

# Annual Drug Report

## BANGLADESH-2018



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



# ANNUAL DRUG REPORT

## BANGLADESH, 2018



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





# MESSAGE



**Minister**

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

It is a pleasure to me that the Department of Narcotics Control of Bangladesh is going to publish the Annual Drug Report of Bangladesh, 2018. The report provides a comprehensive analysis of patterns of emerging illicit drug across Bangladesh and also the South Asia. The report examines the drug supply and the market, drug use prevalence and trends, and drug-related harms and responses to them.

Drug problem has emerged as global concern because of its devastating characteristics. Bangladesh is not free from this problem. The magnitude of the drug problem becomes more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence. The health consequences of illicit drug use continue to be a matter of global concern, as only one out of every six problem drug users in the world has access to treatment, as many countries have a large shortfall in the provision of services. Today, one in four deaths is attributable to illicit drug use. People who live with substance dependence have a higher risk of all bad outcomes including unintentional injuries, accidents, risk of domestic violence, medical problem and death.

We have to overcome this problem for the greater interest of our existence. Drugs may paralyze our total development system. In addition, it causes series of crimes in the society which hamper law and order situation. It is the point of relief that the government is on serious mode in combating drug-menace and takes serious action against the drug offenders. Besides, creation public awareness regarding the adverse effect of drug is very important to make the dormant people aware.

This Annual Drug Report will be a guideline to learn the nature and extent of drug-problem of the country and necessary actions would be taken accordingly to tackle the problem. I thank all who made this effort successful to publish Annual Drug Report, 2018.

Joy Bangla, Joy Bangabandhu.

  
**Asaduzzaman Khan MP**



**Secretary**

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

I am pleased to know that Department of Narcotics Control (DNC), a directorate of Security Services Division, Ministry of Home Affairs is going to publish Annual Drug Report of Bangladesh-2018.

Abuse and illicit trafficking of drugs create multi-disciplinary and multi-dimensional problems across the globe. As a member of global community, Bangladesh is also facing this disastrous problem. Drug hampers the entire wheel of socio-economic development of the country. Our future generation is in danger due to its heinous attack.

For the greater interests of the nation Government of Bangladesh is firmly committed to combat the drug menace at any cost. Already government has adopted zero tolerance policy against drug offences to curb all the discomforts. DNC as a nodal agency has been playing a vital role along with Police, RAB, BGB, Coast Guard, Customs Department and District Administration. Different NGOs and international organizations like INCB, UNODC, KOICA are providing supports to combat this menace,

I believe that the Annual Drug Report of Bangladesh-2018 will be more informative and educative one describing the overall drug scenario of Bangladesh.

Finally, I express my heartiest thanks to those who worked hard from DNC for publishing the Annual Drug Report-2018.

**Md. Shahiduzzaman**  
Secretary



## Director General

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

Department of Narcotics Control (DNC) has been publishing the Annual Drug Report of Bangladesh since 2010 and this is the 8th. The report is prepared on the basis of data available and the experiences regarding drug control. It is also tried to insert the scenario of domestic effort and transnational engagement in combating drug menace from analytical point of view.

Honorable Prime Minister Sheikh Hasina has adopted and declared "Zero Tolerance" policy to drug related crimes. Department of Narcotics Control (DNC) as the Nodal Agency is working actively to fulfill the above objectives to save our young generation from the curse of drug menace at any cost.

Bangladesh sometimes is being used as transit for drugs trafficking because of its geographical location as well as long and porous borders with India and Myanmar. Mainly, ATS (Yaba), Heroin, Codiene (Phensedyl), Injecting drugs (Buprenorphine) are trafficked into Bangladesh from neighboring countries.

Department of Narcotic control, Bangladesh has enacted Narcotic Control Act, 2018 repelling existing Narcotic Control Act, 1990. To address all sorts of Narcotics Crimes relevant ministries, agencies and departments are working in a body seriously.

The widely abused drug ATS (Yaba) in the country is smuggled from Myanmar to Bangladesh. Department of Narcotics Control, Bangladesh Police, RAB, Border Guard Bangladesh, Coast Guard, Bangladesh Customs, Bangladesh Ansar are working together to crush down the Narcotics Crimes in full swing.

Department of Narcotics Control provides treatment for drug users through Central Drug Addiction Treatment Center (CTC) in Dhaka and three regional treatment centers. The capacity of CTC is 124 beds where 90 beds for adult male patients, 10 beds for children and adolescents, 24 beds for women. Moreover, 73 NGO and 291 private treatment centers are also providing services in this field. Others service provided by DNC in harm

reduction field includes outpatient service, inpatient detoxification, co-occurring physical and mental disorder treatment, individual and group counselling, long term follow-up program, psycho-education for client and family, opioid substitution therapy (OST) and needle exchange program. We are also providing echo training for the doctors, counselors, nurses, social workers and recovery people to upgrade the standard of treatment.

In Demand reduction fields DNC is working to reduce illegal drug demand through massive awareness programs such as arranging anti-drug discussion, meeting, seminar, and workshop in all educational institutions across the country. Apart from this, we make and distribute anti-drug poster, leaflet, sticker to the mass people and all school, college, university etc.

Bangladesh is a signatory of all three UN conventions. It is fulfilling all the requirements of these conventions and also sharing necessary information with UN Bodies like UNODC and INCB (PEN, PRISM Alerts,) etc. as desired.

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

In fine, I would like to extend my heartfelt thanks and appreciations to all who made the gigantic effort to publish the Annual Drug Report, 2018 successfully.



**Md Jamal Uddin Ahmed**

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**Joint Secretary**  
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Annual Drug Report of Bangladesh has been coming to light by Department of Narcotics Control for Last eight years. This Annual Drug Report of Bangladesh, 2018 is a continuation of that process.

The nature and extent of drug abuse varies country to country but the destruction caused by this curse almost same all over the world. The damage what drugs build in the mind and body of the drug users is beyond description. It destroys physical and mental health equally for any user, anywhere of the world. It is a threat to the human being and civilization. Bangladesh is not out of this danger. The young generation of this country is the main victim of the curse. The Annual Drug Report of Bangladesh, 2018 would go a long way to understand and analyze the present drug scenario of the country. It would help to find out the root causes of drug abuse, to uncover the routes and trends, mode of drug trafficking, to unveil the ways to tackle the drug menace, to find out the means in order to give treatment to drug addicted people as well as to get them back to the main stream of society i.e. to indicate the suggestive way to come out of this evil curse.

Annual Drug Report of Bangladesh, 2018 is developed using the DNC database consisting of integrated data from all the law enforcing agencies fighting together against drug curse in Bangladesh e.g. Police, BGB, RAB, Coast Guard, Customs Department etc. Data analyzed both from the geographical proximity as well as considering the factors like the country's nature of drug abuse as well as the global nature of drug trafficking. The Security Services Division of the Ministry of Home Affairs led from the front to finish this gigantic work. Data analyzed based on the entire drug control mechanisms in Bangladesh i.e. from the supply reduction, demand reduction and harm reduction point of view guided by the United Nations Office on Drugs and Crime (UNODC) and International Narcotics Control Board (INCB).

I hope that through this report we would get a way out what actually we do need to overcome this devastating problem. In this report, emphasis has been given on the drug trafficking situation, measures taken and needed to be taken, modern trends of drug abuse, age group affected by drug menace and many of the related issues of the problem prevails in Bangladesh. In spite of heartiest and utmost tries there might have some undesired mistakes. This is expected to see in a linear view. Any constructive suggestion to heighten its quality is highly appreciable. Finally, I would like to express my heartfelt gratitude and sincere thanks to the Director General, DNC for his learned leading persuasion and all-out support and guidance to make this Annual Drug Report of Bangladesh, 2018 a success. I would like to extend my thanks to Additional Director General for his constructive suggestions and monitoring of the total activities focusing on the Annual Drug Report of Bangladesh, 2018.

Last but not the least, I would like to recall the role and co-operation of all the directors and other DNC officials including concerned members of the Editorial Board for their wholehearted devotion and hard labor to make this report come out within the stipulated time.



**Md. Nuruzzaman Sharif<sub>ndc</sub>**



Bangladesh is situated in the central point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) which made it vulnerable to in-transit use of illicit drugs for international drug traffickers. Besides, vast and rapid development of economy as well as the very fast and potent development of IT sector, close proximity to Myanmar (a major producer of ATS), long land-border area, hilly regions on the south-east part of the country, Bay of Bengal to the south, lack of social awareness among people made Bangladesh a victim to drug abuse though Bangladesh is a non drug producing country. Until the 1980s, few drugs were consumed in Bangladesh except cannabis. Now yaba has taken the reign of major drug consumption along with phensedyl and heroin. Because of it's high addictiveness, Yaba, the crazy pill is very popular among the young generation. It is posing a major threat to our young generation as well as to the economy of Bangladesh. The present government of Bangladesh as taken this issue very seriously. To save young generation from the curse of Yaba, government has undertaken multi-dimensional approaches. Department of Narcotics Control is acting with firm determination to implement the 'Zero Tolerance' policy to drug related crimes which is adopted and declared by the Honorable Prime Minister of Bangladesh and to make the young generation free from drug addiction.

In line with the 'zero-tolerance' policy of the government of the People's Republic of Bangladesh, Bangladesh Parliament on October 27th passed the Narcotics Control Bill 2018 & the Narcotics Control Act of 2018 (Act Number 63 of 2018) on 27 December, 2018 repelling the existing Narcotics Control Act, 1990. The act covers the control of narcotic drugs and psychotropic substances, including provision for the treatment and rehabilitation of drug dependent people. 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. Yaba (ATS) is scheduled in 'A' class drug which is posing a big threat to the young generation of Bangladesh. The law also provides highest penalty i.e. death sentence. It also imposes restrictions in issuing driving license and license for fire arms to drug dependent persons. The Narcotics Control Act, 2018 provides direct provision for investigation of money laundering also. The Narcotics Control Act, 2018 prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass.

Hardline operational activities are going on throughout the country. Massive Awareness Campaign is the main tool for demand reduction. DNC along with NGO's undertook a series of activities to gear up the preventive activities like seminar, discussion, class discussion, hang anti-drug billboard, banner, festoon in populous places like bus-terminals, railway-stations, launch-terminals, anti-drug discussions at religious institutions like mosques, temples etc, conduct anti-drug campaign at local government institutions with the elected bodies. Government and NGOs together are playing a vital role in anti-drug awareness campaign and harm reduction activities. DNC is also providing Echo training for the doctors, counselors, nurses, social

workers, DNC officials and recovery people to upgrade the standard of treatment. The Government of Bangladesh providing treatment services for the drug dependent people through Central Drug Addiction Treatment Centre (CTC) in Dhaka and three regional treatment centers in Chattogram, Rajshahi and Khulna. Currently there are four treatment and rehabilitation centers under DNC in four divisional cities- Dhaka, Chattogram, Khulna and Rajshahi. It is a 125-bed capacity treatment and rehabilitation center at Dhaka and rest of those are 25-bed capacity. 200-bed capacity treatment and rehabilitation centers will be installed in all divisional cities in future. There are some 291 anti-drug treatment and rehabilitation centers are in operation under private sector in all districts. In Annual Drug Report of Bangladesh 2018, it is prevailed that the trend of drug consumption is higher among youth and adolescents. Students are mostly falling victims to drug abuse, which eventually lowers their standards of education and attendance at classrooms. Prevalence of Yaba is more alarming among the students of private universities and English medium educational institutions also. A slightly over a half of drug users is either students or unemployed, while the remaining are with some employment basically in business and service. Most of the yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochain states and nearer to the border of Myanmar-Bangladesh. The river Naaf and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of Yaba from Myanmar to Bangladesh.

In Bangladesh, the detection of cases and seizure of Yaba increased in 2018. During 2018 & 2017, the seizure of Yaba was 53048548 & 40079443 tablets respectively. The ratio of increase in 2018 is 32.36% in comparison with last year. More than 52% of the seizure of Yaba was made at Chittagong because border of Cox's Bazar of Chittagong Zone is the route of smuggling Yaba into Bangladesh. According to the number of patients admitted for treatment of drug, the number of treatment seekers for Yaba addiction is 42.03% & it has increased 18.26% during 2018 in comparison with the previous year. Cox's Bazar and Chittagong Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. According to DNC database 2018 it appears that Rajshahi Zone has the highest prevalence of

detection and seizure of Heroin. During the year 2018 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was highest (401.506 kg) and increased 12.41% in comparison with the last year.

According to the statistics of the cases and seizures Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka Zone, Jessore & Chuadanga of Khulna Zone, Brahmanbaria of Chittagong Zone and Rajshahi, Bogra, Noagaon, Chapai Nawabgonj and Dinajpur of Rajshahi Zone. This statistics indicates that during 2014, 2015, 2017 & 2018 it is almost stable with a slight decrease in 2016. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction is decreasing gradually because young generation has been shifting from Phensedyl to Yaba due to shortage of Phensedyl & availability of yaba in any corner of the country. Consumption of Cannabis is traditional in Bangladesh. Cannabis has been used for recreational, religious, spiritual, and medicinal purposes. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 42.53 % of all the cases detected by the DNC during 2018. Most of the country's cannabis is smuggled through eastern border- Comilla, Brahmanbaria and it is mainly for Dhaka. Cannabis is being trafficked to Bangladesh through North eastern and eastern states of India, particularly Bihar, Uttar Pradesh, Assam, Tripura, and Manipur. A vast amount of cannabis is trafficking into Bangladesh through the borders of Comilla and Brahmanbaria districts of Bangladesh. The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. Dhaka is the highest prevalence area of Buprenorphine. The production, sale, and consumption of alcoholic beverages are strictly prohibited by law. Alcohol in Bangladesh is regulated and restricted. Bangladesh has one of the lowest alcohol consumption in Asia. The data from drug addiction treatment services shows that very few people seek treatment for addiction to sedative, hypnotic and tranquilizer drugs. The Prevalence of abuse of these drugs is more prominent among the female population, population under stress, anxiety or mood disorder and the people with other psychiatric problems.

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

and 30 years. Out of the drug users about 61.07% are in the usage group between 15-30 years. They come from different economical levels of the society. According to Annual Drug Report 2018, influence of friends is the principal cause (81.27%) of taking drugs. The second major cause appears to be curiosity (17.13%). According to the data from the treatment services the person with no income group is the highest group (53.69%) for addiction to drugs who are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes. According to the data of CTC on principal drug of abuse by treatment seekers during 2018, Yaba stands first position comprising 42.03% with an increase of 18.26% in comparison with previous year. Heroin stands second position comprising 29.08%. Cannabis stands in third position comprising 18.53% with a slight increase in comparison with previous year. Injecting drug stands fourth comprising 5.98% with a increase of 38.74% in comparison with previous year.

Dhaka as the biggest drug market in Bangladesh with 10% of the total population and almost 50% of the urban population of the country has the highest prevalence of all sorts of drugs. It comprises more than 50% of the drug market of the whole country and for this reason the movements of all the drugs smuggled from the border are Dhaka-bound. At most all the 32 border districts are vulnerable for drug trafficking. On analysis of recent years data on drug abusers, it reveals that the most drug-prone areas in Bangladesh are district wise mainly: Dhaka, Narayanganj, Gazipur, Mymensingh, Chittagong, Comilla, Sylhet, Brahmanbaria, Cox's Bazaar, Rajshahi, Pabna, Bogra, Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barisal, Sathkira, Jessore. Dhaka is the main cannabis market in Bangladesh. The other big markets are Kishoreganj, Mymensingh, Faridpur, Chittagong Metro, Comilla, Brahmanbaria, Noakhali, Kurigram, Sunamganj, Moulvibazar and Rangpur.

The new principles of restriction, control, monitoring, supervision, prevention, education, public welfare, public awareness campaign, social mobilization, treatment and rehabilitation in connection with the problems of drugs and their abuses are newly introduced in our country through the Narcotics Control Act, 2018. The National Narcotics Control Advisory Committee (NNAC) formulated under this Law is the highest body for advisory function and policy formulation.

The Department of Narcotics Control is the Nodal Drug Law Enforcement Agency. The new Challenges in the upcoming days includes Training on drug law enforcement, modern investigative techniques and data management; assistance and support for infra-structural development; supply of modern equipment and devices for intercepting illicit trafficking of drugs and precursors; setting up special devices at all the ports of entries to intercept smuggling of drugs and precursor chemicals; setting up DNC's Drug Testing Laboratory in every division; conducting survey, research, documentation and data management on drug abuse, Prevention and control; setting up special tribunal in every district; conducting operations against notorious and armed drug dealers by the unarmed DNC officials; lack of manpower of DNC; geographical location of Bangladesh and porous border with India and Myanmar. The prevalence of new synthetic, semi synthetic drugs & NPS; lack of Drug detection Kits, Mobile tracking instrument, vehicles and other logistics supports to combat drug trafficking.

DNC has a drug testing laboratory for forensic analysis of substance and chemical test reports are recognized as expert opinion in the Learned Court for drug trial to the drug offence. Bangladesh maintains a balanced mechanism to check any diversion of Precursor chemicals and New Psychoactive Substances (NPS) controlling at every steps i.e. processing, possession, import, export, purchase, sale, transportation and storage through licensing system. Pseudoephedrine is totally banned here as it is used in Yaba preparation. Though the NPS problem in Bangladesh is not severe yet as early control measure regarding NPS, DNC has already enacted the Narcotics Control Act, 2018. Present Government of Bangladesh is trying heart and soul to combat illicit drug menace as well as other crimes by adopting internal powerful mechanism including operational and prevention strategies together. Bangladesh is actively coordinating and participating in different international frames like UN (conventions), UNODC, Interpol, BIMSTEC, SAARC - SDOMD, Colombo plan, new attempt to combat TOC i.e. SARICC- TOC etc. and bilateral talks with respective countries to combat drug trafficking, ML and TOC. Bangladesh is actively trying to keep strong engagement with Myanmar in order to save the young generation from the curse of Yaba through bi-lateral co-operation.

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# 1

## Country Overview: Bangladesh Perspective

### 1. Introduction

Bangladesh, to the east of India on the Bay of Bengal, is a sovereign country in South Asia. It shares land borders with India and Myanmar. The country's maritime territory in the Bay of Bengal is roughly equal to the size of its land area. The country's geography is dominated by the Bengal delta with many rivers; while hilly and mountainous areas make up the north-east and south-east. The country also has one of the longest beaches and the largest mangrove forest in the world which is home to the royal Bengal tiger. Bangladesh is situated in the central point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. The four thousand one hundred fifty six kilometer land border of India by three sides and two hundred fifty kilometer land border of

Myanmar at the south east corner work as the geographical factor.

### 1.1 Current Drug Scenario:

Drug abuse is now prevalent everywhere: in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. All segments of society are severely affected by this problem. According to the recent seizure statistics and reliable data, the major drug market is Dhaka. The districts located on the drug-smuggling routes have more prevalence of drug abuse than other places of the country. From this point of view, Rajshahi, Natore, Pabna, Sirajgong, Bogra, Joypurhat, Satkhira, Jessore, Khulna, Faridpur, Comilla, Bramhanbaria, Narshingdi, Gazipur, Narayanganj, Savar, Tangail and Mymensingh district are drug prone areas.

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

Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Dhaka Metro Region District Narcotics	50	0.505	28	1742	0	921	390.638	64	2330	843	497120
Control Office, Dhaka	27	0.245	0	0	0	132	30.668	2	725	90	23358
District Narcotics Control Office, Narayanganj	57	0.255	1	5	0	65	27.92	7	80	90	14751



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Gazipur	3	0.009	1	20	0	93	167.5	2	300	137	26091
District Narcotics Control Office, Narsingdi	0	0	1	2	0	93	78.345	0	0	45	1731
District Narcotics Control Office, Munshiganj	6	0.028	2	7	0	33	14.62	0	0	63	9000
District Narcotics Control Office, Manikganj	25	0.051	1	5	0	47	18.1	1	125	44	906
District Narcotics Control Office, Kishoreganj	0	0	4	173	0	123	179.353	0	0	44	2736
District Narcotics Control Office, Tangail	11	0.04	0	0	0	59	11.375	0	0	281	3612
District Narcotics Control Office, Faridpur	0	0	3	17	0	102	36.495	0	0	58	5401
District Narcotics Control Office, Gopalganj	0	0	1	10	0	40	2.295	0	0	60	957
District Narcotics Control Office, Madaripur	0	0	0	0	0	41	9.38	1	5	26	706
District Narcotics Control Office, Shariatpur	0	0	0	0	0	52	54.395	0	0	24	721
District Narcotics Control Office, Rajbari	11	0.363	4	27	0	32	19.265	0	0	55	15975
Divisional Narcotics Control Office, Dhaka	190	1.496	46	2008	0	1833	1040.349	77	3565	1860	603065
District Narcotics Control Office, Mymensingh	31	0.687	0	0	0	103	37.12	1	200	36	3289
District Narcotics Control Office, Jamalpur	0	0	0	0	0	52	15.815	4	33	5	402
District Narcotics Control Office, Sherpur	7	0.02	0	0	0	30	2.965	0	0	19	389
District Narcotics Control Office, Netrokona	7	0.04	0	0	0	58	20.525	1	15	10	804
Divisional Narcotics Control Office, Mymensingh	45	0.747	0	0	0	243	76.425	6	248	70	4884
Chittagong Metro Region District Narcotics Control	0	0.165	1	578	0	500	112.775	0	0	448	662675
Office, Chittagong	0	0	1	18	0	72	15.955	0	0	114	168955
District Narcotics Control Office, Cox's Bazar	0	0	0	0	0	11	9.055	1	54940	260	471424
District Narcotics Control Office, Noakhali	0	0	2	53	0	73	47.508	0	0	51	2097





Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Feni	1	1.405	9	520	0	59	56.11	0	0	63	42015
District Narcotics Control Office, Lakshmipur	0	0	1	76	0	33	7.692	0	0	36	1636
District Narcotics Control Office, Comilla	0	0	8	830	0	61	260.09	0	0	50	3278
District Narcotics Control Office, Chandpur	0	0	3	22	0	36	6.45	0	0	80	2446
District Narcotics Control Office, Brahmanbaria	0	0	30	1758	0	35	224.312	0	0	40	14370
District Narcotics Control Office, Bandarban	0	0	0	0	0	1	0.05	0	0	0	0
District Narcotics Control Office, Rangamati	0	0	0	0	0	2	0.13	0	0	0	0
District Narcotics Control Office, Khagrachari	0	0	0	0	0	0	0	0	0	0	0
Divisional Narcotics Control Office, Chittagong	1	1.57	55	3855	0	883	740.127	1	54940	1142	1368896
District Narcotics Control Office, Rajshahi	72	1.891	39	1152	1	136	16.866	0	2	48	2746
District Narcotics Control Office, Naogaon	9	0.031	12	493	0	74	11.57	0	0	30	6214
District Narcotics Control Office, Chapainawabganj	28	0.538	25	1855	0	122	12.97	6	2018	40	11732
District Narcotics Control Office, Natore	37	0.233	27	934	0.3	103	45.955	1	40	96	6803
District Narcotics Control Office, Pabna	66	0.463	3	63	1	227	25.14	0	0	78	3449
District Narcotics Control Office, Sirajganj	26	0.528	6	109	0	40	5.765	6	35	17	2072
District Narcotics Control Office, Bogra	21	0.201	53	2722	4	150	53.005	15	1775	42	2776
District Narcotics Control Office, Joypurhat	6	0.015	19	228	0	59	28.48	3	85	26	714
Divisional Narcotics Control Office, Rajshahi	265	3.9	184	7556	6.3	911	199.751	31	3955	377	36506
District Narcotics Control Office, Rangpur	14	0.145	4	310	0	128	53.855	0	0	32	3354
District Narcotics Control Office, Kurigram	0	0	17	571	0	40	67.27	0	0	12	1819
District Narcotics Control Office, Dinajpur	0	0.01	26	1342	4	160	12.172	10	851	56	9837
District Narcotics Control Office, Gaibandha	3	0.045	6	95	0	108	48.03	0	0	47	2761



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Lalmonirhat	0	0	11	142	0	70	50.86	0	0	7	103
District Narcotics Control Office, Nilphamari	6	0.019	0	10	0	39	5.505	0	0	54	953
District Narcotics Control Office, Thakurgaon	0	0	4	21	0	31	5.845	3	20	5	122
District Narcotics Control Office, Panchagarh	4	0.06	3	23	0	100	18.4	3	141	16	944
Divisional Narcotics Control Office, Rangpur	27	0.279	71	2514	4	676	261.937	16	1012	229	19893
District Narcotics Control Office, Khulna	2	0.004	6	219	0	106	15.26	1	6	105	11462
District Narcotics Control Office, Satkhira	0	0	19	553	0	108	18.37	0	0	22	1937
District Narcotics Control Office, Bagerhat	0	0	2	27	0	38	3.626	0	0	40	1606
District Narcotics Control Office, Jessore	3	0.511	35	4013	0	71	10.965	0	0	92	3878
District Narcotics Control Office, Narail	0	0	0	0	0	55	4.21	1	5	7	59
District Narcotics Control Office, Magura	0	0	4	98	0	49	2.485	0	0	30	719
District Narcotics Control Office, Kushtia	12	0.154	13	212	0	51	21.4	0	0	28	11039
District Narcotics Control Office, Meherpur	6	0.021	7	20	0	21	1.095	0	0	9	133
District Narcotics Control Office, Chuadanga	5	0.05	31	548	0	40	11.325	16	365	28	2151
District Narcotics Control Office, Jhenaidah	1	0.6	6	141	0	91	20.545	0	0	17	693
Divisional Narcotics Control Office, Khulna	29	1.34	123	5831	0	630	109.281	18	376	378	33677
District Narcotics Control Office, Barisal	0	0	1	20	0	60	17.715	0	0	19	241
District Narcotics Control Office, Jhalokati	0	0	0	0	0	10	0.131	0	0	2	16
District Narcotics Control Office, Pirojpur	0	0	0	0	0	18	2.445	0	0	16	747
District Narcotics Control Office, Barguna	0	0	0	0	0	14	3.7	0	0	12	306
District Narcotics Control Office, Patuakhali	0	0	0	0	0	45	5.51	0	0	47	2293
District Narcotics Control Office, Bhola	0	0	0	0	0	17	0.455	0	0	6	108

Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Divisional Narcotics Control Office, Barisal	0	0	1	20	0	164	29.956	0	0	102	3711
District Narcotics Control Office, Sylhet	0	0.002	2	53	0	102	25.57	0	0	102	5106
District Narcotics Control Office, Sunamganj	0	0	0	0	0	69	251.45	0	0	17	4142
District Narcotics Control Office, Moulvibazar	0	0	0	70	0	40	15.86	0	0	26	3784
District Narcotics Control Office, Habiganj	0	0	0	15	0	96	23.61	1	1	59	7229
Divisional Narcotics Control Office, Sylhet	0	0.002	2	138	0	307	316.49	1	1	204	20261
Divisional Narcotics Control Intelligence Office, Dhaka	2	1.6	7	860	0	17	34.973	0	0	66	135505
Divisional Narcotics Control Intelligence Office, Chittagong	1	0.002	0	0	0	18	1.79	0	0	85	353915
Divisional Narcotics Control Intelligence Office, Rajshahi	20	2.361	14	415	0.5	20	21.24	3	159	18	4641
Divisional Narcotics Control Intelligence Office, Khulna	0	0	3	112	0	42	9.685	0	0	26	3141
Divisional Narcotics Control Intelligence Office, Barisal	0	0	0	0	0	24	4.1	0	0	8	71
Divisional Narcotics Control Intelligence Office, Sylhet	0	0	4	167	0	20	12.65	0	0	56	5817
Intelligence Wing	23	3.963	28	1554	0.5	141	84.438	3	159	259	503090
Total	580	13.297	510	23476	10.8	5788	2858.754	153	64256	4621	2593983

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

Name of Drugs	Name of The Year					
	2013	2014	2015	2016	2017	2018
Heroin (in kg)	123.73	78.3	107.539	266.785	401.633	451.506
Codeine preparation (Bottle)	987661	741137	8,70,210	566525	720843	715529
Codeine (loose) (in liter)	857.55	438.22	5104.75	275.68	338.72	539.95
Cannabis (in kg)	35012.54	35988.56	40916.284	47104.655	69989.508	60295.124
Buprenorphine (Ampoule)	99509	178889	85946	152740	109063	128708
ATS (Yaba) (Tablet)	2821528 & Amphetamine Powder 5kg	6512869	20177581	29450178	40079443	53048548
Total No. of Cases	40250	51801	57420	69739	106546	119878
Total Number of Accused	47531	62080	70581	87014	132893	161323



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

Name of Article Seized	2013	2014	2015	2016	2017	2018
Sale Proceeds of Drugs (BDT)	2640389	982116	1997047	2265804	5115565	13905721
Car (Number)	7	12	3	16	14	23
Truck/Covered Van (Number)	8	6	9	12	13	5
Auto Rickshaw (Number)	10	13	8	11	16	7
Bus (Number)	2	1	1	0	0	3
Arms (Number)	1	1	5	6	8	9
Mobile Phone (Number)	194	57	36	69	162	308

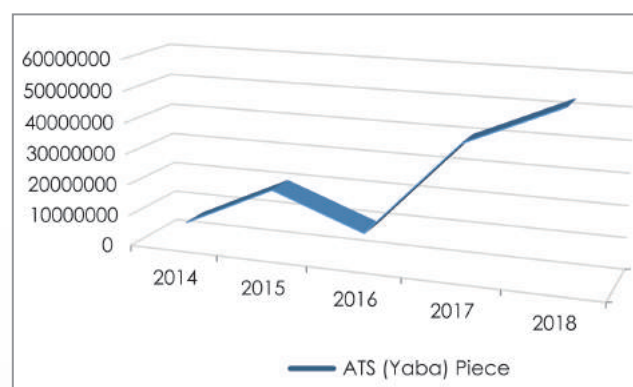
### 1.1.1 Yaba

The 'crazy medicine' Yaba is Cheap, potent and highly addictive synthetic drug. Yaba are pills containing a mixture of methamphetamine and caffeine. There are many different versions of yaba and the most common are pink, orange or reddish in color. Most of the yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochain states and nearer to the border of Myanmar-Bangladesh. The river Naaf and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of Yaba from Myanmar to Bangladesh.

In Bangladesh, the detection of cases and seizure of Yaba increased during 2018. During 2018 & 2017, the seizure of Yaba was 53048548 & 40079443 tablets respectively. The ratio of increase in 2018 is 32.36% in comparison with last year. According to the case filed by the DNC, 40.25% cases are detected at Dhaka Zone, 1.51% at Mymensing Zone, 24.71% at Chittagong Zone, 8.15% at Rajshahi Zone, 4.96% at Rangpur Zone, 8.18% at Khulna Zone, 2.21% at Barisal Zone, 4.41% at Sylhet Zone. 5.60 % of case was detected by intelligence wing of DNC in all over the country.

The seizures of Yaba were made 23.24% at Dhaka Zone, 0.19% at Mymensing Zone, 52.27% at Chittagong Zone, 1.41% at Rajshahi Zone, 0.77% at Rangpur Zone, 1.30% at Khulna Zone, 0.14% at Barisal Zone & 0.78% at Sylhet Zone. 19.39 % of seizure was made by intelligence wing of DNC in all over the country. More than 52% of the seizure of Yaba was made at Chittagong because border of Cox's Bazar of Chittagong Zone is the route of smuggling Yaba into Bangladesh.

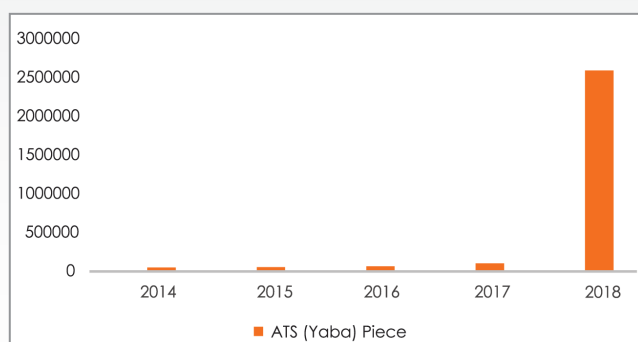
**Figure 4: Seizure of ATS (Yaba) by all agencies in Bangladesh**



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

ATS (Yaba)	2014	2015	2016	2017	2018
Piece	6512869	20177581	29450178	40079443	53048548

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



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

ATS (Seizure)	2014	2015	2016	2017	2018
Piece	-	-	1297259	1158780	2593983

### 1.1.2 Heroin

Heroin is an opioid drug & highly addictive drug processed from morphine, a natural substance taken from the seed pod of the various opium poppy plants. Heroin can be a white or brown powder, or a black sticky substance known as black tar heroin. People inject, sniff, snort, or smoke heroin. Some people mix heroin with crack cocaine, a practice called speedballing. Heroin enters the brain rapidly and binds to opioid receptors on cells located in many areas, especially those involved in feelings of pain and pleasure and in controlling heart rate, sleeping, and breathing.

According to the cases of Heroin, the ratio of the detection of Heroin cases were 32.76% in Dhaka Zone, 0.7.76% at Mymensing Zone, 0.17% in Chittagong Zone, 45.69% in Rajshahi Zone, 4.66% at Rangpur Zone & 5% in Khulna Zone. 3.97 % of case was detected by intelligence wing of DNC in all over the country. The seizures of Heroin were 11.25% in Dhaka Zone, 5.62% at

Mymensing Zone, 11.81% in Chittagong Zone, 29.63% in Rajshahi Zone, 2.10% at Rangpur Zone & 10.08% in Khulna Zone. 29.80 % of seizure was made by intelligence wing of DNC in all over the country. Therefore it appears that Rajshahi Zone has the highest prevalence of detection and seizure of Heroin. The next maximum prevalence of heroin is at Dhaka Metropolitan, Narayanganj, and Pabna, Sirajgonj & Bogra of Rajshahi Zone and Kushtia of Khulna Zone.

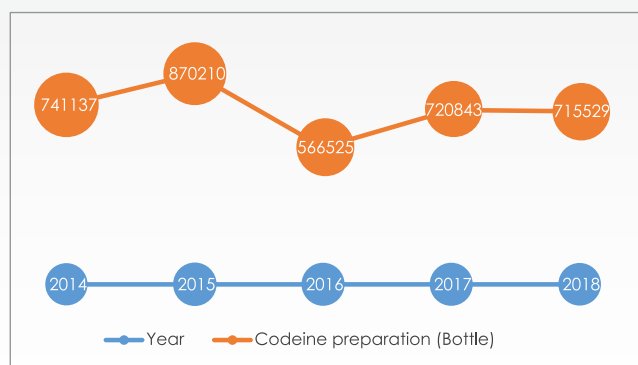
### 1.1.3 Codeine (Phensedyl)

Codeine (Phensedyl) is a weak narcotic pain reliever and cough suppressant that is similar to morphine and hydrocodone. Codeine is utilized as a central analgesic, sedative, hypnotic, antinociceptive, and antiperistaltic agent, and is also recommended in certain diseases with incessant coughing. Recently, India has banned the marketing and production of approximately 350 fixed-combination drugs (FCDs) including cough syrups like Phensedyl and Corex widely consumed by addicts in Bangladesh.

According to the statistics of the cases and seizures of Phensedyl, 9.02% cases were detected in Dhaka zone, 10.78% in Chittagong Zone, 36.08% in Rajshahi Zone, 13.92% in Rangpur Zone, 24.12% in Khulna Zone, 0.20% in Barisal Zone & 0.39% in Sylhet Zone. 5.49 % of case was detected by intelligence wing of DNC in all over the country. In case of seizure, it was 8.55% in Dhaka Zone, 16.42% in Chittagong Zone, 32.19% in Rajshahi Zone, 10.71% in Rangpur Zone, 24.84% in Khulna Zone, 0.09% in Barisal Zone & 0.59% in Sylhet Zone. 6.62% of seizure was made by intelligence wing of DNC in all over the country.



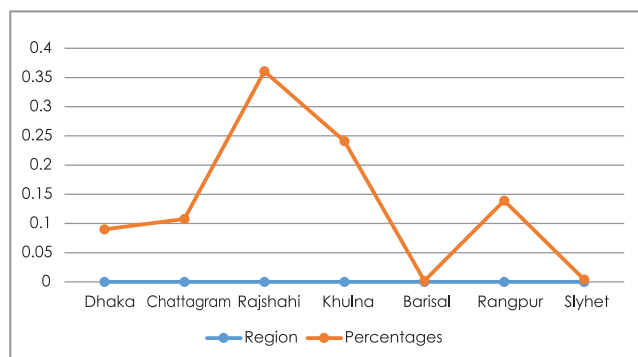
**Figure 6: Seizure of Codeine based syrup (Phensedyl) in 2018**



**Table 6: Seizure of Codeine based syrup (Phensedyl) in 2018**

Codeine Preparation	2014	2015	2016	2017	2018
(Bottle)	741137	870210	566525	720843	715529

**Figure 7: Seizures of Phensedyl in 2018 (Regional percentages)**



**Table 7: Seizures of Phensedyl in 2018 (Regional percentages)**

Regional	Dhaka	Chattogram	Rajshahi	Khulna	Borisal	Rangpur	Sylhet
percentages	9.02%	10.78%	36.08%	24.12%	0.20%	13.92%	0.39%

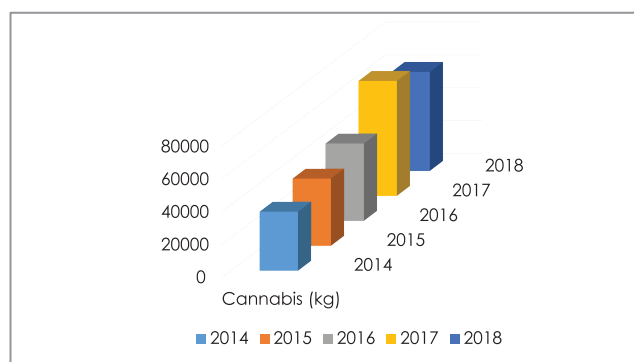
The Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka Zone, Jessore & Chuadanga of Khulna Zone, Brahmanbaria of Chittagong Zone and Rajshahi, Bogra,

Noagaon, Chapai Nawabgonj and Dinajpur of Rajshahi Zone.

#### 1.1.4 Cannabis

Cannabis is derived from the cannabis plant (*cannabis sativa*). It grows wild in many of the tropical and temperate areas of the world. It can be grown in almost any climate, and is increasingly cultivated by means of indoor hydroponic technology. The main active ingredient in cannabis is called delta-9 tetrahydro-cannabinol, commonly known as THC. This is the part of the plant that gives the "high." There is a wide range of THC potency between cannabis products.

**Figure 8: Seizures of Cannabis from 2014 to 2018 (in kg)**



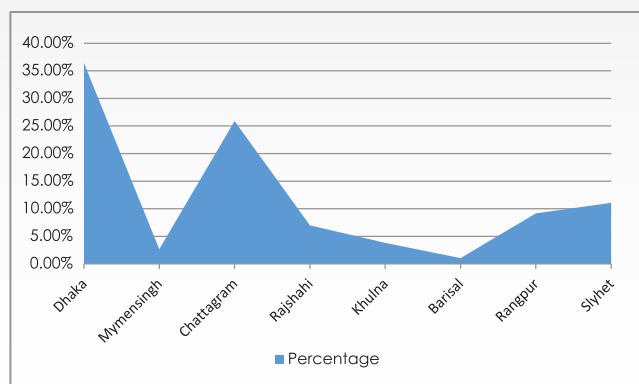
**Table 8: Seizures of Cannabis from 2014 to 2018 (in kg)**

Cannabis	2014	2015	2016	2017	2018
(kg)	35988.56	40916.284	47104.655	69989.508	60295.124

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



**Figure 9: Seizures of Cannabis in 2018  
(Regional percentages)**



**Table 9: Seizures of Cannabis in 2018  
(Regional percentages)**

Regional	Dhaka	Mymensingh	Chattogram	Rajshahi	Khulna	Borisal	Rangpur	Sylhet
percentages	36.39%	2.67%	25.89%	6.99%	3.82%	1.05%	9.16%	0.39%

Consumption of Cannabis is traditional in Bangladesh. Cannabis has been used for recreational, religious, spiritual, and medicinal purposes. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 42.53 % of all the cases detected by the DNC during 2018. In question of detection of cannabis cases Dhaka Zone comprises 31.67%, Mymensing Zone comprises 4.20%, Chittagong Zone comprises 5.26%, Rajshahi Zone comprises 15.74%, Rangpur Zone comprises 11.68%, Khulna Zone comprises 10.88%, Barisal Zone comprises 2.83% & Sylhet Zone comprises 5.30%. 2.44 % of case was detected by intelligence wing of DNC in all over the country.

The seizures of cannabis are 36.39% in Dhaka Zone, 2.67% in Mymensingh Zone, 25.89% in Chittagong Zone, 6.99% in Rajshahi Zone, 9.16% in Rangpur Zone, 3.82% in Khulna Zone, 1.05% in Barisal Zone and 11.07% in Sylhet Zone. 2.95 % of seizure was made by intelligence wing of DNC in all over the country. Most of the country's

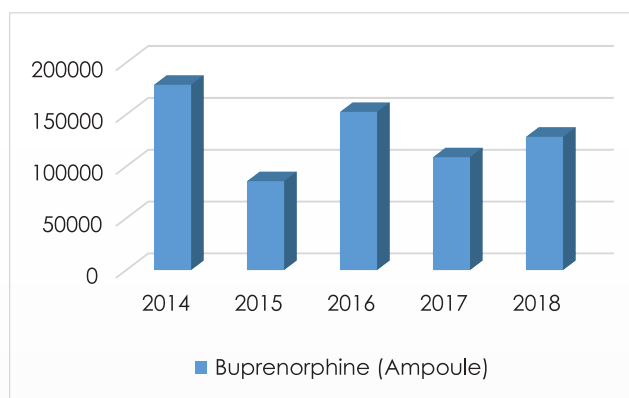
cannabis is smuggled through eastern border- Comilla, Brahmanbaria and it is mainly for Dhaka.

### 1.1.5 Buprenorphine

Buprenorphine ( $C_{29}H_{41}NO_4$ ) is a semi-synthetic opioid derived from thebaine. Buprenorphine is an opioid partial agonist. Buprenorphine can produce typical opioid effects and side effects such as euphoria and respiratory depression, its maximal effects are less than those of full agonists like heroin and methadone. At low doses Buprenorphine produces sufficient agonist effect to enable opioid-addicted individuals to discontinue the misuse of opioids without experiencing withdrawal symptoms.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the Table that 50.33% of the cases of Buprenorphine are detected in Dhaka Zone, 3.6% in Mymensing Zone, 0.65% at Chittagong Zone, 20.26% in Rajshahi Zone, 10.46% in Rangpur Zone, 11.76% in Khulna Zone & 0.65% in Sylhet Zone.

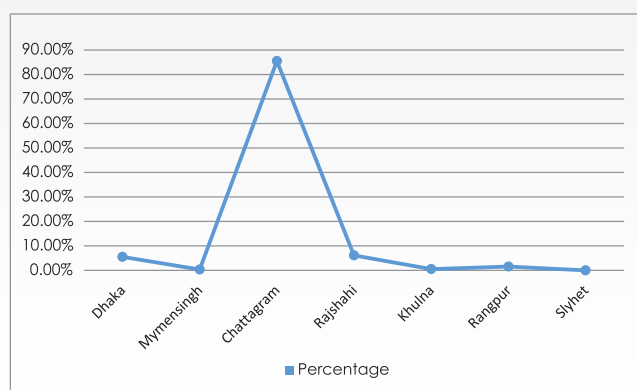
**Figure 10: Seizures of Buprenorphine  
by DNC in 2018**



**Table 10: Seizures of Buprenorphine by in 2018**

Buprenorphine	2014	2015	2016	2017	2018
Ampoule	178889	85946	152740	109063	128708

**Figure 11: Seizures of Buprenorphine in 2018  
(Regional percentages)**



**Table 11: Seizures of Buprenorphine in 2018  
(Regional percentages)**

Regional	Dhaka	Mymensingh	Chattogram	Rajshahi	Khulna	Rangpur	Sylhet
percentages	5.55%	0.39%	85.50%	6.16%	0.59%	1.57%	0.002%

According to the seizure, it has been observed that 5.55% of the Buprenorphine are seized in Dhaka Zone, 0.39% in Mymensing Zone, 85.50% at Chittagong Zone, 6.16% in Rajshahi Zone, 1.57% in Rangpur Zone, 0.59% in Khulna Zone & 0.002% in Sylhet Zone. There was no Case & Seizure of Buprenorphine reported in Barisal zone in 2018. According to the above data of case, Dhaka is the highest prevalence area of Buprenorphine.

## 1.2 Recent Trends and Patterns of Drug Abuse

In recent years, the problem of drug addiction as a social problem has gradually increased. It has created many problems within the family, society and country. Due to availability of drugs, societies will be paralyzed, and the next generation will be gradually crippled. Until the 1980s, few drugs were consumed in Bangladesh except for cannabis. This was a traditional, even spiritual practice that saw government-registered shops selling pot over the counter. After banning on cannabis in the

1988, heroin flooded the drug market. As a result of the cannabis ban, Bangladeshis replaced cannabis with heroin and, latterly, yaba. Heroin is still very cheap and prevalent in Bangladesh. But heroin is considered as a low-class drug. Yaba is expensive. So those who take yaba are considered as higher-class.

Yaba & Heroin is usually smoked by the drug abusers. A codeine-mixed cough syrup called Phensedyl, Codilab, ESkuF, Nelco, Codocof, Parvo-cof, Ikon-XP etc. is swallowed. Traditional smoking of cannabis associated with smoked forms of tobacco is still prevailing. Buprenorphine is abused in Bangladesh through intravenous injection.

The trend of drug consumption is higher in youth and adolescents. Students are mostly falling victims to drug abuse, which eventually lowers their standards of education and attendance at schools and colleges. Influence of friends or peer pressure is the most leading primary causes of drug abuse. Easy access to drugs, Psychological disorder or mental stress due to family problems, the disintegration of the old joint family system, absence of parental love and care in modern families, decline of old religious and moral values etc lead to a rise in the number of drug addicts. Less educated and the youth are the major victim of drugs in Bangladesh. Women and children are also becoming victim of trafficking, peddling and consuming drugs. Geographical location, close proximity of drug producing zones, in-transit use of the country for international drug trafficking, vast development and use of internet and IT, lack of social awareness etc. as cause of the increase of drug.

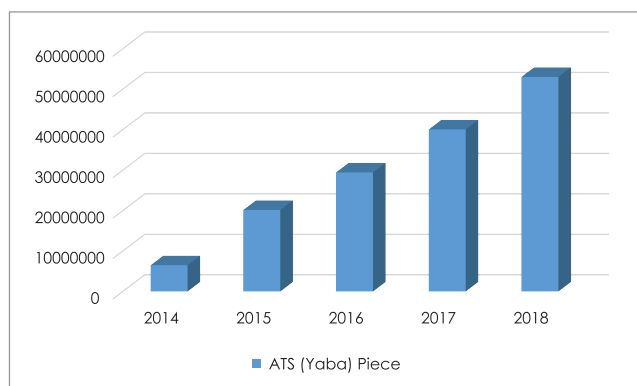
The majority of the slum dwellers are unemployed. Many of these slums are being used by the drug traffickers. These slums are treated as major drug storage and selling points. Drug traffickers engage youths,

including women and street children from these economically disadvantaged groups as drug peddlers

### 1.2.1 Yaba (ATS)

According to the data of table, the ratio of increase of seizure in 2018 is 36.36% in comparison with last year. According to the number of patients admitted for treatment of drug, the number of treatment seekers for Yaba addiction is 42.03% & it has increased 18.26% during 2018 in comparison with the previous year.

**Figure 12: Seizure of Yaba from 2014 to 2018(pieces)**

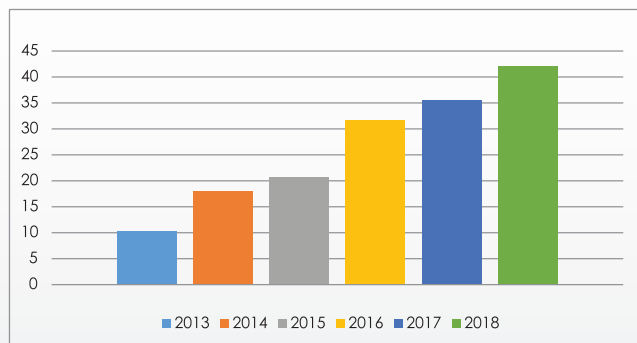


**Table 12: Seizure of Yaba from 2014 to 2018(pieces)**

Year	2014	2015	2016	2017	2018
Amount of Yaba seized	6512869	20177581	29450178	40079443	53048548

Source: DNC Data Base

**Figure 13: Patients admitted to treatment services for Yaba addiction**



**Table 13: Patients admitted to treatment services for Yaba addiction**

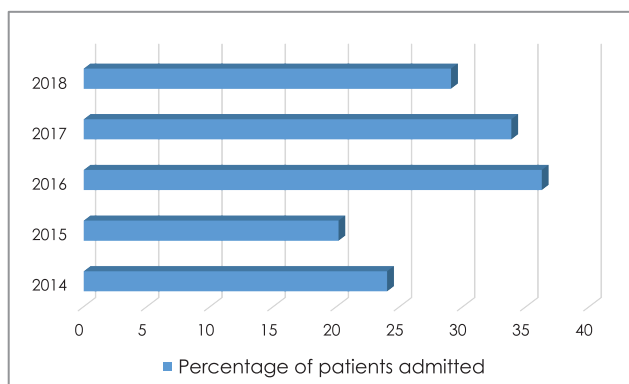
Year	2013	2014	2015	2016	2017	2018
Percentage of patients admitted	10.33	17.95	20.64	31.61	35.54	42.03

Source: DNC Data Base

### 1.2.2 Heroin

Heroin flooded the drug market in 1980s. In early 1990s, the number of heroin users was reduced due to rise of buprenorphine injectors among the users. According to the number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction is 33.85% & it has decreased 14.09% during 2018 in comparison with the previous year.

**Figure 14: Patients admitted to treatment services for heroin addiction**



**Table 14: Patients admitted to treatment services for heroin addiction**

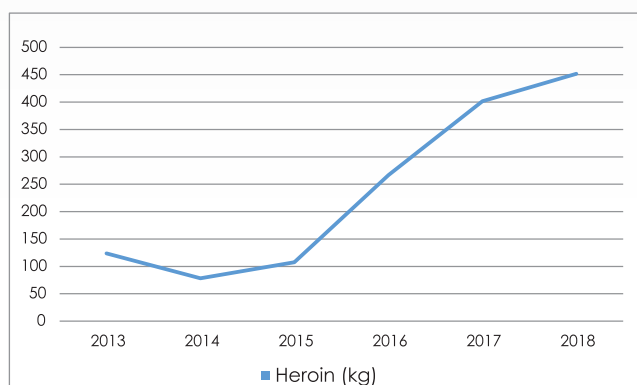
Year	2014	2015	2016	2017	2018
Percentage of patients admitted	24.02	20.18	36.26	33.85	29.08

Source: DNC Data Base

During the year 2018 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was highest (401.506 kg) and increased 12.41% in comparison with the last year. In 2013, the seizure of heroin was

123.73 kg. But after that it decreased to a great extent in 2014 (78.30 kg) due to young generation had been shifting from heroin to Yaba. Since 2015, the seizure of heroin is being increased gradually again.

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



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

Year	2013	2014	2015	2016	2017	2018
Heroin Seized (kg)	123.73	78.30	107.539	266.785	401.633	451.506

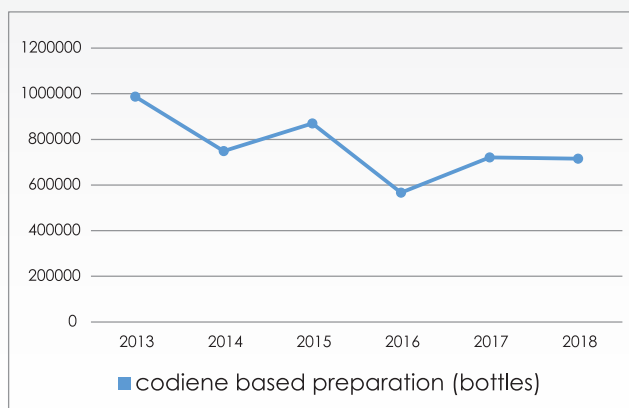
Source: DNC Data Base.

### 1.2.3 Codeine based syrup- Phensedyl

This statistics indicates that during 2014, 2015, 2017 & 2018 it is almost stable with a slight decrease in 2016. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction is decreasing gradually because young generation has been shifting from Phensedyl to Yaba due to shortage of Phensedyl & availability of yaba in any corner of the country.

The seizures of Phensedyl by all agencies in Bangladesh from 2013 to 2018 are as following:

**Figure 16: Seizure of Phensedyl (Bottles) by all law enforcement agencies in Bangladesh**

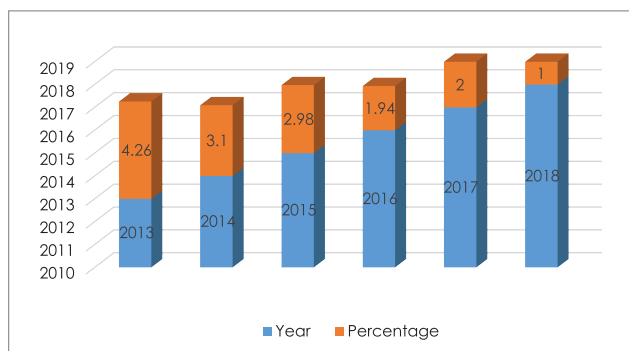


**Table 16: Seizure of Phensedyl (Bottles) by all law enforcement agencies in Bangladesh**

Year	2013	2014	2015	2016	2017	2018
Quantity (bottles)	987661	748730	870210	566525	720843	715529

Source: DNC Data Base

**Figure 17: Patients admitted for Phensedyl addiction**



**Table 17: Patients admitted for Phensedyl addiction**

Year	2013	2014	2015	2016	2017	2018
Percentage of patients admitted	4.26	3.10	2.98	1.94	2.00	1.00

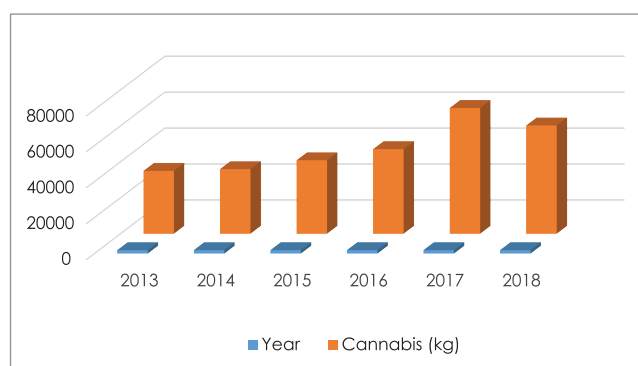
Source: DNC Data Base

### 1.2.4 Cannabis

Sometimes Cannabis is still cultivated, particularly in the districts of Naogaon, Rajshahi, Jamalpur and Netrokona in the northwestern region, as well as the hilly

districts near Cox's Bazaar, Banderban, Khagrachhari and Rangamati. Cultivation in the Chittagong Hill Tract region is on the increase. Cannabis is being trafficked to Bangladesh through North eastern and eastern states of India, particularly Bihar, Uttar Pradesh, Assam, Tripura, and Manipur. A vast amount of cannabis is trafficking into Bangladesh through the borders of Comilla and Brahmanbaria districts of Bangladesh.

**Figure 18: Seizure of cannabis by all law enforcement agencies in Bangladesh**

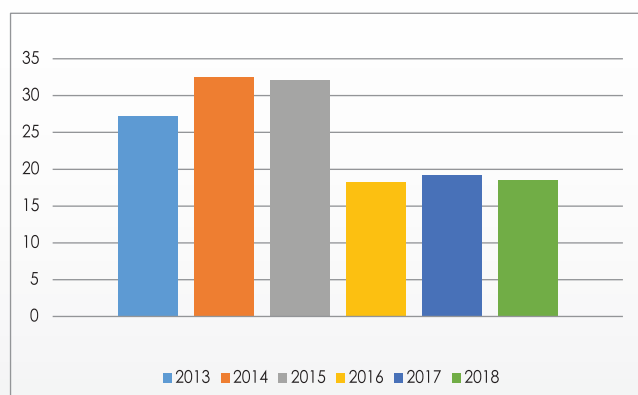


**Table 18: Seizure of cannabis by all law enforcement agencies in Bangladesh**

Year	2013	2014	2015	2016	2017	2018
Seizure of Cannabis (kg)	35012.54	35988.55	40916.284	47104.655	69989.508	60295.124

Source: DNC Data Base

**Figure 19: Patients admitted for Cannabis addiction**



**Table 19: Patients admitted for Cannabis addiction**

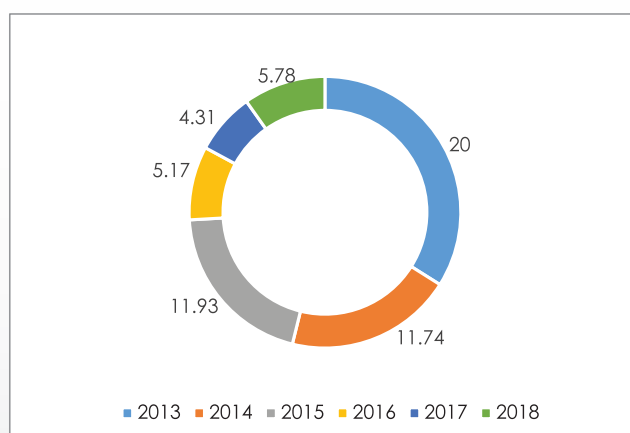
Year	2013	2014	2015	2016	2017	2018
Percentage of patients admitted	27.20	32.52	32.11	18.32	19.23	18.53

According to the case statistics of the seizures of cannabis by all agencies in Bangladesh from 2013 to 2018, it was being increased though a little fall in 2018. According to the data from treatment services, the number of treatment seekers for Cannabis addiction is decreasing gradually though it increased a little during 2014 & 2015.

### 1.2.5 Buprenorphine

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

**Figure 20: Patients admitted to treatment services for Buprenorphine addiction**





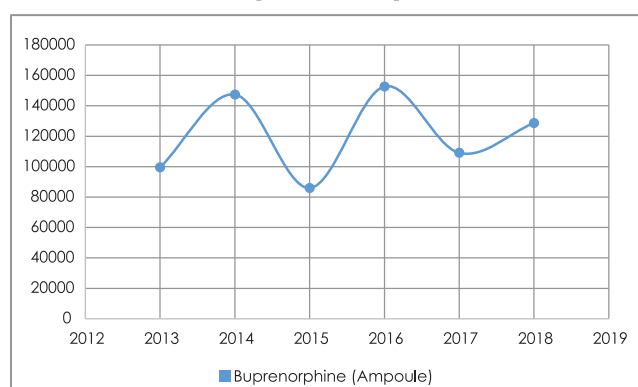
**Table 20: Patients admitted to treatment services for Buprenorphine addiction**

Year	2013	2014	2015	2016	2017	2018
Percentage of patients admitted	20.00	11.74	11.93	5.17	4.31	5.78

Source: DNC Database

According to the data from treatment services, the number of treatment seekers for Buprenorphine addiction is decreasing gradually though a little increase in 2018. Again according to the data of seizures of Buprenorphine, in 2018, it has increased 18.01% in comparison with the previous year.

**Figure 21: Seizure of Buprenorphine (Ampoule)**



**Table 21: Seizure of Buprenorphine (Ampoule)**

Year	2013	2014	2015	2016	2017	2018
Ampoules seized	99509	147458	85946	152740	109063	128708

Source: DNC Data Base

### 1.2.6 Alcohol

The production, sale, and consumption of alcoholic beverages are strictly prohibited by law. Alcohol in Bangladesh is regulated and restricted. Bangladesh has one of the lowest alcohol consumption in Asia. Under Bangladeshi law, an alcoholic beverage is defined as any liquor with an alcohol content of = 0.5%. These alcoholic

beverages include beer (5% alcohol in volume), wine (12% alcohol in volume), spirits (40% alcohol in volume) and locally made alcoholic beverages, which have variable alcohol content.

A government permit is necessary for selling, storing and the transport of alcohol. To drink alcohol in Bangladesh, one must have a legal permit. Muslims will need a medical prescription to obtain an alcohol permit. The prescription must be given by an associate professor of the medical college or a civil surgeon.

Dochuani is mostly produced in hilly area of the country and used mostly by the tribes, on the other hand, Tari produced and available in the most of the rural area of plain land of Bangladesh. People in different age groups including youth of the lower socio-economic classes, are the consumer of these alcoholic beverages. Local alcoholic beverages called cholai are consumed by the lower socio-economic classes, while workers drink another distilled beverage called Bangla Mod. The tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh and the Shaontal community, the labors of tea gardens and some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dhangors and Meth are used to drink home-made alcoholic beverage regularly. Local alcoholic beverages are made usually by fermentation of boiled rice, sugar-cane, juice of date tree, molasses, and fruit juice (pineapple and jackfruits) etc. This legal company (Keru & Co) produces seven different brands of alcoholic beverages and according to them, all contain the strength (42.8%) of ethanol.



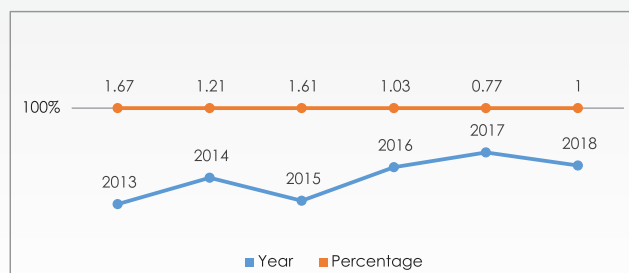
Dochuani is mostly produced in hilly area of the country and used mostly by the tribes, on the other hand Tari, produced and available in the most of the rural area of plain land of Bangladesh. People in different age groups including youth are the consumer of these alcoholic beverages.

People who produce, sell as well as drink these alcoholic beverages especially the homemade products try to hide this in the family as well as in the community. The beverages Bangla mod and Tari are well known in different age groups of Bangladeshi people. Chubichi and Dochuani are well known in tribal subjects as they are taken in family festivities (permitted by law). The general people consider spirit as an agent used in medical practice and used as drink by crazy drinkers.

The seizure of illicit country liquor & Chulai mod during the year 2018 was 15787 liters and the amount of foreign liquor in that period was 189.08 liters, 3009 bottles and 4835 cans of Beer. During the year 2018 the Department of Narcotics Control detected a total of 13793 cases (including cases in Mobile Court) and made 15116 arrests (including arrests in Mobile Court) of which 1254 (9.091%) cases and 1347 (8.911%) arrests were related to offences in connection with alcohol.

According to the data of drug addiction treatment services, only 1.00% of the treatment seekers have problem with addiction to alcohol. People with alcohol habit very rarely seek treatment because it does not hamper their regular life and consequences of alcohol abuse is not visible and acute like the problem of Yaba, heroin, Phensedyl or injecting drugs.

**Figure 22: Patients admitted to treatment services for alcohol addiction**



**Table 22: Patients admitted to treatment services for alcohol addiction**

Year	2013	2014	2015	2016	2017	2018
Percentage of patients admitted	1.67	1.21	1.61	1.03	0.77	1.00

Source: DNC Data Base

### 1.2.7 Sedative, Hypnotic And Tranquilizer Drugs

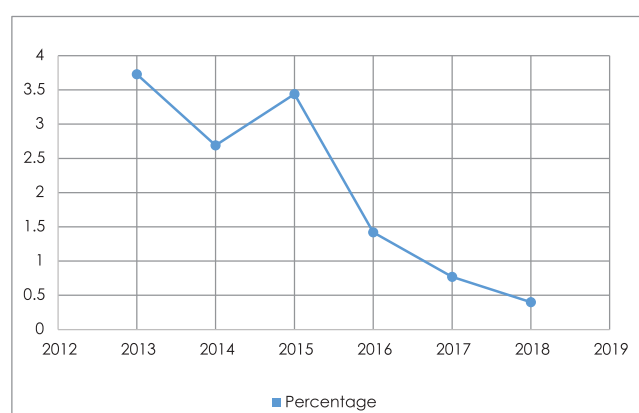
Tranquilizers and sedatives are central nervous system depressants, such as Xanax, Valium, and Librium, which are often prescribed to treat anxiety, panic attacks and sleep disorders. Central nervous system depressants, known as barbiturates and benzodiazepines, they slow normal brain functions to produce a drowsy or calming effect. When these drugs are abused, they can slow breathing and heartbeat, especially if combined with other prescriptions, alcohol, or over-the-counter (OTC) cold and allergy medications and can lead to withdrawal and seizures when discontinued after prolonged use

Sedative, hypnotic and tranquilizer drugs, commonly known as sleeping pills, are prescription medicines. Benzodiazepines, especially Diazepam, Phenobarbital, Clobazam, Nitrazepam, Flurazepam, Alprazolam, Bromazepam, Camazepam, Clonazepam, Lorazepam, Midazolam, Oxazolam, Temazepam, Zolpidem, etc. are the major drugs of abuse in this group.

Diazepam has got the top position of sedatives and tranquilizers abused in Bangladesh. Phenobarbital and Nitrazepam are in the second and third position.

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

**Figure 23: Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction**



**Table 23: Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction**

Year	2013	2014	2015	2016	2017	2018
Percentage of patients admitted	3.73	2.69	3.44	1.42	0.77	0.40

Source: DNC Data Base

### 1.3 The profile of drug abusers and the drug abusing situation in Bangladesh

Drug addiction and drug abuse is the chronic or habitual use of any substance to alter states of body or mind. Addiction is defined by the continuing, compulsive nature of the drug use despite physical

and/or psychological harm to the user and society. The term "substance abuse" is now frequently used because of the broad range of substances that can fit the addictive profile. Psychological dependence is the subjective feeling that the user needs the drug to maintain a feeling of well-being; physical dependence is characterized by tolerance and withdrawal symptoms when the user is abstinent. There are a lot of adverse effects of drug addiction to the economy, society, and family. Drug addiction affects individual's physical and mental health. Drug addicts are burden for a family and society

The causes of drug abuse comprise individual and family characteristics, social and environmental factors. One of the individual factors is low self-confidence; some teenagers and young persons have a negative attitude toward their abilities and consider themselves worthless, in spite of their high capability. They feel failure and frustration. Parental factors are basically the relationship patterns which exist between parents and children. Parental factors exert significant influence on the overall development of the child. Parent' s use of drugs has been identified as relevant to adolescent addictive behavior. The peer group establishes the norms, standard of thought and behavior to be pursued by its members. Consequently, the peer group may exert a big influence on adolescent' s substance addiction. Adolescents, especially those who are socially weak, may choose drug abuse as a means to integrate themselves into a peer group, and thereby increase self-esteem and decrease anxiety.

The drug consumption rate is higher in adolescents and youths aged between 15 and 30 years. They come from different economical levels of the society. Influence of friends is one of the leading causes. Other reasons include curiosity, excitement, despair and frustration due to continuous failure in their jobs, poverty and easy access

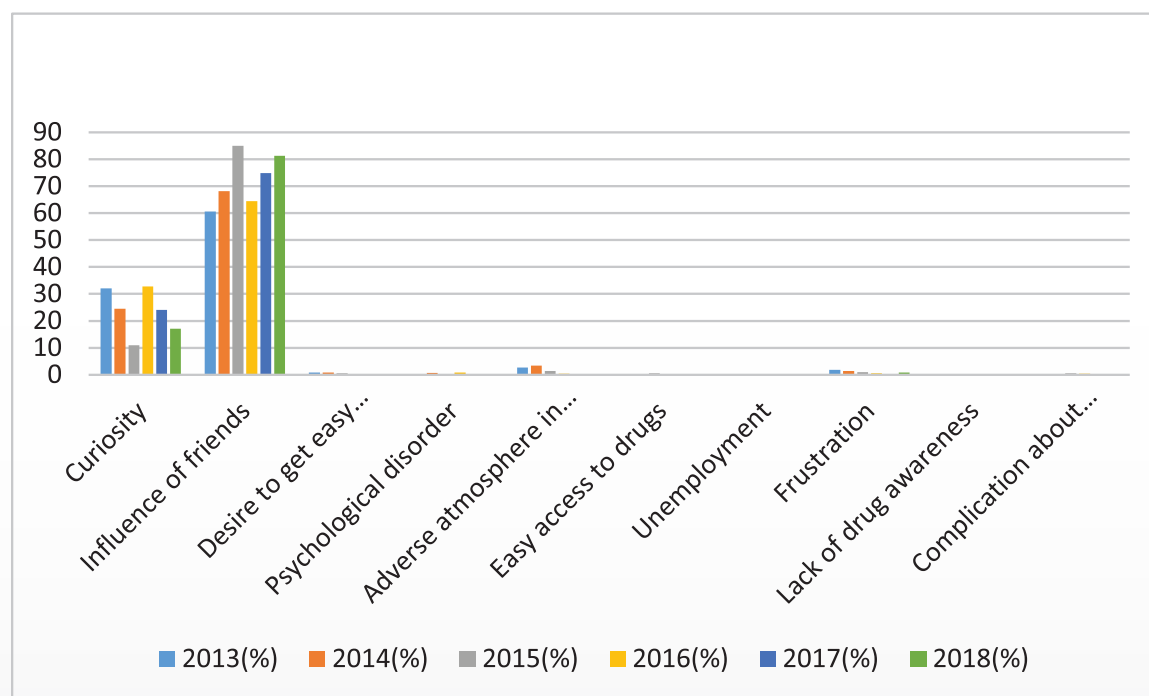
to drugs, dejection in love, and mental stress due to family problems and following the western culture of drug use.

According to the following Table, influence of friends is the principal cause (81.27%) of taking drugs. The second major cause appears to be curiosity (17.13%).

**Table 24: Primary causes of drug abuse of the patients under treatment programs**

Primary causes of drug abuse	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)	2018(%)
Curiosity	32.07	24.56	11.00	32.84	24.15	17.13
Influence of friends	60.64	68.15	84.93	64.44	74.92	81.27
Desire to get easy pleasure	0.76	0.81	0.48	0.25	0.15	0.00
Psychological disorder	0.15	0.67	0.24	0.86	0.15	0.20
Adverse atmosphere in the family	2.74	3.37	1.44	0.37	0.31	0.00
Easy access to drugs	0.00	0.00	0.48	0.12	0.15	0.00
Unemployment	0.15	0.13	0.00	0.12	0.00	0.00
Frustration	1.76	1.35	0.96	0.49	0.00	0.80
Lack of drug awareness	0.15	0.13	0.14	0.12	0.15	0.20
Complication about Treatment	0.00	0.27	0.48	0.37	0.00	0.00

Source: DNC Data Base



**Figure 24: Primary causes of drug abuse of the patients under treatment programs**

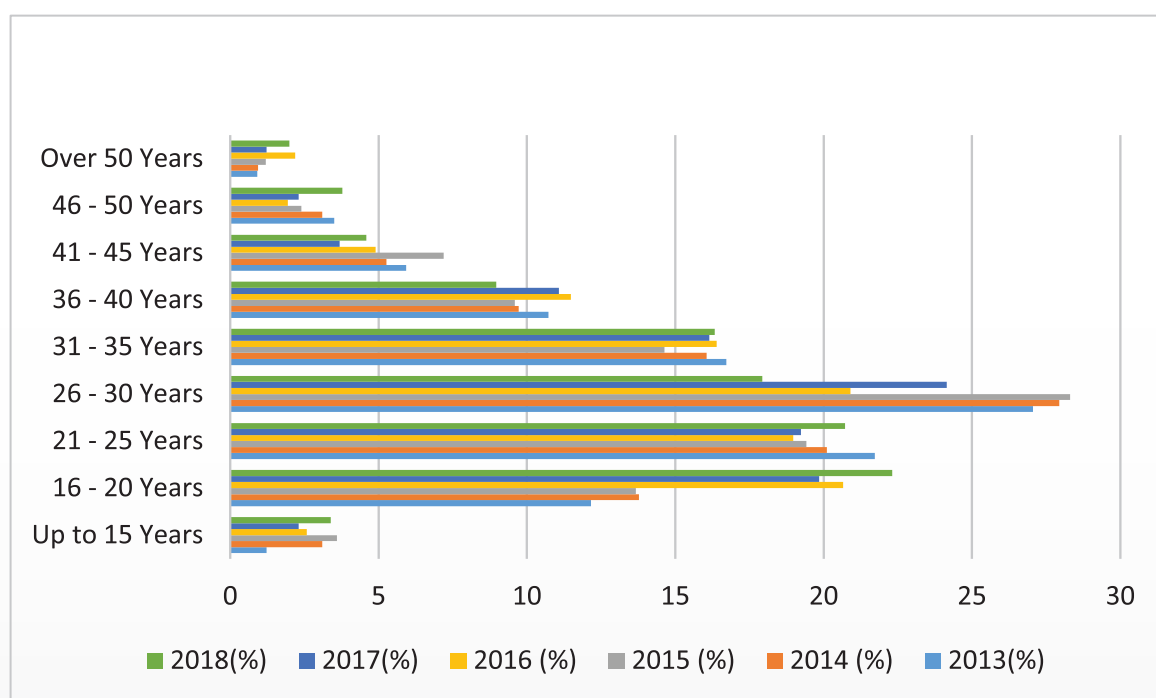
According to the following Table, people of age group from 16 to 40 comprises 86.96% of the drug abusing population in Bangladesh. Abuse of drugs by people of age group 16-20 years is the highest, age group 21-25 years is the second highest and age group 26-30 years is the third highest. On the other hand, people of age group

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

**Table 25: Age distribution of the drug abusers**

Age Group	2013(%)	2014 (%)	2015 (%)	2016 (%)	2017(%)	2018(%)
Up to 15 Years	1.22	3.10	3.60	2.58	2.31	3.39
16 - 20 Years	12.16	13.77	13.67	20.65	19.85	22.31
21 - 25 Years	21.73	20.11	19.42	18.97	19.23	20.72
26 - 30 Years	27.05	27.94	28.30	20.90	24.15	17.93
31 - 35 Years	16.72	16.06	14.63	16.39	16.15	16.33
36 - 40 Years	10.72	9.72	9.59	11.48	11.08	8.96
41 - 45 Years	5.93	5.26	7.19	4.90	3.69	4.58
46 - 50 Years	3.50	3.10	2.40	1.94	2.31	3.78
Over 50 Years	0.91	0.94	1.20	2.19	1.23	1.99

Source: DNC Data Base



**Figure 25: Age distribution of the drug abusers**

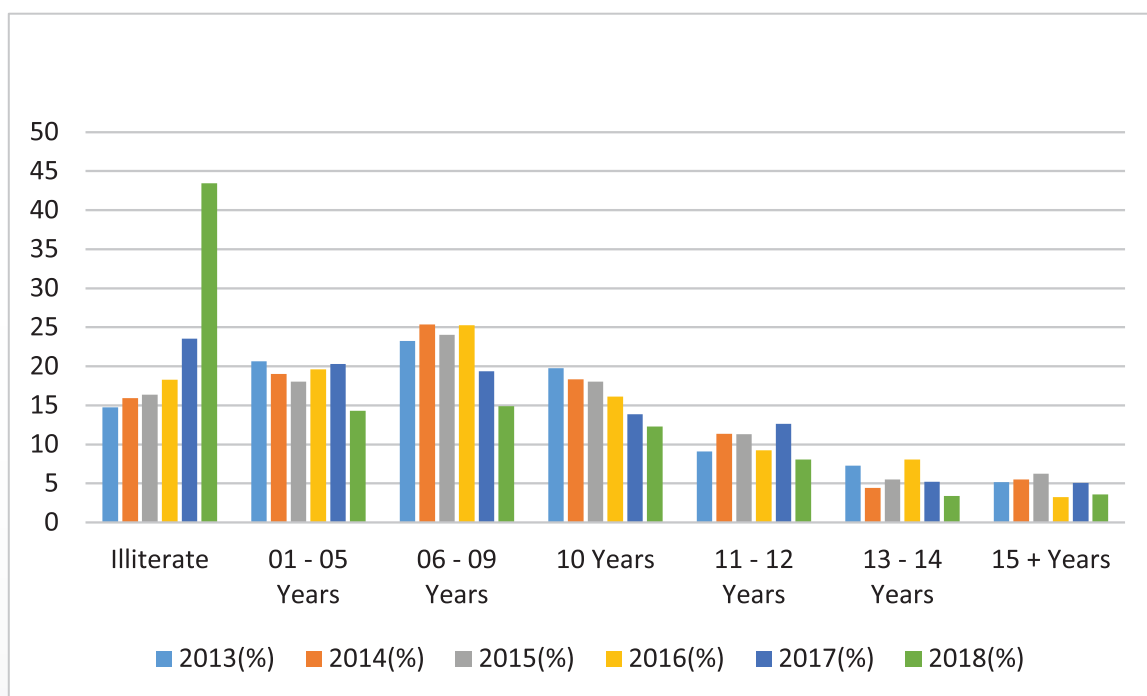
According to the following Table, the highest percentage of addicted population is illiterate, less educated and not having education over ten years. On summation of these three groups, it has been observed that 84.91% of drug addicts admitted in the

treatment program are illiterate, less educated and they could not complete their secondary level of education. People with higher education are less involved in drugs.

**Table 26: Educational status of the drug abusers**

Education Status	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)	2018(%)
Illiterate	14.74	15.92	16.35	18.28	23.54	43.46
01 - 05 Years	20.67	19.03	18.03	19.62	20.31	14.29
06 - 09 Years	23.25	25.37	24.04	25.27	19.38	14.89
10 Years	19.76	18.35	18.03	16.13	13.85	12.27
11 - 12 Years	9.12	11.34	11.30	9.27	12.62	8.05
13 - 14 Years	7.29	4.45	5.53	8.06	5.23	3.42
15 + Years	5.17	5.53	6.25	3.23	5.08	3.62

Source: DNC Data Base



**Figure 26: Educational status of the drug abusers**

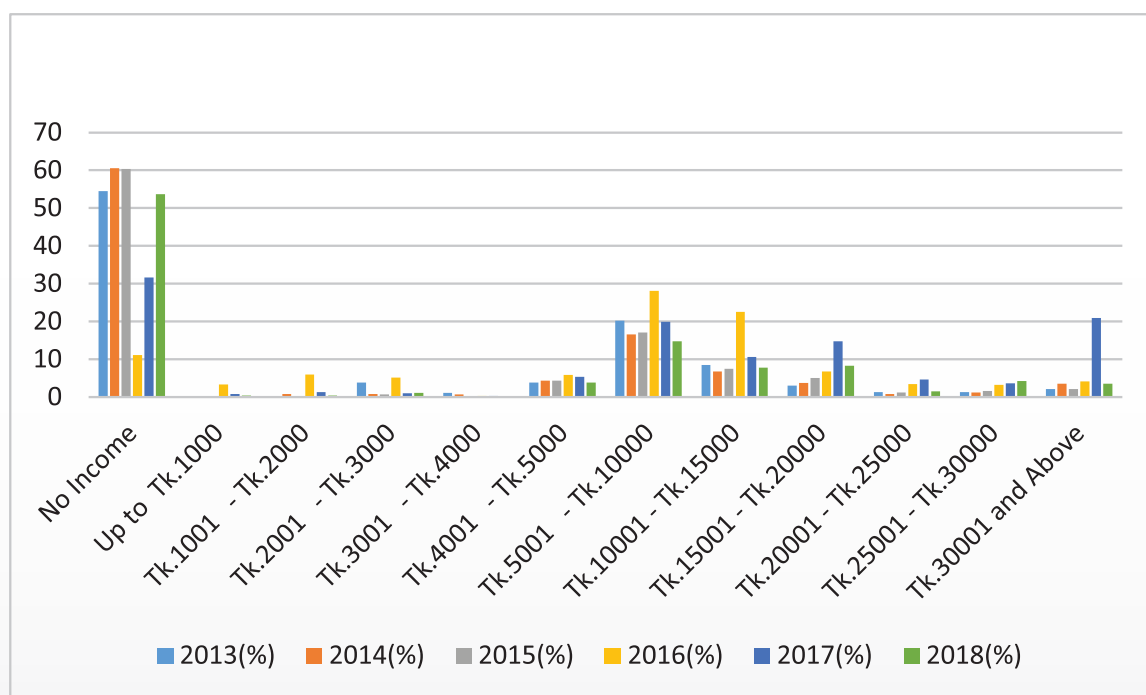
According to the data from the treatment services during 2018, people with income Tk.5001 - Tk.10000 is the 2<sup>nd</sup> highest group (14.77%) and income Tk.15001 - Tk.20000 is the third highest group (8.28%) for addiction to drugs. But the person with no income

group is the highest group (53.69%) for addiction to drugs who are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes.

**Table 27: Distribution of patients by self- income**

Self - Income Group	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)	2018(%)
No Income	54.49	60.54	60.34	11.13	31.62	53.69
Up to Tk.1000	0.00	0.14	0.00	3.34	0.86	0.45
Tk.1001 - Tk.2000	0.15	0.81	0.00	5.98	1.37	0.45
Tk.2001 - Tk.3000	3.81	0.81	0.72	5.15	1.03	1.12
Tk.3001 - Tk.4000	1.07	0.68	0.00	0.28	0.34	0.22
Tk.4001 - Tk.5000	3.81	4.32	4.33	5.84	5.33	3.80
Tk.5001 - Tk.10000	20.24	16.62	17.07	28.09	19.93	14.77
Tk.10001 - Tk.15000	8.52	6.76	7.45	22.53	10.65	7.83
Tk.15001 - Tk.20000	3.04	3.78	5.05	6.82	14.78	8.28
Tk.20001 - Tk.25000	1.37	0.81	1.20	3.48	4.64	1.57
Tk.25001 - Tk.30000	1.37	1.22	1.61	3.20	3.61	4.25
Tk.30001 and Above	2.13	3.51	2.16	4.17	20.92	3.58

Source: DNC Data Base



**Figure 27: Distribution of patients by self- income**



From the Table of self income of the drug abusers, it has been observed that the lower middle class population is the 2<sup>nd</sup> largest group (14.77%) and middle class population

is the 3<sup>rd</sup> largest group (8.28%) to abuse drug. Therefore the drug problem in Bangladesh prevails mainly within poor and middle class of population.

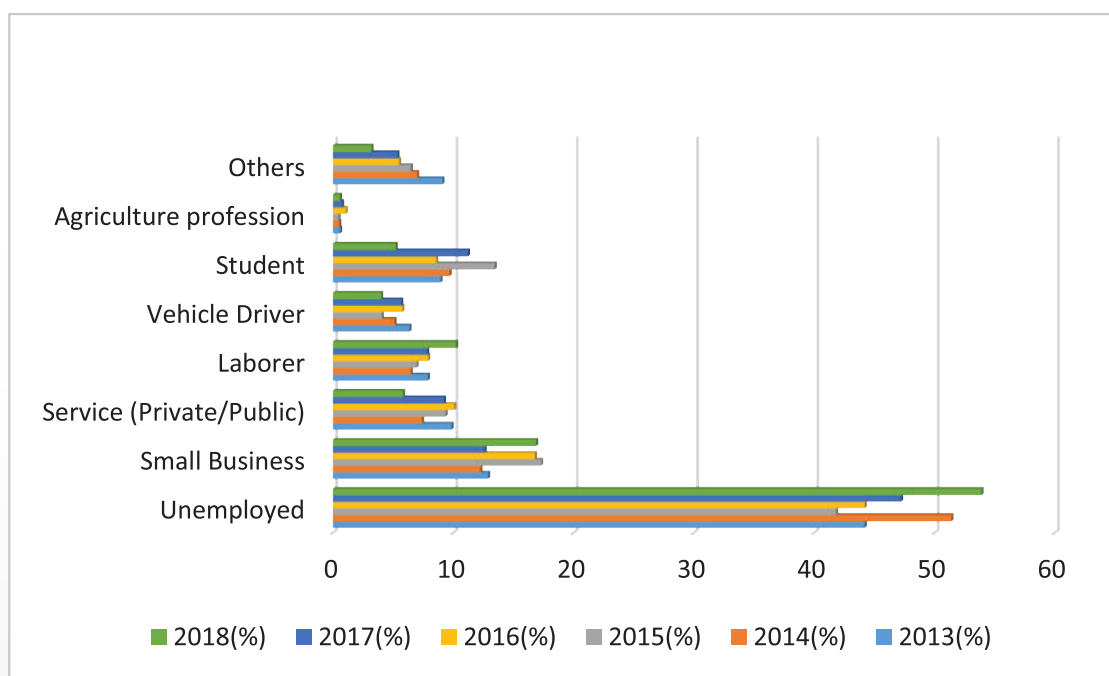
**Table 28: Distribution of patients by self-occupation**

Occupational Group	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)	2018(%)
Unemployed	44.22	51.42	41.83	44.22	47.23	53.92
Small Business	12.92	12.28	17.31	16.80	12.62	16.90
Service (Private/Public)	9.88	7.42	9.38	10.08	9.23	5.84
Laborer	7.90	6.48	6.97	7.93	7.85	10.26
Vehicle Driver	6.38	5.13	4.09	5.78	5.69	4.02
Student	8.97	9.72	13.46	8.60	11.23	5.23
Agriculture profession	0.61	0.54	0.48	1.08	0.77	0.60
Others	9.12	7.02	6.49	5.51	5.38	3.22

Source: DNC Data Base

On reviewing the Table of professional distribution of drug abusers under treatment services during 2018, it has been observed that majority (53.92%) of them is unemployed and they have no specific profession. The other major professional groups are small businessmen, service

holders and students. Generally they practice cheap drugs like cannabis or alcohol just for having a little pleasure from the monotony of their hardship in daily life. Recently most of the students who abuse drugs, they are inclined to Yaba.



**Figure 28: Distribution of patients by self-occupation**

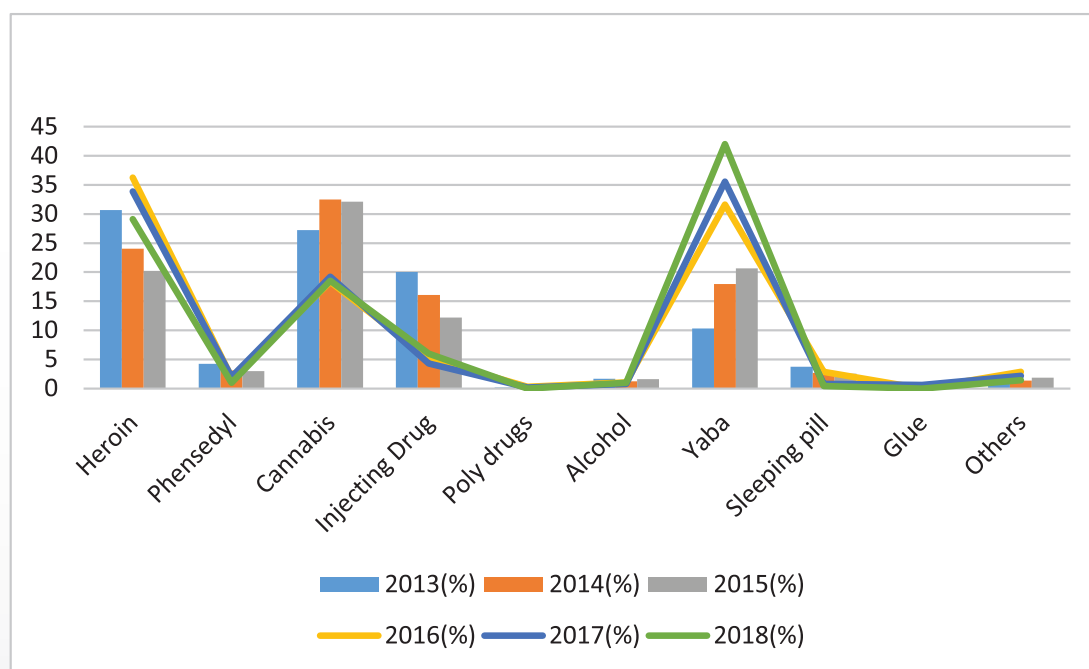
Vehicle drivers are one of the most vulnerable groups for drugs in Bangladesh. Most of the bus, truck and lorry drivers drink alcohol. Most of the road accidents occur under the influence of alcohol. In Bangladesh abuse of drugs is mostly concentrated in urban areas. In recent times the rural areas are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

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

**Table 29: Distribution of patients by principal drug of abuse**

Drug Name	2013(%)	2014(%)	2015(%)	2016(%)	2017(%)	2018(%)
Heroin	30.70	24.02	20.18	36.26	33.85	29.08
Phensedyl	4.26	3.10	2.98	1.94	2.00	1.00
Cannabis	27.20	32.52	32.11	18.32	19.23	18.53
Injecting Drug	20.00	16.06	12.16	5.17	4.31	5.98
Poly drugs	0.15	0.00	0.23	0.26	0.15	00
Alcohol	1.67	1.21	1.61	1.03	0.77	1.00
Yaba	10.33	17.95	20.64	31.61	35.54	42.03
Sleeping pill	3.73	2.69	2.52	2.84	0.77	0.40
Glue	0.91	1.08	0.46	00	0.62	00
Others	1.05	1.35	1.83	2.84	2.15	1.39

Source: DNC Data Base



**Figure 29: Distribution of patients by principal drug of abuse**

According to the data on principal drug of abuse by treatment seekers during 2018, Yaba stands first position comprising 42.03% with an increase of 18.26% in comparison with previous year. Heroin stands second position comprising 29.08%. Cannabis stands in third position comprising 18.53% with a slight increase in comparison with previous year. Injecting drug stands fourth comprising 5.98% with a increase of 38.74% in comparison with previous year.

## 1.4 Extent of Drug Supply

### 1.4.1 Opium

The data of the drug addiction treatment services also shows that there is no incidence of opium addiction in Bangladesh. There were seizures of 4.84 kg, 11.62 kg, 91.22 & 1 kg of Indian originated opium in Bangladesh during 2012, 2013, 2014 & 2016. But in 2015, 2017 & 2018, there were no seizure of opium in Bangladesh.

### 1.4.2 Morphine

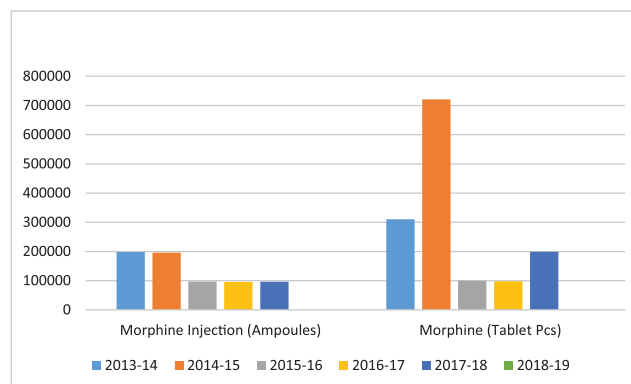
Morphine is a pain medication of the opiate family which acts directly on the central nervous system (CNS) to decrease the feeling of acute pain and chronic pain. It is frequently used for pain from myocardial infarction and during labor. It can be given by mouth, by injection into a muscle, by injection under the skin, intravenously, injection into the space around the spinal cord, or rectally. Morphine is addictive and prone to abuse. If the dose is reduced after long-term use, opioid withdrawal symptoms may occur. Common side effects include drowsiness, vomiting, and constipation. The legitimate production and use of morphine have increased to a great extent during last few years. The reason is that acute pain related diseases like cancer has increased to a great extent in Bangladesh. Number of

surgical operations in hospitals and use of pain management medicines in palliative care services has increased. Bangladesh has a quota of 100 kg of morphine from the INCB. It is manufactured and sold through license system under strict supervision and monitoring of the DNC. There is no diversion or abuse of morphine in Bangladesh.

**Table 30: Production of morphine in Bangladesh**

Year	Morphine Injection (Ampoules)	Morphine (Tablet Pcs)
2013-14	198225	310185
2014-15	195905	720677
2015-16	97,065	99,750
2016-17	95,960	97,530
2017-18	96,310	1,99,260
2017-18	1,82,885	1,98,670

Source: DNC Data Base



**Figure 30: Production of morphine Injection and Morphine Tablet in Bangladesh**

### 1.4.3 Pethidine hydrochloride

Pethidine is a synthetic opioid pain medication of the phenylpiperidine class which is indicated for the treatment of moderate to severe pain. It is delivered as a hydrochloride salt in tablets, as a syrup, or by intramuscular, subcutaneous, or intravenous injection. For much of the 20th

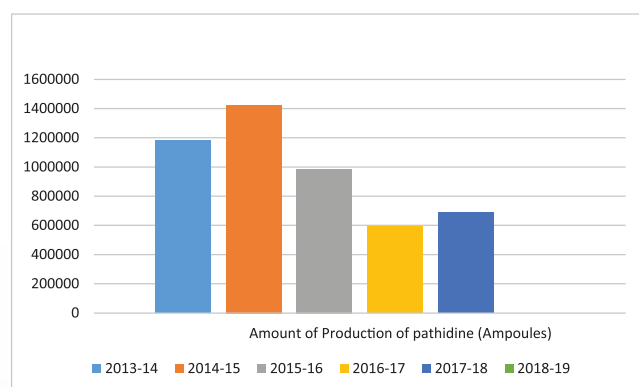
century, pethidine was the opioid of choice for many physicians. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. Pethidine hydrochloride is widely used as an analgesic for the relief of moderate to severe pain including: obstetric analgesia; pre-operative medication and analgesia during anesthesia; post-operative analgesia.

**Table 31: Production of Pethidine in Bangladesh**

Year	Amount of Production (Ampoules)
2013-14	1182195
2014-15	1424836
2015-16	9,85,810
2016-17	5,92,950
2017-18	6,86,595
2018-19	9,71,865

Source: DNC Data Base

**Figure 31: Production of Pethidine in Bangladesh**



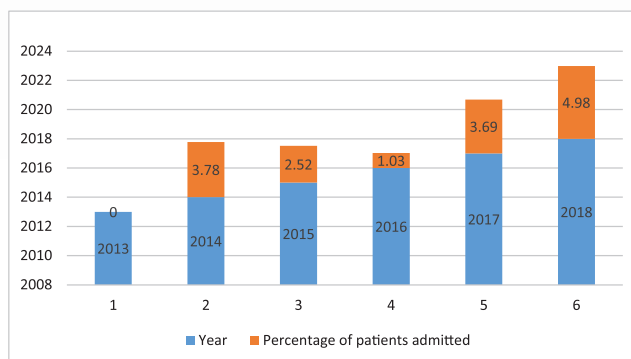
According to the number of patients admitted in treatment services for Pethidine addiction, it has gradually decreased up to 2016. No patient admitted for treatment for pethidine addiction in 2013. But in 2018, 4.98% of total patients admitted in treatment services for Pethidine addiction.

**Table 32: Patients admitted to treatment services for Pethidine addiction**

Year	2013	2014	2015	2016	2017	2018
Percentage of patients admitted	0	3.78	2.52	1.03	3.69	4.98

Source: DNC Data Base

**Figure 32: Patients admitted to treatment services for Pethidine addiction**



#### 1.4.4 Drug Market Analysis

Drug abuse is a menace in the society with biological, social, financial, psychological and security effect on the individuals, families and the community. The spread of multiple drug use has aggravated the overall problem, personal and social days function, impairment of health, crime and other violent behaviour. It paralyzes the life of the addicts and disrupts peace and prosperity of families. Geographic factors, socioeconomic condition, marketing facilities, availability, religion and cultural aspects are the main factors for the prevalence of any drug in any particular area. Rural areas are less vulnerable for prevalence of any kind of drugs than the urban areas in Bangladesh. The slums and densely populated parts of cities have high prevalence of abuse of these drugs.

Dhaka as the biggest drug market in Bangladesh with 10% of the total population and almost 50% of the urban population of the country has the highest prevalence of all sorts of drugs. It comprises more than 50%

of the drug market of the whole country and for this reason the movements of all the drugs smuggled from the border are Dhaka-bound.

At most all the 32 border districts are vulnerable for drug trafficking. On analysis of recent years data on drug abusers, it reveals that the most drug-prone areas in Bangladesh are district wise mainly: Dhaka, Narayanganj, Gazipur, Mymensingh, Chittagong, Comilla, Sylhet, Brahmanbaria, Cox's Bazaar, Rajshahi, Pabna, Bogra,

Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barisal, Sathkira, Jessore.

More than 52.77% of the seizure of Yaba is made at Chittagong Division & 25.55% Chittagong Metropolitan area in 2018. Cox's Bazar and Chittagong Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. Though the seizure of Yaba at Dhaka is more than 19.16%, it still remains one of the biggest markets of Yaba in Bangladesh

**\*Table 33: 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 Pashcim Kol, Tambru, Naikhangchari, Bandarban.
13.	Dekubunia, Maungdaw, Aukhiab.	Dhalarmuk, Palongkhali, Ukhia, Cox's Bazaar.
14.	Maungdaw, Akiab Bazaar Link Road	Damdamia Check post, Teknaf, Cox's
15.	Maungdaw, Akiab	Badarmokam, Zadimora, Jelepara, Jaliapara, Sluice Gates, Damdamia, Hoawikong Checkpost, Cox's Bazaar.



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

According to the cases and amount of seizure, the big markets of Phensedyl are big markets are Jessore, Dinajpur, Bogra, Brahmanbaria, Rajshahi, Kushtia. But the biggest Phensedyl market is at Dhaka and most of the consignments of Phensedyl seized at those area and different parts of the country were bound to Dhaka. Though Phensedyl is the main codeine-based preparation, it is being smuggled in other trade names also- such as Corex, Codilab, ESkuf, Nelco, Codocof, Parvo-cof, Ikon-XP etc. Pharmaceutical companies are marketing their major portion of codeine preparations at the Indo-Bangla bordering areas of West Bengal and Eastern part of India.

Dhaka is the main cannabis market in Bangladesh. The other big markets are

Kishoreganj, Mymensingh, Faridpur, Chittagong Metro, Comilla, Brahmanbaria, Noakhali, Kurigram, Sunamganj, Moulvibazar and Rangpur. Most of the Cannabis seized in the country is smuggled from India and Nepal.

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

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

**Table 34: Points of entry and routes of smuggling drugs from India to Bangladesh's western border (Indian State of West Bengal)**

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Satkhira	Kaliganj, Debhata, Bhomra, Itinda, Kalaroa, Kakdanga, Palashpur	Hingatgar, Hasnabad, Taki, Bashirhat, Swarupnagar, Baduria & adjacent areas of North 24 Pargana, Paschimbanga.
Jashore	Benapole, Putkhali, Chowgacha, Narayanpur, Sharsha and adjacent area.	Champapukur, Bongaon, Petrapol, Helencha, Bhawanipur, Ranaghat, Amritabazar, Nonchapota & adjacent areas of North 24 Pargana, Paschimbanga
Chuadanga	Kapasdanga, Darshana, Jiban Nagar	Krishnagar & adjacent areas of Nadia, Paschimbanga
Meherpur	Dariapur, Buripota, Tehata, Mujibnagar	Birampur, Karimpur, Tehatta & adjacent areas of Nadia, Paschimbanga

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
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, Paschimanga.
Chandpai Nowabganj	Bholahat, Shabajpur, Binodpur, Kansat	Raghunathganj, Aurangabad, Kaliachak of Maldah, Paschimanga
Joypurhat	Panchbibi	Krishnapura, Raghunathganj, Balurghat, Aurangabad, Nimtita, Bamongola of South Dinajpur, Paschimanga
Dinajpur	Ghoraghat, Phulbari, Birampur, Hilli, Hakimpur, Kamalpur, Akashkarpur, Biral	English Bazaar, Balurghat, Nimtita, Gangarampur, Banshibazar, Patiram and adjacent area of South Dinajpur, Paschimanga, Balurghat

**Table 27: Northern border (Indian States of Assam and Meghalaya)**

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

**Table 28: 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, Bhuvanban of Assam.
Bramhanbaria	Karimpur, Kashba, Akhaura, Singerbil, Paharpur, Bijoyganj.	Ramnagar, Narayanpur, Sonapura, Bishalghor, Joynagar, Agartola, halhali, Ranir Bazar of West Tripura, Tripura.
Cumilla	Jagannathdighi, Chowddagram, Golpasa, Kalikapur, Jagannathpur, Rajapur, Burichong, Brahmanpara, Bibirbazar	Camper Bazaar, Bibir Bazaar, Khadala, Hapania Takarila, Barjala, Melaghar, Kathalia, Sonamura, of West Tripura, Tripura.
Feni	Sagalnaiya, Phulgazi, Porshuram	Belonia, Rajnagar of South Tripura, Tripura

**Table 35: Some New Routes of Phensedyl Trafficking**

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

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

### 1.5 New Challenges and measures taken:

The new principles of restriction, control, monitoring, supervision, prevention, education, public welfare, public awareness campaign, social mobilization, treatment and rehabilitation in connection with the problems of drugs and their abuses are newly introduced in our country through the Narcotics Control Act, 2018. The National Narcotics Control Advisory Committee (NNAC) formulated under this Law is the highest body for advisory function and policy formulation. The Department of Narcotics Control is the Nodal Drug Law Enforcement Agency. The Departments of Police, BGB, Customs, Social Welfare, Education, Information, Health, Youth Development, Local Government, Religion have also functions in their respective jurisdiction. But prevention and control of drugs and precursors are still inadequate to meet the utmost needs. The new Challenges are:

- Training on drug law enforcement, modern investigative techniques and data management;

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

traffickers of drugs by boat at the river Naaf and the coastal areas.

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

### 1.6 Measures Taken:

Department of narcotics Control (DNC) of Security Services Division under Home Ministry acts as a nodal agency of the government to combat the abuse and trafficking of drugs. Huge amount of money are exchanged from our country to the foreign lands due to the abuse and illegal trafficking of drugs. Illegal drug is the main hindrance for the development of intelligence of the young generation of the country. There is a close connection between the whole process of the planning for the development of the country and the eradication of illegal drugs. There are different aspects and multi-dimensions of drug problem. It is very urgent to take participation of the non-government and volunteer organizations along with the government organizations and authorities which are concerned with anti-drug activities. Expected achievement would not get if we fail to expand the anti-drug movement in the family and individuals. Department of Narcotics Control acts with firm determination to implement the 'Zero Tolerance' policy to drug related crimes which adopted and declared by the honorable Prime Minister and to make the young generation of the country free from drug addiction.

To implement the vision 2021 and 2041 set by the government and to build the Department of Narcotics Control as experienced and skillful in all fields of drugs, a proposal for increasing the workforce from 1706 to 8505 has been under active

consideration in the Ministry of Public Administration. The office of the narcotics Control has been set up in every district. Besides, it has been given proposal to set up divisional office and divisional intelligence office in 8 divisions, office in 09 land Ports, 03 Sea Ports and 04 Air Ports, Drug Addiction Treatment Centre and Chemical Laboratory in 07 divisions in the newly proposed organogram. Along with these, logistic supports with vehicles have been proposed.

In the last 04 Years, 47801 cases have been filed and 51830 accused have been arrested by conducting 1,69,067 raids. Along with, 87,38,949 pieces Yaba, 1,19,518 bottle Phensedyl, 53.396 kg Heroin, 15,383.75 kg Cannabis with huge amount of other illegal narcotics items have been seized. Month-long anti-drug awareness programs have been arranged countrywide in January-2017 which was declared as the Month of Anti- Drug Raid and Campaign.

Currently there are four treatment and rehabilitation centers under DNC in four divisional cities- Dhaka, Chottagram, Khulna and Rajshahi. It is a 125-bed capacity treatment and rehabilitation center at Dhaka and rest of those are 25-bed capacity. 200-bed capacity treatment and rehabilitation centers will be installed in all divisional cities in future. There are some 291 anti-drug treatment and rehabilitation centers are in operation under private sector in all districts. Aiming to enhance skills of those rehab centers, 1037 people were provided ECHO training. From 2012 to 2018, 92900 & 56339 people were provided treatment in government and non-government organization respectively.

The construction works of 05 divisional office building of Dhaka, Chittagong, Rajshahi, Sylhet and Barisal have been completed under Annual Development Project (ADP). The Construction works of 14 storied building designed for the





headquarters of the department has been finished in 2018 with the cost of 23.77 crore under development project.

1126 officers and staves have been given training for gaining skill. 86 officers and staves have been recruited.

Tower has been set up in Dhaka and Teknaf of Cox'sbazar and 388 Waki Toki set have been purchased to bring the department under Wireless Networking System. Recently 02 repeaters have been purchased for smooth networking. The strengthening works of Wireless Networking System is going on. The uniform has been given to the all enforcement official of the department.

Bangladesh parliament on October 27th passed the Narcotics Control Bill 2018 with the provision of death sentence or life-term imprisonment as punishment for producing, trading, and using 200 grams or more of yaba, or possessing more than 25 grams of heroin and cocaine. The act has been enacted on 27 December, 2018.

12 double Cabin pick-ups is going to be purchased to strengthen the activities of the department. Besides, in this fiscal, the proposal of purchasing 6 new vehicles as replacement has been sent to the Ministry. Computer and other logistics have been supplied in every district office with internet connection. The Corporate SIM of Grameen Phone (GP) has been supplied for providing mobile networking to the all enforcement officials of the department. In Current financial year (2017-18), budget has been allocated in all offices of the department under IBAS++

According to the bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, the two countries are sharing information with Bangladesh on drug trafficking on a real-time basis and assisting one another on investigative

techniques for interdicting all narcotic, synthetic & medicinal drugs. DNC is closely working with DEA of USA and SPO of Korea Republic. DEA of USA shared Information with DNC at regular basis and as a result, huge amount of Cocaine was seized several times at Hazrat Shahjalal international airport in Dhaka. Bangladesh has signed MOU with South Korea to implement a project covering strengthening of DNC through the development of ICT, forensic lab and providing training for DNC official.

02 Ramon Spectrometer have been bought for Dhaka & Chittagonj Chemical Laboratories. A total of 66500 glossy PVC posters marking adverse effect of drugs in human body have been distributed in every educational institution across the country. Purchasing of 2,00,000 pcs Ruler Scale marking adverse effect of drugs is under process. 04 Led televisions are going to be set up in important places very soon. 03 Kiosks for anti drug campaign have been allocated in every district for setting up in public places. 8 CC Cameras with a monitor & I biometric attendance has been set up in every district office. In the 2018-19 financial year, DNC has got allocation of budget of Tk. 134, 14, 90,000/-. DNC earned as revenue Tk. 62,10,00000/- up to April/2018 of this fiscal.

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



## 1.7 Achievement in 2018:

### DNC filed important cases in 2018:

20 kg Cannabis, 06 bottles Phensedyl & 1 CNG seized with 2 accused arrested from Khalatura Bypass area of B.Baria on 14 January, 2018. The raid conducted by DNC, Brahmanbaria.

10200 pcs Yaba (Amphetamine based Tablet) seized with 3 notorious accused arrested from Asad Complex of Cox'sbazar on 16 January, 2018. The raid conducted by DNC, Cox'sbazar.

11,000 pcs Yaba (Amphetamine based Tablet) seized with 3 notorious accused arrested from Chandgaon area on 18 January, 2018. The raid conducted by Chittagong Metropolitan of DNC.

20000 pcs Yaba (Amphetamine based Tablet) with 1 notorious accused arrested from Karnafully thana area on 20 January, 2018. The raid conducted by Chittagong Metropolitan of DNC.

2300 pcs Yaba (Amphetamine based Tablet) & 500 bottles phensedyl seized with 1 notorious accused arrested from Barisal Colony on 20 January, 2018. The raid conducted by Chittagong Metropolitan of DNC.

940 bottles Foreign Liquor seized with 1 accused arrested from Digholi Chakol para of Chatok, Sunamganj on 27 January, 2018. The raid conducted by DNC, Sunamganj.

200 pcs Yaba (Amphetamine based Tablet), 2.3 kg powder of Amphetamine, 200 ml liquid, 03 Dice machines, 02 pcs of CC Camera, 1 Moniror, 01 Device & 1 Set of Mobile phone seized and 1 accused arrested from Horipur of Bandar, Narayanganj on 1 February, 2018. The raid conducted by DNC, Narayanganj.

12000 pcs Yaba (Amphetamine based Tablet) seized and 2 accused arrested from

station road of Kotwali, chittagangj on 05 February, 2018. The raid conducted by Chittagangj Metropolitan of DNC.

27200 pcs Yaba (Amphetamine based Tablet) seized with 1 accused arrested from Saheed Sayed Nazrul Islam Sarak of Shahbag, Dhaka on 5 March, 2018. The raid conducted by Dhaka Metropolitan of DNC.

1200 pcs Yaba (Amphetamine based Tablet), 86 bottles of liquor, 32 cans beer & 0.20 kg Cannabis seized and 2 accused arrested from West Doctorpara of Feni on 7 March, 2018. The raid conducted by DNC, Feni.

29000 pcs Yaba (Amphetamine based Tablet) seized and 2 accused arrested from Paaltan area on 14 March, 2018. The raid conducted by Dhaka Intelligence of DNC.

184 bottles of Phensedyl seized and 1 accused arrested from Annandapur of Phulgazi, Feni on 14 March, 2018. The raid conducted by DNC, Feni.

50 kg Cannabis & 1 Pickup seized with 3 accused arrested from Vatkhaw area Chatok, Sunamganj on 20 March, 2018. The raid conducted by DNC, Sunamganj.

133 bottles foreign liquor, 360 Can Beer & 1 Private car seized with 02 accused arrested from Banani of Dhaka on 21 March, 2018. The raid conducted by Dhaka Intelligence of DNC.

20200 pcs Yaba (Amphetamine based Tablet) seized and 1 accused arrested from Motel road of Cox'sbazar on 16 April, 2018. The raid conducted by DNC, Cox'sbazar.

1.4 kg Heroin, 25000 pcs Yaba & 29 bullets seized with 1 accused arrested from Arambag of Feni on 17 April, 2018. The raid conducted by DNC, Feni.

14000 pcs Yaba (Amphetamine based Tablet) seized and 1 accused arrested from Mohammadpur area on 24 April, 2018. The



raid conducted by Dhaka Intelligence of DNC.

14000 pcs Yaba (Amphetamine based Tablet) seized and 1 accused arrested from Adabor area on 24 April, 2018. The raid conducted by Dhaka Intelligence of DNC.

20000 pcs Yaba (Amphetamine based Tablet) seized with 3 accused arrested from South Sayedabad of Jatrabari, Dhaka on 4 May, 2018. The raid conducted by DNC, Dhaka Metropolitan.

60000 pcs Yaba (Amphetamine based Tablet), 1 Private car & 1 Mobile set seized with 1 accused arrested from Postogola of Shampur, Dhaka on 4 May, 2018. The raid conducted by DNC, Dhaka Metropolitan.

120kg Cannabis seized with 2 accused arrested from Saheed Faruk Sarak of West Jatrabari, Dhaka on 05 May, 2018. The raid conducted by DNC, Dhaka Metropolitan.

34kg Cannabis & a bus seized with 3 accused arrested from Madanpur of Sunamganj on 06 May, 2018. The raid conducted by DNC, Sunamganj.

91kg Cannabis seized with 2 accused arrested from Hazi Mazar Slum of Tangi, Dhaka on 15 May, 2018. The raid conducted by DNC, Gazipur.

860.90 kg khat seized and 1 accused arrested from Airport area on 01 September, 2018. The raid conducted by Dhaka Intelligence of DNC.

10000 pcs Yaba (Amphetamine based Tablet) & 1 Private car seized and 4 accused arrested from Lalpole area of Feni on 09 October, 2018. The raid conducted by DNC, Feni.

10600 pcs Yaba (Amphetamine based Tablet) seized and 1 accused arrested from Demra area on 13 October, 2018. The raid conducted by Dhaka Intelligence of DNC.

5000 pcs Yaba (Amphetamine based Tablet) seized and 1 accused arrested from Khilghaon area on 13 October, 2018. The raid conducted by Dhaka Intelligence of DNC.

2600 pcs Yaba (Amphetamine based Tablet) seized and 1 accused arrested from Motijheel area on 22 November, 2018. The raid conducted by Dhaka Intelligence of DNC.

250 bottles Phensedyl seized and 1 accused arrested from Khilgaon area on 24 November, 2018. The raid conducted by Dhaka Intelligence of DNC.

10 kg Cannabis seized with 1 accused arrested from Rail Station area of Comilla on 4 December, 2018. The raid conducted by DNC, Comilla.

54,940 amp Diazepam Injection seized with 1 notorious accused arrested from Pan Bazar of Teknaf, Cox'sbazar on 21 December, 2018. The raid conducted by DNC, Cox'sbazar.

# 2

## Drug Law Enforcement

### 2.1 Legal Status

#### 2.1.1 The Narcotics Control Act of 2018

In line with the 'zero-tolerance' policy of the government of the People's Republic of Bangladesh, Bangladesh parliament on October 27th passed the Narcotics Control Bill 2018 & the Narcotics Control Act of 2018 (Act Number 63 of 2018) has been enacted on 27 December, 2018. The act covers the control of narcotic drugs and psychotropic substances, including provision for the treatment and rehabilitation of drug dependent people. The Narcotics Control Act, 2018 was passed in 2018 by repealing all previous laws for control of narcotics, treatment and rehabilitation of drug addicts. This Act comes into force from 27 December 2018. This Act has a total of 7 Chapters, 70 sections and two schedules. It has supremacy over any other law in Bangladesh regarding drugs. It deals with any issue drug-offence prevention and control of drugs and precursor chemicals including treatment and rehabilitation of the addicts. It defines all the technical terms, describes the power and functions of various concern agencies, narrates the scope of control, jurisdiction, contraventions, and procedures and prescribes the penalties and schedules the drugs and punishments. It provides legal coverage for establishment of the Department of Narcotics Control (DNC) as the Nodal Agency of the government to fulfill the objectives of the law in question. It

also provides the legal basis for formation of the National Narcotics Advisory Committee (NNAC) as the highest policy-making body of the government for formulating necessary policies and strategies to combat drug problem in the country.

This Act has a very significant view that the Government of Bangladesh enacted the Narcotics Control Act, 2018 by replacing all the earlier legislation. This new act is enacted in pursuance of the principles of the Article 18(1) of the Constitution of the People's Republic of Bangladesh. Article 18(1) provides that: "the State shall regard the raising of the level of nutrition and the improvement of public health as its primary duties, and in particular shall adopt effective measures to prevent the consumption, except for medical purposes or for such other purposes as may be prescribed by law, of alcoholic and other intoxicating drinks and of drugs which are injurious to health."

Bangladesh is a signatory to all the three UN Conventions of 1961, 1971, 1988 and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. In view of its obligations under these conventions and the potential for diversion of precursors due to its close proximity to Heroin & Amphetamine -producing localities in South East Asia, the country has imposed restrictions on the import of precursors. 22 precursor chemicals, as stated in Tables I

and II of the 1988 Convention, were included in this act. Sections 36 and 37 of the Act prohibit any kind of illegal operations regarding narcotic drugs, psychotropic substances as well as precursor chemicals. Further, rules relating to the licensing of precursor chemicals were framed and adopted in 1999.

The Narcotics Control Act, 2018 prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass (section 9). The Department of Narcotics Control issues licenses, permits or passes. However, they cannot be issued to persons with a criminal record (sections 13 & 14). Handling precursors without the requisite license permit or pass attracts imprisonment of 1 to 5 years and a fine (Up to 10 kg/lit precursor); 05 to 10 years (Up to 50 kg/lit precursor) and a fine; 10 years to life imprisonment and a fine (above 50kg/lit precursor) while violation of any condition of the license attracts a fine of 1 Lakh taka (sections 15). Importers require an import license and an import authorization to import precursors from the Department of Narcotics Control. On arrival of the consignment, DNC verifies the physical stock and use of the precursor. Bangladesh does not export any precursors. Most imports are from India, Malaysia, Singapore, China, Japan, the UK and Italy.

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

imported by the country for industrial, scientific and research purposes.

The main focus of this law is on defining various crimes, imposing prohibition, control and regulations of legal and illegal drug related activities, issue, inspection and cancellation of licenses, permits and passes, treatment of drug addicts, penal provisions for various drug offences, search, seizure, arrests, investigation, prosecution, forfeiture of property, prevention of money laundering, application of controlled delivery techniques, financial investigation, revenue collection and control of precursor chemicals. The Narcotics control Act, 2018 provides legal sanctions and punishment for narcotic crime in Bangladesh. The sections related to offences and punishments are: 9, 10, 11, 12, 15, 36, 37, 38, 39, 40, 41, 42, 43, 46, 47 and 55. 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, 2018 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 'A' class drug is death sentence or life term imprisonment and a fine, whereas the lowest penalty is imprisonment for one year and a fine. In case of an offence related to 'B' class drug, the highest penalty is 10 years imprisonment and a fine and the lowest penalty is imprisonment for three months and a fine. In case of 'C' class drugs the highest penalty is 07 years imprisonment and a fine. The law also provides penalty for offences related to abetment and conspiracy in drug offences. It also imposes restrictions of issuing driving license and license for fire arms to drug dependent persons.



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

Sections 16 and 17 provide provision for cancellations and suspension of licenses/permits for breach of any condition. Section 20 has the provision for inspection of licenses. Section 26 provides the grounds for seizure and forfeiture of illicit drugs and precursor chemicals. Section 28 has the provision for disposal of seized drugs and precursors and forfeiture of the assets derived from illicit business of drugs and precursors. Section 23 empowers the law enforcement officials for search and seizure of any illicit drugs and precursors and arrest of offenders without warrants. Section 24 has provisions for special search of body to detect illicit drugs and precursors. Section 30 empowers the DNC officials for investigation of offences relating to drugs and precursors. Section 29 deals with the disposal of arrested persons and seized drugs or precursors. The Narcotics Control Act, 2018 provides direct provision for investigation of money laundering. Sections 33 and 34 of this Act refer to financial investigation and freezing of assets derived from illicit business of drugs and precursors. The law provides the legal basis for the Chemical Laboratories of the Department of Narcotics Control and its proper functioning in respect of forensic analysis of all seized drugs and suspicious substances. The Laboratories which are established and approved by the government according to the section 62 of the act caters to the needs of all the agencies charged with the responsibilities of drug enforcement and thereby it plays an important role in quick disposal of drug cases under trial.

### 2.1.2 Other Related Laws and Rules

The Narcotics Control Act, 2018 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.

### 2.2 Search, Seizure And Arrest

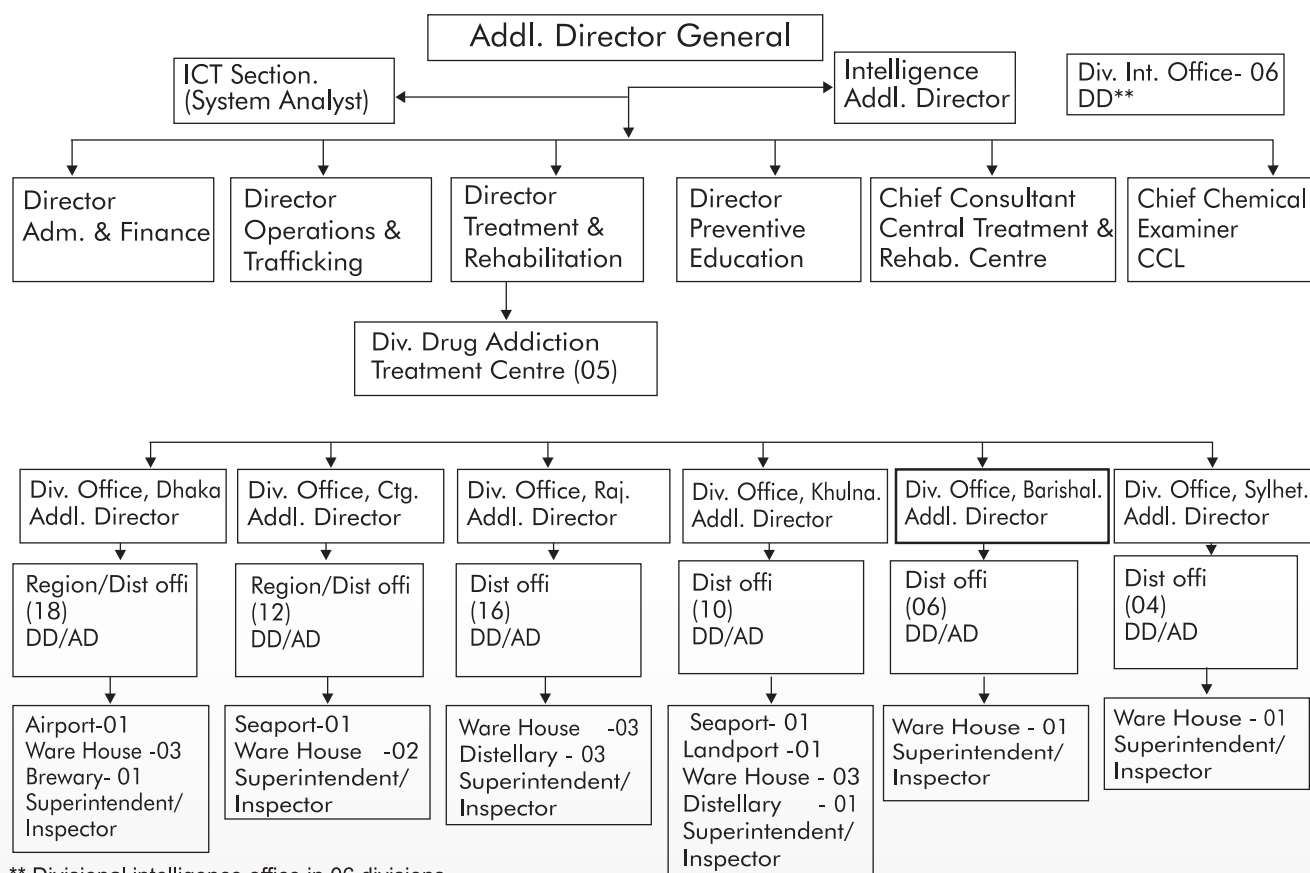
The operations of search, seizures and arrests are guided mainly by Section 23 of the Narcotics Control Act, 2018. The other relevant Sections are:-Sections 20,21,24,25,26, and 35. The enforcement



Officials of the Department of Narcotics Controls, the Police, RAB, Customs, BGB and Coast Guard are empowered to conduct search, seizures and arrests. The law provides for mutual cooperation among the different law enforcement agencies as and when required for conduct of search, seizure and arrests. It is the requirement of the Law to draw a search list in Presence of independent witnesses with description of the place of occurrence, name and addresses of the accused, description of the seized articles along with the description of the quantity of article seized, signatories of the eyewitnesses of seizures and comments of the officer in-charge of the search and

seizure. The drugs or any article related to commitment of a drug offence is liable for seizure under section 26 of the Narcotics Control Act, 2018. 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.

## Director General



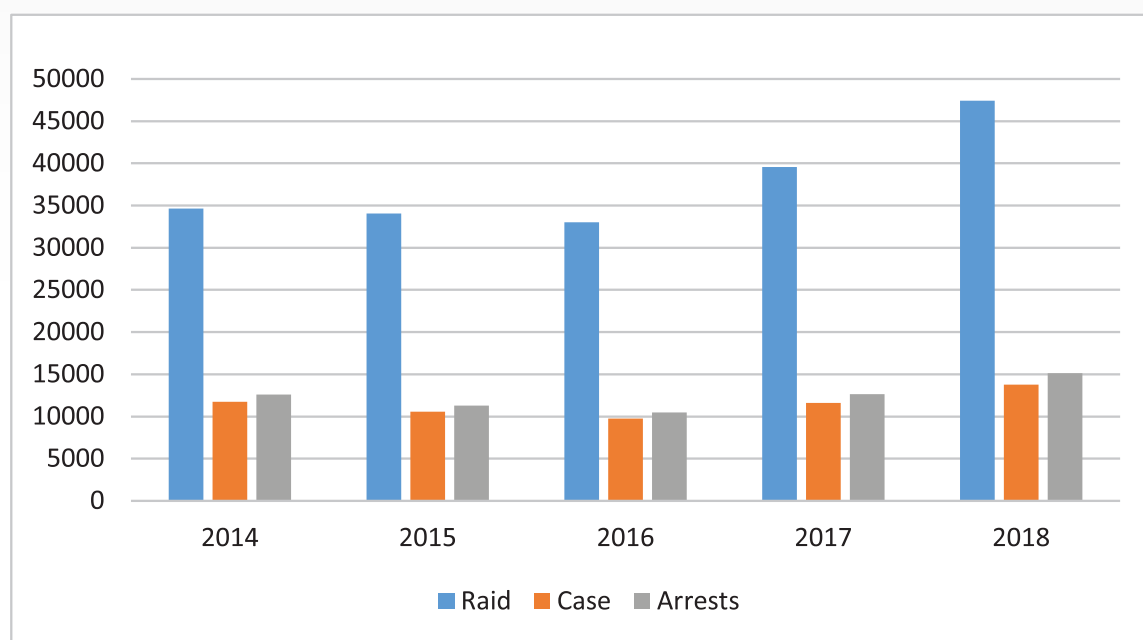
\*\* Divisional intelligence office in 06 divisions.

### Organizational Set Up Of Dnc



**Table 36: Statistics of the raids, cases and arrests by DNC**

Year	2014	2015	2016	2017	2018
<b>Raid</b>	34876	34073	33024	39585	47407
<b>Case</b>	11723	10548	9773	11612	13793
<b>Arrests</b>	12590	11300	10465	12651	15116



**Figure 36: Statistics of the raids, cases and arrests by DNC**

### 2.3 Investigation

Only the department of Narcotics Control and Police are empowered to investigate offences under the Narcotics Control Act, 2018. 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

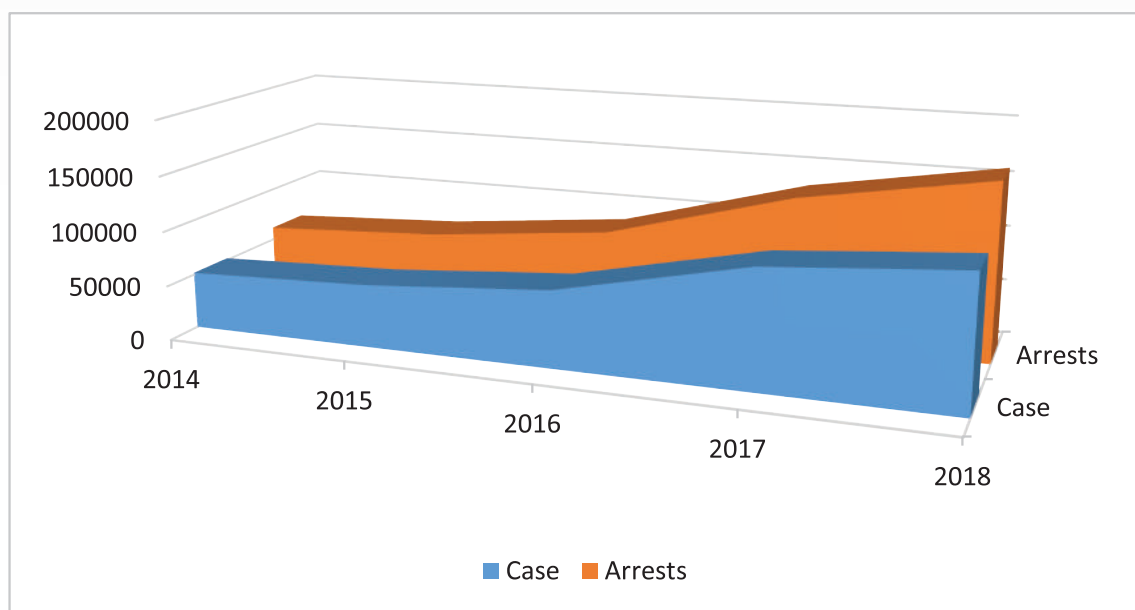
of occurrence, takes photographs, examines the eye witnesses, collects material and documentary evidences, obtains chemical examiners reports on the drugs seized and writes case diary on regular activities of his/her investigation. If an accused is arrested with seizure of drugs the law permits only 30 working days for completion of the investigation. Otherwise the time limit for completion of investigation is 60 working days.

### 2.4 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

**Table 37: Statistics of the cases and arrests by all law enforcement agencies**

Year	Case	Arrests
2014	51801	62080
2015	57134	70159
2016	69739	87014
2017	106546	132893
2018	119878	161323

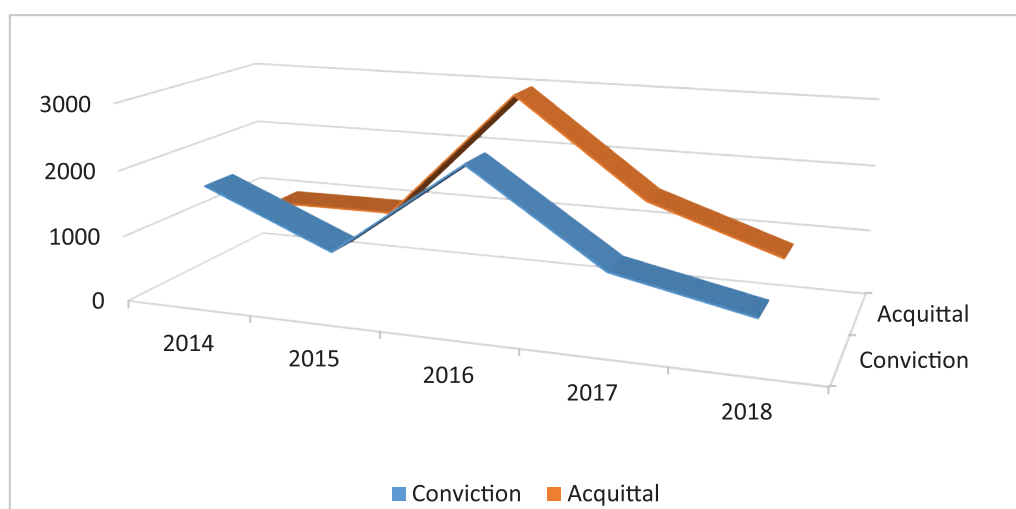
**Figure 37: Statistics of the cases and arrests by all law enforcement agencies**

their own prosecutors to conduct cases in Courts. The DNC has only 12 prosecutors and 37 Assistant prosecutors at 25 Regional Headquarters to cover the Judicial Magistrate Courts and Judge Courts in 64 Districts. The number of Courts is more than five hundred. The manpower in DNC's prosecution section is very much inadequate in comparison with the number of Courts. Therefore the Police generally conduct the drug cases in all Courts in assistance with DNC's prosecution personnel where they are available. The initiation of a case is done in the Judicial Magistrate's Court. When a case is ready for trial, then it goes to the appropriate and empowered

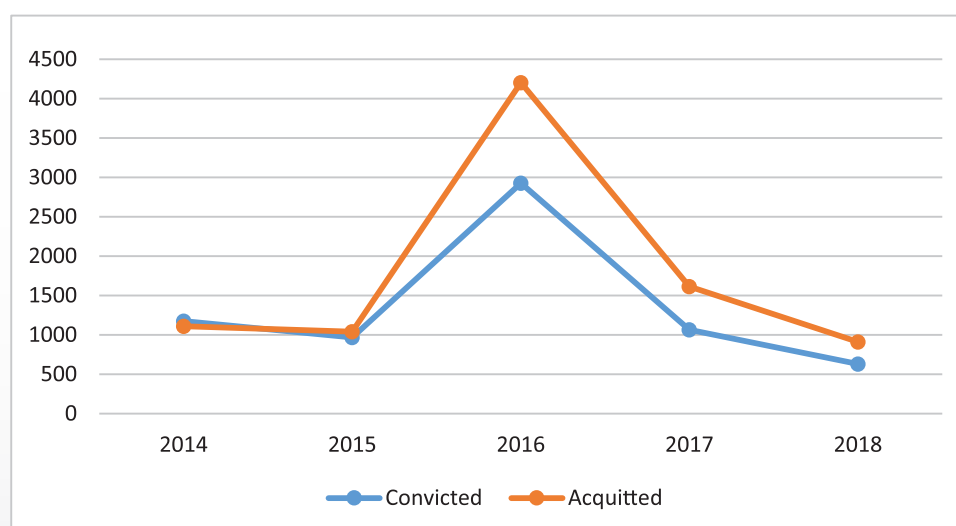
Court for trial. Offences punishable with imprisonment up to 5 Years are trial able in Judicial Magistrate Court. Offences liable for more punishment are trial able in District and Session Judge Court. Mobile Courts can conduct trial of offences they apprehend which are liable for punishment up to 5 Years, but they can impose punishment only up to 2 years imprisonment. Most of the drug offenders are caught red handed. The reasons of acquittal area faulty and incomplete investigation, improper presentation of cases at the Court of trial, weaknesses in prosecution, lacking of witnesses and their gaining over by the drug offenders and the speculated corruption.

**Table 38: Statistics on Disposal of Cases under Trial**

Year	Disposal of Cases					Conviction/Acquittal of Accused				Pending Cases (up to December /2018	
	Conviction	Rate	Acquittal	Rate	Total	Convicted	Rate	Acquitted	Rate	Total	
2014	1716	53%	973	47%	2689	1175	52%	1112	48%	2287	53608
2015	892	47.63%	981	52.37%	1873	971	48.2%	1042	52%	2013	
2016	2356	44%	2992	56%	5348	2927	41%	4206	59%	7133	
2017	1016	(40%)	1528	60%	2544	1065	(40%)	1615	60%	2680	
2018	592	(42%)	843	58%	1435	631	(41%)	911	59%	1542	



**Figure 38-A: Disposal of Cases**



**Figure 38-B: Conviction/Acquittal of Accused**

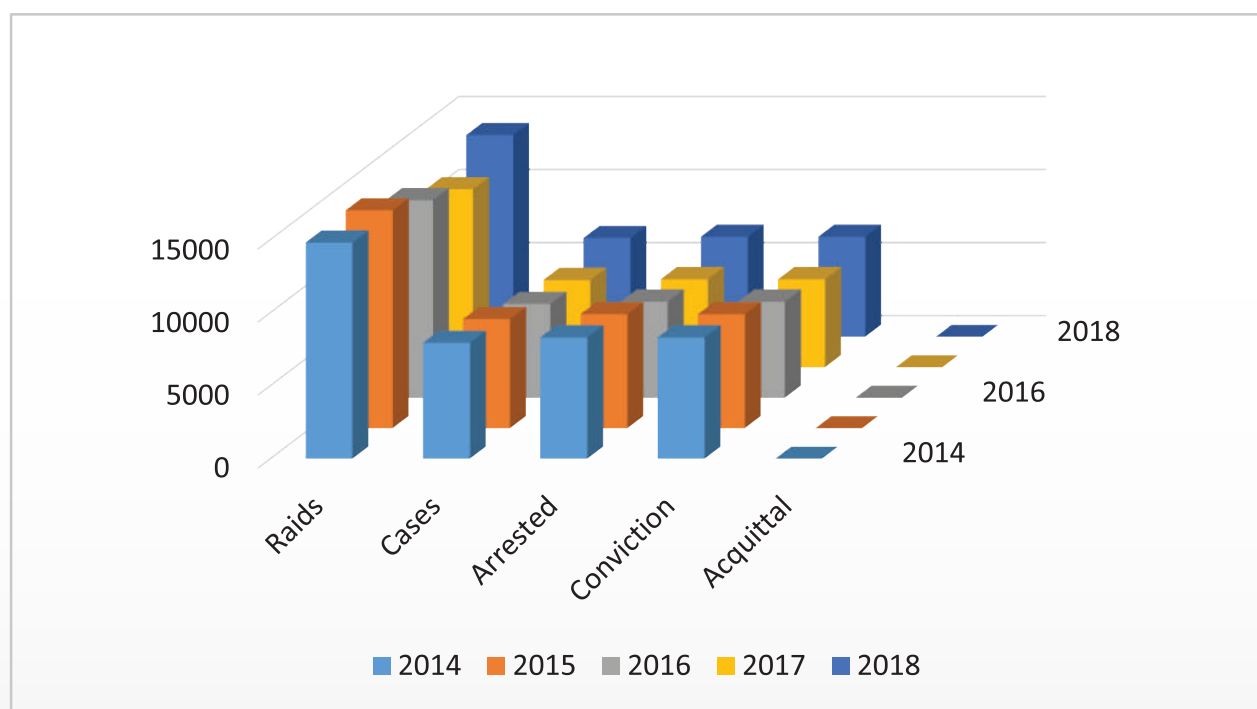
## 2.5 Operation of mobile court on drugs

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

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

**Table 39: Statistics on Mobile Court Operation by DNC**

Year	Raids	Cases	Arrested	Conviction	Acquittal
2014	14815	7948	8320	8320	00
2015	14937	7487	7823	7821	02
2016	13541	6430	6592	6591	01
2017	12212	5991	6044	6044	00
2018	13821	6776	6866	6866	00



**Figure 39: Statistics on Mobile Court Operation by DNC**



## 2.6 Organizational set up:

The Department of Narcotics Control (DNC) is a multifunctional agency under the administrative control of the Ministry of Home Affairs. It came into operation in January 1990 with a total of the different kinds of manpower of 1274. After that, its manpower became 1713. The DNC is the nodal agency for prevention and control of drug abuse and their illicit trafficking in Bangladesh. It is headed by a Director General. All the activities of this Department is run through its 4 main branches of administration comprising (a). Administration, Training, Finance and Accounts, (b). Operations, Trafficking and Intelligence, (c). Preventive Education, Research and Publication, and (d). Treatment and Rehabilitation. Out of headquarters, this Department runs its entire administration through its 6 Zonal office, 6 Zonal Intelligence offices, 64 district office and 100 Circle office & 02 temporary circle office. Besides this Department collect revenue and supervises the production, marketing, distribution and sale of alcohol, spirits, liquor and beer through 5 distilleries, 1 brewery and 13 warehouses. The Department runs its drug addiction treatment programs through Central Drug Addiction Treatment Centre (CTC) at Dhaka and regional drug addiction treatment centers at Chittagong, Rajshahi and Khulna. The Central Drug Testing Laboratory of the department for chemical tests of seized drugs is located at Gendaria, Dhaka. There are 25 prosecution units at 64 district headquarters of the Department to assist trial of drug offences in criminal Courts. The Department came into operation in under-staff condition with the manpower of the erstwhile Narcotics and Liquor Directorate and a few surplus manpower of different government organizations absorbed in this Department through the Ministry Public

Administration since its establishment. Though it was supposed to fulfill the entire manpower of 1274 phase by phase within three years, but it could not come into reality due to various adverse situations. On review of the statistics of last 28 years it appears that the Department was always run by two third of its sanctioned manpower on average.<sup>14</sup> Assistant Directors have been newly appointed during 2018, and appointment of another 242 employees of 12 categories is under process. Enhancement of the manpower of the DNC through reorganizing of the organizational set up is under process in the Ministry of Home Affairs. This reorganization suggests for expansion of the programs of treatment and rehabilitation, increases of the manpower of Circle Offices, Empowerment of the prosecution, intelligence and preventive education wing and enhances the overall capacity and capability of the DNC. Out of 1713 sanctioned manpower the DNC is currently working with its existing manpower of total 1176 and 537 posts are vacant. It means that almost 31.35% of the posts are vacant at present. Among this 1713 sanctioned manpower, only 929 persons are for the purpose of law enforcement and control of crimes related to drugs. But due to shortage of manpower, only around 686 people are currently working in the whole country for law enforcement and control of crimes related to drugs.

## 2.7 Inter agency Coordination:

There is a forum of coordination on drug related issues at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO), at the District level called the District Drug Control Committee (DDCC) is headed by the Deputy Commissioner and at the national level called the National Anti Drug

Committee (NADC) & National Drug Control Advisory Committee (NDCAC).

Government has set up 03 (three) highly authoritative committee to reduce drug abusing situation all over the country. The Strategic Committee is comprised of Prime minister's office, Ministry of Home affairs, Ministry of Education, cabinet division of the govt. headed by the principal Secretary of Honorable Prime Minister. The Enforcement committee comprising of different law enforcers and intelligence agencies of the countries headed by the senior secretary of Ministry of home affairs (MoHA). The anti drug awareness building and social mobilization committee comprised of different ministries like ministry of education, ministry of naval transport, ministry of women and child affairs, ministry of information, Department of youth development, NGO affairs bureau, Islamic foundations headed by the secretary of Ministry of Education. Among all those 03 committees director General of DNC is playing vital role as member secretary or member of the individual committee.

Police, RAB, Customs, Coast Guard and BGB empowers to conduct raid, search, seizure and arrest in respect of drug offenses as per Narcotics Control Act, 2018. DNC exchanges information about new trends and modus operandi of cross border and internal drug trafficking and shares operational intelligence with the above law enforcement agencies. DNC officials usually get support from any of the relevant agencies like Police, RAB, BGB, Coast Guard, Ansar-VDP while conducting any operation against illicit drug offenders in the country. The taskforce operation against drug trafficking is conducted by the three or more organizations of administration, customs, police, DNC, RAB & BGB. The Mobile court against drug trafficking is

conducted in presence of the executive magistrate and criminals are apprehended, prosecuted them on the spot by the official of law enforcing agencies including DNC and awarded short term imprisonment. All law enforcement agencies give monthly statement of the operations against drug trafficking to the DNC. DNC and other law enforcing agencies arrange training program aimed to promote and enhance knowledge and understanding of the participating officials on drug related offences.

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

## **2.8 MODUS-OPERANDI OF DRUG TRAFFICKING IN BANGLADESH**

The traffickers are always innovative about their modus-operandi in carrying, possessing, concealment, storing, and selling drugs. In transportation of drugs, there are two kind of concealment. Body concealment and concealment in transport vehicles. Under- privileged women and children are commonly employed for carrying and peddling drugs. Women carriers are largely engaged for body concealment of drugs. Small amounts of heroin and yaba are trafficked in body fitting, under concealment in the under-garments of the women carriers, in costumes, in luggage and in other

belongings of the carriers. Phensedyl and cannabis are concealed in special type of jackets and in belts fastened at waist, thigh and legs. The women carriers wear these special types of belts and jackets under their garments and cover their whole body with Borkha. Men are also found to wear this special type of belts for carrying drugs. Shoes, anklets, corset belts, under wears, etc. are also used for carrying heroin and small amounts of cannabis.

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

In transport vehicles, medium and large consignment of drugs is concealed in commercial commodities like rice, paddy, vegetables, bananas, mangos, pineapples or other suitable business commodities. Cartons and boxes used for carrying medicines and other commodities are also used for concealment of drugs. The cavities in body of trains, cars and minibuses are also used for concealment of drugs. The packets of shops, tubes of tooth pastes, cans of talcum powder are also used for concealment of heroin. Medium and large consignments are smuggled under camouflage or concealment in bags, cartons, and baskets of fruits, fishes, eggs, vegetables, paddy, rice, potatoes, or similar commodities. Coffins, gas cylinders, oil containers, coconut shells, jack fruits,

pumpkins have been found to be ideal for concealment of drugs.

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

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

# 3

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

### 3.1 Introduction

The department of narcotics control as a nodal agency of Bangladesh is working uncompromisingly with the motto of the ruling government called “Zero Tolerance Policy” to curb down drug menace. Because, we want drug free nation as well as leave a peaceful country for the future generation.

The DNC basically works with three goals like Supply reduction, Demand reduction and Harm reduction. As Demand reduction is to reduce illegal drug demand through massive awareness programs such as arranging anti-drug discussion, meeting, seminar, and workshop in all educational institutions across the country. Apart from this, we make and distribute anti-drug poster, leaflet, sticker to the mass people and all school, college, university etc. Besides, we publish monthly bulletin in which we try to portray the DNC activities throughout the month. We also publish annual drug report and souvenir on the occasion of International drug abuse and illegal trafficking day. In addition to, we are making documentary film, docudramas, TVC etc. in order to aware the all walks of people in the country regarding the bad effects of drug abuse as well as airing this through the renowned TV channels.

#### 3.1.1 Awareness Activities:

- 2392 anti-drug meeting-seminars were

organized across the country during January to June 2018. Besides, discussion meetings were held in 3268 educational institutions and anti-drug fillers were shown in 842 places.

- Out of 32,057 educational institutions across the country, anti-drug committees have been formed in 27,191 educational institutions.
- With the assistance of Islamic Foundation, anti-drug sermons are delivered in every mosque.
- Through anMoU with BTV, 10 talk shows, 2 TV fillers, 2 short dramas and 3 documentaries have been produced.
- A joint-meeting of the Ministry of Information and Security Services Division was held on 28 January 2018. Hon'ble State Minister of Information presided over the meeting while the representatives of print and electronic media attended. As per decision of the said meeting, the anti-drug slogan was broadcast in all the electronic media at a time on 1<sup>st</sup> March 2018.
- A bilateral meeting was held with the Secondary & Higher Education Division to strengthen anti- drug activities in the educational institutions.
- A pilot program has been undertaken to declare on upazila as drug free in every division of the country.



### 3.1.2 Outreach/Publicity and Motivational Activities:

- After taking up comprehensive and combined motivational activities, to conduct crush program incorporate with district and upazila directly.
- To active district and upazila anti-drug awareness committee in this regard.
- Standing in own ground 01 (one) minute at Dhaka city respectively "Say no to drug" in order to increase awareness against drug abuse among the people across the country.
- After making modern and attractive anti-drug TVC/TV filler to broadcast at private channels in pick hours as advertisement.
- To arrange anti-drug Grand Rally in every districts.
- To correlate outreach programs holding bi-lateral meeting with ministry of information.
- To formulate a specific annual work plan and Terms of Reference (ToR) of formed anti-drug committee in educational institutions.
- To make drug related content/module for teachers training.
- Drug abuse related existing topics at Secondary and higher secondary level text book is to more enrich and informative.
- Sending revising proposal of drug abuse related existing topics to security Services Division through discussion between DG, DNC and Chairman of NCTB.

### 3.1.3 Inserting of Extra Curricular Activities at Educational institution:

- To arrange debate, drawing and essay writing competition and games etc at educational institutions in order to motivate the students about drug abuse.
- To share experience of Recovered Addicts among the students at discussion meeting

of District, Upazila and educational institution level as well.

### 3.1.4 Taking activities to announce Drug free District and Upazilla:

- To select a drug free Upazilla in every divisions tentatively.
- To form an implementation Committee headed by Divisional Commissioner, District Commissioner and concern Upazilla Nirbahi Officer.
- To make and publish the list of drug dealers and drug addicts in concerned upazilla.

## 3.2 International Perspective

Drug Abuse has long been identified as a major problem in developed countries of the West. However, there is evidence present about such alarming situations in the third world countries as well. As the drug cartels face strict circumstances in the European and American countries, they are gradually attempting to expand their market in the developing countries. Bangladesh has recently achieved the status of a middle-income country, and it has been facing the challenges due to increasing drug use at an alarming level.

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

Bangladesh was once seen as a transit country through which drugs from production zones were shipped to points in North America and Europe. However, the distinctions among producers, transits and



user countries are evolving. Thus making Bangladesh a transit and user country at the same time. Although Bangladesh has been known for cultivating cannabis illegally, newer drugs have been emerging here. Some forms of alcohol are now being produced here both legally and sometimes illegally. The recent use of amphetamine/Yaba has been increasing now-a-days among the youth including school and college students.

### 3.3 The Problem of Drug Abuse in Bangladesh

In recent years, the incidence of drug trafficking has been increasing both in volume and frequency in Bangladesh. The prevalence of drug abuse is being noticed not only by the law enforcing agencies, but also by the general population. News media has been presenting many aspects of underworld drug business regularly.

Before the independence of Bangladesh, the number of drugs and their supply was limited to some extent and was obscured. But after 1971, the problem has increased drastically. Although it is very difficult to give an elaborate picture of the drug abuse situation in Bangladesh, it is estimated that the country has more than five million active drug users.

It has been gathered through many sources that the use of Phensydil (Codeine phosphate) has been increasing at an alarming rate among the younger population. Use of Tidigesic (Buprenorphine) injection has also been increasing and the shared needles among the users are causing the chance of HIV/AIDS and other STD contamination. Use of marijuana, LSD, opium, barbiturates, seductive medications, and other sleeping pills have also been increased. Recent addiction to the list is



Honorable Home Minister, Mr. Asaduzzaman Khan MP; Honorable Mayor, Mr. Sayed Khokon, Dhaka South City Corporation; Secretary, SSD, Mr. Shahiduzzaman; DG DNC Mr. Md. Jamal Uddin Ahmed and Mr. Md. Asaduzzaman Mia BPM(Bar) PPM, Dhaka Metropolitan Police Commissioner are together in an Anti-narcotics Seminar.

Yaba/Amphetamine. Data show that 65% of drug users are within 19 to 28 years of age group. This indicates the alarming situation that is being observed in the country requiring immediate attention to address the problem from all quarters.

Considering the above-mentioned situations, various activities are being implemented by the Government to eradicate the problem. Civil societies in our country are also playing a pivotal role to reduce the drug demand in the community and providing treatment and rehabilitation supports to the drug dependents.

### **3.4 Role of the Civil Society**

It is a saddening fact that the Government of a middle income country like Bangladesh with a heavy burden of population and scanty resources cannot accomplish to undertake proper measures against the problem of drug abuse. As a result, a wide range of civil society organizations are involved in the prevention and reduction of the problems. While combating it, the civil society undertook numerous activities. Substantive achievements reflect their commitment and involvement with the Government initiatives in promoting care for the young people in need to ensure quality of life.

### **3.5 Demand Reduction**

The civil societies of Bangladesh are playing significant roles for reducing the drug demand through creating mass awareness. Convincing our younger population to start making educated choices regarding drug use, a few concepts need to be conveyed to them. They should feel that the risk of using drugs outweighs what they see as benefit. Massive awareness on the harmful effects of drug use is required urgently. Keeping the adverse situations in mind, institutions are organizing mass awareness programs and implementing the following

activities in this regard.

#### **3.5.1 Establishing Drug Awareness Centers**

Information regarding the harmful effects of drug use are being disseminated among the youth and adolescents. Bangladesh Youth First Concern (BYFC) is presently running five Drug Awareness Centers in rural areas. They prioritize the patients who belong to lower income groups. However, there is no restriction on aiding any patient based upon social, economic, cast or creed. The programs focus on prevention, increasing motivation on quitting, volunteer training, and raising awareness against drug use.

#### **3.5.2 Organizing Courtyard Meetings**

To make the community aware about the dangerous effects of drug abuse, various civil society organizations have been conducting courtyard meetings on regular basis. Participants from the grassroot levels are joining such meetings where discussions are being held on issues related to initiating drug use, consequences and their harmful effects through using comprehensible materials. Awareness has been being increased among the common people through this effort.

#### **3.5.3 Organizing School and College-based Programs**

To address the drugs problem, Dhaka Ahsania Mission, a significant civil organization, has been undertaking numerous activities focusing various target groups, such as organizing awareness raising activities among the high school and college students. During the reporting period, it has organized the following activities -

Universe College counseling program was organized on 19 February 2018. Anti-drug awareness and counseling on mental health issues were provided on that occasion.



Dhaka International University program was organized by the Ahsania Mission Female Drug Treatment and Rehabilitation Center on 19 September 2018. The program theme was "Discussion on Youth Participation in Drug Prevention". Honorable Member of the Parliament, Dr. Samim Haider Patoary was present as chief guest; Department of Narcotics Control (DNC) Board Additional Director, Mr Md. Fazlur Rahman was present as special guest; and it was presided by DIU Treasurer Dr. Mainul Islam. DAM Head of Health Sector, Mr Iqbal Masud presented about the harmful effects of Drug at the occasion. Lions Club of Dhaka Oasis & Chetona joined in at the initiative.

Awareness program was organized at the Rajendrapur Cantonment Public School and College on 30 May 2018 by the Ahsania Mission Drug Treatment and Rehabilitation Center, Gazipur.

Awareness regarding harmful effects of drugs use is substantially important for the society and especially for the school - college students. It provides useful traditional preventive methods as well as a means for early intervention in the context of Bangladeshi society.

During the programs, students showed interest, dropped questions and made discussion about the harm of tobacco and drugs. About five thousand students and parents were reached through these programs.

### Recovery Get-together

"Recover is a journey toward a better life", with this slogan Dhaka Ahsania Mission (DAM) organized 7th get-together program of recovering drug users at Gazipur Drug Treatment and Rehabilitation Center and 3<sup>rd</sup> get-together program in Jashore Drug Treatment and Rehabilitation Center. Higher success can be achieved through

long term treatment and rehabilitation services. Family cooperation is a necessity for recovering from drug dependency. Improvement of relationship among the members of family, fellow feelings, empathy and above all, the significant role of family is indispensable for preventing relapse into the habit of drug use. SANJOG (Drug Treatment and Rehabilitation Centers' network in Bangladesh) also organized 3<sup>rd</sup> get-together program at Cox's Bazar, where 157 recovery clients and their family members attended. Human chain was formed in the programs, and discussions were held on the subject. Recovery mementos were distributed, recovery countdown was held along with sharing meetings, games, raffle draw and cultural functions.

### Human Chain Formation on International Women's Day

Female Drug Treatment and Rehabilitation Center arranged the formation of a human chain on the International Women's Day on 8 March 2019. Center staff and patients on recovery took part in the occasion.

### 3.5.4 Family Meetings

To re-integrate the drug dependents into the society, drug treatment and rehabilitation centers organized family meetings participated by the family members of the patients under treatment. Ahsania Mission Drug Treatment and Rehabilitation Center Gazipur and Jashore





Mr. Asaduzzaman Khan MP Honorable Home Minister, Ministry of Home Affairs inaugurating Digital Van for Anti-narcotics Awareness Campaign. Former Senior Secretary, SSD, Mr. Farid Uddin Ahmed Chowdhury present there.

organized 12 and 11 family meetings respectively during the reporting period. Ahsania Mission Female Drug Treatment and Rehabilitation Center organized six family group counseling and six family meetings within the last year.

During the reporting year, DTC - Jashore has organized the following activities -

- A seminar was organized about the harmful consequences of drug use at Chuadanga Government College on 25 September 2018. Center staff and local government representatives participated in the program.
- Human chain was formed against drug use, organized by the center on 26 June 2018. Rally and a discussion session were also held on the day. District Commissioner, MrMd Abdul Awal and other government representative along with DAM personnel joined in the rally.
- A two-day counseling and information booth was established by the JashoreAhsania Mission Drug Treatment and Rehabilitation Center on the International Day against Drug Abuse and Illicit Trafficking.
- International Mental Health Days was observed at the Jashore center by organizing a family meeting regarding the

subject on 13 October 2018. Center counselor, psychiatrists and other center staff joined the meeting and answered to the questions of the other participants.

- Festoons carrying anti-drug messages were distributed to all the schools of the district headquarter of Jashore with the hope that they will disseminate the information among the young children in the area.
- Ahsania Mission Drug Treatment and Rehabilitation Center, Jashore took part in the Developmental Fair 2018, organized by the district administration. Free medical advice, information and counseling services were provided at the stall. Video presentations were also presented to the general population for raising awareness against drug abuse.
- A cycle rally and discussion session were organized in Satkhira district on 5 November 2018. Lions Club of Dhaka Oasis and Chetona joined in the occasion.
- An awareness raising session and rally were arranged in Satkhira district on 24 March 2019. Honorable MP Dr A F M RuhulHaque and other local government representatives joined the occasion.

#### **Prevention program in Prisons**

According to Justice Audit data, in 2016,



32% of the inmates were detained for drug-related offences in Bangladesh. Drug referral services are one of the most important activities in Improvement of the Real Situation of Overcrowding in Prisons (IRSOP) project which is being implemented by Dhaka Ahsania Mission (DAM) from 2014 through Ministry of Home Affairs and Deutsche

Gesellschaft für Internationale Zusammenarbeit (GIZ). Through this Drug Referral activities, DAM has been providing group counseling to the prisoners inside the prison; referring prisoners to drug treatment and rehabilitation center after release from prison; capacity building; and raising awareness activities against drug addiction. Leaflets, brochures, flip charts, posters and counseling modules were also developed against drug use as a part of awareness activities. DAM provided group counseling on drug issues among 3944 prisoners, 2389 prisoners' family members received family counseling and 299 prisoners took treatment and rehabilitation services within 2014-2018. Besides, 400 long convicted prisoners received training in 20 batches.

Drug addiction associated with mental health issues are one of the emerging social problems in Bangladesh. According to WHO report, 16.1% adults and 18% children & adolescents have been suffering from mental ailments in Bangladesh.

In our country numbers of the mental health professionals are not sufficient. There are only 230 psychiatrists which is 0.73% for one lac people, 60 clinical psychologist, 200 assistant clinical psychologist, five educational psychologist and 150 assistant educational and counseling psychologists in our country. There is only one National Institute of Mental Health. The capacity of the institute is 200 beds. There is only one mental hospital at Pabna. The capacity is 500 beds, which is only 0.4% for every one lac population. There are 168 drug treatment centers; among them, four are run by the Government and 282 are

privately managed. Only 0.44% of total health budget is assigned for mental healthcare purposes.

Considering the country situation, and to contribute by playing a significant role in creating a mentally healthy and drug-free society, MONOBIKASH Foundation and MONOJOTNO Center are providing psychotherapy and drug addiction counseling; organizes awareness raising activities against drug addiction; and offers support for mental health issues.

DAM has become an approved center for providing training on the Universal Treatment Curriculum on substance use disorder in 2016. It successfully completed the training for two batches and a third batch training is ongoing. Receiving the training, drug addiction professionals are implementing the knowledge in the treatment and rehabilitation programs for drug users.

Television is a very useful media for reaching a lot of people at the same time. Different TV channels in Bangladesh are now arranging several talk shows that disseminate the knowledge on drug addiction related and mental health issues. Bangladesh Television, BTV airs "Madok ken a bolun" on the issues of drug addiction. Bangla TV organizes a talk show named "Promises, Jante Chai"; Banglavisian has "Ami Ekhon Ki Korbo" on different mental health topics. These TV programs have been contributing to reduction of drug use and to raising mass awareness on related issues.

### **3.5.5 Other Organizations Contributing to Drug Demand Reduction**

Among the other civil organizations of Bangladesh, SANJOG - a network of drug treatment and rehabilitation centers, Chetona, Lion's Club of Dhaka Oasis, Manosh, CARE Bangladesh have been contributing to the treatment and rehabilitation of drug addiction as well as organizing awareness program against drug use.



# 4

## Harm Reduction

### 4.1 Introduction

The idea of harm reduction first emerged explicitly in Dutch drug policy during the 1970s and 1980s for social integration of people who use drugs into society (normalization) with a goal of maximizing their contact with social, treatment, health, and other community services. People who use substances often shared needles that may spread the human immunodeficiency virus (HIV) possess a greater threat to public and individual health than drug misuse. For these reason harm reduction became policy in Australia, Canada, Switzerland, and many other countries.

In harm reduction, primary prevention is defined as prevention of substance use (drug dependence or overdose deaths), secondary prevention aims to limit the length and severity of individual disorders associated with continued substance use and tertiary prevention involves limiting collateral medical and social consequences of substance use once it has become a prevalent and chronic condition.

In the context of Bangladesh where moral model of addiction dominates over disease model of addiction restricts investments of resources and intellects both. To some extent currently harm reduction constitutes treatment facilities (inpatient and outpatient based detoxification, outpatient service), echo training to develop service provider in

substance use disorder management, technical assistance, psycho-education for family member' s, opioid substitution therapy (OST), drop in centers and needle exchange program. However, overall harm reduction activities in Bangladesh will be described below under the title of treatment facilities, echo training, technical assistance, psycho education for family members and opioid substitution therapy (OST) in Bangladesh.

### 4.2 Treatment Facilities

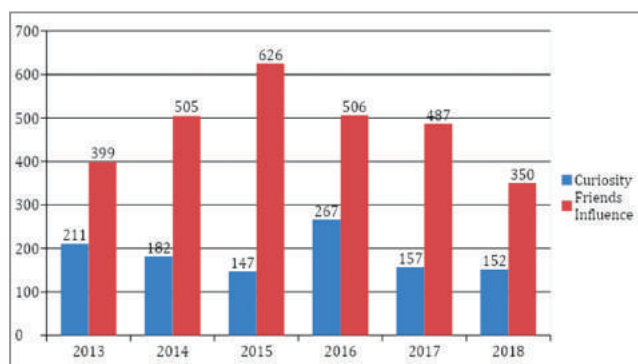
Treatment service for the Substance use disorder people, the Government of Bangladesh provide through Central Drug Addiction Treatment Center (CTC) in Dhaka (124 bed) and three regional treatment centers Rajshahi (25 bed), Chittagong (25 bed) and Khulna (25 bed). The capacity of CTC is 124 beds where 90 beds for adult male patients and 10 beds for children and adolescents. Followed by a proposal to create treatment facility for women a separate and secured female ward of 24 more beds have been started from December, 2018.

In addition, the government has planned to establish more six treatment and rehabilitation centers with facilities of 200 beds in each divisional headquarters. Furthermore, under Ministry of Health, for treatment of substance use disorder there are 25 beds in Mental hospital, Pabna and

50 beds at National Institute of Mental Health, Dhaka, Bangladesh.

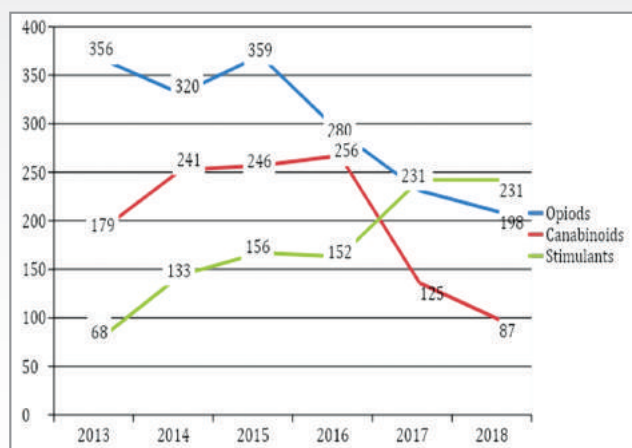
Beside the services provided by the government there are NGO's and private treatment services for the people with substance use disorder. Under the "Rules for establishment and running non-government level drug addiction counseling, treatment and rehabilitation center-2005", Department of Narcotics Control, Bangladesh, issued licenses to 73 NGO and 276 private treatment centers till December 2018. By decreasing amount of license fee DNC facilitates opening of new treatment centre throughout the country with a view to cover treatment facilities in every district of the country for substance use disorder patients.

In addition on October, 2018 National Parliament of Bangladesh passes The Narcotics control Act, 2018 which have been effective from November, 2018 will guide substance use disorder treatment strategy further.



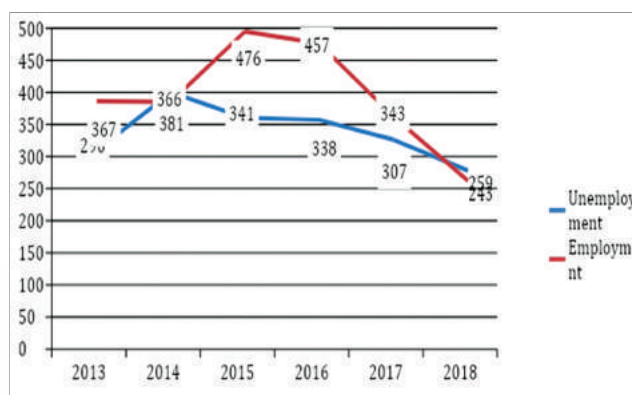
**Figure – I : The graphical presentation of distribution of patients by most frequent primary reason for substance use in central drug addiction treatment center, Dhaka, Bangladesh**

Figure – I shows the graphical presentation of two main causes for taking drugs in Bangladesh which shows that friends influence is most common cause.



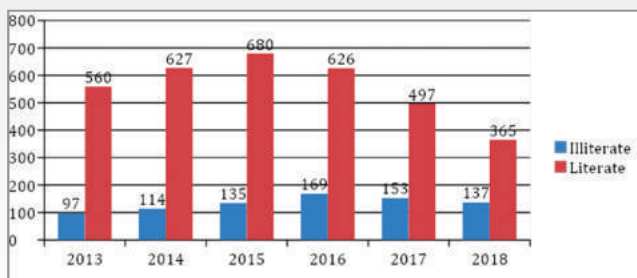
**Figure – II : The graphical presentation of three main substances of use in central drug addiction treatment center, Dhaka, Bangladesh**

Figure – II shows the graphical presentation of three main substances of abuse in Bangladesh. It shows Stimulants (\*Yaba) use is highest as was in previous year and Opioids use is decreasing. In addition there was gradual decrease in Cannabis use.\* Yaba is local name of a substance with an unknown combination methamphetamine and synthetic caffeine.



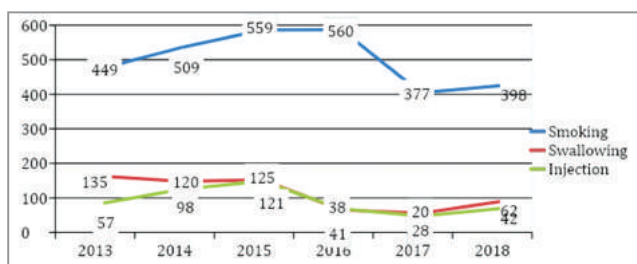
**Figure – III : The graphical presentation of Distribution of Patients by Occupation in central drug addiction treatment center, Dhaka, Bangladesh on 2018**

Figure – III shows that among the respondent unemployment and employment nearly same.



**Figure-IV Distribution of Patients by literacy in central drug addiction treatment center, Dhaka, Bangladesh**

Figure-IV shows the graphical presentation of literacy status of the patients. It represents that most of substance use disorder patients were literate.



**Figure-V Distribution of Patients by Route of Administration of Drugs in central drug addiction treatment center, Dhaka, Bangladesh**

Figure-V shows the graphical presentation of Route of Administration of Drugs in Bangladesh. It represents that smoking is the most common route of drug administration followed by swallowing and injection.

### 4.3 ECHO Training

Central Drug Addiction Treatment Centre supported by Department of Narcotic Control, Bangladesh conducted two refreshers course to prepare at least 100 examinees to participate in the International Certified Addictions Professional (ICAP), Level I Credentialing Examination. In addition eight echo training programme on universal treatment curriculum 1, 2, 6, 7 and 8 from January, 2018 to December, 2018 was also conducted. In total 370 participants from a different background (doctor, clinical psychologist, psychologist,

nurse, recovery addict, clinic owner, etc.) were trained on the above-mentioned curricula. There were 40 more participants that previous year.

On 27 February 2018, after successful negotiation with the Colombo Plan Secretariat ICAP 1 Examination was conducted in Bengali language in Dhaka, Bangladesh. Out of 82 participants 69 was from Department of Narcotics Control and 13 from Dhaka Ahsania Mission. Among them 30 participants (24 from Department of Narcotics Control, 6 from Dhaka Ahsania Mission) passed the examination and became the International Certified Addictions Professional (ICAP), Level I.



Director General, Department of Narcotics Control with the participants of 24<sup>th</sup> UTC 1, 2 training programme held on March 2018 in Dhaka, Bangladesh.



Director General, Department of Narcotics Control giving certificates to participants after completing 27<sup>th</sup> UTC 1, 2 training programme held on August 2018 in Dhaka, Bangladesh.





Director General, Department of Narcotics Control with the participants of Bangladesh in the 27<sup>th</sup> UTC 1, 2 training programme held on August 2018 in Dhaka, Bangladesh.

#### 4.4 Technical Assistance

The Colombo Plan Secretariat with Department of Narcotics Control, Bangladesh arranged training of master trainers on the universal treatment course for substance use disorders in Dhaka, Bangladesh. On March, 2018 advanced UTC 14, 17 and on December, 2018 UTC 15, 18 were conducted with 11 participants from Bangladesh and 5 participants from Bhutan.



Director General, Department of Narcotics Control with international trainers, master trainers from Bangladesh and Bhutan on the advanced universal treatment course for substance use disorders UTC 15, UTC 18 on December, 2018 in Dhaka, Bangladesh.

To strengthen and culturally adjust the contents of the training package by integrating inputs from regional and national experts a regional workshop on

piloting the training package " UNODC Family Treatment Package for youths with drug use disorder" (UNFT) held from 10 to 14 December 2018 in Colombo, Sri Lanka. Participating countries for the regional training were Bangladesh, Maldives, India and Sri Lanka. From Bangladesh a team with psychiatrist, doctors and administrators participated on that workshop successfully. Along with contribution from scientific and cultural perspective regional network between different professionals of Maldives, India and Sri Lanka have been strengthened.



Trainers and participants on regional workshop on piloting the training package " UNODC Family Treatment Package for youths with drug use disorder" (UNFT) held from 10 to 14 December 2018 in Colombo, Sri Lanka.

#### 4.5 Psycho Education for Family Members

In the treatment and rehabilitation programme of substance use disorder role of family is relatively unique in comparison to other psychiatric disorder. All the way to care family need to play the pivotal role along with clinical staff and patient. To train the family members of the patients about their co-dependence, expected role and way to help the patients to prevent relapse, CTC has taken programme for family psycho-education on every Wednesday from 11:00 A.M to 12:00 A.M started since October, 2015. These psycho education sessions conducted according to a semi

structured outline relevant to achieve and maintain recovery, delivered as 4 week programme where anyone who missed a session could catch up if s/he just joined the missed session which will be repeated on next month. Each session conducted by chief consultant, resident psychiatrist, rehabilitation officer, occupational therapist, matron (junior) with support from social welfare department. From January 2018 to December 2018, 45 family psycho-education classes have been conducted. This initiative is highly appreciated by both from patient and their family.



Family members of the patients attending in a weekly family psycho education session held in CTC, Tejgaon, Dhaka, Bangladesh.

#### 4.6 Opioid Substitution Therapy (OST) in Bangladesh

The Opioid Substitution Therapy (OST) programme in Bangladesh is gradually scaling up. Two more OST clinics got approval from Department of Narcotics Control (DNC) in 2018. Two more is in the planning stage and are targeted to operate in 2019. Under the guidance and leadership of DNC, a total of 950 People Who Inject Drugs (PWID) is now under OST coverage. The first ever OST clinic was established at Central Drug Addiction Treatment Centre (CTC) of DNC in 2010 in the form of a pilot study conducted by International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b). After the success of OST pilot study at CTC, limited scale up is being done in the country since 2012 with expansion to 5 OST clinics for PWID along with Save the Children and CARE Bangladesh located mostly at old Dhaka.

OST programme is providing methadone (a medically safe opioid) to 950 people who inject drugs (PWID) in Dhaka. As methadone



Methadone Dispensing Unit used in Icddr,b- CTC run OST clinic



A person in Icddr,b- CTC run OST clinic taking his daily dose of methadone

Table below is showing the number of OST clients receiving methadone in 5 OST clinics in Dhaka.



**Table II: OST clinics fully operational in Dhaka**

Name of the OST clinic	Starting date	Treatment setting	Implementing Agency	Donor	Number of OST clients
Tejgaon CTC-DNC	July, 2010	Govt. treatment centre	icddr,b	GF	150
Dholpur, Dhaka	Dec, 2014	DIC	icddr,b	GF	200
Moulovi Bazar, Dhaka	Oct, 2012	DIC	CARE	GF	200
Swamibag, Dhaka	Dec, 2013	DIC	CARE	GF	200
Khilgaon, Dhaka	Sept, 2016	DIC	Save the children	GF	200
Total PWID under OST (at present)					950

Table II shows that a total 950 OST clients currently taking methadone through 5 OST clinics

**Table III: Newly established OST clinics**

SL	Name of the OST clinic	Starting date	Treatment setting	Implementing Agency	Donor	No. of OST clients
1.	Nayabazar, Dhaka	Sept, 2018	DIC	CARE	GF	200 (enrollment ongoing)
2.	Aganagar, Narayanganj	Sept, 2018	DIC	CARE	GF	200 (enrollment ongoing)
Total PWID under OST (after enrollment)						1350

Table III shows that a further 400 OST clients will be enrolled in two new OST clinics

reduces drug craving and prevents withdrawal from injectable opioids, all the PWID who are regular in treatment have stopped injecting drugs. Careful treatment and monitoring of the PWID helped them to achieve abstinence from injectable drug use.

There is significant improvement in quality of life among the OST clients that encouraged GoB for programme scale up. The QoL as measured by the WHOQOL BREF Scale showed improvement in all four measures of physical, psychological, social and environmental aspects of health.

#### 4.7 Conclusion

Understanding substance use as a public health matter reflects a paradigm shift, a new perspective and a new conceptual model. Instead of viewing substance use

problems as phenomena caused by individual psychological (or moral) deficiencies, harm reduction views any societies patterns of drug use collectively - holding that many of the most destructive consequences (Lowinson, Substance Abuse, 4th Edition, Lippincott Williams & Wilkins, 2004). Furthermore, the criminalization of the substance user undermines his/her ability to control his/her own drug use, sets the stage for collateral damages and worked as barrier to pathway of care.

The wide continuum of harm reduction though unmet till date, certain initiatives evolving at different government and non-government level of Bangladesh which inspire us that in future we may met the international standard of treatment and rehabilitation of substance use disorder.

# 5

## Forensic Analysis of Substance

Central Forensic Laboratory, Dhaka a premier forensic institution of the country was originally established 3<sup>rd</sup> July 2001 in order to carry out the provision of section 62 of the Narcotics Control Act, (NCA) 2018. It is located Dhaka at 174 distillery Road, Gandaria, Dhaka-1204 at the own land of DNC. Narcotics and Psychotropic Substances regarding the law in Bangladesh is governed by the Narcotics Control Act 2018. 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 sophisticated because of its linkages with other crimes like corruption, tax evasion, human trafficking, money laundering and crimes of violence, terrorism etc. In a well thought out strategy to ensure monitoring, spread and effectiveness of the law, The Narcotics Control Act, 2018 empowers officers from Department of Narcotics Control (DNC), Police, Customs and Excise, Border Guard Bangladesh (BGB) etc. to carry out drug law enforcement measures. The laboratory undertakes scientific examination of the clue materials in the crime and civil cases forwarded by the different Courts. It is the specialized and designated laboratory for analyzing narcotics drugs, psychotropic substance and precursor chemical as well as controlled pharmaceutical drugs in Bangladesh. Abuse of pharmaceutical drugs containing controlled narcotic drugs and psychotropic substances (herein after

referred as NDPS) is increasingly becoming a public health issue in South Asia. Pharmaceutical abuse has been gaining popularity among drug users in the region. The abuse of certain prescription drugs—opioids, central nervous system (CNS) depressants, and stimulants—can lead to various harms associated with its abuse. There is a need to invest greater resources into better understanding the nature and extent of this issue, to ensure that future policy reformations related to pharmaceutical drug control measures, account for these changing trends. This company is dominated by local companies manufactures over 8000 brands, meeting the demand for around 95% of the country's pharmaceuticals and even supplies to 142 countries worldwide. The last ten years has been transformative for Bangladesh to say the least. Within this relatively short period of time, Bangladesh went from being a low-income and least developed country to lower middle-income developing country. From pulling millions of people out of the clutches of poverty and exhibiting over 6.6% average economic growth, to sheltering over a million displaced Rohingyas from Myanmar, the days of Bangladesh being in the headlines only for natural disasters seem to long gone. The risks of natural disaster however are not gone, but far from it. In fact, Bangladesh is one of the country's most vulnerable to the adverse impacts of climate change. But the narrative surrounding this low-lying revering delta

seems to be changing. Today, Bangladesh is actually considered by the UNDP to be 'a global leader in disaster management and risk reduction'.

According to enforcement agencies, drug cartels are increasingly manufacturing large quantities of methamphetamine in nondescript towns and villages in Myanmar. Methamphetamine is the most widely abused synthetic drug produced

in Myanmar. It is used across all genders, ages, and socio-economic levels. Has a high rate of addiction, a low rate of sustained recovery, and is relatively inexpensive to manufacture. The Myanmar methamphetamine threat is a two prong problem. Small Capacity Production Labs (SCPLs) (based in the Chicken) Methamphetamine manufactured by Myanmar Trafficking Organizations (large "Super Labs" in Myanmar & elsewhere).

### Statistics of Chemical Analysis of all Agency in 2018

Serial No. Month	Name of the Report	Positive Report	Negative Report	Total
1.	January	3924	00	3924
2.	February	3740	00	3740
3.	March	4031	00	4031
4.	April	4199	00	4199
5.	May	4886	00	4886
6.	June	4399	00	4399
7.	July	5485	00	5485
8.	August	4435	00	4435
9.	September	3944	00	3944
10.	October	3505	00	3505
11.	November	4832	00	4832
12.	December	4095	00	4095
		51475	00	51475

### Agencywise Chemical Analysis from 2015 to 2018 by CCL.

Dept/DNC Division	2015		2016		2017		2018	
	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve
Dhaka Division	2485	00	3540	00	4218	00	1772	00
Khulna Division	1110	00	1980	00	2467	00	1463	00
Rajshahi Division	1852	00	2020	00	2329	00	1191	00
Chattogram Division	920	00	1550	00	2140	00	979	00
Barishal Division	642	00	1480	00	2210	00		00
Rangpur Division	1220	00	1460	00	1943	00		00
Sylhet Division	784	00	1780	00	2032	00		00
Mymensing Division	725	00	1620	00	2170	00		00
Bangladesh Police	33470	03	35370	02	48211	00	32296	00
Others	05		06	00	02	00	170	00
<b>Total</b>	<b>43213</b>	<b>03</b>	<b>50806</b>	<b>02</b>	<b>68728</b>	<b>00</b>	<b>51475</b>	<b>00</b>

High quality methamphetamine utilizing pseudoephedrine & ephedrine (very small capacity per lab / 1-3 grams). Simple to manufacturer by combining into a single container:

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

The most common synthetic drugs is 'Yaba' (illegally manufactured pills containing methamphetamine). Young people are displaying a preference for these types of drugs because rather than sedative the users, they strong social dis-inhibitive and energy releasing components. The reason for this, perhaps, is that ephedrine, the principal raw material in the manufacture of the drug, is available over the counter in the pharmacies, country's they say.

As per provision of the NCA, 2018 any required substances test in connection with any provision of the Narcotics Control Act, 2018 is to be done in this laboratory may be used as evidence in any proceeding in any Court in Bangladesh. Its work has been subsequently broadened by the chemical examination of all drug cases and seized by any law enforcement agencies in

Bangladesh. More over it also examines the drugs and raw materials of any distillery and also the chemical industry or pharmaceuticals industry licensed under the NCA, 2018 for compliance of any provision of this Act. Though this laboratory is specialized for testing of drugs but it cannot perform all kinds of quantitative tests due to lack of sophisticated instruments. Central Chemical Laboratory (DNC) maintains all records of requests for analysis and of the respective items of evidence. During analysis they keep the evidences in their own locker. After completing analysis all examiners submit the analysis reports to the authority. According to GOB rule after six months all rest evidences were disposed. All records of the chain of custody been documented in black and white. It can also calculate the percentage to some extent. The number of test conducted in this laboratory is increasing each and every year but decreasing manpower.

This Laboratory of DNC, procures and provides Drug Detection kits to the drug law enforcement agencies across the country. Availability of a simple, correct user friendly native language method for 'on the spot' testing of suspected materials even by non-technical officers is a key requirement for effective enforcement. Drug Detection kits are two types Narcotics Drug Detection kit and Precursor Chemicals Detection kit along with testing methods and flow charts.

# 6

## Precursor Controls

### 6.1 Introduction

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

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

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

### 6.2 Why will we think about precursor chemicals?

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

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

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

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



The UN convention 1988 listed 22 precursor chemicals initially which are frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. At present there are 24 precursor chemicals in the list

and these are included as A- class drug in the Narcotics Control Act, 2018. PCs are placed in Table-I and Table-II. Table -I contains 15 and Table-II contains 9 precursor chemicals.

**The licit and illicit use of precursor chemicals as follows:**

**Table - I**

Sl. no.	Name of precursor chemicals	Licit use	Illicit use
1	N-Acetyl anthranillic acid (C <sub>9</sub> H <sub>9</sub> NO <sub>3</sub> )	Pharmaceuticals, Plastic and fine chemicals	Methaqualone and Mecloqualone
2	Acetic Anhydride (C <sub>4</sub> H <sub>4</sub> O <sub>3</sub> )	Pharmaceuticals, Plastics, paints, dyes, explosives etc.	Heroin, Methaqualone, P <sub>2</sub> P
3	Ephedrine (C <sub>10</sub> H <sub>15</sub> NO)	Manufacture of cough medicines	Amphetamine Type Stimulants (ATS) -Yaba
4	Ergometrine (C <sub>19</sub> H <sub>23</sub> N <sub>3</sub> O <sub>2</sub> )	Treatment of migraine	Lysergic acid diethylamide (LSD)
5	Ergotamine (C <sub>33</sub> H <sub>35</sub> N <sub>5</sub> O <sub>5</sub> )	Treatment of acute migraine	Lysergic acid diethylamide (LSD)
6	Isosafrole (C <sub>10</sub> H <sub>10</sub> O <sub>2</sub> )	Perfumes, fragrances, pesticides	Tenamphetamine(MDA), (MDMA)
7	Lysergic Acid (C <sub>16</sub> H <sub>16</sub> N <sub>2</sub> O <sub>2</sub> )	Organic synthesis	Lysergic acid diethylamide(LSD)
8	3,4-methylenedioxyphenyl-2-Propanone (C <sub>10</sub> H <sub>10</sub> O <sub>3</sub> )	Manufacture of Piperonal	Tenamphetamine(MDA), (MDMA)
	Norephedrine (C <sub>9</sub> H <sub>13</sub> NO)	Appetite suppressant, nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
10	1-phenyl-2-propanone(C <sub>9</sub> H <sub>10</sub> O)	Pharmaceutical industries to manufacture amphetamine, methyl amphetamine.	Amphetamine Type Stimulants (ATS) -Yaba
11	Piperonal(C <sub>8</sub> H <sub>6</sub> O <sub>3</sub> )	Perfume, component for mosquito repellent.	Tenamphetamine(MDA), (MDMA), MDE
12	Potassium permanganate (KMnO <sub>4</sub> )	Anti-fungal agents, water purification, organic synthesis.	Manufacture of cocaine base
13	Pseudoephedrine (C <sub>10</sub> H <sub>15</sub> NO)	Bronchodilators and nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
14	Safrole(C <sub>10</sub> H <sub>10</sub> O <sub>2</sub> )	Perfume and soap manufacture.	Tenamphetamine(MDA), (MDMA), MDE
15	Alpha-phenylacetoacetonitrile	Very limited	Amphetamine Type Stimulants (ATS) -Yaba

Table- II

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

#### 6.4 Precursor chemicals control in Bangladesh:

Bangladesh does not produce precursor chemicals. But it is neighbor of a major precursor chemicals producing country, India and one of the largest ATS (yaba) producing country, Myanmar. So, we are more cautious about the operation, movement & diversion of precursor chemicals. Bangladesh imports precursor chemicals for industrial and/or legitimate use. The importers have to take licence from the Department of Narcotics Control. Any person who fails to submit the legal requirements of a licence or a permit shall be guilty of an offence and liable.

To comply with the 1988 UN convention, the precursor chemicals are included in the

Narcotics Control Act, 1990 as A-class drug and any operation like production, processing, possession, import, export, purchase, sale, transportation and storage of precursor chemicals without licenses/permit is treated as punishable offence. Precursor chemicals related activities are controlled and supervised under section 9(3) of the Narcotics Control Act, 2018 and the Narcotics Control Rules, 1999. All the 24 precursor chemicals are included in the Narcotics Control Act, 2018.

Among the precursor chemicals only eight like Acetone( $C_3H_6O$ ), Toluene ( $C_7H_8$ ), Acetic Anhydride ( $C_4H_4O_3$ ), Potassium permanganate ( $KMnO_4$ ), Ephedrine ( $C_{10}H_{15}NO$ ), Methyl Ethyl Ketone ( $C_4H_8O$ ), Hydrochloric acid (HCl) and Sulphuric acid ( $H_2SO_4$ ) are

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

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

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

### 6.5.1 Acetone( $C_3H_6O$ ):

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

Annual quota MT	Import MT			
8,328.59	2015	2016	2017	2018
	890.08	959.040	818.56	1358.145

Statistics shows that trend of importation of acetone is increasing from 2015 to 2018 except 2017. In 2017 it decreases slightly.

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

Annual quota MT	Import MT			
11,992.89	2015	2016	2017	2018
	2762.408	3466.335	3281.901	3898.2984

Import statement reveals that import of toluene increased 18.78% in 2018 compare to 2017 but compare to 2015 it is 41% higher.

**6.5.3 Methyl Ethyl Ketone ( $C_4H_8O$ ):** Import of Methyl Ethyl Ketone in the last 4 years is as follows:

Annual quota MT	Import MT			
3643.34	2015	2016	2017	2018
	1191.80	1081.045	574.789	842.561

Statistics shows that import of MEK is in decreasing trend from 2015 to 2017. Importation of MEK in 2018 is 46.58% higher than 2017 but 22% lower than 2016. It indicates that importation depends only on the use of industrial purposes.

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

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

Annual quota MT	Import MT			
3028.90	2015	2016	2017	2018
	556.048	1750	1470	1402.20

From the above mentioned data we can see that from 2016 to 2018, import of potassium permanganate is in decreasing trend and in 2015 it was almost one third of 2018.

**6.5.5 Pseudoephedrine ( $C_{10}H_{15}NO$ ):** Import of Pseudoephedrine in the last 4 years is as follows:

Annual quota Kg	Import Kg			
42,105	2015	2016	2017	2018
	10415.6 Kg Pseudoephedrine	20174 kg HCl	--	--

The annual quota of pseudoephedrine allocated among the issued licences was 42,105 Kg. But any operation of pseudoephedrine like import, use, distribution of pseudoephedrine based cold medicine are prohibited and dosages form of pseudoephedrine based medicine declared illegal by the government of Bangladesh from March 2017 as a

cautionary step to stop abuse of it. The registration of all dosage form of pseudoephedrine based medicine is declared ineffective in Bangladesh by the Directorate of Drug Administration. As a result, at present permission for import of pseudoephedrine and production of pseudoephedrine based medicine is stopped. Like 2017 pseudoephedrine was imported in 2018 in Bangladesh.

**6.5.6 Ephedrine (C<sub>10</sub>H<sub>15</sub>NO):** Ephedrine is used as raw material to manufacture of cough suppressing medicines and cold medicine. At present import of ephedrine is discouraged by apprehending misuse of it.

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

Annual quota Kg	Import Kg			
217	2015	2016	2017	2018
	42	0.30 gm	35	--

Import statistics reveals that import and use of ephedrine is not significant in Bangladesh. Permit for importation of ephedrine was not issued from the Department of Narcotics Control in 2018. As a result, ephedrine was not imported in Bangladesh in 2018.

**6.5.7 Acetic Anhydride (C<sub>4</sub>H<sub>4</sub>O<sub>3</sub>):** Import of

Acetic Anhydride in the last 4 years is as follows:

Annual quota MT	Import MT			
1916.04	2015	2016	2017	2018
	2352.274	1707.040	1759.589	842.917

Statistics indicates that import of Acetic Anhydride in 2016 and 2017 was almost static but in 2018 it decreased sharply. In 2018 import of acetic anhydrides was 52% and 50.62 % lower compare to 2017 and 2016 respectively. On the other hand, in 2017 import was slightly increased (3.08%).

## 6.6 Conclusion:

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

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

### 7.1 Introduction

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

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

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

period of time. Now, Yaba has emerged to be the major drug of abuse in the country. As per DNC statistics, the seizures of Yaba by law enforcement agencies have grown by many times from 2009 to 2017. This indeed is matter of concern for Bangladeshi authorities. Few years ago, codeine based cough syrups were main drug of abuse in country. The persistent engagement and cooperation between agencies of Bangladesh and India and some serious measures taken by Indian agencies have led to decline in the trafficking of Codeine based cough syrups since 2012 as evident from the decline in the seizures reported in DNC statistics.

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

Poly drug use i.e. cocktail of injecting drugs like Buprenorphine in combination with Diazepam and Phenergan is noticed amongst the abusers. A poly drug abuse in form of a cocktail of diazepam and other anti-depressants with non-codeine based cough syrups known as Jhakki is also



reported. No information of abuse of Tramadol in the country was available but cases of abuse Ketamine have been noticed by the DNC.

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

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

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

Locally manufactured pharmaceutical drugs mainly benzodiazepines class of drugs like Diazepam, Nitrazepam, and pain killers like Pethidine etc. are reported to be abused. These drugs are believed to be

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

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

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

## 7.2 New psychoactive substances (NPS)

New psychoactive substances (NPS) have been known in the market by terms such as "legal highs", "bath salts" and "research chemicals". NPS are defined as "substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic

Substances, but which may pose a public health threat". The term "new" does not necessarily refer to new inventions — several NPS were first synthesized 40 years ago — but to substances that have recently become available on the market.

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

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

treatment. Monitoring, information sharing and risk awareness are needed to counter this new drug problem.

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

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

Still the NPS problem in Bangladesh is not severe but as early control measure regarding NPS, DNC has rectified the Narcotics Control act 1990. This control measure has implemented into the national legal framework of Bangladesh.



# 8

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

### 8.1 Introduction

Organized crime means the criminal activities that are planned and controlled by powerful group of professional criminals who work together as part of a powerful and secret organization. Transnational organized crime (TOC) is organized crime coordinated across national borders, involving groups or networks of individuals working in more than one country to plan and execute illegal business ventures. TOC threatens peace and human security, violates human rights and undermines economic, social, cultural, political and civil development of societies around the world. Illegal drugs trade includes manufacture and distribution of drugs that is often controlled by organized crime and gangs. Transnational crimes include: money laundering; human smuggling; cyber crime; and trafficking of humans, drugs, weapons, kidnapping, people smuggling, endangered species, body parts, or nuclear material, sex slavery, terrorism offences etc.

According to UNODC - organized crime has diversified, gone global and reached macro-economic proportions: illicit goods may be sourced from one continent, trafficked across another, and marketed in a third. Transnational organized crime can permeate government agencies and institutions, fuelling corruption, infiltrating business and politics, and hindering

economic and social development. And it is undermining governance and democracy by empowering those who operate outside the law.

#### Characteristics of organized crime:

1. Involves association of a group of criminals.
2. Has a hierarchical structure with grades of authority.
3. Involves advance planning of successfully committing crimes and minimizing risk.
4. Maintains a reserve fund from profits as capital for criminal enterprises, seeking help of the police, lawyers and politicians for providing security to the arrested member and also to escape arrest.
5. Some groups are specialized in just one crime while some others may be simultaneously engaged in multiple crimes.
6. Involves delegation of duties and responsibilities and specialization of functions
7. Use of force and violence to commit crimes and restrain external competition.
8. Initially organized criminal gangs operate in a limited area and are engaged in a limited type of crime with limited number of persons, but gradually they expand into a wider range of activities extended over large geographical areas.
9. Arranges strong permanent protection against interference from law-

enforcement authorities and other agencies of government.

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

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

It is seeking parallel cooperation with other organizations which would enhance the

possibility of putting an end to the internet dissemination of violence and terrorism inciting programs from its source.

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

Today the threat from Transnational Organized Crimes (TOC) is more complicated because criminal networks are more fluid and are using increasingly sophisticated tactics. TOC can develop the consistent nature of our modern trading, transportation, and transactional systems that move people and commerce throughout the global economy and across our borders.

Now drug is not individually hazardous for mental or physical health but also a threat for peaceful society by committing organized crimes relates to drugs i. e. Transnational Organized Crimes (TOC) which is related to illegal financial flows. To combat money laundering or illegal flows of finance different law enforcing agencies



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

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

Crime and drug challenges in are comprehensive, and many are transnational in nature. A combination of threats posed by transnational organized crime in the manufacture, trafficking and use of illicit drugs, trafficking of persons, smuggling of migrants, and environmental crimes such as the trade of illegal timber, have been facilitated by the ease of money laundering.

Though Bangladesh is not any harmful drug producing or exporting country but is facing severe problem concerning abuse of drugs. Geographical location of Bangladesh makes it vulnerable as it is placed between Golden crescent and Golden triangle, the world largest narcotics drugs producing and trafficking zone. Illegal drug issue is a considerable subject for Bangladesh in context of illegal financial flow as well as TOC. Because evidences show that drugs and illegal arms stay side by side to spawn crimes or organized crime.

Bangladesh has become a targeted possible transit point for narcotics destined for international markets. Bangladesh long and porous borders have made the country vulnerable to trans-border smuggling. Drug trafficking mainly of ATS (Yaba), heroin, Codiene (phensedyl), injecting drugs (Buprenorphine) or other psychotropic substances and precursor chemicals, NPS poses a real challenge to the nation. A host of factors have contributed to Bangladesh

becoming a lucrative narco-transit-zone for the transnational drug trader. Considering this Bangladesh is being prepared to tackle this problem by equipping the sea port, international airports and land ports. Because there is instance of trafficking different types of drugs especially ATS and Cocaine from other destination using different entry-exit points of Bangladesh.

All LEA's of Bangladesh seized 53048548 pcs yaba in 2018 which about 32.36% increase compare to 2017 and 1780 % compare to 2013. Other some drugs like heroin, cannabis, codeine and injecting drugs seizure are also in increasing trend.

Department of Narcotic control, Bangladesh is empowered by its act 2018 to investigate the money laundering cases which is consecutive to TOC. Moreover, Bangladesh government has established money laundering Act 2012 which is amended in October, 2015. As per this act DNC can initiate their drug's cases for investigating any involvement of money laundering as well as TOC. Bangladesh Intelligence Financial Unit (BFIU) is coordinating all relevant law enforcing agencies (LEAs) of the country are trying to combat the drug menace though their consumption is increasing day by day all over the country. To address this problem all relevant ministries, agencies and departments are working individually or jointly.

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

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



### These are as follows-

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

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

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

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

Those committees are working to co-ordinate all level and ways of mechanisms to reduce the jeopardy of drugs in Bangladesh.

Besides, there is a forum of coordination,

cooperation and networking on drug related issues at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO).

There is a forum of coordination, cooperation and networking on drug related issues at the District level called the District Drug Control Committee (DDCC). The DDCC is headed by the Deputy Commissioner of the District.

The members of this forum are: The Deputy Commissioner (Chairperson), the Superintendent of Police, the Civil Surgeon, the Deputy Director of Youth Development, a representative from the Islamic Foundation, a male social worker, a female social worker, a NGO representative, a lawyer and the regional Officer of the DNC (Member Secretary).

The Narcotics Control Act, 2018 provides the legal basis for formation of the National Narcotics Advisory Committee (NNAC) as the highest policy-making body of the government for formulating necessary policies and strategies to combat drug problem in the country.

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

Various areas of cooperation among the law enforcement agencies are needed including: (a) promoting cooperation among respective investigators and

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

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

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

### **8.4.1 Bangladesh POLICE**

The Bangladesh Police is the main law enforcement agency of Bangladesh which is administered under the Ministry of Home Affairs of the Government of Bangladesh. Bangladesh Police is headed by the Inspector General of Police (IGP), under whose command; Bangladesh Police is divided into different 19 branches including Rapid Action Battalion. Besides police members have deputation tradition to other some important relevant department for necessary performance-based activities.

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

The Narcotics Control Act, 2018 empower

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

Every year police recovered or seized remarkable amount of illegal drugs and arrested those who are involve in it. It is said that the main source of criminal activities in the country occurred due to illegal drugs.

### **8.4.2 BORDER GUARD BANGLADESH (BGB)**

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

BGB is commanded by a Director General of the rank of Major General from Bangladesh Army. The BGB administration and most of the officer are trained and deputed from Bangladesh Army. It is divided into 61 battalions and numerous border outposts (BOP) mostly along the borders. BGB is organized into a Central Headquarters and 4 Regional Headquarters. Under the regional headquarters there are 16 Sectors, 47 Battalions and many other Border guard outposts. As all kinds of illegal drugs abused in Bangladesh or trafficked through the country are coming from outside or neighboring countries, BGB has to play a vital role to combat it staying at the leading line i.e bordering areas of the country. Every year BGB seized notable amount of different level of illegal drugs from the bordering areas (courtesy – BGB website

### **8.4.3 RAPID ACTION BATTALIAN (RAB)**

Rapid Action Battalion (RAB) is an elite anti-crime and anti- terrorism unit of Bangladesh Police under ministry of Home Affairs. It is under the General command of Inspector



General of Police (IGP). The head of Rapid Action Battalion (RAB) is the Director General of the rank and equivalent status of Additional Inspector General of police. It consists of members of the Bangladesh Police, Bangladesh Army, Bangladesh Navy, Bangladesh Air Force, Border Guard Bangladesh and Bangladesh Ansar. It was formed on 26 March 2004 as RAT (Rapid Action Team), and commenced operations on 14 April 2004.

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

#### **8.4.4 COAST GUARD**

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

Since its establishment the Coast Guard has been rapidly expanded and has been active in several high profile anti-piracy operations in close conjunction with the Bangladesh Navy, Bangladesh Army, BGB, Bangladesh Police and Department of Narcotics Control.

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

The widely abused drug ATS (Yaba) in the country is smuggled from Myanmar to Bangladesh. Now drug smugglers are

trafficking drugs in to Bangladesh using the sea routes. Here Coast Guard of Bangladesh is playing a vital role to tackle the smugglers operating in the sea. Coast Guard of Bangladesh also has very successful recovery history of illegal drugs from sea or maritime boundary of Bangladesh.

#### **8.4.5 DEPARTMENT OF PRISON or JAIL**

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

There are about 68 prisons in Bangladesh, among which 13 are Central Jails and 55 District Jails including a female prison in Bangladesh. The overcrowding of prisoners is the highest in Bangladesh among the South Asian Countries. The total number of yearly arrests for drug related offences in Bangladesh is approximately 45,000 persons on average. Among these arrestees there are remarkable number are drug abusers. Sometimes drug addicted persons are made over to the prisons by the parents to make them free of addiction in a confined state. Majority of the drug peddlers are also habituated to drugs and when they are put into prison, they need treatment for their addiction. Apart from problem with drug addiction, prison populations are highly vulnerable to HIV/AIDS. Each of the prison in Bangladesh has hospital. The Narcotics Control Act, 2018 provides provision for declaring three these hospitals as drug addiction treatment centre-on. There are treatment facilities for the convicted drug abuser i. e prisoner in Comilla, Jessore and Rajshahi central Jail.

#### **8.4.6 CUSTOMS**

Bangladesh Customs was formed under the National Board of Revenue in 1972 after the Independence of Bangladesh through the Customs Act. Offices under the Customs



wing implement the policies formulated by the NBR, collect duties and taxes at the import stage, apply relevant laws and regulations formulated by other border agencies, and ensure facilitation of trade. Apart from collection of government revenue, it is also responsible for trade facilitation enforcement of government regulations, production of society and environmental protection, protection of foreign trade statistic, trade compliance and protection of cultural heritage. At the legal ports of entry, it is the principle agency to apprehend illicit trafficking of drugs. As the customs authority is not empowered to investigate drugs offences, whatever cases are detected by them, is handed over either to police or to the Department of Narcotics Control.

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

#### **8.4.7 ANSAR & VDP**

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

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.

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

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

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

Bangladesh is a signatory of three UN conventions: (1) The single convention on Narcotic Drugs, 1961, (2) Convention on Psychotropic Substances, 1971 and (3) Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Bangladesh is fulfilling all the requirements of these conventions. Bangladesh is sharing necessary information with UN Bodies: UNODC and INCB (PEN, PRISM Alerts,). Signing the International Drug Convention, Bangladesh inherited the policy of giving a full cooperation on drugs control to foreign countries and international organizations.

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

The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation





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

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

MOU with Drug Enforcement Agency (DEA), USA. DNC is closely working with DEA to combat international drug smugglers those are trying to use Bangladesh as a safe transit route of drug smuggling. Already DNC has some successful story of seizure of Cocaine and ATS from our International airport as per information shared by DEA.

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

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

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

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

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

## 8.6 Executive Summary

Real time intelligence sharing and best practices on it is the vibrant tools to combat internal and external threats to national security. Bangladesh is very much ready to combat illicit drug menace as well as other crimes by adopting internal powerful mechanism including operational and prevention strategies. Bangladesh is actively coordinated and participated in different international frames like UN (conventions), UNODC, Interpol, BIMSTEC, SAARC – SDOMD, Colombo plan, new attempt to combat TOC i. e. SARICC- TOC etc. and bilateral talks with respective countries to combat drug trafficking, ML and TOC.



“Addiction Free Bangladesh is our Vision.  
Zero-Tolerance to Narcotics is our Mission.”



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