



ANNUAL DRUG REPORT BANGLADESH, 2014



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



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Our Mission

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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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Slate Minister
Ministry Of Home Affairs
Government Of The People's
Republic Of Bangladesh

Message



Drug abuse and illicit trafficking of drugs are potential threat to the national as well as transnational community. It breaks the normal chain of human society.

The iconic leader, the poet of politics, the paramount leader in the history of all the time and the father of the nation Bangabandhu Sheikh Mujibur Rahman would dream to establish a peaceful, healthy and prosperous nation throughout his life-long battle. Like Bangabandhu, Our honourable Prime Minister Deshratna Sheikh Hasina, the well competent daughter of late Bangabandhu had declared war against drugs.

Drugs baffle our concerted effort towards the attainment of targeted development. It grasps Youth, the golden prosperity of the nation and may paralyze the entire development programmes.

In such a devastating reality, we cannot remain dumb. It is our holy responsibility to combat drug-menace whole-heartedly. The Government of Bangladesh is playing vibrant role in controlling this menace with iron-hand.

I deeply hope that the Annual Drug Report of Bangladesh, 2014 will provide us a real picture of various aspects of the contemporary drug problem in Bangladesh.

I cordially thank all the members who made an effort to publish this Annual Drug Report.


Asaduzzaman Khan MP





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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

Message



It is my great pleasure for me to know that the Department of Narcotics Control (DNC) is going to publish the Annual Drug Report-2014.

Drug exploitation and illegitimate trafficking of drugs are now a major transnational concern. Like other members of global community, Bangladesh is also facing this dreadful problem. Drugs problem emboldens other grievous anomalies in the society which lead to bring chaos and complexities. Drug abuse, social crimes and spreading of HIV/AIDS are considered to be the passenger of the same route and have close engagement with each-other. Drugs hamper the entire wheel of socio-economic development of the country. It's heinous attack damages our young generation, who are the future leader of our land.

It is fortunate that our Government machineries are very functional to curb this discomfort. The Department of Narcotics Control (DNC) as a nodal agency played and plays vital role in this regard. The previous Annual Drug Report of the DNC was more informative and educative. I profoundly hope that the Annual Drug Report of 2014 will also be a land-mark one to find the overall drug scenario of Bangladesh.

I offer my heartiest thanks to the team engaging in doing this gigantic effort.


(Dr. Md. Mozammel Haque Khan)
Senior Secretary





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

FOREWORD



Essentially speaking, abuse and illicit trafficking of drugs is a multi-disciplinary and multi-dimensional problem across the globe. Be rich or poor, no nation is immune against the curses of drugs. Bangladesh is in a vulnerable position in respect of trafficking and abuse of drugs for its geographical 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 crimes, 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 fight against the menace of drugs and save the nation at any cost in terms of prevention and control of the abuse and illicit trafficking of drugs.

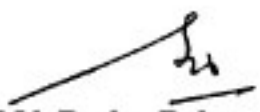
Article 18 of the Constitution of Bangladesh encompasses the basic principles of prevention and control of drugs in Bangladesh. The Narcotics Control Act, 1990 is the major instrument for implementing these core principles. The Department of Narcotics Control (DNC) along with all the law enforcing agencies under Ministry of Home Affairs like Border Guard Bangladesh (BGB), Police, Rapid Action Battalion (RAB), Coast Guard and Customs Department with their presence render the most significant services for suppression of all sorts of drug-crimes. Moreover, host of other government, semi-government and autonomous bodies are also vested with the responsibilities of combating the evil impacts of drugs. The DNC is mainly involved in supply reduction, demand reduction and harm reduction activities. Besides, this organization, as the nodal agency is also



involved in controlling the drugs legally used in various manufacturing purposes. In spite of its inadequate manpower and other logistic supports, performance of the DNC is undoubtedly noteworthy.

We have been publishing the Annual Drug Report of Bangladesh since 2010 and this one will be the 5th. The Annual Drug Report usually documents national initiatives of licit and illicit use of narcotics. It is emerging as the prime media through which DNC takes the privilege to share all information with its diverse stakeholders as well as citizens. The Report documents many facets of our drug problem and our coordinated initiatives to overcome them. Due to limitation of space, we could not highlight every effort. But we very sincerely recognise all substantial contributions 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.

I express my heart-felt thanks and gratitude to all who have worked hard in preparing and publishing the Annual Drug Report of Bangladesh, 2014. We shall be obliged for any valuable suggestion for improvement in the upcoming issues of this report.



Md. Bazlur Rahman
Director General



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EDITORIAL

The abuse and trafficking of illicit drugs are the matter of great concern throughout the globe. The Annual Drug Report of any country centres round the different modes of drug control activities which I am also going to highlight every nook and corner of the avenues where the Department of Narcotics Control (DNC) operates its activities. During the first stage of the giant task, I was a little bit anxious about the completion of this task within the stipulated time. But with the cordial help and cooperation of DNC officials I made it smoothly.

To enrich the entire write up regarding the Annual Drug Report I sought help of DNC data base and field offices of DNC for necessary information to do the needful in this regard. The key-role of preventing drug menace and conducting operational functions goes to the shoulder of DNC. But other government departments and non-government organizations contribute a lot respectively in this arena. I tried to furnish the admirable efforts of other agencies involved in this process.

This reflects the total abuse of drug scenario of Bangladesh and indicates the adjacent areas beyond Bangladesh which are geographically connected. We endeavoured a lot focusing on the existing situation in regard to the abuse and illicit trafficking of drugs. As the member of human society it is quite natural to make any mistake or discomfort. Your corrective advice and suggestion would be praiseworthy and pave the way for our future advancement.

In fine, I would like to extend my heartiest and sincere thanks to the Director General for providing me with all out guidance, support and cooperation from time to time to derive the actual essence for composing this sort of write-up. I would also like to accord my sincere gratitude to the Additional Director General who has always monitored, guided and overseen the activities in respect of making the Annual Drug Report very informative and enriched as the chief of Editorial Board. Similarly, I express my deep gratitude to all Directors and all other officials of DNC those who have played a positive role in making the Annual Drug Report of Bangladesh a very successful one.

Nazmul Ahsan Majumder
Director (Joint Secretary)
&
Convenor, Souvenir &
Annual Drug Report
Sub-Committee



Executive Summary

Bangladesh is not basically a drug producing and drug consuming country. But its historical perspectives, geographic proximity, ethnicity, tradition and heritage made it vulnerable to illicit drug trafficking and abuse. Now Bangladesh has to fight drug menace with a view to making a drug free national atmosphere. Drugs had been used in the sub-continent for immemorable period of time. Opium, cannabis and alcohol existed all through Mughal and pre-British period. The British colonial rulers introduced the consumption and commercial operations of drugs to earn revenue which continued even after liberation. Virtually, drug as a problem emerged mainly during mid-eighties in association with changes in global drug scenario. In past, it was used for medicinal purpose but with the changing atmosphere of the world it was started to be diverted from its bonafide purpose. To combat the drug menace, the Government of Bangladesh enacted the Narcotics Control Act, 1990' and thus Department of Narcotics Control (DNC) was established in 1990. The Department of Narcotics Control plays a vital role 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 25 years, the drug epidemic is still on increase. In the recent times, new drugs are replacing the old ones. The Chronological flow chart of drugs reveals that there had been an emergence of heroin during early eighties, phensedyl (conedine preparation) during early nineties, injecting drugs at the beginning of the present century, yaba (ATS) during 2005, and glue sniffing during 2008.

Drugs once concentrated in densely populated urban societies of big cities are now spreading over rural areas. Drugs have been shifted from upper to middle and lower middle class of population. Less educated and the youth are the major victims of drugs in Bangladesh. Women and children are also becoming victim of trafficking, peddling and consuming drugs. Major factors and indicators of the drug menace include social unrest and disruption of social fabrics, mental illness and psychiatric disorders, increase of slums in urban areas, production of drugs in neighboring countries, cultural perversion and influence of western culture. There is a very close relation between drugs and crime. Around 40% of the detected crimes in Bangladesh are related to drugs.

Mentionable that traffickers and drug peddlers are very innovative in using the modus-operandi for smuggling drugs and so is the case with the modes of drug consumption and the very patterns of their abuse. 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. Bangladesh is affected by the neighbouring countries like India and Myanmar which source the drugs. In recent times, our great concern is Yaba which is sourced from Myanmar. The presence of yaba manufacturing labs in Myanmar near south-eastern

border has increased the drug vulnerability of Bangladesh. We also face the threat of spreading Phensedyl, heroin and cannabis through western Indian border. Our close neighbours, in most cases, show positive gestures to combat drug coordinately but the challenge is that the offenders change their modus operandi for concealment, smuggling and marketing drugs rapidly.

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. Bangladesh hosted DG level 4th bilateral talks with Narcotics Control Bureau of India in Dhaka on 23-24 March, 2015 under an agreement for mutual cooperation (MC) between Bangladesh and India on drug related matters signed on 21st March 2006 at New Delhi for sharing experiences on best practices in counter narcotics and fighting against drug menace in this region. Bangladesh also sat 2nd bilateral meeting with Myanmar in Dhaka on 05-06 May, 2015 under an agreement for mutual cooperation (MC) between Bangladesh and Myanmar on drug related matters signed on 1st December, 1994 for controlling the abuse of drugs and preventing illicit trafficking of drugs in this part of world.

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Chapter I.

Background and historical perspective of the drug control programs in Bangladesh

Introduction

The history of drug is almost of same age of the human civilization. From the pre-historic age to the modern cosmopolitan society, drugs were and are present everywhere as medicines as vital ingredients, as essential elements of day to day life, as precursor chemicals of industrial commodities, or as means of social recreation. The discovery or invention of any drugs either natural or laboratory made was of course to legitimate needful purposes. Abuse was result to diverted or perverted experimentation of individuals. It is obvious that where there is use, there is must be a abuse. Archeological proof testifies abuse of drugs almost in all ancient civilization. But that was not beyond the limit of tolerance and nobody considered it as problem. Problematic abuse of drugs is abuse with adverse and harmful effects on individuals in particular and on the society as a whole.

Bangladesh, though not a drug producing country has now become a victim of drug. The current drug problem in Bangladesh is based on its historical perspectives, geographic location, ethnicity, tradition and heritage. Opium, cannabis and alcohol existed all through Mughal and pre-British period, but it no how affected the main stream of the society. The British colonial

rulers introduced the consumption and commercial operation of drug to earn revenue which continued even liberation. Drug as a problem emerged mainly during mid-eighties in association with changes in global drug scenario. To combat this menace in Bangladesh a new narcotics law was enacted and the DNC was established with new concepts of preventive education, public awareness campaign, community mobilization and people's motivation against drugs and treatment and rehabilitation of addicts to meet demand of contemporary time.

Though traditional drugs cannabis and alcohol have been prevailing yet, opium has been replaced by new drugs heroin, phensedyl, injecting drug, yaba & glue respectively with the passage of time for last four decades. At present yaba is the drug of top popularity among the young generation. Drug once concentrated densely populated urban societies of big cities are now spreading over rural areas. Drugs have been shifted from upper to middle and lower middle class of population. Less educated and the youth are the major victim of drugs in Bangladesh. Women and children are also becoming victim of trafficking, peddling and consuming drugs. Geographical location, close proximity of drug producing zones, in-transit use of the



country for international drug trafficking, vast development and use of internet and IT, lack of social awareness etc. as cause of the increase of drug. Drugs have now become a threat to the national economy, public health, peace, social Integrity and law and order situation of the whole society of Bangladesh. Modus-operandi of illicit drug trafficking and patterns of their abuse are changing.

The drug problem in Bangladesh is also closely related with the drug problem in India and Myanmar. The four thousand kilometer land border of India by three sides and two hundred fifty kilometer land border of Myanmar at the south east corner work as another geographical factor. Most of the drugs abused in Bangladesh are sourced from India through our western and eastern borders. Illicit cultivation of opium poppy and cannabis and presence of clandestine labs in Indian Territory at western and eastern border are relocated to smuggling heroin, phensedyl and cannabis into Bangladesh. Yaba is mainly smuggled from Myanmar and presence of Yaba manufacturing labs in Myanmar near south-eastern border has increased the drug vulnerability of Bangladesh. All the law enforcement agencies in Bangladesh including Police, BGB, RAB, Coast Guard and Ansar are working diligently to combat the drug menace in Bangladesh. Bangladesh applies all the universal techniques of drug control, the supply reduction, demand reduction and harm reduction in light of the real situation as practiced all over the world.

Pre-british period

We do not have much information regarding use and control of drugs in Bangladesh during pre British period. Winemaking had existed throughout most of the history of this subcontinent but was particularly encouraged during the time of the Portuguese and British colonization of the subcontinent.

Bengali literature written during 300 to 1000 AD, that the tribal population of ancient Bengal were used to alcoholic drinks. Cannabis had been being traditionally used in this country from the pre-historic period. The Hindu God Shiva is legendary for His inclination to Ganja and Bhang. Saints of this country had been using Ganja from time immemorial. Manufacture, trade and use of alcoholic drinks, cannabis and opium continued all over India including Bengal during the whole period of Mughal reign. During Babor's and Jahangir's reign the trade was especially directed towards alcohol exchange. It probably was the same during the rest of the Great Mughals' reign but the autobiographies and court chronicles had very little information about this issue. However, there are records and journals written by individual foreign travelers and members of the Mughal court, which strongly suggest the over use of alcohol and its social connection within the people and castes.

Immediately after taking over the position of emperor, the emperor Jahangir issued twelve edicts to win popular support and smooth running of the administration. In one of those edicts making or selling liquor was prohibited although he admitted he had been drinking since he was eighteen. Under the rule of the Muslim Mughal Empire, alcohol was prohibited in accordance to Islamic dietary laws. Under British rule during the Victorian era, viticulture and winemaking was strongly encouraged as a domestic source of revenue for the British colonists. Opium was brought to Bangladesh by Arabian sailors and merchants during 9th century mainly as medicine and healing substance. Its medicinal properties were clearly known in the thirteenth century.

British period

As the downfall of the Mughal Empire started in 1658, the British through the East



India Company took over the major cultivation and production of opium. During this time Indian merchants held the monopoly over the Bengal opium trade. This made it very hard for Britain to farm a large amount of poppies, convert them into opium, and sell it to China. Instead, for about 100 years, Britain traded with the Indian merchants in Bengal for opium. The East India Company conquered Bengal in 1757 and established monopoly over the opium trade by 1767 in Bengal.

After two significant battles in 1764 and 1767 the British Empire managed to unified and centralize the before fragmented territories at little economic and military costs. The East India Company's establishment of new opium factories in Bengal quickly repaid the costs incurred by the British Crown in their new domination of the Indian Raj. By 1773 the British established a monopoly controlling the trade of all the commodities produced and they began to prepare the production in large plantations of opium by the establishment of a house of credit to local producers. By the last quarter of the Eighteenth Century, the East India Company had already started producing opium in large quantities. As soon as 1785, the trade of opium made up to 15 percent of all the revenues done by the Company.

The Opium Act, 1857 and the Opium Act, 1878 were enacted by the British Indian Government for the undisturbed collection of revenue. The East India Company started production and trade of opium and cannabis in this subcontinent on commercial basis in the middle of eighteenth century, which eventually went under the control of the British Indian Government. At the beginning of last century the British ruler established distillery in this country for manufacture and trade alcohol, spirit

and liquor.

Apart from establishing distillery, and introducing trade of opium and cannabis, the British Indian Government established Bengal Excise Department at the beginning of the last century to control cannabis and alcohol production along with their opium trade, with view to earn revenue from those. The Bengal Excise Act, 1909 and rules made there under served these purposes. The other legislation enacted to control the drug trade in the past were: The Dangerous Drugs Act-1930, The Opium Smoking Act-1932, The Dangerous Drugs Rules- 1939, etc.

Pre-liberation period (Pakistan period)

Lack of social consciousness about drugs, a very high unemployment rate, invasion of alien culture and a decrease in moral values and social integrity have widened this vulnerability. Enactment of the Prohibition Rules, 1950 was the first attempt for prevention of drug abuse in Bangladesh (during the erstwhile East Pakistan), which imposed control and supervision on consumption of alcohol by introducing a permit system. Introduction of the Consumers Pass system under Opium Sales Rules, 1957 was another attempt for prevention of opium consumption.

Post-liberation period

The current efforts for prevention of drugs in Bangladesh started from 1982. The principal measures taken there after by the Governments to control drugs are: 1984.

a. Drug ordinance, 1982

This ordinance imposed ban on some health tonic containing alcohol, alcohol-made homeo patent medicines and injurious drugs containing narcotics, sedatives, hypnotics and tranquilizers, which were being largely abused at that time.



b. Ban on cannabis

Elimination of the Ganja (Cannabis) cultivation system in 1987 and imposition of ban on production, trade and consumption of cannabis from 1989 were other important measures taken by the government for prevention of cannabis abuse in this country.

c. Ban on opium in 1984

In pursuance of provisions of the Single Convention on Narcotic Drugs 1961, the Government of Bangladesh banned the trade and consumption of opium in 1984.

d. Ban on mritasanjibani sura

In 1984, the government also banned the production, trade and consumption of Mritasanjibani Sura-an Ayurvedic health tonic, containing 42% proof spirit, which was largely being abused as a substitute to liquor.

e. Amendment of the dangerous drugs act-1930

The amendment of the Dangerous Drugs Act, 1930 was another important measure taken by the Government for prevention and control of drug abuse in Bangladesh in 1988, where lifetime imprisonment and death penalty were prescribed for some offenses related to narcotic drugs.

f. Establishment of drug addiction treatment center

In recognition of the harmful effects and threats of the drug addiction on public health, the government established a drug addiction treatment center at Tejgaon, Dhaka in 1988 for treatment and detoxification of drug addiction.

New era of 1990 enactment of the narcotics control act, 1990

The most important measure taken by the Government of Bangladesh for drug control was the enactment of the Narcotics Control Act, 1990 by replacing all the earlier legisla-

tion enacted mainly to serve the colonial interest of the British Indian government.

Convention on Narcotic Drugs 1961, the UN Convention on Narcotic Drugs and 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. The Government of Bangladesh is under obligation to take necessary policies and measures in line of these UN and SAARC Conventions. The earlier legislation were not adequate and in the line of meeting these obligations. Therefore this new law was enacted to meet the requirement of the Constitution of Bangladesh, as well as the Conventions. Another rule for control, monitoring and supporting the programs for treatment and rehabilitation is in force from 2005.

We control, monitor and supervise any kind of operations of drugs or precursors in industrial, scientific and medical purposes through a licensing system introduced in the Narcotics Control Rules, 1999. Under this system, no import, export, transport, shipment, manufacture, sale, distribution, purchase, possession, storage, warehousing, use, etc. can be done without a license, permit or pass from the DNC.

Establishment of the department of narcotics control

British Indian Government nationalized the Opium trade in 1857 and enacted the Opium Act, 1857. The company employees became govt. employees called Opium Officers. In 1878, the new Opium Act was enacted empowering the opium officers with law enforcement function. In 1909, the Excise Act was enacted and Excise and Salt Department was established to administer revenue collection from salt, cannabis and liquor. After 1947, the portion of this department in East Bengal was reorganized as Excise and



Taxation Department of East Pakistan. In 1976, it was reorganized as the Dept. of Narcotics and Liquor. In 1990 it was again reorganized and strengthened as the Department of Narcotics Control under Section 8 of the new law the Narcotics Control Act, 1990.

Article 18 of our Constitution provides legal obligations for restriction and control of harmful narcotic drugs, psychotropic substances and precursor chemicals as well as establishing the Department of Narcotics Control (DNC). The other basics of the establishment of the DNC are: Article 17 of the Single Convention on Narcotic Drugs, 1961 and Article 6 of the Convention on Psychotropic Substances, 1971.

This department, established under the President's Secretariat in January '90, is placed under the administrative control of the Ministry of Home Affairs since 1991. It is primarily responsible for administration and enforcement of the Narcotics Control Act, 1990.

Establishment of National Narcotics Control Board (NNCB)

The National Narcotics Control Board (NNCB) consisting honorable Ministers of 11 Ministries, 3 Secretaries and 5 leading personalities of 5 leading sectors of the society as Members is the highest policy formulating body of the country and the DNC acts as its secretariat for implementing all its decisions and policies. As head of the DNC the Director General is the Member Secretary of this Board. The important functions of the Board are:

- a. Control of the import, export, manufacture, marketing, supply and use of drugs.
- b. Treatment and rehabilitation of the drug addicts.
- c. Reduce the possible harmful effects of drugs.
- d. Reduction of the demand for drugs; for

example preventive education, public awareness, anti-drug campaign and social mobilization against drugs.

- e. Evaluation and coordination of the entire drug related activities of DNC and relevant Ministries and departments.
- f. Adopting any necessary measure for successful implementation of aforesaid activities.

Thirteenth meeting of the NNCB

The important decisions of the 13th meeting of the National Narcotics Control Board (NNCB) held on 03/03/2013 are as follows:

1. Presence of the witness at all courts of trial of the drug cases should be ensured. Secretary of Law, Judiciary and Parliamentary Affairs should take necessary measures to allocate budget for allowances to witnesses in consultation with the judiciary. The DNC should arrange witness's allowances to its retired officials and employees from its regular budget subject to approval of the Ministry of Finance. The DNC should inform the Ministry of Law, Judiciary and Parliamentary Affairs of the information about court-wise cases and witnesses.
2. The DNC should fix complain box for drug related offences at the areas of each Police Station of the country.
3. The DNC should prepare Standard Operating Procedure (SOP) on raid, search, seizure and arrest and submit it to the Ministry of Home affairs by March 2013.
4. Each of the District Magistrate should be requested to designate an Executive Magistrate for conducting Mobile Courts on drug related crimes.
5. The specialist committee of the Ministry of Home Affairs should submit their report on abuse of drugs in Shisha Bars by March 2013.



6. All the law enforcement agencies should intensify their anti-drug efforts and inter-agency coordination in this respect. The organizational capabilities of the DNC should be enhanced. Coordination among the judiciary and law enforcement agencies should be further strengthened so that the drug offenders and convicts do not get bail or acquittal. The BSTI should be requested to ensure the manufacture of energy drinks as per international standard and international ratio of ingredients. This issue should be included in the national import-export policy. A compliance report to this effect should be placed in the next Board meeting. The Ministry of Education should introduce regular antidrug campaign and dope test in educational institutions with the assistance of the Health Education Department of the Ministry of Health and Family welfare.

7. The Ministry of Health and Family Welfare should take action so that no Sildenafil citrate, Tadalafil citrate or their ingredients are used in manufacturing or trade of Viagra or similar sex stimulating substances from any industry.

8. The Ministry of Home Affairs should take all necessary actions to send proposal to Ministry of Law and Parliamentary Affairs for designating the Additional District and Session Judge Court as Special Drug Court.

9. The Board accords on principle approval for establishment of Alamotkhana (storage room for safe custody of seized drugs and evidences of drug offences) and incinerator for destruction of confiscated drugs. Necessary infrastructure should be built and rules should be framed for this purpose subject to approval of the appropriate authority.

10. A complete rules and procedures on issuing liquor licenses for hotel, restaurant, bar and shops should be framed and submitted to the Ministry of Home affairs for necessary

approval.

11. The Board accords approval on principle for issuing bar licenses for the sake of tourism and foreign investment.

12. An official of the DNC should be posted to the mobile phone tracking establishment of the Government.

13. The DNC should take necessary action to prepare DPP for construction of its Headquarters at its own land at 41, Segun Bagicha, Dhaka. 14. The DNC should take necessary steps to include necessary transports and telephones at its TO&E.

15. The DNC can use the seized transports in its operational and preventive educational activities. It should send proposal to the Ministry of Home affairs for deploying drivers and using fuel from its regular budgets. The DNC should take actions for procurement of necessary equipment and reference standards for its drug testing laboratory.

16. Existing rate of taxes of alcohol and fees on licenses and permits should be revised rationally.

17. The final draft for amendment of the Narcotics Control Act, 1990 should be submitted to the Ministry of Home Affairs by March 2013.

18. The Board accords its approval for expenditure of Taka one million from the NNCB Fund.

19. Public awareness campaign against abuse and adverse effects of drugs should be strengthened in print and electronic media.

20. The Ministry of Education should be requested to launch motivational campaign in educational institutions against drug abuse. New anti-drug committees should be formed in educational institutions still left without such committees. The DNC should provide special and technical supports in this



respect.

21. The Board accords its approval on principle for revision of the rate of fees for licenses of drug addiction treatment centers.

22. Formation of the National Certification Board for drug addiction treatment professionals should be expedited.

Establishment of national narcotics control board fund

National Narcotics Control Board (NNCB) Fund was established through formation of the

National Narcotics Control Board (fund management and expenditure) Rules 2001 to ensure and encourage the financial participation of mass population and the donor agencies under Section 7 of the Narcotics Control Act, 1990 in anti-drug campaign, generation of public awareness and treatment and rehabilitation of the drug addicts. The sources of money in this fund are allocated money from the Government, donation from foreign government or agencies or international organizations, donation from any local authority, donation from any person or institution, sale proceeds of confiscated properties of drug traffickers,

Drug abuse scenario in Bangladesh

Drug-prone proximity

The prevalence of any drug in any particular area is closely related to geographic factors, socioeconomic condition, marketing facilities, availability, religion and cultural aspects.

It appears from different studies that in urban life, working classes of population are the major group of population consuming low priced 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.

Tribal Areas

There is very high prevalence of consumption of alcohol among the tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh and the Shaontal community in North-western part of the country. Almost in every big city there are colonies for some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dhangors and Meth or. As a part of

their profession and daily life they are used to drink home-made alcoholic beverage regularly. 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.

Urban Areas-Dhaka & others

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. Approximately two and half million drug abusers live in Dhaka. Therefore Dhaka has the highest prevalence of all sorts of drugs.

Yaba and Phensedyl for their very high price are mainly consumed among the upper and upper middle classes of population of Dhaka city & others urban areas. Yaba, considered as a symbol of smartness, has the highest prevalence among the student communities



of private universities and English medium education system.

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

Bordering Areas

Bangladesh is surrounded by India from three sides with 4156 kilometer border and only 280 kilometer border with Myanmar from south-eastern side. At most all the 32 border districts are vulnerable for drug trafficking. Namely district wise border points for smuggling drugs are:

Sathkira: Kalaroa, Debhata, Bhomra, Kulia;

Jessore: Chowgacha, Benapole, Sharsha, Jhikargacha,

Chuadanga-Meherpur: Damurhuda, Jibon-nagar, Mujibnagar,

Rajshahi: Bagha, Charghat, Belpukuria, Godagari,

Chapai Nawabganj: Shibganj, Gomastapur, Joypurhat: Akkelpur, Panchbibi,

Dinajpur: Phulbari, Birampur, Halli, Hakimpur, Biral, Porsa,

Kurigram: Roumari, Nagesheri,

Sherpur: Jhinaigati, Nalitabari,

Mymensing-Netrokona: Haluaghat, Dhobaura, Durgapur,

Sylhet: Jakigonj, Chunarughat, Madhobpur,

Brahmanbaria: Kasba, Akhawra, Bijoynagar,

Comilla: Chawddagram, Burichang,

Brahmanpara, Bibirbazar,

Feni: Sagolnaiya, Phulgazi, Phulgazi, Porshuram,

Cox's Bazar: Teknaf, Ukhia.

Most of the drugs are smuggled into Bangladesh through the borders of Sathkira, Jessore, Rajshahi, Joypurhat and Dinajpur at the Western region and Comilla and Brahmanbaria 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. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur, Narayanganj, Savar, Tangail and Mymensingh are thus affected by drugs.

Comparative Analysis of drugs of abuse

Heroin

If we review the cases of heroin we see that the ratio of the detection of heroin cases were 31.76% in Dhaka Zone, 5.26% in Chittagong Zone, 12.70% in Khulna Zone and 50.27% in Rajshahi Zone. The seizures of heroin were 19.87% in Dhaka Zone, 1.29% in Chittagong Zone, 22.37% in Khulna Zone and 56.47% 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 in top of seizure and cases of heroin, but practically Rajshahi secures this position. The main reason behind this may be that Lalgola, the most defamed place for clandestine manufacture of heroin is adjacent to Rajshahi. More over 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.



Statistics on region-wise number of cases and seizure of drugs by the DNC in 2014

Name of Region	Heroin (gm)		Codeine (Phensedyl) Seizure			Cannabis (Kg)		Buprenorphine (Ampule)		ATS (Yaba) (Ps)	
	Case	Seizure	Case	Bottle	Loose	Case	Seizure	Case	Seizure	Case	Seizure
Dhaka Metro.	38	700	43	4866	10	1844	647.781	67	4701	190	57135
Dhaka Region	45	400	22	3983	--	545	811.971	5	186	115	15228
Mymensingh	25	147	12	724	--	388	201.358	14	787	17	1594
Faridpur	40	168	17	388	01	168	135.57	-	-	29	4976
Tangail	17	390	-	-	--	131	41.415	-	-	46	1509
Jamalpur	10	85	1	-	05	77	175.924	1	50	5	242
Dhaka Intelligence	-	-	10	4194	01	13	117.68	-	-	16	11995
Total of Dhaka Zone	175	1890	105	14155	17	3166	1731.699	87	5724	418	92679
Chittagong Metro	1	22	14	994	--	191	98.899	-	-	62	374372
Chittagong Region	4	11	4	108	--	46	6.36	-	-	16	1048
Sylhet	21	58	4	79	--	334	80.598	-	-	19	398
Noakhali	1	01	12	455	--	160	106.216	-	-	24	995
Cornilla	1	30	19	492	--	118	552.825	9	104	51	7469
Cox's Bazar	-	-	-	-	--	42	44.689	-	-	60	173312
Khagrachari	-	-	-	-	--	1	0.200	-	-	1	3
Bandarban	-	-	-	-	--	1	0.020	-	-	-	-
Rangamati	-	-	-	-	--	-	-	-	-	3	195
Chittagong Intelligence	1	01	1	10	--	22	44.52	-	-	30	15005
Total of Chittagong Zone	29	123	54	2138	--	915	934.327	9	104	266	572797
Khulna	39	982	50	913	02	643	178.773	3	46	63	1330
Jessore	15	1069	62	1346	03	262	35.357	1	01	15	697
Kushtia	14	66	27	552	--	138	29.645	4	37	4	24
Barisal	1	03	4	8	--	98	13.055	3	18	9	143
PatuaKhali	-	-	1	5	--	40	5.8	-	-	8	361
Khulna Intelligence	1	07	-	-	--	50	828.955	-	-	3	06
Total of Khulna Zone	70	2127	144	2824	05	1231	1091.585	11	102	102	2561
Rajshahi	151	3598	101	4797	7.818	529	109.465	44	2834	26	2936
Pabna	59	478	41	1739	01	312	32.339	16	10	41	1099
Bogra	46	972	46	1315	14.6	171	55.953	5	437	11	564
Rangpur	10	49	57	1608	--	460	159.893	-	-	7	3107
Dinajpur	7	86	87	4264	--	92	30.395	5	84	2	277
Rajshahi Intelligence	4	187	6	150	--	35	5.625	-	-	1	123
Total of Rajshahi Zone	277	5370	338	13873	23.418	1599	393.67	70	3365	88	8106
Grand Total	551	9510	655	32990	45.418	6911	4551.281	177	9295	874	676143

Source: DNC Data Base

Codeine based preparation (Phensedyl)

If we review the cases and seizures of Phensedyl we see that 16.03% cases were detected in Dhaka zone, 8.42% in Chittagong Zone, 21.98% in Khulna Zone and 51.60% in Rajshahi Zone. In case of seizure, it was 42.91% in Dhaka Zone, 6.48% in

Chittagong Zone, 8.56% in Khulna Zone and 42.05% 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 position, because most of the cultivation of poppy and location of the Phensedyl producing clandestine laboratories in India





Huge pile of phensedyl seized by DNC raiding team with one accused arrested

are adjacent to Rajshahi. Therefore prevalence of Phensedyl in Rajshahi is naturally more than any other parts of the country. But Rajshahi is not the biggest market. The biggest Phensedyl market is at Dhaka and most of the consignments of Phensedyl seized at Rajshahi were Dhaka-bound. Apart from the City of Dhaka and Rajshahi the most Phensedyl affected area of the country is Comilla Sub-Zone, because it is the second biggest smuggling route of Phensedyl from India.

Cannabis

Cannabis appears to be largest item of case and seizure among all drugs. It comprises 75.38 %



70 kg cannabis seized by DNC raiding team with one accused arrested

of all the cases detected by the DNC during 2014. In question of detection of cannabis

cases Dhaka Zone comprises 45.81%, Chittagong Zone 13.24%, Khulna Zone 17.81% and Rajshahi Zone 23.14%. The seizures of cannabis are 38.05% in Dhaka Zone, 20.53% in Chittagong Zone, 23.98% in Khulna Zone and 8.65% in Rajshahi Zone. It appears that Dhaka is the biggest market of cannabis. Though the market at Chittagong Zone appears to be higher and almost near the size of Dhaka, it is not really such as 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 since 2011 and most of those are smuggled into Bangladesh through Comilla border. Dhaka alone comprises more than 33% of the cannabis market in Bangladesh.

Buprenorphine

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 four years it has the highest prevalence at Dhaka. It appears from the Table that 49.15% of the cases of Buprenorphine are detected at Dhaka, 5.08% at Chittagong, 6.21% at Khulna and 39.55% at Rajshahi Zone. If we review the seizure, we see that 61.58% of the Buprenorphine are seized at Dhaka Zone, 1.12% at Chittagong Zone, 1.10% at Khulna Zone and 36.20% at Rajshahi Zone. More than 49% of the markets of Buprenorphine are at Dhaka. The second highest market is at Rajshahi comprising almost 36%. The other big markets are Mymensingh, Rajshahi, 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.

Yaba



Cannabis, Amphetamine Type stimulant (Yaba), Arms recovered by DNC raiding team with one accused arrested

Among all the drugs, Yaba has been the most burning issue during last few years. Both the detection of cases and seizure of Yaba increased tremendously during 2014. During 2008 the seizure of Yaba was 36543 tablets, but during 2009, 2010, 2011, 2012, 2013 & 2014 it became 129644, 812716, 1360186, 1951392, 2821528 & 6512869 tablets respectively. The ratio of increase in 2014 is 17722.48% in comparison with 2008 and 130.82% in comparison with last year. This unbelievable increase of the seizure of Yaba over the period of last seven years indicates how fast its prevalence is increasing. If we review the number of cases of Yaba we see that 47.83% cases are detected at Dhaka Zone, 30.43% at Chittagong Zone, 11.67% at Khulna Zone and 10.07% at Rajshahi Zone. The seizures of Yaba are made 13.71% at Dhaka Zone, 84.72% at Chittagong Zone, 0.38% at Khulna Zone and 1.20% at Rajshahi Zone. More than 84% of the seizure of Yaba is made at Chittagong because borders of Cox's Bazaar of Chittagong Zone is the route of smuggling Yaba into Bangladesh. Though the seizure of Yaba at Dhaka is 31% it still remains the biggest market of Yaba in Bangladesh. Three

years back Dhaka comprised more than 90% of the Yaba market in Bangladesh. But situation is changing over periods of time. 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 have less prevalence of Yaba.

Trends and patterns of drug abuse.

Drug related disabilities and problems are still not considered as a disease. People seek treatment only in cases of liver cirrhosis, hepatitis-B,C, overdose crisis, or severe withdrawal syndrome. Problems like frustration, depression, anxiety, excitement, insomnia, etc. are less attended. In most cases people with these sorts of problem do not go to a physician. Rather they go on self medication with sleeping pills and tranquilizers. Almost 80% of the sleeping pills are sold without prescription. Almost 90% of these pill users become dependent on sleeping pills and tranquilizers. Abuse of sedative, hypnotics and tranquilizers (commonly known as sleeping pill), is a "hidden problem" in Bangladesh and their long-term adverse effects are sometimes more severe than those of heroin or Phensedyl. However, people are gradually becoming conscious that drug-addiction is a disease like many other disease in our society. Establishment of so many Detoxification Centers in the city of Dhaka and in other District Towns indicates that drug addiction is increasingly being emerged as a public health problem.

In Bangladesh, incidence of injecting heroin is almost rare. Only Buprenorphine is abused in Bangladesh through intravenous injection. "Chasing the Dragon" is the popular method of using heroin in Bangladesh. A codeine-



mixed cough syrup named Phensedyl was at the top of popularity during last two decade, but recently it is being replaced by Yaba (an ATS tablet). Traditional smoking of cannabis is still prevailing among all segment of population. A new substance called "dandy"(adhesive made from toluene) has emerged as a very cheap and popular drug among the street children.

Though the number of intravenous drug abusers in Bangladesh is still negligible, sometimes the heroin smokers and Phensedyl abusers practice injecting Pethidine and Buprenorphine in combination with sedatives when heroin and Phensedyl are not available. The uses of drugs through injection in Bangladesh are practiced in a very unhygienic condition. Needles are often contaminated and shared among the fellow drug users in spite of many prevention and awareness programs run by NGOs. Therefore the drug abusers of needle-sub-culture are in a vulnerable position to be infected with HIV/AIDS.

Drug abuse once mainly concentrated in urban areas, are now expanding from urban to rural areas. During last decade youth were the major drug abusing group of population, but recently it is expanding rapidly among adolescent and street children.

The slum dwelling marginalized women, being engaged in carrying and peddling drugs 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 education system to a great extent.

The trends of the social, cultural and behavioral changes among our young generation, particularly the emerging 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 Bangla-

desh, because Ketamine co-exists with these situations almost everywhere in the world. In response to a proposal from INCB, Ketamine has been declared and included as drug in the schedule of the Narcotics Control Act, 1990.

Prevalence of drug abuse

a. Opium

Currently there is no opium consumer in the country. 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 4.84 kg, 11.62 kg & 91.22 kg of Indian originated opium in Bangladesh during 2012, 2013 & 2014. May be those were bound for trafficking elsewhere.

b. Morphine

As a life saving drug and very effective pain killer, it has medical use for palliative care, post operative pain management and for management of acute pain of heart disease and cancer. Bangladesh has a quota of 100 kg of morphine from the INCB. At present three pharmaceutical industries 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 no admission of patients into the treatment services for morphine addiction during 2012 and 2013. 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 pcs
2010-11	98103 ampoule	182130 pcs
2011-12	198253 ampoule	236980 pcs
2012-13	298075 ampoule	533440 pcs
2013-14	198225 ampoule	310185 pcs

Source: DNC Data Base



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

c. Pethidine hydrochloride

Pethidine hydrochloride is widely used in any kind of surgical operations in Bangladesh as pain killer, as narcotic analgesic and

for deep sedation. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. 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 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 very limited abuse of Pethidine at present.

Statistics on production of pethidine in Bangladesh

Year	Amount of Production
2007-08	1083239
2008-09	1219771
2009-10	1269661
2010-11	1046798
2011-12	1204268
2012-13	1432625
2013-14	1182195

Source: DNC Data Base

The amount of seizure of Pethidine by all law enforcement agencies during 2011 was 295 ampoules but in 2014 it became 24392 ampoules. Though the abuse of Pethidine in Bangladesh is not so much significant the expla-

nation of this increase of its seizure may be that it is used as a substitute to Buprenorphine and the seizure of Buprenorphine decreased from 99509 ampoules in 2013 to 9295 ampoules in 2014. If we study the number of patients admitted in treatment services for Pethidine addiction,

Patients admitted to treatment services for pethidine addiction

Percentage of patients admitted for Pethidine addiction	Year					
	2009	2010	2011	2012	2013	2014
	6.69	3.96	1.19	-	-	3.78

Source: DNC Data Base

we see that it has gradually decreased up to 2011. No patient sought treatment for pethidine addiction after 2011. But in 2014, 3.78% of total patients admitted in treatment services for Pethidine addiction.

D. Heroin

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 have not yet been able 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 into 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%. 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). Data from treatment centers shows the highest number of heroin abusing treatment seekers because consequences of heroin abuse are more visible and severe than other drugs. But if the number of patients admitted for treatment of drug addiction is reviewed, we see that the



number of treatment seekers for heroin addiction has decreased 21.76% during 2014 in comparison with the previous year.

In recent times, the media focus is on the

codeine contents confirms the existence of these clandestine laboratories. One of the major cause of popularity of Phensedyl in Bangladesh is that it is compatible both to the smoker and non-smoker population. The

Patients admitted to treatment services for heroin addiction

Year	2009	2010	2011	2012	2013	2014
Percentage of patients admitted for heroin addiction	38.26	35.25	42.73	46.17	30.70	24.02

Source: DNC Data Base

latest drug Yaba (ATS). Therefore heroin is no more considered as the major drug of abuse. From the Table below we see that during the year 2010 the amount of seizure of heroin by all law enforcement agencies in

other reasons are its good taste, easy availability, easy marketing facility, easy using method and lower health risk. The abuse of Phensedyl spread over almost all the urban and industrial areas in Bangladesh over last two decades. It is observed that for very high

Statistics of the seizure of heroin by all law enforcement agencies in Bangladesh

Year	2009	2010	2011	2012	2013	2014
Heroin Seized(kg)	159.783	188.186	107.499	124.92	123.73	78.30

Source: DNC Data Base

Bangladesh was highest (188.186 kg). But after that it decreased to a great extent in 2011 (107.499 kg). During 2012 & 2013 it is almost stable with a slight increase and in 2014, it has a dramatically fall because young generation has been shifting from heroin to Yaba.

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

Statistics of the seizure of phensedyl by all law enforcement agencies in Bangladesh

Yeas	2009	2010	2011	2012	2013	2014
Quantity of Seizure (bottle)	1117354	961260	932874	1291078	987661	748730

Source: DNC Data Base

e. Phensedyl (codienephosphate)

Though Phensedyl is a legal medicinal drug in India, most of the Phensedyl smuggled into Bangladesh are manufactured in the illegal clandestine laboratories near the borders in Indian Territory. The seizure of bulk amount of liquid Phensedyl in plastic containers in our Western and Eastern bordering Districts and variation in their

imposed restriction on the movement of codeine within 50 kilometers of the border and has reduced the allotment of codeine for pharmaceutical industries. As a result there has been temporary scarcity on the supply of Phensedyl in Bangladesh and for very high price and severe scarcity, Phensedyl is being highly adulterated with molasses, liquid sugar and similar substances. The seizures of Phensedyl by all agencies



in Bangladesh from 2009 to 2014 are as following:

This statistics indicates that though prevalence of Phensedyl increased during 2012 it has again decreased. If we take an account of the data from treatment services we see that number of treatment seekers for Phensedyl addiction is decreasing gradually though it increased a little during 2013.

under government control. Any kind of operation of cannabis including its cultivation, trade and consumption in Bangladesh have been banned since December 1989. But this ban could not annihilate the demand for cannabis in the society. The consumers started planting cannabis here and there or at home and ultimately small scale commercial cultivation also began to occur illegally.

Cannabis was and still is a main drug of

Patients admitted to treatment services for phensedyl addiction

Year	2009	2010	2011	2012	2013	2014
Percentage of patients admitted for Phensedyl addiction	6.46	3.58	2.02	2.95	4.26	3.10

Source: DNC Data Base

f. Cannabis

Cultivation and consumption of cannabis was traditional in Bangladesh. Naogaon District was famous for cannabis cultivation from time immemorial. During British reign the East India Company introduced large commercial cultivation of cannabis and it became a source

abuse in Bangladesh. If we review the following case statistics of the seizures of cannabis by all agencies in Bangladesh from 2009 to 2014, we find that it is decreasing after 2011

Statistics of the seizure of cannabis by all law enforcement agencies in Bangladesh

Year	2009	2010	2011	2012	2013	2014
Seizure of Cannabis (kg)	32955.581	48749.357	54244	38702	35012.54	35988.557

Source: DNC Data Base

of Government revenue. For expansion of commercial market of cannabis, 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

If we review the above data on the comparative study of the primary drug for which patients are admitted to treatment services during 2014, we see that cannabis abuse is the first cause of admissions into treatment services. There is no survey on the size of the

Comparative study of the primary drug for which patients are admitted to treatment services during 2014

Name of drug addicted to	Heroin	Phensidyl	Cannabis (Ganja)	Injected Drug	Yaba
Percentage	24.02	3.10	32.52	11.74	17.95

Source: DNC Data Base



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, There as 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. Alcohol

Alcohol is the most widely known and criticized intoxicating substance in Bangladesh. In fact to mean any intoxicating substance, most of the people indicate alcohol, which in Bengali language is called "Mod". In Muslim community it is restricted 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,

alcohol and spirits in Bangladesh. Besides the legal production there also exist illegal distillations of liquor by tribal people and people of lower castes all over the country.

The seizure of illicit country liquor during the year 2014 was 723689.1 liters and the amount of foreign liquor in that period was 602.45 liters, 293254 bottles and 3492 cans of Beer. During the year 2014 the Department of Narcotics Control detected a total of 11723 cases (including cases in Mobile Court) and made 12590 arrests (including arrests in Mobile Court) of which 1522 (12.98%) cases and 1636 (12.99%) arrests were related to offences in connection with alcohol. In this statistics alcohol 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 1.21% 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.

h. Buprenorphine

Buprenorphine, a product of India, clinically

Patients admitted to treatment services for alcohol addiction

Year	2009	2010	2011	2012	2013	2014
Percentage of patients admitted for alcohol addiction	1.06	1.53	0.76	1.61	1.67	1.21

Source: DNC Data Base

wine, beer, country liquor and Tari (fermented palm or date juice). Only one Government-owned distillery produces liquor or drinking alcohol in Bangladesh. Four private owned distilleries produce commercial and industrial

used for blocking opiate receptors was not supposed to be a drug of abuse for intoxicating purpose. But unfortunately this is one of the major and the most popular injecting drug of abuse in Bangladesh. As Buprenor-



phine has both the capability of blocking the opiate receptors and producing morphine-like dependence, many of the heroin abusers have switched from heroin to Buprenorphine because it is very cheap and it is very effective as an anti-dote to withdrawal syndrome of heroin addiction. Till 2010, the abuse of Buprenorphine was on increase but afterwards it is decreasing gradually during last six years. It is often injected intravenous in combination with sedatives, tranquilizers and antihistamine. Initially it was found

injecting drug has steady increased almost 48.18% in comparison with 2013 due to low trafficking of phensidyl from India.

i. Yaba (ATS)

Amphetamine type stimulant drug Yaba 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 or balance the stimu-

Patients admitted to treatment services for Buprenorphine addiction

Year	2009	2010	2011	2012	2013	2014
Percentage of patients admitted for Buprenorphine addiction	17.71	31.54	27.56	23.22	20.00	11.74

Source: DNC Data Base

under the trade name Tidijesic. But now it is available under the trade names Lupijesic, Bunojesic, Tunojesic, etc.

If we review six years data of treatment seekers for Buprenorphine addiction we see that it comprises almost 22% of the total patients enrolled in drug addiction treatment programs.

lant effects, sometimes any narcotics, 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-

Statistics on seizure of Buprenorphine

Year	2009	2010	2011	2012	2013	2014
Amount of Buprenorphine seized	89469	69158	118890	157995	99509	147458

Source: DNC Data Base

Again if we have a look on the data of seizures of Buprenorphine, we see that starting from 2009, it increased almost seventh six times till 2012 but during 2013 it has decreased 37.01% in comparison with 2012. Thus it appears that abuse of injecting drug, especially Buprenorphine, was a rising and rapid increasing problem in Bangladesh till 2012 but after that due to intensive NGO activities against injecting drugs and HIV and partially for epidemic of Yaba it has a declining sign. But the abuse of

Eastern part of the country.

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 insti-



gating perversion among the young generation. The river Naaf and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of Yaba from Myanmar to Bangladesh.

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

Statistics on seizure of yaba during 2008 to 2014

Year	2008	2009	2010	2011	2012	2013	2014
Amount of Yaba seized	36543	129644	812716	1360186	1951392	2821528	6512869

Source: DNC Data Base

It appears from the above table that the illicit trafficking and abuse of Yaba has increased more than 17722.48% over last seven 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 kilometers 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.

j. Toluene

Toluene based-adhesive called "Dandy" or "Denty" is the latest intoxicant in Bangladesh. It is found in casket made of tin. It has been introduced in Bangladesh only five to seven years ago. Street children are pioneer to sniff adhesive for getting intoxicated. It is very cheap any easily available at hardware stores.

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 aspect of adhesive. Generally the glue is put in a polythine 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 much in comparison with other drugs. But the data from drug addiction treatment services shows that it is increasing rapidly

k. Sedative, hypnotic and tranquilizer drugs

Sedative, hypnotic and tranquilizer drugs, commonly known as sleeping pills, are psychiatric medicines and generally prescribed by the physicians for mood disorder, insomnia,

Patients admitted to treatment services for toluene addiction

Year	2009	2010	2011	2012	2013	2014
Percentage of patients admitted for toluene addiction	0.12	0.51	1.01	1.07	0.91	1.08

Source: DNC Data Base

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 adhesive very cheaply. One gram of dandy

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, 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. We do not have yet any assessment on the real medical requirement of these drugs in Bangladesh. 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

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

L. Toddy

Toddy is a traditional alcoholic beverage from fermented juice of date or palm 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 population drink toddy during ritual programs and for social recreational purposes. The popular view about toddy is that it helps reducing dehydration and body

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

Year	2009	2010	2011	2012	2013	2014
Percentage of patients admitted for sedative, hypnotic and tranquilizer addiction	2.11	1.27	1.40	1.34	3.73	2.69

Source: DNC Data Base

second and third position. The data from drug addiction treatment services shows that very few people seek treatment for addiction to sedative, hypnotic and tranquilizer drugs. Withdrawal syndrome or side effects of these drugs are not so much severe as those are in case of heroin or injecting drugs. Therefore less 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

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.



Chapter II.

Drug trafficking scenario in Bangladesh

Bangladesh is said to be a possible transit country for illegal drugs produced in the 'Golden Triangle' and to a much lesser degree, the 'Golden Crescent'. Country's porous border with India and Myanmar augments the drug smuggling with these countries. The geographical location of Bangladesh makes it vulnerable to possible transit trafficking mainly of ATS (Amphetamine Type Stimulant) or Yaba, Heroin, Cannabis and Codeine based syrup (Phensiddyle) and their consumption in various forms along the trafficking routes. Thus Bangladesh shares, the misery of the problem of drug addiction and drug trafficking both from Myanmar and India. It can be wrapped up those external factors largely reliant of the diversification of different types of drugs in Bangladesh. But also internal demand and supply of drugs enhance illicit trafficking of drugs from different sources in the world. So both external and internal factors are behind the spreading of illicit trafficking and abuse of drugs.

Research and observations indicate that drug abusing people in Bangladesh is increasing rapidly though no entirely harmful and widely used drug produced inside the country. Currently, the main abusing drugs are Cannabis, Heroin, Phensedyl, Buprenorphine and largely Yaba (ATS) in Bangladesh.

Illicit Trafficking trend patterns of Drugs in 2014

The trend and patterns that signify the trafficking scenario in Bangladesh in 2014

are mentioned bellow.

- Trafficking of Yaba (ATS) from Myanmar
- Trafficking of codeine based syrup (phensiddyle) from India
- Trafficking of Heroin and cocaine from India or via India from Golden crescent and Golden triangle region.
- Trafficking of Cannabis and opium poppy from India
- Trafficking of injecting drugs e.g buprenorphine (lupigesic, tidigesic etc) from India.
- Illicit cultivation of cannabis and opium poppy in small scale at some remote areas of Bangladesh.

But every year law enforcing agencies in Bangladesh try to dismantle those cannabis and opium poppy plants effectively. Border Guard Bangladesh (BGB) and Bangladesh Army destroy intermittently opium and cannabis grown in remote hilly areas of Bangladesh.

Though there is no specific survey, it reveals from different media reports that the number of drug abusers in Bangladesh is on the increase.

It appears from seizure reports that Illicit trafficking of drugs is also on the rise to meet the demand of the increased number of drug abusing population;

As per seizure statistics, most of the drugs are smuggled into Bangladesh through west-



ern, eastern and south eastern border though routes and points of illicit trafficking of drugs are constantly shifted from one place to another. The small towns and trade centre by the borders are used as transit points for smuggling drugs;

All the Phensedyles are smuggled from India and heroin with very high adulteration and impurities of brownish colour is mostly sourced from India. Women and children are largely engaged for smuggling and peddling drugs.

Previously, codeine based syrup i. e. phensidyle and cannabis were mostly abusing drugs. Now emergence of Yaba has changed the scenario of both abusing and illicit trafficking of drugs in Bangladesh. The current statistics of seizure indicate a high increase in the inflow of Yaba during 2014. As per information Yaba is sourced from Myanmar. The routes and spots of smuggling Yaba are located in the territory of Myanmar near the south eastern border of Bangladesh. The illicit trafficking and abuse of Yaba from 2010 to 2014 has increased about 701% over the last five years. If we compare the seizure of Yaba of 2009 and 2014, it has increased 4923%. Now it has become the most dangerous and top smuggling item from Myanmar to Bangladesh. In 2014 the figure of Yaba (ATS) tablet seizure is 6512869 pcs by the law enforcer in Bangladesh. Almost cent percent Yaba tablet is seized from the south eastern border of Bangladesh located at Chittagong zone (Coxsazar, Teknaf, Chittagong etc.). The Yaba trafficking syndicates at Coxsazar, Teknaf, Chittagong and Dhaka with their counter part in Myanmar are involve in smuggling of Yaba from Myanmar to Bangladesh territory. They are using Coxsazar- Chittagong – Dhaka terrain route and also marine route like coastal area of Chittagong, Khulna, Barisal and Potuakhali districts of the country.

The illicit trafficking and abuse of Yaba has increased alarmingly over last few years in Bangladesh. The young generation of Bangladesh is the main target of it. Criminal activities in association with Yaba trade is also increasing to a great extent. Many of the young students are being dropped out of the education system for Yaba addiction. It is a threat to the public health and the social security. Yaba induced accidents and unnatural deaths are also a great concern. It is also triggering physical and moral perversion among the young generation. The Government of Bangladesh is firmly committed to disentangle the nation from the curse of Yaba. The number of criminal cases also increased in connection of Yaba dealings and abusing. Among the arrested smugglers the numbers of Rohingya people of Myanmar remain at the top position.

Trafficking of injecting drug was on increase till 2012. During 2013 it decreased 37.01% in comparison with the figure of 2012. It may be an effect of Government's anti-AIDS campaign and extensive NGO movement in this respect. But during 2014 seizure of it again increased in 79.78 % compare to year 2013. If we review the trends of the seizure statistics of Buprenorphine, we see that during 2010, 2011, 2012 and 2013, it was 69158, 118890, 157995 and 99509 ampoules respectively. Here the rate of increase from 2011 to 2012 is 71.91%. But after that it became 99509 ampoules in 2013 (with 37.01% decrease) and again increase to 178889 ampoules (rate of increase is 44.38%). The reason of such increasing trend of injecting drug might be the effect of increasing trend of illicit trafficking from India. Lesser value with mediocre quality and availability of such injecting drugs is the mark of interest groups of both the countries, Bangladesh and India.

There are extensive cultivations of opium poppy at the Indian territories at western border. The Indian poppy cultivators are



often expanding their activities in Bangladeshi territory in involvement with the bordering people in Bangladesh with a few exceptions in 2014. But till date there is no detection of clandestine heroin or phensedyl lab in Bangladesh. Most of the illicit cultivation of poppy in Bangladeshi territory of the border area are instantly detected and destroyed by our Border Guards. In Bangladesh-Myanmar border Bangladesh Army plays vital role in this respect. Seizure reports indicate the substantial increase of opium seized by the law enforcing agencies of Bangladesh. In the year of 2014 the rate of increase is 685.02 % compare to 2013. Though there is no consumption of opium in Bangladesh, there were seizures of 11.69, 8.07, 4.84, 11.62 kg and 91.22 kg in 2010, 2011, 2012, 2013 and 2014 respectively.

On reassess of the statistics of seizures we find that there is a continuous decrease in the trafficking of heroin and phensidyle in Bangladesh. Starting from 2007 to 2010 heroin was on increase but after that it decreased in 2011 and since 2014 remarkably. The seizure of heroin was on a gradually increase till 2010. But during 2014, it decreased from 188.186 kg to 78.3 kg. On review of the overall market of heroin in Bangladesh, it appears that there is some decrease in the consumption of heroin. 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. It is assumed that decrease in consumption of heroin and phensidyle is the result of increase of consumption or abuse of Yaba (ATS), another alternative drug.

Heroin, Phensedyl and cannabis are smuggled into Bangladesh through the borders of Jessore Satkhira and Rajshahi-Chanpai Nababganj at western side and Comilla-Bramhanbaria at Eastern side. The western border being mostly plain land and within the

easy access of most part of India is more convenient for the traffickers and these are the major routes of smuggling. But recently trafficking of cannabis through eastern border has increased to a great extent because there are illicit cannabis cultivation of cannabis at the vast areas of Assam and Tripura. The main route of smuggling injecting drug is through the border of Joypurhat and Dinajpur. The border of Rajshahi, Jessore and Satkhira are also used for smuggling injecting drugs.

All the legal imports of precursor chemicals are commenced through the port of Chittagong. Illicit consignments of precursor chemicals such as toluene and acetone may be smuggled into Bangladesh under false declaration and in disguise of other uncontrolled chemicals using this sea port. Illicit consignments of foreign liquor are generally smuggled into Bangladesh through Chittagong port. Legally imported liquor for duty free bonded warehouses and in certain cases under diplomatic privilege are alleged to be diverted to illegal markets.

Trafficking of Phensedyl was on increase till 2009. But during last five years it is almost in decreasing means except a sharp increase in 2012. As per commitments under the bilateral agreement, the Indian Authority has imposed control on movements of codeine within 50 kilometers of the borders. They have reduced the allotment of codeine for pharmaceutical purposes and took action against many of the Phensedyl traffickers near the border of Bangladesh, the report says. As a result trafficking of Phensedyl is static and more or less under control up to 2014. It can be mentioned that bilateral and sincere cooperation of both the countries (Bangladesh- India) may enhance to reduce more of such type of drugs trafficking in Bangladesh.

As per record of UNODC cannabis is the most widely abused illicit drug in the world. Hashis a resinous substance of cannabis is also



Statistics on the seizure of drugs by all agencies in Bangladesh:

Name of Drugs	2010	2011	2012	2013	2014
Opium (in Kg)	11.69	8.070	4.84	11.62	91.22
Heroin (in Kg)	188.186	107.499	126.92	123.73	8.37
Codeine preparation (Bottle)	961260	932874	1291078	987661	741137
Codeine(Loose) (in Liter)	4119.185	3228	2613	857.55	438.22
Cannabis (in Kg)	48749.35	54244.16	38702	35012.54	35988.56
Cannabis Plant	1760	742	485	666	727
Buprenorphine (Ampoule)	69158	118890	157995	99509	178889
ATS (Yaba) (Tab)	812716	1360186	1951392	2821528 & Amphetamine Powder 5kg	6512869
Total No. of Cases	29662	37245	43717	40250	51801
Total Number of Accused	37508	47309	54100	47531	62080

As we know from international reports that though the Golden Triangle has been dismantled, cultivation of opium poppy is still going on at large in Myanmar. It is whispered that the Bay of Bengal and the South-eastern territory of Bangladesh may have a risk to use as transit points for shipments of the heroin produced in Golden Triangle to Europe, America and Middle-East if all the surrounding countries become not work jointly to eliminate this problem at large. From (2010 to 2014) 624.64 kgs of heroin has been seized by the law enforce agencies of Bangladesh.



Mode of trafficking:

The most frequently used another drug is phensidyl (Codeine based cough syrup) thereafter Yaba illegally transit from India and the third highest is cannabis. Bangladesh is not a drug producing country, drugs are mostly smuggled from out sides of the country. Phensedyl is absolutely sourced from India. Bangladesh have borders with India on its three sides excluding the south, which stands on the Bay of Bangal. In the Indian boundaries, there are clandestine laboratories of manufacturing codeine based narcotics ('Phensidyl' as trade name) and are being trafficked into Bangladesh, where BSF and BGB are guarding borders on their respective sides.

Codeine – 'A' class narcotic liquid has been trafficked into Bangladesh by bus, truck packed in different baggages and luggages through the border areas of Bangladesh and India in the trade name of phensidyle and also other drugs are smuggled into by other type of smugglers operating in the bordering areas (like cattle, clothing and other commodities smugglers) using terrain routes. Phensidyle is transported in bottle, loose form using drums and polythine pipes. Loose phensidyle is marketed coming inside of Bangladesh by the illicit traffickers. In 01 November 2014 Dhaka intelligence zone of DNC seized 2829 bottle of phensidyle from a truck which was trafficking from Satkhira, a bordering district of Bangladesh towards capital city Dhaka. This consignment was sealed in the seized truck by making false chamber inside of the truck. 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 as drug carriers in body-fitting.

Heroin with very high adulteration and impurities of brownish colour 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. In the year 2014 the seizure of Heroin decrease remarkably which indicates that due to pressure created by the law enforcer of Bangladesh the illicit traffickers are trying to change their mode of trafficking.

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. Women are used for smuggling cannabis or ganja in body-fitting.

Cannabis enters into Bangladesh through all the three borders with India. It appears from media reports and also from annual drug report of India that recently commercial cultivation of cannabis is remarkable. In 2013 more than 100 tons cannabis seized by the different law enforcer in India. North Eastern and eastern states of India, particularly in Bihar, Uttar Pradesh, Andhra Pradesh, Madhya pradesh, Assam, Tripura and Manipur are mainly cannabis cultivating areas. A vast amount of cannabis entering into Bangladesh through the borders of Comilla and Bramhanbaria districts Bangladesh.



carrying technique of phensidyle (inside costume)



Buprenorphine is also absolutely sourced from India. South- western border of Jessore, Satkhira, Meherpur, Kustia district and North-western border of Bogra, Dinajpur and Joypurhat district are the main routes 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 different narcotic controlling authorities (researcher, UNODC, crime reporters etc) and Myanmar drug control authority that most of the Yaba is produced in clandestine laboratories located at China Myanmar border of Shan and Cochin States. Recent information also indicates that there are some clandestine laboratories nearer to the border of Myanmar and Bangladesh. The insurgent groups of these areas are reported to be involved in manufacturing and trafficking Yaba in different parts of the world. Bangladesh, being one of Myanmar's close neighbor and having recent high demand, have become a major market of Yaba. Most of the consignments trekked from China-Myanmar border to Yangon and enter in Bangladesh directly using Yangon – Maungdaw route and then trafficked from Maungdaw to different places of Teknaf and Cox's Bazaar. Fishing boats are largely used for smuggling Yaba. These Yaba are carried directly from Sittwe to Chittagong or Cox's Bazaar. Apprehension of huge amount of Yaba by Coast Guard, Bangladesh Navy and RAB corroborates with the facts of this assumption. Because of the intervention and monitoring of security forces at Teknaf and road from Teknaf to Cox's Bazaar the smugglers traffic Yaba by using Maungdaw – Bawli Bazaar – Shabe Bazaar– Ghundum – Cox's

Bazaar and Maungdaw– Bawli Bazaar– Shabe Bazaar – Paletwa – Naikhangchari route. Presently Yaba is also trafficked through Ale Thang Yaw – St Martin – Cox's Bazar/Chittagong route.

As reported sometimes Bangladeshi eggs, medicines, edible oil, 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. In some cases smugglers pretended themselves as religious personnel of different religions and carry Yaba hiding inside their costume. Yaba are put into latex-made condoms and swallowed 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 and undetected parts of vehicles body are also used for carrying heroin, Yaba or small amounts of cannabis.



Phosphydyle seized from Dhaka city.

Under-privileged women and street children are commonly employed for carrying and peddling drugs even to date. 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. 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 bags, tooth paste tubes, cans of food and drinks, bicycles, 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 imported from Myanmar. The body of trains, cars and minibuses are also used for concealment of drugs.

There have been organized trafficking gangs comprising citizens of Myanmar and Myanmar origin Rohingya refugee living at 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 of smuggling small consignments of drugs. Avoiding the legal ports of entry, earlier the big consignments were also smuggled through suitable spots and routes of the border. But recent seizures indicate that the traffickers are also using sea routes, 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. 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. There are local agents of the traffickers at the border, who provide shelter and protection to the smugglers. They have also to pay tax or extortion money to local influential people.

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. The drug traffickers are really very cunning and innovative in their style and modus-operandi in trafficking drugs. Their methods and techniques are in many cases beyond the horizon of imagination. In April, 2014 the local administration of cox-bazar districts took an extreme attempt against Yaba traffickers of surface routes, and hereafter the smugglers changed their trafficking routes. They are using sea routes of Bay of Bengal and this is why illegal shipment of yaba is not maintain in a fixed area, they are using different places of the coastal belt of Bangladesh.

The traffickers prefer night and solitary roads and avoid check posts for their movements. Consignments are loaded and unloaded in disguise of legal commercial commodities. They do not deploy any unknown person in loading or unloading operations. The traffickers split 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 desired 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 and fire arms along with drugs almost in many cases. The traffickers use several SIM cards. They 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 in 2014 there are many media reports about widely abuse of Yaba in remote rural areas of the country. One of major seizure items along with drugs are now illegal arms. DNC Dhaka intelligence team recovered loaded pistols while running a raid with information of illegal drugs Yaba in metropolitan city of Dhaka, Bangladesh in 11 November, 2014



124 kg of cannabis seized from Jamalpur and one accused arrested

Picture: Huge amount of phensidyle seized by Dhaka intelligence team from Dhaka city while trafficking under cover false sealing (cell) inside of a goods truck.

Illicit traffic in drugs is now common in prisons because a significant percentage of inmates are drug abusers. Individuals acting alone do not usually move significant quantities of drugs; hence the focus on control of supply is normally on organized groups or cartels

Routes of trafficking and global context:

There are two major drug trafficking routes that are being used to smuggle huge amounts of illegal substances around the world, with each consignment being significance thousands of dollars. One of these routes starts from Golden Triangle, ending up in Canada via Myanmar, Bay of Bengal, Bangladesh, India, Pakistan, Middle East, Europe and the US. The other route starts from Golden Crescent, ending up in Canada via Pakistan, Middle East, Africa, Europe and the US. Golden Triangle and Golden Crescent are the two major opium-producing areas in Asia. Golden Triangle covers the mountains of Myanmar, Vietnam, Laos and Thailand; Golden Crescent overlaps the mountainous territories of Afghanistan, Iran and Pakistan. Apart from this, NDC marked another route that goes from beginning to end Bangladesh, India, Middle East, Indian Ocean, Europe, the USA and Canada. The vast forests and hilly terrains of Southeast Bangladesh provide shelter to the drug smugglers. Bangladeshi, Burmese and Thai fishing trawlers may be used to bring heroin into Bangladesh. As mentioned in various intelligence reports, heroin produced in North Myanmar, Laos, Thailand and India is generally trafficked to foreign countries through different points of West Bengal (Kolkata), Mursidabad, Maldah Chennai (formerly named Madras) and Mumbai of India, Thailand and Yangon of Myanmar.

Bangladesh, with its longest borders with India on 3 sides and with Myanmar to the southeast has become very risky and vulnerable for drug trafficking and abuse. It is



alleged that heroin produced in North Myanmar, Laos, Thailand and India is by and large trafficked into foreign countries through Calcutta, Madras and Mumbai routes of India and through Thailand and Yangon of Myanmar. But the International drug barons and the Mafia network also akin to find

Bangladesh as a out of harm's way and alternate trafficking routes when the Indian and Myanmar routes become risky.

Department of Narcotics Control has so far identified many points in the border areas through which contraband drugs are smuggled into the country.

Points of entry and routes of smuggling drugs from myanmar to Bangladesh,

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

New Routes: Because of the intervention by the security forces in Taknaf the Yaba smugglers have open some new routes. These are:

(1). Carrying huge amount of Yaba through sea routes. These Yaba are carried directly from Sittwe to Chittagong or Cox's Bazaar. Apprehension of huge amount of Yaba by Coast Guard,



Bangladesh Navy and RAB corroborates with the facts of this assumption.

(2) Because of the intervention and monitoring of security forces at Teknaf and road from Teknaf to Cox's Bazaar the smugglers traffic Yaba by using Maungdaw – Bawli Bazaar – Shabe Bazaar– Ghundum – Cox's Bazaar and Maungdaw– Bawli Bazaar-Shabe Bazaar – Paletwa – Naikhangchari route.

(3) Presently Yaba is also trafficked through Ale Thang Yaw – St Martin – Cox's Bazar-- Chit-tagong route.

The border routes with India are as follows:

So far we have identified the important points of illicit trafficking of drugs at both the sides of the border which are as follows (with drug scenario map of Bangladesh):

WESTERN BORDER (Indian State of Paschimbanga):

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



Northern border (Indian States of Assam and Meghalaya):

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

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

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

It is noted that the traffickers are mostly the inhabitants of the borders of both the countries and in many cases they have close socio-cultural and economic relations. Many of the traffickers do smuggling of drugs just as a means of their daily earning for livelihood.



It is whispered once Bangladesh was used as a 'transit country' for heroin shipments using Dhaka Airport and the seaport of Chittagong as exit-points. In the year of 2014 no such consignments was recovered from any legal port of air, sea or surface. Only 78.99 kg of heroin seized by all the law enforcing agencies during the year 2014 from different parts in Bangladesh.

Cox's Bazaar lies near Teknaf, the main border town with Myanmar, which is the second largest producer of heroin after Afghanistan. But in 2014 no such consignment is seized from the said bordering areas. Comilla in Bangladesh lies in close proximity to the border with Tripura of India, the gateway to the seven sisters.

Trafficking through courier services:

The courier services that operates internationally and have offices in Bangladesh include DHL, FedEx, TNT Express, Impex international and UPS. Nationally have many other courier services in Bangladesh. Both national and international courier services play an important role in transportation of goods and parcel in and outside of the country. Though all these courier services have some rules and regulations in operational field, they are rarely taken under close supervision by the law enforcer in respect of security. This lack of supervisions on the national and international level courier services sometimes are become very vulnerable to be used as illicit trafficking of illegal drugs both in and abroad. Though we do not have specific instances but there is a claim that illegal shipment of precursor's chemical like pseudoephedrine based pharmaceutical products from Bangladesh through international courier services were detected in South America and North America especially in Mexico. Besides, American drug control agency DEA (Drug Enforcement Administration) shares information with

DNC regarding possible or suspicious transportation of precursors chemical and drugs like heroin, meth etc and about the illicit traffickers in Bangladesh or in other countries of the world. These suspicious traffickers often uses different courier services for safe transportation and to avoid any kind of apprehend done by the law enforcer of sending or receiving sides.

Recently there is allegation of trafficking Cannabis by using courier services inside of Bangladesh. Yaba and phesidyle may be trafficked by courier also. Moreover money transfer is a very known practices by different courier services by which payment of illegal drugs can be done safely. It is a indirect but influential medium for trafficking of drugs from one place to another.

Now a days money transfer service system developed by using personal mobile is also a favorable ways to communicate and for payment of drug traffickers. So internationally and internally courier services and money transfer system is vulnerable for illicit trafficking of drugs.

Foreigners involve in drug trafficking:

In the Annual Drug Report of Bangladesh, 2013, it is mentioned that DNC's Dhaka Metro raiding team with 3kg of cocaine and an arrested Peruvian citizen who is a member of international drug trafficking syndicate. Drugs dealers are now mostly armed. Illicit drug trafficking takes place in most countries of the world. Recognition of illegal importation and distribution, a criminal activity frequently involving foreigners, is politically less troublesome than purely domestic illicit production or consumption. The involvement of outsider's makes smuggling or illicit dealing appear less of a home-based problem. Few countries are immune to drug abuse problems.

It is mentioned that the Nigerian organised



groups are very active in the North Eastern states of India. So it would have seemed appropriate that he had good reasons to be in Comilla or Cox's Bazaar for their 'business' purposes. Rohingya, Myanmar citizens are arrested many times while traffic Yaba from Myanmar to Bangladesh territory. In the year 2014 Bangladeshi law enforcer have arrested few Nigerian and other some African nationals from different parts of Dhaka in connection with illegally residing in Dhaka and doubtful involvement in illegal dealings (like drugs, arms etc).

However, there is one setback in this initial testimony. In Bangladesh, foreigners are a rare sight, especially in the countryside, and they attract a lot of attention from curious onlookers, many of whom have never seen an outsider in their life. Consider the fact that this particular foreigner is a drug trafficker and it would be literally impossible for him to be involved in underhanded dealings in most places in Bangladesh without attracting the undue attention of hundreds of locals. "The Nigerians cannot operate clandestinely unless they are in the posh areas of Banani and Gulshan where the sight of foreigners are more common and they can mix among their own people," report says.

On 28 April 2015 UNODC published a report entitled 'migrant smuggling in Asia: current trends and related challenges'. In the new report UNODC warns that the smuggling of migrants poses a significant threat to Asia generating an annual value of 02 billion dollars form criminal groups and leading to deaths and human rights abuse. In the detail report UNODC trying to focus on the risk of trafficking of migrants. Side by side it is also true that

migrated people have huge involvement in drug trafficking, an illegal but money-spinning business without investing money more.

In Bangladesh and Myanmar drug traffickers as well as Yaba smuggling godfathers invest money and Myanmar Rohingya citizens and Rohingya refugee of Myanmar staying in Bangladesh are largely implicated in this Yaba trafficking. A major segment among the Yaba traffickers arrested by the different law enforcer is Rohingya refugee come from Myanmar and residing at Teknaf and Ukhia of Coxsbazar districts mainly. They are spreading out all over the country and often try to hide themselves by amalgamation up with Bangladeshi people. It is a great problem for Bangladesh in context of security also. Sometimes mutual information received from our friendly counterpart concerning of international traffickers may use Bangladesh as transit for heroin or cocaine smuggling. But yet to trace any shipments in the year 2014.



Chapter III.

An overview on the profile of drug abusers and the drug abusing situation in Bangladesh

Theoretically 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 life-standard; who has a poorly integrated personality; who lives in an unfavorable family and social environment; who is frequently faced with easily available drugs. But So far till today, there is no epidemiological and nationwide survey on the drug using population in Bangladesh. What-

ever information we have in this respect, is based on media reports, individual studies, academic writings and the information from the data base of the Department of Narcotics Control (DNC).

Having a look at the following Table, we see that influence of friends is the principal cause (68.15%) of taking drugs. The second major cause appears to be curiosity (24.56%). Other causes are frustration, adverse family environment etc. Desire to get easy pleasure also plays important role for individual's inclination to drugs. But we cannot consider

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

Primary causes of drug abuse	2011(%)	2012(%)	2013(%)	2014(%)
Curiosity	32.62	32.68	32.07	24.56
Influence of friends	55.29	61.47	60.64	68.15
Desire to get easy pleasure	1.39	0.28	0.76	0.81
Psychological disorder	0.63	0.56	0.15	0.67
Adverse atmosphere in the family	4.16	1.25	2.74	3.37
Drug Abuse within the family	0.13	0.28	0.00	0.13
Easy access to drugs	0.13	0.00	0.00	0.00
Unemployment	4.53	0.00	0.15	0.13
Frustration	0.38	2.36	1.76	1.35
Lack of drug awareness	0.13	0.14	0.15	0.13
Complication about Treatment	0.00	0.00	0.00	0.27
Others	0.63	0.83	1.67	0.40
Total	100	100	100	100

Source: DNC Data Base



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

and abusing drugs have increased to a great extent recently. In "Annual Drug Report of Bangladesh 2011" we had a paragraph on drug abuse among the street children in Bangladesh. There we have explained the scenario as much as possible. We do not exactly know how many people abuse drugs in Bangladesh, because we do not have any nationwide

Age distribution of the drug abusers

Age Group	2012(%)	2013(%)	2014 (%)
Up to 15 Years	4.31	1.22	3.10
16 - 20 Years	8.48	12.16	13.77
21 - 25 Years	13.77	21.73	20.11
26 - 30 Years	30.74	27.05	27.94
31 - 35 Years	19.61	16.72	16.06
36 - 40 Years	14.88	10.72	9.72
41 - 45 Years	5.56	5.93	5.26
46 - 50 Years	1.95	3.50	3.10
Over 50 Years	0.70	0.91	0.94
Total	100	100	100

Source: DNC Data Base

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. The following Table on study on the drug abusers under treatment programs in Bangladesh during 2014 shows that people of age group from 16 to 40 comprises 92.86% 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 2014 have match 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

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 61000. 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. Addiction to drug is something that depends on individual's biological, environmental and personal factors. People with biological vulnerability, genetic predisposition and high risk personality traits cannot escape drugs if he 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 2014 we see that the highest percentage of addicted population is illiterate, less educated and not having education over ten years. On summation of these three groups we see that 78.67% of drug addicts admitted in the treatment program are illiterate, less educated and they 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

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 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 in 2013. 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 2014, we are astonished to see that people with no income are the highest group (60.54%) 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

Educational status of the drug abusers:

Education Status	2012(%)	2013(%)	2014(%)
Illiterate	23.78	14.74	15.92
01 - 05 Years	20.58	20.67	19.03
06 - 09 Years	25.87	23.25	25.37
10 Years	14.33	19.76	18.35
11 - 12 Years	7.23	9.12	11.34
13 - 14 Years	5.29	7.29	4.45
15 + Years	2.92	5.17	5.53
Total	100	100	100

Source: DNC Data Base

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

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 self income of the drug abusers we see that middle class population are the second largest group (16.62%) to abuse drug. Therefore the drug problem in Bangladesh prevails



Distribution of patients by self- income

Self - Income Group	2012(%)	2013(%)	2014(%)
No Income	57.30	54.49	60.54
Up to Tk.1000	0.28	0.00	0.14
Tk.1001 - Tk.2000	1.81	0.15	0.81
Tk.2001 - Tk.3000	2.92	3.81	0.81
Tk.3001 - Tk.4000	1.67	1.07	0.68
Tk.4001 - Tk.5000	5.98	3.81	4.32
Tk.5001 - Tk.10000	19.05	20.24	16.62
Tk.10001 - Tk.15000	6.12	8.52	6.76
Tk.15001 - Tk.20000	2.36	3.04	3.78
Tk.20001 - Tk.25000	0.70	1.37	0.81
Tk.25001 - Tk.30000	0.83	1.37	1.22
Tk.30001 and Above	0.98	2.13	3.51
Total	100	100	100

Source: DNC Data Base

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 (monthly income up to taka 2000/) comprise only 1.22% of the drug abusing population. The majority (58.65%) are from middle class with monthly family income of Taka 5001 to 20000. People with monthly family income of Taka 20001 and above comprises only 17.97%. 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 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 2014, we find that majority (51.42%) 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 major professional groups are small businessmen, service holders and students. These sorts of people work very hard. They have very few opportunities for mental recreation and amuse-



Distribution of patients by family income

Family - Income Group	2012(%)	2013(%)	2014(%)
No Income	0.00	0.30	0.00
Up to Tk.1000	0.70	0.30	0.27
Tk.1001 - Tk.2000	0.97	0.61	1.22
Tk.2001 - Tk.3000	12.52	9.13	2.30
Tk.3001 - Tk.4000	5.56	2.13	1.49
Tk.4001 - Tk.5000	10.85	9.13	18.11
Tk.5001 - Tk.10000	35.74	30.44	28.11
Tk.10001 - Tk.15000	14.33	16.13	16.49
Tk.15001 - Tk.20000	9.60	14.92	14.05
Tk.20001 - Tk.25000	2.64	2.89	2.03
Tk.25001 - Tk.30000	2.92	5.33	4.19
Tk.30001 - Tk.40000	1.67	2.89	3.78
Tk.40001 - Tk.50000	1.37	3.65	3.78
Tk.50001 - Tk.75000	0.56	0.61	1.62
Tk.75001 - Tk.100000	0.42	1.22	1.35
Tk.100001 - Tk.200000	0.00	0.30	1.08
Tk.200001 - Tk.500000	0.00	0.00	0.14
Tk.500001 and above	0.14	0.00	0.00
Total (%)	100	100	100

Source: DNC Data Base

ment. 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 awaken 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 concentrated 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 in agriculture profession are the smallest group of drug abusers representing only 0.54%.

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



Distribution of patients by self-occupation

Occupational Group	2012(%)	2013(%)	2014(%)
Unemployed	53.27	44.22	51.42
Small Business	11.13	12.92	12.28
Service (Private/Public)	6.95	9.88	7.42
Laborer	9.60	7.90	6.48
Vehicle Driver	4.45	6.38	5.13
Student	4.03	8.97	9.72
Agriculture profession	0.97	0.61	0.54
Others	9.60	9.12	7.02
Total	100	100	100

Source: DNC Data Base

when heroin became the real hero in the drug world in Bangladesh. At the beginning of nine-ties, 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 concentrated 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 occupied most of the attention of media during last five years. Many of the concerned people have started pointing 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 five years we are astonished to see that the seizures of Yaba have increased from 36543 tablets to 6512869 tablets, i.e. more than 17722.48% only within seven years in jumping mode. 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. Moreover 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



Year	2008	2009	2010	2011	2012	2013	2014
Amount of Yaba seized	36543	129644	812716	1360186	1951392	2821528	6512869

Source: DNC Data Base

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 2014, cannabis appears to be the number one drug comprising 32.52% and it has increased

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 addicts engaged in peddling drugs are more or less associated with various crimes. Most of the

Distribution of patients by principal drug of abuse

Drug Name	2012(%)	2013(%)	2014(%)
Heroin	46.17	30.70	24.02
Phensidyl	2.95	4.26	3.10
Cannabis	15.70	27.20	32.52
Injected Drug	23.22	20.00	16.06
Poly drugs	0.00	0.15	0.00
Alcohol	1.61	1.67	1.21
Yaba	5.77	10.33	17.95
Tablet	1.34	3.73	2.69
Glue	1.07	0.91	1.08
Others	2.17	1.05	1.35
Total	100	100	100

Source: DNC Data Base

19.56% from previous year. Heroin stands second comprising 24.02% with a decrease of 21.75% in comparison with previous year. Yaba stands in third position comprising 17.95% with a rapid increase of 73.77% in comparison with previous year. Injecting drug stands fourth comprising 16.06% with a decrease of 19.7% in comparison with previous year.

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

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.



Chapter IV.

Substance use in Bangladesh- A Chronological Review And Analysis

The trends and patterns of drug use are not a permanent phenomenon in any country in the world. It also true for Bangladesh, it changes within a decade. If we track the trends from the independence of Bangladesh we will understand the changing pattern of drug use in different decades.

- Traditionally, marijuana was used by small section of people in the mazars or boul akhras in accordance with their belief that it enhances their spiritual feelings and creativity. Uses of crude opium are seen infrequently.
- In Seventies, marijuana became popular among the young generation including a large section of student community especially in Dhaka and other large cities. Alcohol containing herbal medicine Mritosajibani sura and Codeine containing cough syrup also abuse by people
- In Eighties, After banding Mritosanjibani sura and phensedyl, Heroin enter the market and become instant hit. Smuggled phensedyl and marijuana also abuse by a large section people. Mandrex (Mehtaqualon) and diazepam are also abuse by young people.
- In Nineties, Marijuana abuse declined, but Heroin, Phensedyl continuing as drugs of choice by the abusers. Almost all Heroin dependents use it by chasing

method locally known as panni. Injection Buprenorphine is introduced to Heroin dependents to alleviate their withdrawal symptom by some unscrupulous pharmacist. Initially it helped in reducing the withdrawal symptoms but as days go on they become dependent on it. Before that very few people use Injection Pethidine or Morphine. Due to the ceiling effects of Buprenorphine IDU mix up Buprenorphine with Injection Diazepam and Injection Promehtazine (Avil and Phenergan) to enhance the 'High' of the drugs.

- Poly drug abuse are frequently seen among the substance users due to development of tolerance, non-availability of desired substance, increasing cost of drugs. Mixing different pharmaceutical product (diazepam, antidepressant, antihistamine, steroids and vitamins) after crushing and dissolve in cold drinks or syrup. They called it Jhakki, the phensedyl of the poor, is affordable and effective for those who cannot spend enough money for drugs.
- During the first decade of this century Heroin. Phensedyl and Buprenorphine with Pharmaceutical substance continuing as drugs of choice. During the latter stage of the decade Methamphetamine (commonly known as yaba) use also prevalent among the members of affluent



society.

- Now Yaba becomes drug of choice among the initiators and also other substance abusers. Inhalent (commonly known as dandy) use are frequently seen among the street children in large cities.
- Newer Pharmaceutical Substance (NPS) e.g ketamine is also reported to be abused by some people. Same is true for cocaine and ecstasy.

Till now Opioids are the drug choice among the substance users. In this group, semi-synthetic and synthetic opioids are included. In Bangladesh most frequently abused opioids are Heroin, codeine containing cough syrup, and Buprenorphine. Among this Buprenorphine is used as injection. Most of the injectable drug users mixup Injection Diazepam and Injection Promethazine (Avil, Phenergan) with Buprenorphine to enhance the effects. Injectable Heroin is not reported during immediate past year. The abuse of opioids is stable or declining.

During the last few years abuse of Methamphetamine is increasing significantly. The mode of administration of methamphetamine is chasing, but oral administration is also reported, but their number are significantly lower. Although effects of opioids and methamphetamine are antagonistic (opioids depress the central nervous system, but methamphetamine stimulate it) concomitant use are frequent.

Occasional or life time use of cannabis is very high but cannabis or dependence are declining.

Inhalant, toluene containing house substance commonly known as dandy, use is increasing specially among the street children or teen agers.

Pharmaceutical product abuse is very frequently reported because they are easily

available and cheaper than any other substances. Oral and injectable both varieties are available. Mixing several categories of diazepam, anti-depressant, vitamins, steroids with cough syrup what is commonly known as Jhakki.

The use of alcohol in this part of region has a long history. Occasional use among the drug abusers is not infrequent, but very few cases of alcohol dependence are reported who seek treatment for it.

Cocaine abuse is rare, only those who had overseas connection reported of it use. But as per day expenditure on drugs have increased significantly and purchasing power also increased, there are lot of potential consumers. Traditionally people use depressant type of drug, but methamphetamine has changed the trends. As cocaine is a stimulant type of drugs it may occupy the space created by methamphetamine.

Poly drug abuse is very frequently seen.

Co-occurring mental disorder, i.e drug abuse with at least one type mental disorder occurring at same period, are increasing in number which created a challenge for treatment provider. Both Mental Health service providers and addiction professionals are not well experienced to address this complicated issues which causing tremendous suffering for affected people and their families.

Another issue which gradually arising in Bangladesh, the treatment of substance use disorder with co-occurring HIV/AIDS.

Treatment Facilities:

The Government of Bangladesh provide treatment service for the drug dependent people through Central Drug Addiction Treatment Center (CTC) in Dhaka and three regional treatment centers Chittagong, Rajshahi and Khulna. The capacity of CTC is 40 beds, 25 are non-paying bed and 15 are



paying bed. The government has planned to establish more six treatment and rehabilitation centers with facilities of 50 beds in each divisional headquarters. A proposal for enhancement of the treatment facility of CTC from 40 beds to 100 beds has been submitted to the Government. The Government of Bangladesh also sanctioned 10 bed for children drug abuse patients and CTC will be able to admit child patients very soon.

Beside the services provided by the government there also NGO and private treatment services for the drug addiction people. To guide and regulate these private and non-governmental service centers there is a rule called "Rules for establishment and running non-government level drug addiction counseling, treatment and rehabilitation center-2005". Under this rules Department of Narcotics Control, Bangladesh issued licenses to 118 NGO and private treatment centers till December 2014. DNC has taken further steps to issue licenses throughout the country with a view that no district of Bangladesh is left without treatment facility for drug dependence patients. The Government of Bangladesh already reduced the existing license fee for private treatment centers from maximum 50,000.00 to 30,000.00 and mini-

mum 10,000.00 to 2000.00 taka only.

Training:

Addiction Professional:

Central Drug Addiction Treatment Center organized training program for Addiction Professionals. At least one hundred twenty seven participants from different Government and Non Governmental Treatment and Rehabilitation centers already trained on Universal Treatment Curriculum 1 and 2 of ICCE Program of Colombo Plan.

Fourteen National Master Trainers of Bangladesh were trained on Universal Treatment Curriculum 6, 7 and 8 in Dhaka on December, 2014 by ICCE Program of Colombo Plan.

Colombo Plan Drug Advisory Program also trained 10 Bangladeshi Master Trainers on Child Drug Addiction Treatment Curricula 1 and 2 in Dhaka on 13-24 April 2015.

Echo training on Universal Treatment Curriculum 6, 7 and 8 were held in Dhaka organized by Department of Narcotics Control, Bangladesh collaboration with GIZ and Dhaka Ahsania Mission from 04 May- 13 May 2015 and 25 participants were trained on above mentioned curricula.



Training of Addiction Professionals on Universal Treatment Curriculum in Bangladesh







Director General of Department of Narcotics Control, Bangladesh addressing his speech in closing ceremony of Addiction Professional Training program in Dhaka.

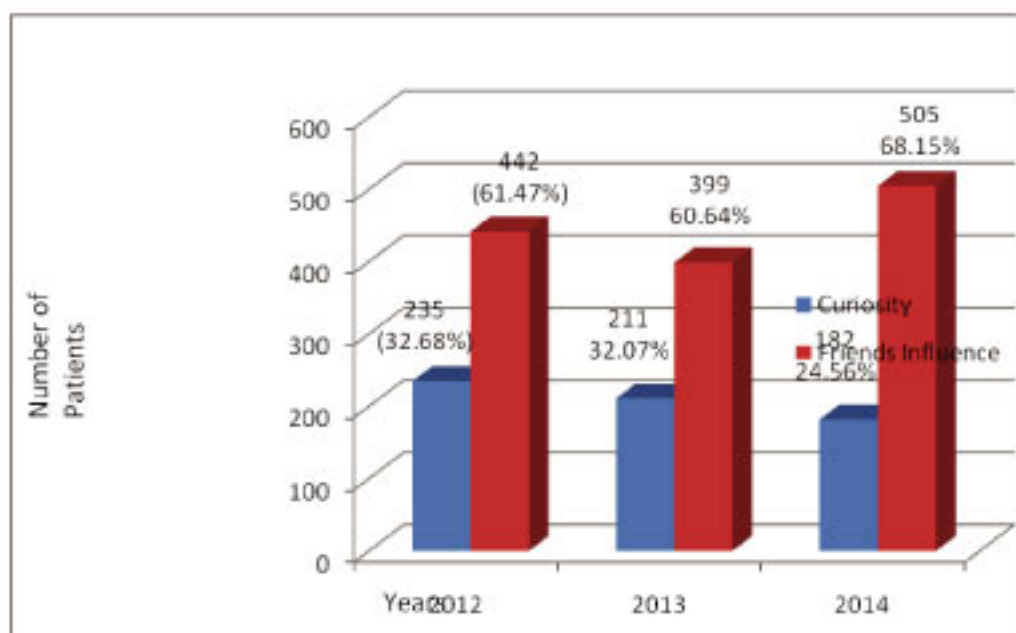
Methadone Maintenance Therapy (MMT) or Oral Substitution Therapy (OST): In Bangladesh Oral Substitution Therapy has been introduced for Injectible drug users with the aim to improve the quality of life and prevent spread of HIV or other communicable disease such as Hepatitis B and C. Three

centers for OST in different parts of Dhaka city started functioning for about 500 clients. So far client adherence to programme is excellent. There is strong demand from the client to increase the number of center in easily approachable locality as they have to attend the clinic every day of the year.

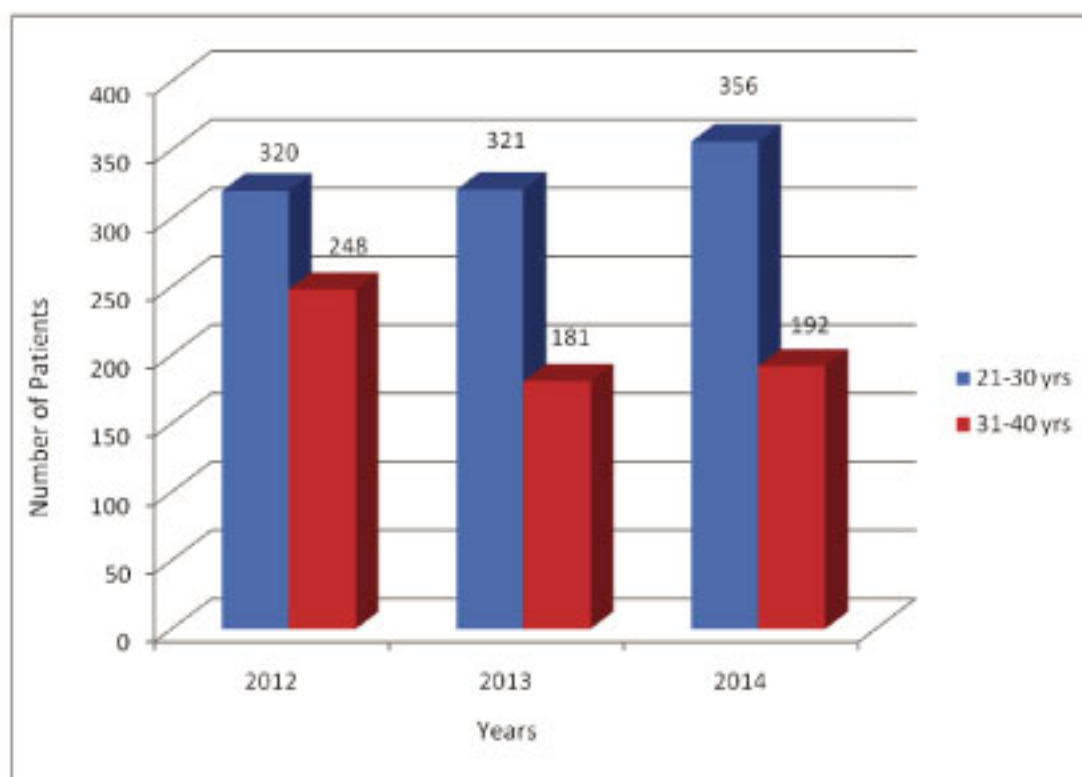
Distribution of Patients by Route of Administration of Drugs

Routes of Administration of Drug Abuse	Number of Patients		
	2012	2013	2014
Smoking	506(67.92%)	449(68.24%)	509(68.69%)
Swallowing	59(7.92%)	57 (8.66%)	98(13.23%)
Injection	172(23.08%)	135(20.51%)	120(16.19%)
Nasal Inhalation	08(1.08%)	06 (0.91%)	10(1.35%)
others	00	00	04 (0.54%)



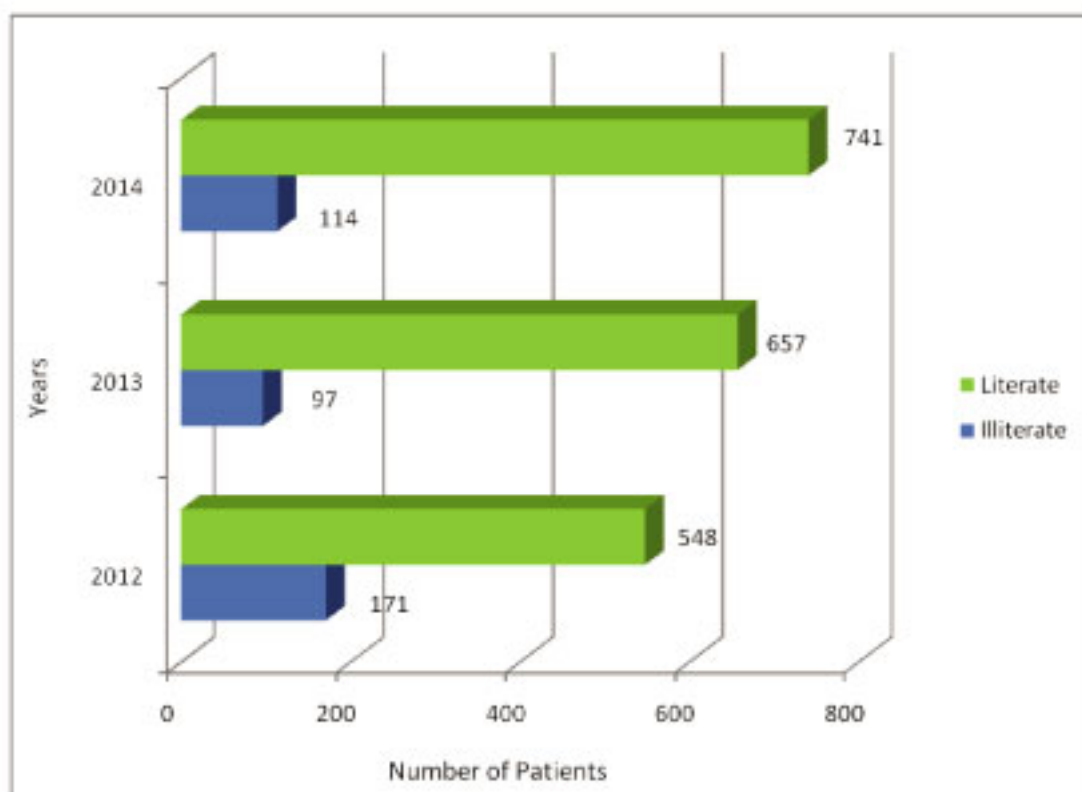


Distribution of patients by Primary Reason for Taking Drug

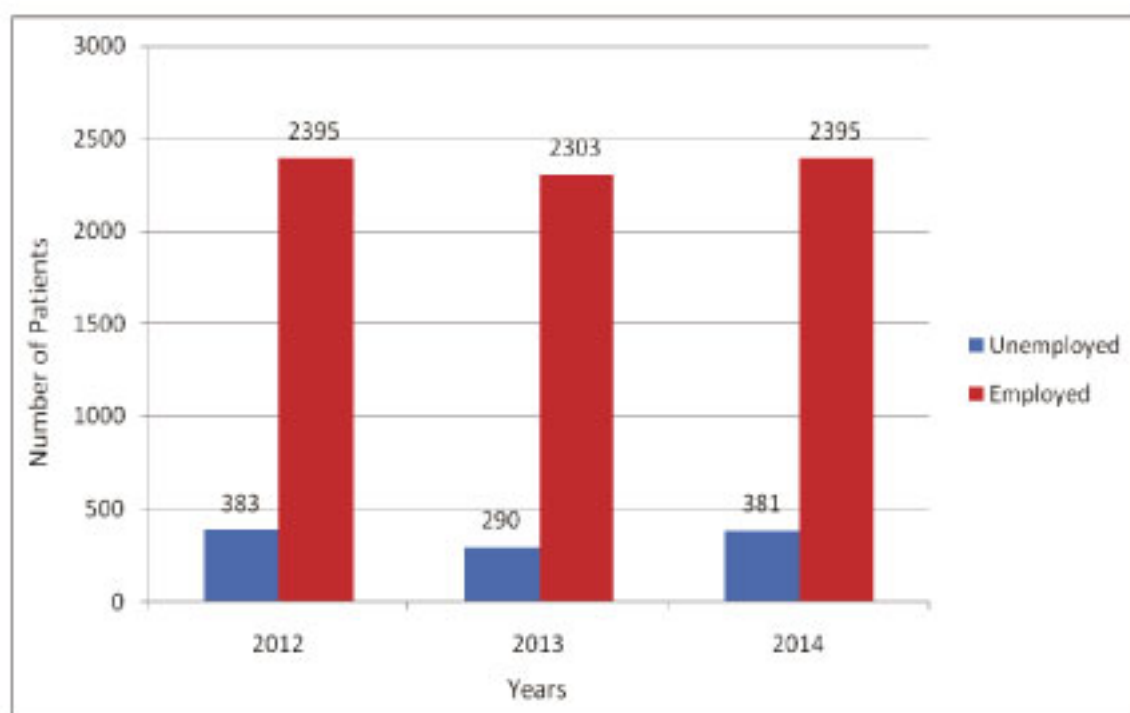


Distribution of patients by age group



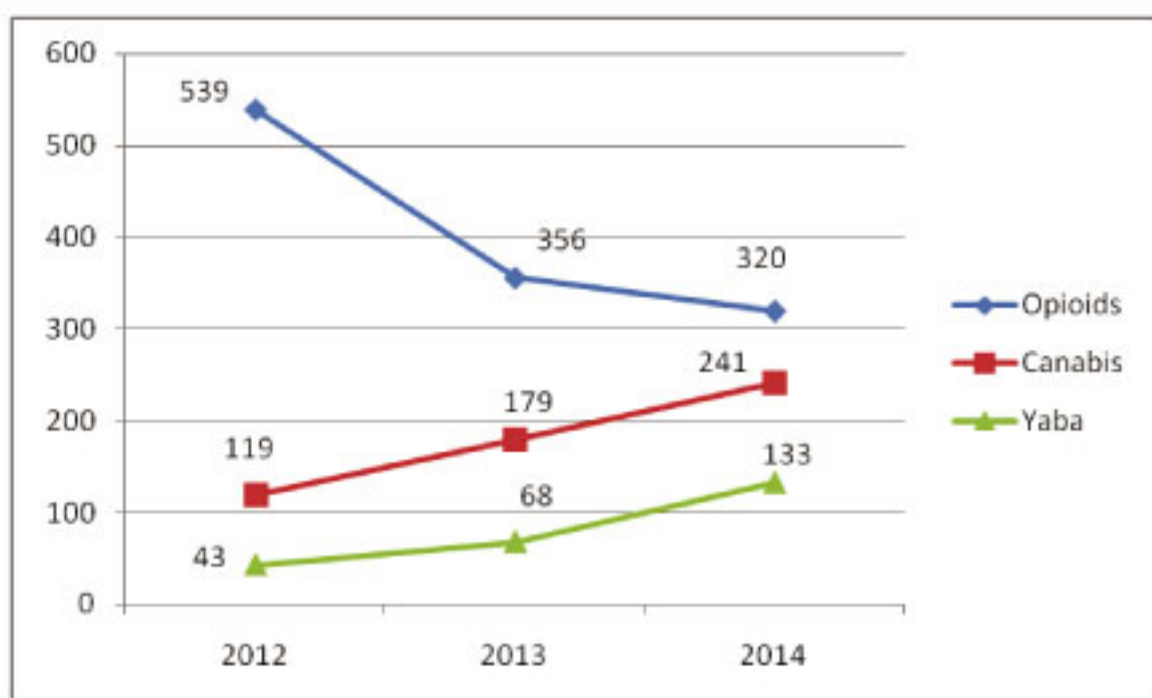


Distribution of Patients By Educational Status



Distribution of Patients by Employment Status





Graphical Presentation of Three Main Drugs In Bangladesh



Chapter V.

Legal overview and drug law enforcement in Bangladesh

Legal overview

The Narcotics Control Act, 1990 is the principal and special law for drug abuse, prevention and control in Bangladesh. This Act comes into force from 2 January 1990. This Act has a total of 56 sections and two schedules. It has supremacy over any other law in Bangladesh regarding drugs. It deals with any issue drug-offence prevention and control of drugs and precursor chemicals including treatment and rehabilitation of the addicts. It defines all the technical terms, describes the power and functions of various concern agencies, narrates the scope of control, jurisdiction, contraventions, and procedures and prescribes the penalties and schedules the drugs and punishments.

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

Drug abuse and illegal production of drugs are considered to be problem not only for Bangladesh but also for all the world. On this

aspect, Bangladesh is a signatory to the Single Convention on Narcotic Drugs 1961, the UN Convention on Narcotic Drugs and 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. The Government of Bangladesh is under obligation to take necessary policies and measures in line of the UN and SAARC Conventions.

The general nature of offences as stated in the Narcotics control Act, 1990 are: cultivation, production, processing, carrying, transportation, import, export, supply, sale, purchase, possession, prescription, preservation, warehousing, exhibition, or use of any drugs under the control of the Narcotics control Act, 1990 except for manufacturing medicine, treatment, industrial uses and scientific researches under license or permit from the competent authority. Keeping machineries, or materials for production of drugs, or allowing use of houses or any places for any operation of drugs, concealment of the information about drug abuse or addiction are also offences under this law.

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



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

The Narcotics Control Act, 1990 also provides a table of punishment for different

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

Offenses and punishment under the narcotics control act, 1990

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



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

Sections 27 and 28 provide provision for cancellations and suspension of licenses/permits for breach of any condition. Section 32 has the provision for inspection of licenses. Section 33 provides the grounds for seizure and forfeiture of illicit drugs and precursor chemicals. Section 35 has the provision for disposal of seized drugs and precursors and forfeiture of the assets derived from illicit business of drugs and precursors. Section 36 empowers the law enforcement officials for search and seizure of any illicit drugs and precursors and arrest of offenders without warrants. Section 37 has provisions for special search of body to detect illicit drugs and precursors. Section 39 empowers the DNC officials for investigation of offences relating to drugs and precursors. Section 45 deals with the disposal of arrested persons and seized drugs or precursors. Though the Narcotics Control Act, 1990 does not provide any direct provision for investigation of money laundering, Sections 46 and 47 of this Act refers to financial investigation and freezing of assets derived from illicit business of drugs and precursors, Section 54 empowers the Government to bring any substance or chemical under the purview of the Narcotics Control Act, 1990 any time as and when required.

According to our need the Narcotics Control Act, 1990 has been further amended in 2000, 2002 and 2004. To strengthen the Act, more amendment proposal is now under consideration.

Other related laws and rules:

The Narcotics Control Act, 1990 is the principal law for drug abuse prevention and

control in Bangladesh. The other legislations related to drugs are:

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

Drug law enforcement in Bangladesh

INTELLIGENCE: The DNC maintains a close surveillance on the overall drug situation of the country through its intelligence wing. One Additional Director at DNC Head Quarter is in charge of the 4 Intelligence wing of DNC. He is assisted by 4 Zonal Intelligence Office. Each of the Intelligence Zone Comprises of 1 Deputy Director, 2 Assistant Directors, 2 Superintendents, 1 Sub- Inspector and 4 Sepoys. The Total manpower of DNCs Intelligence wing is 56. This manpower is



very much inadequate to cover the whole country under intelligence network. To overcome this deficiency, the Intelligence officers of the DNC tie with reliable informer at high-risk areas of drug crime. They are provided with source money to maintain regular liaison with the sources for collecting intelligence. The Police, Customs, RAB and the BGB have also separate intelligence wings of their own. The enforcement units of DNC's 4 Zonal offices, 25 Regional offices and 109 Circle Offices located throughout the country also conduct intelligence activities. Each, Circle has a manpower of 6 persons, which includes 1 Inspector, 1 Sub Inspector, 1 Asstt: Sub Inspector and 3 Sepoys. At present about 25% of the posts of enforcement staff are lying vacant. In spite of its shortage of manpower, scarcity of necessary equipment and training, the DNC detects about 9723 drug cases each year with about 10448 arrests and recovers huge quantity of different kinds of illicit drugs.

Searches, seizures and arrests:

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

liable for seizure under section 33 of the Narcotics Control Act, 1990. It is mandatory for every officer conducting any search, seizure or arrest to send a report regarding the search , seizure or arrest to his/ her controlling officer immediately and lodge Ezahar (complain) in the concurrent Police Station. The Executive Magistrates are also empowered to conduct search, seizures and arrests under the provisions of the Mobile Court Act, 2009. The Master Law for the procedures of search, seizures and arrests is the Code of Criminal Procedure, 1898.

Investigation:

Only the department of Narcotics Control and Police are empowered to investigate offences under the Narcotics Control Act, 1990. The enforcement officers of the rank of Sub-Inspector or above of these Departments can investigate drug offences. The main purposes of the investigation are gathering evidence on crime and clarify the motives and other relevant issues of an offence. In Bangladesh the investigation is generally followed by search, seizures and arrests. But pre-arrest investigation is also possible as per requirement of particular situation. The investigation officer generally visits the place of occurrence, draws sketch map with detailed description of the place of occurrence, takes photographs, examines the eye witnesses, collects material and documentary evidences, obtains chemical examiners reports on the drugs seized and writes case diary on regular activities of his/her investigation. If an accused is arrested with seizure of drugs the law permits only 15 working days for completion of the investigation. Otherwise the time limit for completion of investigation is 60 working days.



Prosecution and trial

As there is no special or separate Court, the trial of drug offences is done in the general judiciary system in Bangladesh. The Department of Narcotics Control (DNC) has their own prosecutors to conduct cases in Courts. The DNC has only 12 prosecutors and 37 Assistant prosecutors at 25 Regional Headquarters to cover the Judicial Magistrate Courts and Judge Courts in 64 Districts. The number of Courts is more than five hundred. The manpower in DNC's prosecution section is very much inadequate in comparison with the number of Courts. Therefore the Police generally conduct the drug cases in all Courts in assistance with DNC's prosecution personnel where they are available. The initiation of a case is done in the Judicial Magistrate's Court. When a case is ready for trial, then it goes to the appropriate and empowered Court for trial. Offences punishable with imprisonment up to 5 Years are triable in Judicial Magistrate Court. Offences liable for more punishment are triable in District and Session Judge Court. Mobile Courts can conduct trial of offences they apprehend which are liable for punishment up to 5 Years, but they can impose punishment only up to 2 years imprisonment. Most of the drug offenders are caught red handed. The rate of conviction of drug cases is around 60% with a highest of around 80%-90% in Dhaka. The reasons of acquittal are faulty and incomplete investigation, improper presentation of cases at the Court of trial, weaknesses in

prosecution, lacking of witnesses and their gaining over by the drug offenders and the speculated corruption.

Statistics on Disposal on Cases Under Trial:

Year	Disposal of Cases	
	Conviction	Acquittal
2010	1480	934
2011	1444	891
2012	1846	1648
2013	1127	939
2014	1036	973

Operation of mobile court on drugs

The trial of drug offences are generally conducted in the general judiciary system. As the judiciary is over burdened with thousands of cases, the trial of drug offences lose its importance and the criminals remain unpunished for years together. This situation encourages them to commit further crime. Moreover in many cases they escape punishment through many loopholes of the investigation and trial procedures. To overcome this situation, the Government has recently introduced Mobile Drug Court under the Mobile Court Act, 2009. The Mobile courts apprehend criminals, prosecute them on the spot, and impose punishment of short term imprisonment. There is no provision of bail in Mobile Court. The confession and sends the criminals to jail. These sorts of summary trial have been found very effective to control crime, speed up trial system and enhance people's consciousness on drugs and related offences.

Statistics on Mobile Court Operation by DNC

Year	Raids	Cases	Arrested	Comments
2010 (August to December)	1859	1517	1691	-
2011	6939	3724	3994	-
2012	9340	4871	5162	2
2013	9679	5244	5445	4
2014	14815	7948	8320	2

N:B: Mobile court started from August 2010.



Data on cases, searches, seizures and arrested by DNC

Name of Drugs	2010	2011	2012	2013	2014
Heroin (in kg)	19	8.092	11.034	10.6205	9.51
Codeine Preparation (Bottle)	47301	30422	50268	64592 (Cocaine 03 kg)	32990
Cannabis (in Kg)	3673	4518	2237	3158.6	4551.281
Buprenorphine (Ampoule)	23457	12762	19073	9792	9301
ATS (Yaba) Ps	14458	75857	124320	153096	676143
Total No. of cases	8019	8749	10014	10111	11723
Total No. of Accused	8283	9336	11040	10990	12590



DNC's Dhaka Metro Raiding Team with a huge amount of seized Cannabis, phensidyl & 307800 TK. And four arrested drug traffickers on 13/10/2014.

Statistics on the Seizure of Drug by all Agencies in Bangladesh:

Name of Drugs	2010	2011	2012	2013	2014
Poppy Plant	-	-	-	-	-
Opium (in kg)	11.69	8.07	4.84	11.62	91.22
Heroin (in gram)	188.186	107.499	126.92	123.73	78.3
Codeine Preparation (Bottle)	961260	932874	1291078	987661	741137
Codeine Preparation (loose) (Ltr)	4119.185	3228	2613	857.55	438.22
Cannabis (in kg)	48749	54244	38702	35012	35988
Cannabis Plant	1760	742	485	666	727
Buprenorphine (Ampoule)	69158	118890	157995	99509	178889
ATS (Yaba) Ps	812716	1360186	1951392	2821528 amphetamine powder-05kg	6512869
Total No. of cases	29662	37245	43717	40250	51801
Total No. of Accused	37508	47309	54100	47531	62080





The Honorable State Minister of the Ministry of Home Affairs Asaduzzaman Khan, MP, is destroying a huge amount of seized Yaba at Chittagong on 14.01.14

Statistics on the Seizure of Money, Vehicles etc. by DNC in Connection with Drug Offences:

Name of Article Seized	2010	2011	2012	2013	2014
Sale Proceeds of Drugs (BDT)	879129	1233014	1148493	2640389	982116
Car (Number)	21	17	9	7	12
Truck/Covered Van (Number)	1	5	13	8	6
Auto Rickshaw (Number)	18	10	6	10	13
Bus (Number)	2	1	4	2	1
Arms (Number)	2	2	3	1	1
Mobile Phone (Number)	151	79	101	194	57



Dhaka intelligence raiding team seized a huge amount phensidyl from a false cabin in a truck on 01/11/2014.

**Statistics on Region-wise Number of Cases and Seizure
of Drugs by the DNC in 2014:**

Name of Region	Heroin (gm)		Codeine (Phensedyl) Seizure			Cannabis (Kg)		Buprenorphine (Ampule)		ATS (Yaba) (Ps)	
	Case	Seizure	Case	Bottle	Loose	Case	Seizure	Case	Seizure	Case	Seizure
Dhaka Metro.	38	700	43	4866	10	1844	647.781	67	4701	190	57135
Dhaka Region	45	400	22	3983	--	545	811.971	5	186	115	15228
Mymensingh	25	147	12	724	--	388	201.358	14	787	17	1594
Faridpur	40	168	17	388	01	168	135.57	-	-	29	4976
Tangail	17	390	-	-	--	131	41.415	-	-	46	1509
Jamalpur	10	85	1	-	05	77	175.924	1	50	5	242
Dhaka Intelligence	-	-	10	4194	01	13	117.68	-	-	16	11995
Total of Dhaka Zone	175	1890	105	14155	17	3166	1731.699	87	5724	418	92679
Chittagong Metro	1	22	14	994	--	191	98.899	-	-	62	374372
Chittagong Region	4	11	4	108	--	46	6.36	-	-	16	1048
Sylhet	21	58	4	79	--	334	80.598	-	-	19	398
Noakhali	1	01	12	455	--	160	106.216	-	-	24	995
Cornilla	1	30	19	492	--	118	552.825	9	104	51	7469
Cox's Bazar	-	-	-	-	--	42	44.689	-	-	60	173312
Khagrachari	-	-	-	-	--	1	0.200	-	-	1	3
Bandarban	-	-	-	-	--	1	0.020	-	-	-	-
Rangamati	-	-	-	-	--	-	-	-	-	3	195
Chittagong Intelligence	1	01	1	10	--	22	44.52	-	-	30	15005
Total of Chittagong Zone	29	123	54	2138	--	915	934.327	9	104	266	572797
Khulna	39	982	50	913	02	643	178.773	3	46	63	1330
Jessore	15	1069	62	1346	03	262	35.357	1	01	15	697
Kushtia	14	66	27	552	--	138	29.645	4	37	4	24
Barisal	1	03	4	8	--	98	13.055	3	18	9	143
PatuaKhali	-	-	1	5	--	40	5.8	-	-	8	361
Khulna Intelligence	1	07	-	-	--	50	828.955	-	-	3	06
Total of Khulna Zone	70	2127	144	2824	05	1231	1091.585	11	102	102	2561
Rajshahi	151	3598	101	4797	7.818	529	109.465	44	2834	26	2936
Pabna	59	478	41	1739	01	312	32.339	16	10	41	1099
Bogra	46	972	46	1315	14.6	171	55.953	5	437	11	564
Rangpur	10	49	57	1608	--	460	159.893	-	-	7	3107
Dinajpur	7	86	87	4264	--	92	30.395	5	84	2	277
Rajshahi Intelligence	4	187	6	150	--	35	5.625	-	-	1	123
Total of Rajshahi Zone	277	5370	338	13873	23.418	1599	393.67	70	3365	88	8106
Grand Total	551	9510	655	32990	45.418	6911	4551.281	177	9295	874	676143





Dhaka intelligence raiding team recovered two pistols with 9 rounds, Toluar 1 piece, Chinese Kural 1 piece, Chapati 1 piece, Deshi Sura 1 piece. & a huge amount illegal drug on 03/11/2014.

Illegal Drug Trafficking Scenario:

MYANMAR: When we analyze the illegal drug situation of Bangladesh from 2009 to 2014 which is seized by all agencies, we get the following figure. The illicit trafficking and abuse of Yaba has increased tremendously over last few years in Bangladesh. A substantial part of young generation of Bangladesh is the main victims. Criminal activities in association with Yaba trade are also increasing to a great extent. However, the Government of Bangladesh is firmly committed to extricate our nation from the curse of Yaba.

So far our knowledge and information goes, Yaba is sourced from Myanmar. The routes

and spots of smuggling Yaba are located in the territory of Myanmar near the south-eastern border of Bangladesh. The illicit trafficking and abuse of Yaba (from 2010 to 2014) has increased almost 701% over last five years. If we compare the seizure of Yaba of 2009 with 2014 (over last six years) it has increased 4923.66%. Recently it has become the number one smuggling item from Myanmar. In 2014 the figure of Yaba (Amphetamine Type Stimulant) tablet seizure is 6512869 pcs by the law enforcement agencies in Bangladesh. Now smuggling of Yaba tablets is a core problem nationally and regionally.



Points of entry and routes of smuggling drugs from myanmar to Bangladesh

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

In addition to the aforesaid routes, our intelligence reports have recently identified some new routes. These new routes have been opened up because of effective intervention by the law enforcers of Bangladesh.

New routes are as follows:

(1) Carrying huge amount of Yaba through sea routes. These Yaba are carried directly from Sittwe to Chittagong or

Cox's Bazaar. Apprehension of huge amount of Yaba by Coast Guard, Bangladesh Navy and RAB corroborates with the facts of this assumption.

(2) Because of the intervention and monitoring of security forces at Teknaf and road from Teknaf to Cox's Bazaar, the smugglers traffic Yaba by using Maungdaw→Bawli Bazaar→Shabe Bazaar→Ghundum→ Cox's Bazaar and



Maungdaw->Bawli Bazaar->Shabe Bazaar->Paletwa->Naikhangchari route.

- (3) Presently Yaba is also trafficked through Ale Thang Yaw -> St Martin -> Cox's Bazar/Chittagong route.

INDIA: The volume of smuggling Phensedyl into Bangladesh from India became aggravated with an increase of 38.40% during 2012 though it again scaled down to 23.50% in 2013 due to its decreased demand trend. During 2014, the seizure of Phensedyl decreased 33.26% in comparison to the seizure of 2013. At present the Phensedyl smugglers have changed their modus operandi. They are pushing the bulk quantity of Phensedyl into Bangladesh using plastic containers in non-medical manners instead of 100 and 50 ml bottles.

Though Phensedyl is the main codeine-based preparation, it is being smuggled in other trade names also- such as Codilab, ESkuf, Nelco, Codocof, Parvo-cof, Ikon-XP etc. We have information that pharmaceutical companies are marketing their major portion of codeine preparations at the Indo-Bangla bordering areas of Paschimbanga and Eastern part of India.

Recently, smuggling of injecting drugs, namely Buprenorphine in different trade names has increased to a great extent. A total of 157995 ampoules of Injecting drug in different trade names have been seized by the law enforcing agencies in 2012 with a comparison of the seizure of 69158 ampoules in 2010. But during 2014 the amount of seizure is 178889 ampoules. It shows a serious increase of injecting drug smuggling from India to Bangladesh in recent times. Injecting drug is a serious threat for spread of HIV

in Bangladesh. Most of the injecting drugs come from the bordering areas of North 24 Pargana and South Dinajpur Districts of Paschimbanga.

Recent seizures indicate that trafficking of Opium has increased to a great extent during 2013 and 2014. This might be for sporadic illicit poppy cultivation and manufacture of opium in Indian territory at our western border. Phensedyl manufacture does not require any big factory or industry. It can even be done in a very small room like kitchen or bathroom. The vast cultivation of poppy and manufacture of opium in Paschimbanga, Assam and Tripura has made the availability of codeine (the raw material of Phensedyl) for the clandestine laboratories in the bordering belt of India very easy.

Cannabis was and still is a main drug of abuse in Bangladesh. If we review the following case statistics of seizures of cannabis by all agencies in Bangladesh from 2010-2014, we find that it is decreasing after 2011. The major portion of cannabis now abuse in Bangladesh is smuggled from India and Nepal. Besides this, The areas for illicit cultivation of cannabis are: the hilly areas of Chittagong and Chittagong Hill Tracts, Sunamganj, Bramhanbaria, remote rural areas of greater Mymensing, Jamalpur, Faridpur, Tangail, Manikganj, Pabna, Natore, Bogra, Joypurhat, Rangpur, Gai-bandha, 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.



**Points of entry and routes of smuggling drugs from India to Bangladesh
western border (Indian state of Paschimbanga):**

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

Northern border (Indian states of Assam and Meghalaya):

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



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

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

Some New Routes of Phensydyt Trafficking

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



Director General of Department of Narcotics Control Md. Bazlur Rahman inaugurating a anti-drug campaign at Natore

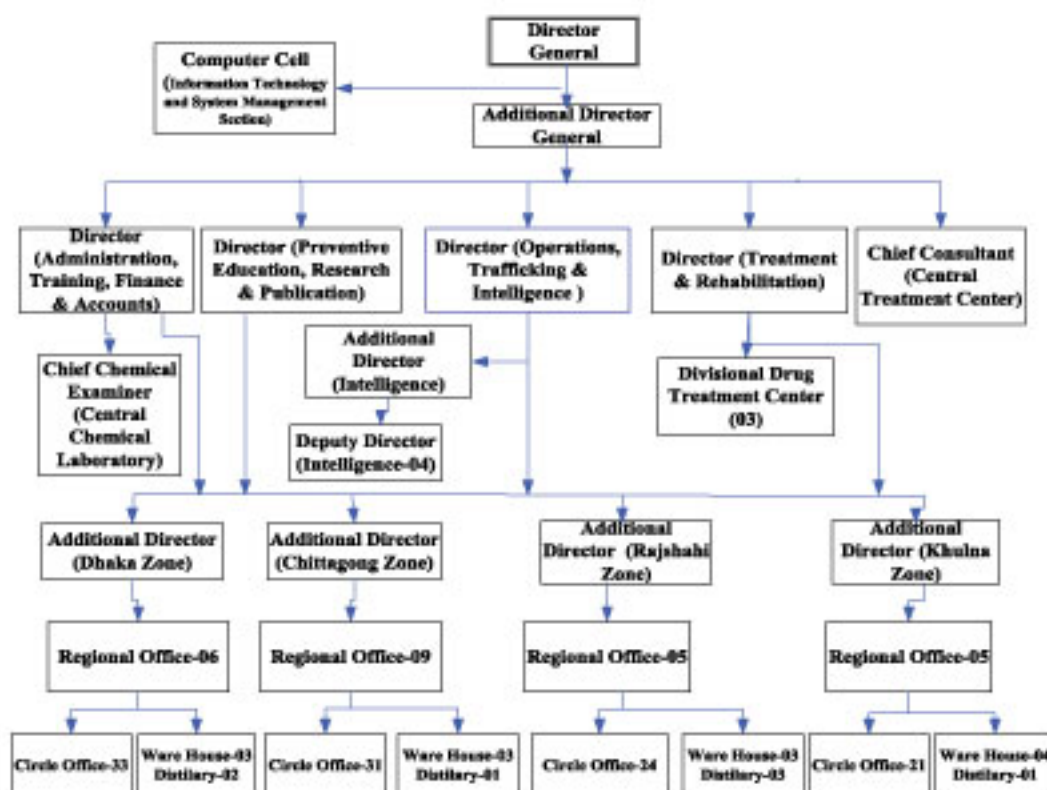


Chapter VI.

Department of narcotics control (DNC) : organizational feature and activities at a glance

Multidisciplinary functions are being executed by Department of Narcotics Control (DNC) as a nodal agency for prevention and control drug abuse and there illicit trafficking in Bangladesh under the administrative control of the Ministry of Home Affairs. It started its function in January 1990 with a total number of manpower of 1277. Later this figure attained at 1288. +

Key structure of organogram of DNC



In June 2015 new organizational set-up of DNC has been introduced with 41 districts that will come under administrative office set-up with circle office. Earlier only in 23 districts had the offices. Now every district with an office headed by DD/AD including all logistic supports will come to action very soon. Over all, a total of 439 man power has increased in different posts. Significantly two divisional offices and two drug treatment centre (Barishal & Shylet) have been newly included in the organogram.



Significant Change in new Organogram.

Sl no.	Subject	Existing Position	Changed Position
1.	District offices	23	64
2.	Divisional offices	04	06
3.	Zonal drug treatment centre	3 for 5 beds (Chittagong, Rajshahi, Khulna)	05 for 50 beds (Newly included Barisal & Sylhet)
4.	Central Drug Treatment Centre	40 beds	250 beds(Dhaka)
5.	The total manpower of DNC	1288	1727

Manpower of Department of Narcotics Control :

SL no.	Class of Post	Sanctioned Posts	Existing Posts	Vacant Posts
1.	Class –I	91	77	14
2.	Class-II	54	29	25
3.	Class-III	1038	786	252
4.	Class-IV	105	71	34
	Total	1288	963	325

* A Recruitment process of 127 posts in Class III & IV is continuing.

Statistics on Appointment and Promotion in 2014 :

Sl no.	Class of Post	Appointed of Post	Promoted of Post
1.	Class –I	09	03
2.	Class-II	-	-
3.	Class-III	-	56
4.	Class-IV	-	-

Statistics of Training :

Year	Persons Trained (Internally)	Persons Trained (Overseas)	Total
2010	271	24	295
2011	268	23	291
2012	490	64	554
2013	901	11	912
2014	108	02	110



Statistics on item-wise collection of revenue by DNC :

Financial Year	Revenue Items							Miscellaneous	Total
	Country Liquor	Foreign Liquor	Rectified Spirit	Denatured Spirit	Absolute Alcohol	Toddy	License/ Permit fee		
2012-2011	340154254	195976047	14390079	20908106	172518	116644328	43645276	245800	627636409
2011-2012	289079234	277181802	14318425	14027004	211709	-	52511963	60708	647390845
2012-2013	288426132	320800258	16883460	17086757	204968	214000	57530637	1930	701148142
2013-2014	279721037	293026390	15365017	20872245	265552	-	50624697	3990520	682937672
2014-2015 (April/15)	290122198	200658671	10692621	14165789	54642	11966530	25511130	1094000	554265582

Statistics on Licenses of Narcotic Drug, Psychotropic Substances and Precursor Chemicals During 2014

Category of License	Number
Distillery	06
Brewer	01
Alcoholic Malt beverage(Whole sale)	03
Bonded ware house	23
Country Liquor	214
Foreign Liquor	Club/Bar-118, Whole Sale and Retail-38
Rectified spirit(homeo medicine and industry)	252
Denatured Spirit	3398
Narcotic Drugs (Morphine & Phthidine)	799
Psychotropic substances (for pharmaceuticals, Industry)	Import-85, Export-18, Processing-78
Precursor Chemicals	Import-145, Manufacturer/Processing-42, Retail sale-82, Uses-68
Private Drug Addiction Treatment and Rehabilitation Centre	112
Registered Anti drug NGO	71
Total	5553

Statistics of the INCB allotment of Narcotics Drugs and Psychotropic Substances and their import :

Name of Precursor Chemical	INCB Allotment (Grams)	DNG allotment (Grams)	Import(Grams)				
			2010	2011	2012	2013	2014
Dextropropoxyphene	450000	3,00,000	-	-	-	-	-
Fentanyl	800	800	196	513	-	75	321.7
Methadone	15000	15000	8760	1460	4160	12000	-
Morphine	100000	70000	5000	30000	10000	-	10000
Pethidine	420000	350000	130000	125500	120000	125000	145000
Oxymorphone	25000	25000	-	-	25000	-	24000
Alprazolam	300000	209550	25000	39500	5000	36805	68000
Bromazepam	1200000	999270	410000	352000	544000	360000	540000
Clobazam	1500000	1245250	287000	452000	319000	381941	449000
Clonazepam	800000	610000	149000	299000	225800	299464	505000
Deazepam	2600000	2500000	1210000	585000	1648660	1443160	1649000
Flurazepam	300000	275000	30000	66000	160000	61000	189000
Lorazepam	600000	108000	-	5000	-	-	7500
Midazolam	1000000	849892	115377	147000	214800	524434	303000
Nitrazepam	1000000	150000	360000	270000	180000	540000	445000
Oxazepam	100000	50000	20000	-	-	-	-
Phenobarbital	5000000	3470000	139000	560000	97000	413275	1600000
Zolpidem	100000	40000	15000	15000	5000	14000	-



Statistics on Import of Precursor Chemicals :

Name of Precursor Chemical	INCB Allotment	Import				
		2010	2011	2012	2013	2014
Acetic Anhydride	-	605.970(MT)	958.770(MT)	889.140(MT)	-	1213.548(MT)
Acetone	-	797.260(MT)	876.720(MT)	928.08(MT)	513.128(MT)	920.88(MT)
Ephedrine	200 Kg	-	10 Kg	-	-	61 Kg
Ethyl Ether	-	150 Ltr	-	-	-	-
Methyl Ethyl Ketone	-	373.297(MT)	570.490(MT)	542.8482(MT)	690.611(MT)	655.3334(MT)
Potassium Permanganate	-	276.500(MT)	300.00(MT)	200.00(MT)	563.00(MT)	726.50(MT)
Pseudoephedrine	49021 Kg	14955 Kg	16685 Kg	17685 Kg	25999.19 Kg	22701 Kg
Toluene	-	2419.297(MT)	1982.870(MT)	2309.285(MT)	2673.477(MT)	3443.915(MT)

Statistics on the permits for consumption of liquor

Financial Year		2010-11		2011-12		2012-13		2013-2014		2014-15	
Sl no	Region	C.S	F.L	C.S	F.L	C.S	F.L	C.S	F.L	C.S	F.L
1.	Dhaka Metro	6005	7001	5075	6479	3955	5140	4386	7473	3500	8802
2.	Dhaka Region	2100	401	2226	585	1990	780	2350	855	2550	732
3.	Mymensing	3081	374	3456	385	4000	410	3874	455	3858	467
4.	Faridpur	2157	258	1910	260	2031	392	2377	408	2041	535
5.	Tangail	817	217	855	192	875	162	885	183	770	193
6.	Jamalpur	668	-	700	21	694	02	694	02	659	02
	Total of Dhaka zone	14828	8251	20127	7922	13545	6886	14566	9476	13374	10731
7.	Chittagong metro	6525	1372	5905	1775	5666	1398	5002	1618	5700	2046
8.	Chittagong region	-	-	-	-	-	-	-	-	-	-
9.	Sylhet	19107	248	18118	241	18565	207	8554	192	18327	167
10.	Comilla	1999	501	1809	463	2467	811	1867	565	1812	554
11.	Noakhali	2718	-	2425	-	2667	-	2564	-	2548	-
12.	Cox's Bazar	150	105	150	123	-	71	-	141	200	110
13.	Bandarban	-	15	-	20	-	18	-	20	-	20
14.	Rangamati	-	-	-	-	-	02	-	-	-	-
15.	Khagrachori	-	-	-	-	-	-	-	-	-	-
	Total Chittagong zone	30499	2241	28407	2622	29365	2507	27987	2536	28587	2897
16.	Rajshahi	3901	250	2925	301	4991	348	5105	348	4905	344
17.	Rangpur	3945	231	3967	290	4233	150	4233	150	10503	216
18.	Pabna	1971	10	2492	01	2347	60	2086	18	2322	14
19.	Bogra	1908	374	2076	534	2672	661	2713	668	2523	671
20.	Dinajpur	1115	354	1264	356	1229	350	1502	401	1725	400
	Total of Rajshahi zone	12840	1219	12733	1482	15472	1569	15639	1586	21978	1645
21.	Khulna	2877	325	3536	385	3778	414	3627	434	3966	395
22.	Jessore	2543	400	2836	303	2977	330	2482	819	3257	257
23.	Kustia	3589	13	3589	13	3493	10	3664	12	4086	10
24.	Barisal	780	163	805	163	824	151	777	116	553	282
25.	Patuakhali	69	-	73	-	155	-	103	-	95	01
	Total of Khulna zone	9858	901	10839	864	11227	905	10733	1381	11957	945
	Grand Total	68025	12612	72106	12890	69609	11867	68925	14471	75896	16218



12. Statistics of Drug offences detected by other law enforcement agen-

Name of agency	Number of cases	Number of offenders	Amount of drugs
Police	36188	44529	Heroin-41.299 Kg Phensedyl-146940 (btl) Cannabis-20548.89 Kg Yaba- 1717770 Pcs
BGB	1350	1256	Heroin-14.681 Kg Phensedyl-446662 (btl) Cannabis-6572.04 Kg Yaba- 2535718 Pcs
RAB	2540	3705	Heroin- 12.713 Kg Phensedyl-113703 (btl) Cannabis-4697.538 Kg Yaba- 913608 Pcs
Coast Guard	-	-	Heroin-0.1 Kg Phensedyl-72 (btl) Cannabis-18.575 Kg Yaba- 669630 Pcs

A Motivational Move to Combat Drug Menace

The globe faces many sinisterous activities in recent days. Among those, drug abuse and trafficking are more notorious one in nature. This heinous offence creates thousands of grievous offences destroying the normal chain of human society. Illegal arms business, human trafficking specially women and children and drug trafficking are stitched in the same thread. Drug problem has surpassed the national territory and it is considered to be transnational problem.

National, sub-regional, regional and translational moves are driven to combat drug menace worldwide. The whole hearted operational efforts of the global community to control this severe discomfort cannot see the light due to the disingenuousness and skullduggery of the organised criminal gangs.

In such atmosphere, creating awareness among the intended victims of the society can save the humanity from the grasp of drug menace. Keeping this very truth in mind, the preventive education, research and publication wing of DNC started its

motivational drives against drugs problem immediately after its very inception.

Personnel set up of the Preventive Education, Research and Publication Wing :

To perform the preventive activities smoothly there is a personnel set up like: A Director who is assigned to monitor of overall activities of the wing. Tow deputy directors for preventive education, research and publication respectively, two assistant directors are posted here to be the helping hands of the director. One audio visual officer, two artist, one camera man, two steno typists, one stenographer, two office assistant, one tabulator, one library assistant and three MLSS perform their duty in this wing.

The department of narcotics control plays its holistic role through its preventive education, research and publication wing for reducing the demand for drugs by injecting the sense of awareness about the harmful and devastating consequence of taking drugs among the mass people. It also covers the matter like raising the level of knowledge against drug, it awakens the



dormant mentality and make the people more conscious, rational and wise to be freed from the potential threat and attack of drug addiction. It contributes greatly towards heightening the values relating social, moral and religious to sensitise the common folk to lead a drug free life for creating congenial social environment.

Legal mandate and awareness Activities

As drug problem is adversely connected with public health, the Narcotics Control Act, 1990, provides necessary preventive education and anti-drug campaign to generate public awareness against harmful effects of drugs by its section 5 and formation of separate fund to incur the expenditure of conducting public awareness by its sub-section 1, of section 7 of the same act.

Modes of conducting anti-drug campaign



Anti Narcotics Awareness building meeting

There is a strong need for making people well aware of the bad effects of the abuse of drug. The Department of Narcotics Control undertakes a series of activities to spread up the anti-drug messages to the community through posters, leaflets, brochures, stickers, bulletin, souvenir, booklet, research papers, reports and so on. The DNC fixes the target of each sub-zonal offices to conduct seminar, conference and other related public awareness campaigns in collaboration with honourable Mayors, honourable Members of Parliament of their respective constituencies, Administrators of District council, Chairmen of the upazilla parishads,

local elected public representatives, Deputy Commissioners, Superintendents of Police and other senior officials of the district.

The mass media including radio, television, newspapers, cinema and cultural performances are being entangled and used in anti-drug campaigns across the world. A 1.30 minute anti-drug TV spot telecast from of cost in all electronic media including BTV with message "spend a few moments with your children" is under due process of making. DNC is publishing annual drug report of Bangladesh since 2010 which are being uploaded at DNC's website (<http://www.dnc.gov.bd/report-dnc.html>). Moreover, monthly bulletin of DNC is being circulated in paper and at DNC's website (<http://www.dnc.gov.bd/bulletin.html>). Information and picture of any sensitive arrest and seizure of drugs is instantly uploaded in DNC's website (<http://www.dnc.gov.bd/latest news>). The electronic and print media regularly collect update information for the website of the DNC.

National Narcotics Control Board (NNCB), the apex body of the government has been mandated to formulate various pragmatic policies regarding narcotics affairs. It decided its 12th meeting to gear up the awareness drives for prevention of drug abuse among the English Medium Schools and the Private Universities of the aristocratic areas to save our bright students. It also recommended to form anti-drug committees in different educational institutions in the country.

The Parliamentary Standing Committee for Ministry of Home Affairs stressed the need for awareness building programmes and pointed out to conduct seminars at drug-prone bordering areas. The DNC conducted seminars at divisional and bordering areas to carry out the recommendations of the standing committee.



The apex official of the department of narcotics control the Director General visits different field level offices and monitor the awareness activities form closer view.



Anti Narcotics campaign

The statistics depicts the very message that DNC emphasised the urgent need to sensitize and drum up the adverse effects of drug abuse and it plays its holistic role in reducing this drug menace at its maximum level.

Observance of 26th June

As drug problem is internationally considered to be a matter of great concern, international community is thereby engaged to resolve this grave issue through massive awareness drives involving all diverse stakeholders. The observance of international day against abuse and illicit trafficking of drugs is the most time-responsive international efforts from the perspective of global drug senerio. The DNC conducts countrywide programmes in line with the spirit and philosophy of the day in close collaboration with NGOs and other concern agencies with a view to drumming up the public awareness activities, community mobilization and different motivational move to combat drug menace.

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

programmes includes: bicycle rally, essay competition on adverse effects of drugs, painting competition among children of different ages, anti-drug quiz competition among the mothers of the children participating in the painting competition, debate competition on drug related issues, anti-drug fair with decorated stalls with books, publication, posters, stickers, booklets, paintings and various anti-drug materials, publication of anti-drug posters and stickers, performance of anti-drug folk songs by mobile teams of folk artists, street drama with anti-drug themes and messages, detoxification and counseling camp, publication of special supplements in national newspapers with the message of our Honorable President, the Honorable Prime Minister, respected State Minister for Home Affairs and respected Senior Secretary of the Ministry of Home Affairs, publication of souvenir with various articles on drugs, talk show in TV channels, telecast of anti-drug songs and movies in TV, telecast of documentary films on harmful effects of drugs and so on. Officials of the DNC are awarded for their best performances in various fields. The NGOs are also awarded for their best performances in anti-drug campaigns and public awareness programmes on drugs, research and publication and for best services rendered in treatment and rehabilitation of the drug dependent persons. Open place concert centreing anti-drug theme by renouned music artists are also arranged by some NGOs. Important roads and road islands of main cities of Bangladesh especially the capital Dhaka are also decorated with coloured anti-drug banners, festoons, placards, etc.



Statistics on Preventive and Awareness Programmes

Prevention Education and Publication				
Task	2011	2012	2013	2014
Production & distribution of anti narcotics posters	57000	400000	4200	5000
Distribution of anti narcotics leaflets	10500	1667	49310	150000
Distribution of anti narcotics stickers	10000	1667	14400	9500
Souvenir, Bulletin, Brushier, Booklet	900	1200	5000	157500
Anti narcotics discussion meetings	4231	6466	5851	3813
Anti narcotics class speech at schools and colleges	185	248	268	633
Forming of anti drug committee in Educational institute	828	1922	632	309

Source: Preventive Education Wing, DNC

Central Chemical (Drugs) Laboratory

Department of Narcotics Control (DNC) is a nodal agency for all drugs related issues in Bangladesh. The task of combating drug trafficking is complex and challenging because of its linkages with other crimes like corruption, tax evasion, human trafficking, money laundering and crimes of violence, terrorism etc. The Narcotics Control Act, 1990 empowers officers of Department of Narcotics Control, Police, Customs & Excise, Border Guard Bangladesh (BGB) etc. to carry out drug law enforcement measures.



Picture-US Forensic Adviser & Chief Chemical Examiner of DNC Sharing analytical equipments.

Central Chemical (Drugs) Laboratory, Dhaka a premier forensic institution of the country was

originally established on 3rd July 2001 in accordance with the provision of section 50 of the Narcotics Control Act, (NCA) 1990. Its location is at old Dhaka, 174 distillery Road, Gandaria, Dhaka-1204 on the own premises of DNC. The laboratory undertakes scientific examination of the clue materials in the criminal & civil cases forwarded by the different Courts. It is the specialized and designated laboratory for testing narcotics drugs, psychotropic substances and precursor chemicals as well as controlled pharmaceutical drugs in Bangladesh.

Bangladesh has a thriving pharmaceutical industry with a fairly large scale manufacturing capability that produces a variety of licensed medicines including benzodiazepines such as nitrazepam and non-codeine based cough syrups. The industry is growing at an impressive annual 9% growth rate and as one of the more technologically developed industries, makes significant economic contribution to the national exchequer.

The industry, which is dominated by local companies manufactures over 7000 brands, meeting the demand for around 95% of the country's pharmaceuticals and even supplies to



72 countries of the world. According to enforcement agencies, drug cartels are increasingly manufacturing large quantities of methamphetamine in nondescript towns and villages in Mongdhu & other states in Myanmar. International drug syndicates have been setting up labs that manufacture the drug also known as meth, crystal meth and ice in

various parts of Myanmar in recent years, say senior intelligence official. ATS (Amphetamine type stimulants) drugs are reported phenomenon that is believed to largely come from Myanmar and have become widespread in Bangladesh's urban & rural areas. The most common synthetic drug is 'Yaba' (illegally manufactured pills containing

Statistics of chemical analysis of all agency in 2014

Serial No.	Name of the Month	Positive Report	Negative Report	Total Report
1	January	2,350	03	2353
2	February	2,468	-	2,468
3	March	3,062	02	3,06 4
4	April	2,666	01	2,667
5	May	3,143	01	3,144
6	June	3,391	01	3,392
7	July	2,583	01	2,584
8	August	3,202	-	3,202
9	September	3,946	02	3,948
10	October	2,999	-	2,999
11	November	3,870	-	3,870
12	December	4080	-	4,080
		3,7860	11	3,7871

Agencywise chemical analysis from 2011 to 2014 by ccl.

Dept/DNC Region	2011		2012		2013		2014	
	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve
Dhaka Region	1650	41	1350	26	1400	32	1772	11
Khulna Region	1300		1101		1150		1463	
Rajshahi Region	1080		980		970		1191	
Chittagong Region	800		790		760		979	
Bangladesh Police	29058		28378		28801		32296	
Others	150		130		121		170	
Total	34038	41	32729	26	33202	32	37871	11



methamphetamine). Young people are displaying a preference for these types of drugs rather than sedative users.

Drug Detection kits are two types. Narcotics Drug Detection kit and Precursor Chemicals Detection kit along with testing methods and flow charts. The following narcotics drugs and precursor chemicals can be identified 'on the spot' through these kits.

Narcotics Drugs: Opium, Morphine, Codeine(Phensydl), Heroin, Amphetamine & methamphetamine, Cannabis, Hashish & Hashish oil and Cocaine.

Precursor Chemicals: Isosafrole, Toluene, Ephedrine, Pseudoephedrine and Acetone .

The test of this laboratory are generally simple in nature and it can only determine whether any drugs is present or not in any substance. It can also calculate the percentage to some extent.

This Central Chemical Laboratory of DNC, procures and provides Drug Detection kits to the drug law enforcement agencies across the country. These Drug Detection kits are available, user friendly and very easy for determining the nature of drugs 'on the spot' testing with the application of simple native

method. It can be used even by non-technical officers.



Picture- Spot Drug Testing Kit Box introducing by Chief Chemical Examiner of DNC.

As per provision of the NCA, 1990 any required substances test in connection with any provision of the Narcotics Control Act, 1990 is to be done in this laboratory may be used as a piece of evidence in any proceeding in any Court in Bangladesh. Its work has been subsequently broadened by the chemical examination of all the drug cases in Bangladesh. Moreover, it also examines the drugs and raw materials of any distillery & also the chemical industry or pharmaceuticals industry, licensed under the NCA, 1990 for compliance of any provision of this Act. Though this laboratory is specialized for testing of drugs but it can not perform all kinds of quantitative tests due to lack of sophisticated instruments and trained manpowers.



Honourable State Minister for Home Affairs Mr. Asaduzzaman Khan MP in an anti-drug rally



Chapter VII.

Coordinated effort and drug control mechanism. (national vs. transnational)

Present information sharing mechanisms (internal and external)

Internal mechanism

- There is a forum of coordination, cooperation and networking on drug related issues at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO).
- There is a forum of coordination, cooperation and networking on drug related issues at the District level called the District Drug Control Committee (DDCC).
- The DDCC is headed by the Deputy Commissioner of the District.
- The members of this forum are: The Deputy Commissioner (Chairperson), the Superintendent of Police, the Civil Surgeon, the Deputy Director of Youth Development, a representative from the Islamic Foundation, a male social worker, a female social worker, a NGO representative, a lawyer and the regional Officer of the DNC (Member Secretary).
- There is a forum of coordination, cooperation and networking on drug related issues at the national level called the National Drug Control

Committee (NDCC) which headed by the Minister of home affairs.

- Police, RAB, Customs, Coast Guard and BGB empowers to conduct raid, search, seizure and arrest in respect of drug offenses & the information is shared between those organization and DNC frequently.

Bangladesh Police

The history of Bangladesh Police (BP) can be traced to the prehistoric period and it has witnessed gradual changes and developments at different periods of time. The promulgation of police Act, 1861 was a milestone in its journey and this act is still in force without any major amendment. Since independence, Bangladesh Police have moved from being essentially a colonial force with a state revenue safeguard and public order mandate to becoming a community orientated democratic police service. Such transformations are neither simple nor are they without challenges. The police have also transformed in size as well as mandate from being a force of less than ten thousand to now when the Bangladesh police will shortly reach a size of 150,000



personnel (approx).

Bangladesh police (BP) has been striving to make the country a better and safer place to live and work through their 24/7 vigil over the community since the independence of Bangladesh. The core functions of BP are enforcing law, preventing and detecting crime, keeping criminal records, maintaining social tranquility, protecting the fundamental right of citizens, elevating the sense of security and participating in development activities of the country. It also plays a vital role in the criminal justice system.

Bangladesh Police is under the administrative control of the Ministry of Home Affairs. It is headed by the Inspector General of Police of the rank and equivalent status of the Senior Secretary. As per nature of job and responsibilities the police Department have different branches of operational administration. These branches are: The regular police of Divisions, Districts and Thanas of the civil administration, the Metropolitan Police 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 Rapid Action Battalion (RAB). Thana is the basic enforcement unit of Police. Set up of Districts and Metropolitan cities are mostly administrative and Divisional set ups are supervisory. The Narcotics Control Act, 1990 empower Police for search, seizure, arrest, investigation and prosecution of a drug related crime. The commissioner of Metropolitan Police can exercise some magisterial power as admissible in the law. Besides Law enforcement, the police also perform some community based awareness activities against drugs. They sometimes make referrals of the drug addicts to treatment services. There are also community

mobilization activities done by the police casually. During the year 2014, the police detected a total number of 36188 drug related offences throughout the country with a total number of 4529 arrests. The important seizures of drugs by police during 2014 are: Heroin 41.299 kgs, Cocaine 2.085 kgs, Opium 91.00 kg Cannabis 20548.89 kgs, Cannabis plant 194, Phensedyl 146940 bottles & 392.8 litre, Buprenorphine injection 15913 ampoules, Yaba tablets 17,17,770 pcs, Foreign liquor 9754 bottles & 531.7 liters, Beer 27380 can & and Country liquor 3767 bottles & 1,97,931 litres etc.

Border Guard Bangladesh (BGB)

Border Guard Bangladesh as a paramilitary force is entrusted with the responsibility to defend the 4427 km border of the country which is known as 'ever-vigilant sentinels of the border'. The glorious history of the organization is replete with rich traditions and successful military expeditions. The paramilitary setup emerged as the most effective border security for the country on 3 March 1972 after the liberation of Bangladesh.

Apart from its primary task of protecting the borders, preventing smuggling, human and drug trafficking, the member of Bangladesh Border guard have taken part in numerous military operations displaying their courage, discipline and patriotism. This force was vested with additional task of checking smuggling in 1958. Its members took arms in an organized manners against erstwhile Pakistan army during the liberation war of 1971. The organization is proud of its contribution to the attainment of independence and sovereignty of the Bangladeshi nation. Its members got many gallantry awards. Of them, Lance Naik Nur Mohammad Sheikh and Lance Naik Munshi Abdur Rouf were the highest gallantry award



of Bir Sreshtha, 8 got Bir Uttam, 40 Bir Bikram and 91 Bir pratik.

BGB is commanded by a Director General of the rank of Major General from Bangladesh Army. The BGB administration and most of the officer are trained and deputed from Bangladesh Army. It is divided into 61 battalions and numerous border outposts (BOP) mostly along the borders. BGB is organized into a Central Headquarters and 4 Regional Headquarters. Under the regional headquarters there are 16 Sectors, 47 Battalions and many other Border guard outposts. 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, domestic law enforcement during national emergencies and acting as a reserve force under Ministry of Defense during war. During the year 2014, the BGB detected a total number of 1350 drug related offences throughout the country with a total number of 1256 arrest, the important seizures of drugs by BGB during 2014 are : heroin 14.681 kgs, Opium 0.13 kg, cannabis 6572.04 kgs, Phensedyl 4,46,662 bottles, Buprenorphine injection 1,19,146 ampoule, Yaba tablets 25,35,718 pcs, Foreign liquor 2,49,668 bottles, Beer 46,143 can and country liquor 8,056.435 liters.

Rapid Action Battalion (RAB)

One of the impediments to the development of Bangladesh is unstable law and order situation. At the backdrop of this situation, Government of Bangladesh felt the necessity to organize a permanent special force under the direct supervision of the Ministry of Home Affairs in order to make the society crime free. A special Force named Rapid Action Battalion Forces was formally emerged on 26 March, 2004. This force

started its operational journey at a limited scale from April, 2004. 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 equivalent status of Additional Inspector General of police.

RAB has been successful in apprehending many high profile terrorists including godfather of drug smuggling. During the year 2014, RAB has seized a huge number of illegal arms and ammunition and RAB has a total of 2540 detection of drug related offences with 3705 arrests. The important seizures of RAB during this period are: Heroin 12.713 kgs, Cannabis 4697.358 kgs, Cannabis plant 144, Phensedyl 1,13,703 bottles, Buprenorphine 10,165 ampoules, Pethidine 21,060 ampoules, Yaba tablets 9,13,608 pcs, country liquor 5,00,595.58 liters, foreign liquor 17940 bottles, Beer 64045 cans and Senagra tablets 2,28,724 pcs etc.

Coast Guard

The Bangladesh Coast Guard is the maritime border patrol agency of Bangladesh. It is a unique force that carries out an array of civil and military responsibilities touching almost every facet of the Bangladesh maritime environment.

The emergence of the Bangladesh Coast Guard was the result of the growing awareness in the Government for the requirement of a separate service to enforce national laws in the waters under national jurisdiction and ensure safety of life and property at sea. Following this the Coast Guard Act, 1994 was passed by the parliament in September 1994. Formally The Bangladesh Coast Guard in its present shape came into being 14 February 1995 and



started operational activities with two patrol craft received from Bangladesh Navy.

Since then the Coast Guard has been rapidly expanded and has been active in several high profile anti-piracy operations in close conjunction with the Bangladesh Navy, Bangladesh Army, BGB, Bangladesh Police and Department of Narcotics Control. Being the principal maritime law enforcing authority it implements both national and international maritime laws. At present the Bangladesh Coast Guard has the following zonal command namely East, West, South and the Dhaka sub zone. The force now has three bases, 18 stations, 10 outpost, 57 different categories of water vessels and eight platoons. The important seizure of drugs by the Coast Guard during 2014 are: Heroin 0.1 kg, Phensedyl 72 bottles, Yaba tablets 6,69,630 pcs, Cannabis 18.575 kg, country liquor 40 litre & 37 bottles, Foreign liquor 4,935 bottles, and Beer 2223 cans & 47 bottles etc.

Department of Prison

In Bangladesh, the Department of Prisons comes under the preview of the Ministry of Home Affairs. The Inspector General of Prison is the head of the organizations. Prisons are mainly the custodian of all sorts of arrestees both before and after conviction. There are about 68 prisons in Bangladesh, among which 13 are Central Jails and 55 District Jails including a female prison in Bangladesh. The overcrowding of prisoners is the highest in Bangladesh among the South Asian Countries. The total number of yearly arrests for drug related offences in Bangladesh is approximately 45,000 persons on average. Among these arrestees there are also drug abusers. Sometimes drug addicted persons are made over to the prisons by the parents to make them free of addiction in a confined state. Majority of the drug peddlers

are also habituated to drugs and when they are put into prison, they need treatment for their addiction. Apart from problem with drug addiction, prison populations are highly vulnerable to HIV/AIDS. Because they are mostly open to homosexually. Each of the prison in Bangladesh has hospital. The Narcotics Control Act, 1990 provides provision for declaring these hospitals as drug addiction treatment centre-on.

The Department of Prison provides treatment services to drug dependent jail mates at Comilla, Jessore and Rajshahi Central Jail. They also work with some NGOs on prevention of HIV among drug users.

Customs

Customs is primarily responsible for collection of all duties and taxes at the import. Apart from collection of government revenue, it is also responsible for trade facilitation enforcement of government regulations, production of society and environmental protection, protection of foreign trade statistic, trade compliance and protection of cultural heritage. At the legal ports of entry, it is the principle agency to apprehend illicit trafficking of drugs. The customs authority in Hazrat Shah Jalal International Air Port at Dhaka seized several big consignments of Heroin, Cannabis, Ketamine & pseudoephedrine which were going to be Smuggled to Europe & South East Asian Country. As the customs authority is not empowered to investigate drugs offences, whatever cases are detected by them, is handed over either to police or to the Department of Narcotics Control.

Ansar & VDP

Ansar & VDP was first established in 12 February, 1948. Ansar & VDP works for sustainable human security through awareness building, gender based



participation and social immunity against crime. Ansar is a law enforcement agency in Bangladesh under the administrative control of the Ministry of Home Affairs. It is headed by the Director General of the rank and status of Additional Secretary.

Though their primary responsibility is to maintain the law and order situation like Police and to maintain the security of human body, social services & partake to raiding against any crime along with drugs crimes. The Ansar Bahini conducts by the Ansar Bahini Act 1995, the Battalion Ansar conducts by the Battalion Ansar Act, 1995 and the village Defense Party (VDP) conducts by the VDP Act, 1995. The Ansar Bahini is a basic component of the organization and based up to union level. Main focus of the Ansar Bahini's duty is control the law & order, human security, public welfare & multiplier of forces. The Battalion Ansar is a regular force and they can be employed with an independent task/mission. Main focus of the Ansar Battalion is security, disaster management and multiplier of forces. The Village Defense Party (VDP) is a totally a voluntary and community based organization. Main focus of the VDP is socio-economics, Human touch, Human rights Development, public welfare, law and order and Human security. Every Ansar & VDP officers & members including vocational trainers is provided with short and long training courses in the Ansar & VDP Training Academy. As per Section 43 of the Narcotics Control Act, 1990 Ansar-VDP can assist the Police and DNC in raid, search, seizure and arrest in drug related offences. They can also provide information on drug crime as they are posted up to village level. The best role that the Ansar-VDP can play is in generation of public awareness against drugs, anti-drug campaign and community mobilization.

Drug abuse inflicts immeasurable harm on public health and safety around the world. It threatens the peaceful development and smooth functioning of all countries. Bangladesh is a signatory of three UN conventions: (1) The single convention on Narcotic Drugs, 1961, (2) Convention on Psychotropic Substances, 1971 and (3) Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Bangladesh is fulfilling all the requirements of these conventions. Bangladesh regularly exchange specific information with International narcotics Control Board (INCB) and United Nations Office on Drugs and Crimes (UNODC) on export, import trafficking and use of controlled drugs. Bangladesh also exchange information bilaterally with the signing countries of the UN conventions as per requirement.

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

1. Bilateral agreement with Myanmar for suppression of illicit trafficking of drugs, 1994
2. Memorandum of Understanding with Iran for drug abuse prevention and control, 1995
3. Bilateral agreement with India for suppression of illicit trafficking of drugs, 2006.

Memorandum of Cooperation between the Ministry of Home Affairs of Bangladesh and the United States Drug Enforcement Administration for mutual cooperation in the sphere of Drug control is as follows:



- a. Exchanges of information on matters related to combating illicit drug trafficking and precursors.
- b. Assistance with respect to law enforcement investigative activities.
- c. Cooperation in combating drug and precursor chemicals trafficking, including participating in controlled deliveries, conducting coordinated enforcement operations related to the drug or chemical shipment trafficking, and participating in coordinated undercover operations.
- d. Participation in meetings, conferences and seminars intended to foster a mutually beneficial exchange of information and experiences.
- e. Exchanges of information regarding statistical data and guidelines on combating illicit trafficking in drugs and precursors, including drug abuse prevention.
- f. Exchanges of drugs samples and results of analysis of drugs seized from illicit trafficking.
- g. Mutual participation in personnel training and law enforcement skills development.

External Level:

- Information sharing with UN Bodies: UNODC and INCB (PEN, PRISM Alerts,)
- Information sharing with Regional Bodies: Colombo Plan, SAARC (SDOMD)
- Bilateral agreement with Myanmar, India for suppression of illicit drug trafficking on 01-12-1994.
- MOU with Iran for drug abuse prevention and control
- 4th DG level Bilateral Talks between India and Bangladesh on suppression of illicit drug trafficking would be held in 2015.

Under Discussion:

MOU with Drug Enforcement Agency, USA

Bangladesh built up a relation of bilateral cooperation with Supreme Prosecutors Office (SPO) of the Republic of Korea. The Republic of Korea provided training for DNC officials, arranged study tour and supplied 2 vehicle, 30 Laptop, 15 Duplex laser printers, 30 Multi-media projectors, 30 projector screen, 140 video camera, 10 fax machine and 30 compact camera. In addition they launched anti-drug campaign in 3 divisional city of Bangladesh. Signing of a MOU between the South Korea & Bangladesh is under process.

Bangladesh has close partnerships on drug abuse prevention and control with the Colombo Plan for Cooperative, Economic and Social Development in Asia and the Pacific and 19 countries including China, Myanmar and the South Asian Association for Regional Cooperation member States. Those partnerships involve the exchange of information and technical assistance. Our country and India have close cooperation mechanisms for law enforcement and drug control, including regular meetings at the political and technical levels. The two countries have also agreed to share information on drug trafficking on a real-time basis and to assist one another in the investigation of drug cases. Bangladesh has an effective and integrated joint border management approach with India. The focus of all the agreements is on mutual cooperation in investigations, arrests and prosecution of drug offenders. At present the UNODC is running RAS/H-13 OST (Opioid



substitution Treatment) project in Bangladesh in collaboration with the Department of Narcotics Control. Anti-money-laundering measure is a key element of tackling drug trafficking. FATF (Financial Action Task Force) has developed action plans with the Government of Bangladesh to address weaknesses in their frameworks against money-laundering and terrorist financing. Bangladesh has made necessary modifications to develop its international airports, enhanced their security systems and deployed relevant law enforcement agencies to prevent illicit trafficking of drugs. We are also in close contact with other connecting international airports in various countries to facilitate identification of illicit traffickers. The success of the international precursor control system is such that there is little diversion from international trade of the 23 scheduled precursors. A variety of tools and technology made available by International Narcotics Control Board are partly responsible for this success. In particular, technology such as the Pre-Export Notification Online (PEN Online) system has, since 2006, allowed Governments to prevent the diversion of thousands of tons of chemicals without hampering legitimate trade. Bangladesh is registered with the PEN Online system, and

Precursors Incident communication System (PICS) is a promising new tool as it allows Governments to share information on diversions, attempted diversions and seizures of precursors and to launch investigations. Bangladesh authorities have applied to participate in the Precursors Incident Communication System (PICS) to receive the information about precursor control worldwide. Department of Narcotics Control is regularly participating in foreign training and seminar to ensure that law enforcers are informed about the latest developments.

Officers of the Department of Narcotics Control have participated in the following foreign training in 2014 in South Korea.

Bangladesh -India Drug Prevention Program

The 4125 kilometer land border between India and Bangladesh is a challenge for the law enforcement and drug control nodal agencies of the two countries. As these borders have no natural obstacle the relevant agencies of both the countries are to be always alert to combat drug trafficking. To make this effort more effective, there has been a bilateral agreement for mutual cooperation for preventing illicit trafficking in narcotic drugs and psychotropic

Serial No.	Name of the foreign training and seminar	Duration	Country
1.	Narcotics Crime Eradication and Investigation	07/08/2014-27/08/2014	South Korea

is prompt to support and participate in any Pre-Export Notification regarding precursor chemicals. Moreover, the flexible and proactive operational activities that INCB has initiated under Project Prism and Project Cohesion have helped to address urgent issues related to international precursor control, such as the increasing use of emerging, non-scheduled substances for illicit purposes. In this regard, the online

substances and related matter in March 2006 between India and Bangladesh besides the international and regional conventions/treaties. As per Article 5 of this agreement the first Director General-level meeting of the Narcotics control authority of the two countries held in March 2009. The third and last meeting of the drug control nodal agencies of the two countries was held in



New Delhi during 4-5 October, 2012. A eleven member delegation consisting members from Ministry of Home Affairs, Ministry of Foreign Affairs, Bangladesh High Commission at New Delhi, DNC, BGB, RAB, Police, and Bangladesh Coast Guard attended the meeting. The important Decisions of the meeting are as follows:

- a. Both the parties shall exchange information on drug trafficking routes and vulnerable spots on real time basis at possible earliest time through Fax, Email or phone.
- b. Besides conducting raids and exchanging information to prevent smuggling of Phensedyl, the Indian authority informed that the allotment of codeine should be reduced from 50 metric tons to 20 metric tons.
- c. Unanimity was established on joint inspection at India-Bangladesh borders and prevention of the smuggling of new drugs. Pictures and labels of illicitly trafficked drugs were also exchanged.
- d. Unanimity was established on exchange of experiences on supply reduction, demand reduction, training for building expert manpower in both the countries for treatment and rehabilitation and sharing experiences on best practices.
- e. The next DG level talks will be held at Dhaka.

Bangladesh - Myanmar Drug Prevention Programme

The first meeting of the drug control nodal agencies of Bangladesh and Myanmar was held on 15-17 November, 2011 at Yangon on the basis of the bi-lateral agreement between Bangladesh and Myanmar concluded in 1994. The second meeting will be held in

Bangladesh in near future. The important decisions of the first meeting are as follows:

- Taking instant preventive measures along with increasing surveillance on the traffickers of drugs by boat at the river Naaf and the coastal areas.
- Exchange of information for stopping the illicit cultivation of poppy and manufacturing illicit drugs along the borders of both the countries.
- Exchange of information between both the countries regarding drug traffickers and fugitive drug offenders and mutual cooperation in investigating drug offences.

Colombo Plan

This organization is engaged in activities of economic and social development of south and South-east Asia since 1950. Number of its member countries including Bangladesh is 27. Bangladesh became member to Colombo Plan in 1972 and since then it is subscribing yearly to this organization. Drug Advisory Program (DAP) is one the 4 permanent program of Colombo Plan. This program was undertaken at the 23rd Annual Meeting of Colombo Plan in 1973 as abuse of drugs was increasing gradually in the member countries and it was obstructing the development. It has been undertaking various programs including providing various training for enhancement of mutual capabilities in reducing demand for drugs in the member countries. Bangladesh participates in all programs actively and exchanges information regularly.

Issues and challenges concerning sharing of information:

Internal:

- To boost up proper coordination among the different law enforcement agencies.



- To ensure regular inter-department information sharing and harmonized data management system of the law enforcement departments.

External:

- To give the emphasis from other countries for exchange and share information about persons involved in narcotic drug trafficking, their modus operandi as well as other relevant details of such crimes deemed necessary for prevention or suppression of crime
- To overcome the limitations of exchanging and sharing required bilateral information on real time basis.

For regional cooperation & exchange of information Bangladesh is trying to ensure the followings things with other countries:

- ✓ Exchange of information on operational, technical and general matters between nodal enforcement agencies of the region time to time.
- ✓ Assisting one another upon request on operational matters including

employing such investigative techniques for interdicting all narcotic and synthetic drugs & medicinal drugs.

- ✓ Identifying and destroying illegal drug processing sites and laboratories & identify and eradicate illicit cultivation of cannabis and opium poppy wherever found in the region.
- ✓ Regulate and monitor the production importation, exportation, storage distribution, sale, possession and use of medicinal drugs and sale of precursor chemicals and solvents which may be used in illicit manufacturing and production of narcotics drugs
- ✓ Exchange literature on existing laws rules, procedures etc. concerning drug abuse control and on amendments which may take place in the existing laws in future.
- ✓ Combat drug trafficking, prevent money laundering and cooperate in tracing, identification, freezing seizure and forfeiture of properties derived from or used in illicit traffic following exchange of information.



Department of Narcotics Control Dhaka Metro Raiding Team seized 7000 pcs Yaba and arrested five accused





Honourable State Minister for Home Affairs Mr. Asaduzzaman Khan MP addressing in an anti-drug seminar on International Day Against Drug Abuse & Illicit Trafficking 26th June 2014



Department of Narcotics Control Dhaka Metro Raiding Team seized 13000 pcs Yaba and arrested two accused

Our Vision Is To Build A Drug Free Bangladesh



We do want a drug free world



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