Bangladesh,

involvement of all concerned Ministries and attached Departments in anti-drug activities, the National Narcotics control Board, the National Narcotics Control Board Fund, operation of Mobile Court in suppression of drug offences and GO and NGO partnership in the combat against drugs in Bangladesh were highly appreciated by the member states. We also decided to endorse in our courses of anti-drug programs some of the best practices for combating drugs by other SAARC countries.

BANGLADESH-MYANMAR BILATERAL TALK ON PREVENTION OF ILLICIT TRAFFICKING OF DRUGS

Though the bilateral agreement on prevention of illicit trafficking in narcotic drugs and psychotropic substances was signed in 1994 between Bangladesh and Myanmar, no action was taken on it from any of the two parties. Bangladesh for the first time took initiatives for

bilateral meeting for implementing the agreement. As desired by the Government of Myanmar a twelve members delegation consisting representation from all law enforcement agencies in Bangladesh, participated in a meeting held at Yangon on 15-16 November 2011, with the Narcotics control authority of Myanmar. The meeting mainly focused on discussion on checking the smuggling of drugs, especially yaba and heroin, in line with an agreement inked between the two countries in 1994. The two sides decided to demolish the poppy plantations on both sides of the frontier and stop yaba smuggling to Bangladesh from Myanmar. Along the frontier areas of Myanmar and Bangladesh, particularly along the upper Singu River in Bangladesh and northern Buthidaung township in Myanmar, there are some poppy fields cultivated by local tribal people for sale on the local market.

The Director General of DNC led the Bangladesh delegation comprised of police,



Courtesy: DNC Photo Archive

The DG of DNC, Bangladesh Khandker Mohammad Ali and Head of the Narcotics Control Authority of Myanmar, Police Major General Kyo Kyo Tun with honorable Members of the Delegation of the two country at the first Myanmar Bangladesh Bilateral meeting on prevention of illicit Trafficking in narcotic drugs and psychotropic substances.

Rapid Action Battalion, Border Guard Bangladesh, Coast Guard, Customs, and the Ministries of Home and Foreign Affairs, while the Myanmar police chief, Major General Kyaw Kyaw Tun led the Myanmar delegation. The agreed decisions of the meeting were as follows:

- a. Both sides handed over detail contact information of the focal points at national and field level. Necessary drug related information is to be communicated through focal points.
- b. Both sides agreed to share information quarterly on illicit trafficking of drugs using forms of appendix II & III of the Agreement for Mutual Cooperation between the Government of the Union of Myanmar and the Government of the People's Republic of Bangladesh for preventing illicit trafficking of narcotic drugs, psychotropic substances and controlled precursors, signed on 1st December 1994.
- c. Both sides agreed to recommend appropriate authorities to increase vigilance on the coastal areas including riverside of the Naff
- d. In order to keep the adjacent area of common border free from poppy cultivation and clandestine laboratories, both sides agreed to exchange the information about the existence of poppy cultivation areas and clandestine lab locations.
- e. Both sides agreed to share evidential documents on drug trafficking through proper channels for the purpose of investigation.
- f. Both sides agreed to exchange full details of fugitives and suspects involved in illicit trafficking of drugs.
- g. Both sides agreed to hold the second bilateral national level meeting in Bangladesh next year. Moreover, both sides feel that there should be direct discussion among the adjacent field level officers. In this respect, both sides agreed to hold cross border meeting of concerning officials half yearly. ■



Courtesy: DNC Photo Archive

The DG of DNC with the honorable Members of the Delegations of SAARC Countries during their visit to a Rehabilitation Center for female drug addicts, which is run by APON.

ABBREVIATIONS

ADG:	Additional Director General of the Department of Narcotics Control, Bangladesh	MSM:	Men Sex with Men
AIDS:	Acquired Immuno Defecency Syndrome	MSW:	Men Sex with Women
ATS:	Amphetamine Type Stimulant	NASP:	National AIDS Surveillance Program
BGB:	Border Guard, Bangladesh	NCB:	Narcotics Control Bureau of India
BOP:	Border Out Post	NGO:	Non-governmental Organization
CIT:	Community Intervention Team	NNCB:	National Narcotics Control Board
CTC:	Central Drug Addiction Treatment Center	OST:	Oral Substitution Treatment of Injecting Drug Use
DAP:	Drug Advisory Program of Colombo Plan Bureau	PCP:	Phencyclidine (a hallucinogenic Drug)
DDG:	Deputy Director General	RAB:	Rapid Action Battalion of Bangladesh Police
DG:	Director General of the Department of Narcotics Control, Bangladesh	RTC:	Regional Treatment Center
DNC:	The Department of Narcotics Control	SAARC:	South Asian Association for Regional Cooperation
HIV:	Human Immuno Deficiency Virus	SDOMD:	SAARC Drug Offences Monitoring Desk
ICDDR,B:	International Center for Diarrheal Disease Research, Bangladesh	STD:	Sexually Transmitted Disease
ICT:	Information and Communication Technology	THC:	Tetra hydro cannabinol (the main intoxicating chemical in Cannabis)
IDU:	Intravenous Drug Use/User	UNODC:	United Nations Office on Drugs and Crimes
INCB:	International Narcotics Control Board	UNODC (ROSA):	United Nations Office on Drugs and Crimes (Regional Office for South Asia)
MMT:	Methadone Maintenance Treatment	VA:	Voluntary Association
MOD:	Ministry of Defence	VCT:	Voluntary Counseling and Testing
MOHA:	Ministry of Home Affairs	VDP:	Village Defense Party
MOHFW:	Ministry of Health and Family Welfare	WHO:	World Health Organization
MOU:	Memorandum of Understanding		



মাদকমুক্ত সুস্থ সমাজ গড়ার লক্ষ্যে
বিশ্বব্যাপী আন্দোলন



Department of Narcotics Control
Ministry of Home Affairs
Government of the People's Republic of Bangladesh