

ANNUAL DRUG REPORT

OF BANGLADESH, 2010



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

Building up Drug Free Bangladesh is Our Vision

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

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Advocate Shahara Khatun
Minister
Ministry of Home Affairs
Government of the People's Republic
of Bangladesh

MESSAGE



The abuse of drugs and their illicit trafficking is one of the major problems throughout the world. No nation irrespective of geographic location, race, economy and developmental status is immune against drugs. Almost one third of the world-populations are directly or indirectly affected by the menace of drugs. Its effects and implications are multi-dimensional. The destructive consequence of the abuse and illicit trafficking of drugs are visible at individual, family, social and national level in every country. It is a severe threat to public health all over the world. Drug related mortality and morbidity are considered as a major problem in public health.

In Bangladesh we do not know how many people are victim of drugs. But it reveals from unofficial estimation of NGOs that there are about 4.6 millions of drug abusers in Bangladesh and more than taka 25 thousand crore are spent for drugs in Bangladesh each year. It also appears from crime reports that approximately 30% of the offences in Bangladesh are of drugs and almost 70% of the crimes are directly or indirectly related to drugs. Most of the crimes like theft, robbery, kidnapping, extortion and terrorism are linked to drugs. In Bangladesh almost 80% of the drug abusers are youth and drug is eating away the vitality of our nation. Considering all the aspects, the Government of the People's Republic of Bangladesh has put drug-problem as major subject in its priority list.

Though the Department of Narcotics Control is the Nodal Agency for drug abuse prevention and control in Bangladesh, it is not possible for a single agency to solve the multi-dimensional problems of drugs. All concerned Government and non-government organizations, voluntary associations and individuals have role to play in the fight against drugs. To achieve victory against drugs we must know the nature and extent of the drug problem in Bangladesh. We do not have any epidemiological survey on the drug situation in Bangladesh. I believe that this Annual Drug Report will help to have an understanding on the drug problem in Bangladesh. I welcome the Department of Narcotics Control for such a noble attempt.

Joy Bangla, Joy Bangabandhu

(Advocate Shahara Khatun)





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

MESSAGE



We should not give entrance drug, a silent killer to our family, society and culture. The emergence of new and modern harmful drugs has changed the scenario completely. Our new generation is being victim of some very dangerous drugs like heroin, phensedyl, buprenorphine and yaba. It is destroying the vitality of our nation. Drug is causing a great disaster in our national economy. A very large amount of foreign currency and gold are being drained out of the country for smuggling of drugs each year. Injecting drug use is one of the main causes of the spread of HIV/AIDS. The abuse and illicit trafficking of drugs are escalating various social crimes and perversion among the your generation.

Though much stress is put on law enforcement to control the supply of drugs, the recent trend throughout the world is that law enforcement alone cannot yield the desired result unless the demand for drugs is reduced to a reasonable level. Reduction of the related harms caused by drug abuse is also important. There are multi-dimensional techniques and methods to reduce the demand for drugs. The Department of Narcotics Control is primarily responsible for prevention and control of drug abuse and illicit trafficking in Bangladesh. But it is quite impossible for a single agency to face the devastating problems of drugs. Therefore all concerned agencies, the society and every individual should come forward with their best efforts and sincerity to fight the drug menace.

The present Government led by Banganetree Sheikh Hasina has taken various steps to strengthen the Department of Narcotics Control by deploying manpower and providing logistic support, training etc. The Government has also taken initiatives to amend the concern Act in order to handle drug problem properly.

We are facing the cursed consequence of the abuse and illicit trafficking of drugs since last four decades. But we do not yet have any knowledge on the nature and magnitude of the drug problem in Bangladesh. I am delighted to know that the Department of Narcotics Control has taken steps to unveil the magnitude of the drug problem by publishing an Annual Report on the drug situation in Bangladesh. I wish a grand success of their effort.

Joy Bangla
Joy Bangabondhu

(Advocate Shamsul Hoque Tuku)





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

MESSAGE



Drug abuse and illicit trafficking is one of the major problems in Bangladesh. Our young generation is the main victim of drugs. Demoralization and perversion in personal values, behaviors and attitudes are closely associated with adverse consequences of drug abuse. Even some brilliant students are being dropped out from their academic career for drug addiction. Drug addiction in many cases destroys the peace and harmony of many families. Ultimate result of drug addiction is of course painful death. But before that most of them suffer from diseases like HIV/AIDS and Hepatitis. Each year lot of unnatural deaths are happening due to drug addiction. Social crimes like theft, robbery, kidnapping and extortion have roots with drug abuse and illicit trafficking. The top criminals have linkage with top drug traffickers. Considering all these negative aspects the Government of the People's Republic of Bangladesh put much importance to combat drug abuses and its related issues.

The Department of Narcotics Control is being strengthened by enhancing its manpower, organizational set up and logistic support. Other law enforcement agencies and Government organizations have also come forward to fight against drugs. The NGOs are also playing important role in generating public awareness against drugs and treatment of drug addiction. But we lack information on the drug situation of the country. It is very important to know the magnitude of the drug abuse problem of the country for proper planning and resource allocation. So far I came to know that the Annual Drug Report of Bangladesh prepared by the Department of Narcotics Control contains basic and valuable information on various aspects of the drug problem in Bangladesh. I think this excellent piece of work will work as a guideline for all concerned to combat drugs in Bangladesh. I thank the Department of Narcotics Control for their efforts for preparing this report and wish its success.

Abdus Sobhan Sikder
Secretary





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

FOREWARD



Due to geographical location of Bangladesh in between the Golden Triangle and the Golden Crescent, the two most important narcotic drug producing belts in the world, the drug problem has emerged as a great threat to the country. Illegal drug trafficking has paved the way for drug abuse in Bangladesh. In absence of a nationwide survey we cannot state the actual number of drug addicts in Bangladesh. But it is estimated about more than 4 million. The seriousness of the problem can be imagined by this huge number. The Department of Narcotics Control (DNC) was created in 1990 in order to control the misuse/abuse of drugs. The DNC along with other law enforcing agencies, such as Police, BGB, Coast Guard are relentlessly endeavoring to curb the supply of drugs into Bangladesh. The DNC is mainly involved in supply reduction, demand reduction and harm reduction activities. Besides this organization is also involved in controlling the drugs legally used in various manufacturing purposes. In spite of its inadequate manpower and other logistic support performance of the DNC is undoubtedly noteworthy.

This is for the first time the DNC is going to publish its Annual Report in order to let all concerned know about the activities of the DNC. I hope that the process of publishing the Annual Report will be followed in the years to come.

I express my thanks and gratitude to all who have worked hard to accomplish the task of publishing this Annual Report.

Khandker Mohammad Ali
Director General
Department of Narcotics Control
Bangladesh



EDITORIAL

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

Problematic abuse of drugs is abuse with adverse and harmful effects on individuals in particular and on the society as a whole. The problem of drug abuse and illicit trafficking in Bangladesh has been noticed since last four decades. But we do not still know its magnitudes for absence of any reliable survey. The Department of Narcotics Control (DNC) has the sole responsibility to make an assessment of the nature and extent of the drug problem in Bangladesh. But due to constraints in manpower and resources, and for the immensity of the task, we are still lagging behind. However this Annual Drug Report is an attempt to give an understanding of the drug situation in Bangladesh within the purview of the Department of Narcotics Control.

We very sincerely admit that our data management system is not so much sophisticated. Therefore there might be many loopholes and imperfections in the statistics and information furnished in this report. Moreover there might be many bits and pieces or pros and cons of the drug scenario in Bangladesh which we could not cover in the limited sphere of this report. However we tried our best to put insight into the basic issues of historical, socio-economic, cultural, environmental and legal aspects of the drug problem in Bangladesh. This is the first report on the drug situation in Bangladesh. Our views are more analytical than descriptive. Major portion of this report is based on my earlier writings from 1990-2009 on the drug situation in Bangladesh. The statistics are obtained from the database of the DNC. The pictures are from DNC's archive and internet.

I convey my heartiest thanks and gratitude to the DG and ADG of DNC for their valuable guidance and suggestions for preparing this report. I am also indebted to the Directors and other officials of the DNC for their best cooperation in providing data for this report. I had to prepare this report in extreme haste and under immense pressure of preparing DNC's annual souvenir and this one side by side at the same time. Therefore mistakes and faults may be an inevitable incident and I do not deserve any credit in preparing and editing this report. However I would be obliged to all concerned for any constructive criticism and suggestion for my future guideline on this sort of tasks.



Md. Abu Taleb

Additional Director

Department of Narcotics Control



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ANALYSIS OF THE DRUG ABUSING SITUATION

INTRODUCTION

Drugs, when first invented/discovered or manufactured were of course for a legitimate purpose like medical, industrial, or scientific use. Abuse of drugs began through various experimentation of diverted use and money-generating efforts there from. At present, most of the intoxicating drugs, except a very few, have legitimate use for medical, scientific, or industrial purpose. Some of these drugs, in spite of their abusive potentiality, are considered to be very essential and life-saving. To stop abuse, a complete ban on these drugs may cause severe crisis in industrial sector and in public well-being. As a result production, distribution, availability and use of drugs cannot be stopped completely, even if they have high abusive potentiality. Therefore international treaties/conventions and the domestic drug legislation of every country provides provisions to ensure regular supply of drugs for medical, scientific and industrial purposes. The prevailing socio-cultural patterns, attitudes and values in the society towards all forms of use and abuse also influence the relationship between licit and illicit use of drugs.

The legal status of drugs also varies from country to country, from religion to religion, from generation to generation and from society to society. There are societies, where drug is a part of their daily life, and no demarcation exists between use and abuse of drugs. There are countries, where lenient views are taken on use of drugs in general, and on getting intoxicated in particular. There is also no moral for the physicians in prescribing habit-forming medicinal drugs. It is argued that prescribing medicinal drugs by physicians to their patients is not a concern of any one except the physician

and the patient. The physicians know about few benefits of a particular drug, while many of the adverse effects are still unknown. To speak in practical terms, the history of dependence or addiction to drugs had been emerged and evolved due to doctors' lenient prescription and ignorance on drug's habit-forming potentiality.

The most dominating component of demand for drugs in a society is the environment. Environment, in its broadest sense, includes the whole surroundings of our life involving physical, psychological, social, cultural, religious, political and economic aspects. Each of these aspects is beyond the control of the policy makers of drug abuse prevention. Moreover, drug abuse is deeply rooted in all the combined problems of our environment. It is the symptom or outcome of the multi-dimensional problems of our environment. The way people live physically, mentally, culturally, socially and materially, are strongly linked to their personal traits, emotions, desires, values, beliefs and needs. Everyone has not the same type of personality and coping skill. One who has maladjustment with any of the component of his surrounding environment, has a natural instinct to escape there from just to avoid pain and discomfort; and drug is the main passage for that escape. Thus environmental conditions, such as poverty, lack of nutrition, unfavorable family and social condition, dissatisfied desires, needs or emotions, illiteracy, social strife, tension, deprivation, feelings of insecurity, competition, uncertainty of future, etc. play vital role for generating demand for drugs in the society.

Demand for drugs is also generated by other factors those can influence individuals in multiple way including peer-pressure, lust for enjoyment, easy availability, and excess flow of money without rationale, judgment and balanced personality. An individual is vulnerable for addiction to drugs under the following condition: *when he has biological and*

genetic components of being drug user; when he is Ignorant of the dangers of drug use; when he is in a state of poor physical and mental health; when he is under-privileged and dissatisfied with the quality of his life-standard; he has a poorly integrated personality; if he lives in an unfavorable family and social environment; if he is frequently faced with easily available drugs. Conversely little risks exists in case of an individual, who has no biological or genetic vulnerability of being drug user; who is well informed of the dangers of drugs; who is physically and mentally sound; who lives a good life; who has self-esteem and strong personality; who lives in a healthy environment; and has little access to drugs. All these factors need to be taken into consideration while reviewing the problem of drug abuse in Bangladesh.

THE SOCIO-ECONOMIC AND HISTORICAL ASPECTS OF DRUG ABUSE IN BANGLADESH

Apart from the factors noted above, the problem of drug abuse in any community is linked to its socio-economic context. The different landscape, climate and geological aspects of different parts of the world are suitable for different drug-producing plants. For Example, coca plants grow best in Andean region. Poppy grows well on the mountainous soil of Middle-East and South-East Asia. The Mediterranean region is most suitable for vine. Tobacco grows best in the Virginia State of North America and cannabis is found abundantly in the tropical region of Asia, Africa and America. Therefore the Andean region have earned speciality for the production of cocaine, Middle-East and South-East Asia for opium and heroin, Mediterranean region for alcohol, USA for tobacco, and the tropical region of the world for cannabis production. Drugs have the highest

vulnerability for abuse in the producing area due to its easy availability. Religion is another factor to influence the drug related behavior of a community. As there is religious ban on drinking alcohol in the Muslim community, the countries with majority of Muslim population have less consumption of alcohol than the non-Muslim countries. Developed countries with sophisticated technologies are at the top of abusing synthetic, modern and 'Designers Drugs'. The prevalence of the stimulant drugs is highest in the countries with high industrial development.

Though these predominating factors of drug epidemic are absent in Bangladesh, still it has a high vulnerability for abuse of drugs. One of the main reasons is its geographical location. Being geographically located in the middle of the world's largest narcotics producing belt-the Golden Triangle and the Golden Crescent, and being enclosed on three sides by the world's largest licit opium producing country India (which also produces psychotropic substances for legal use with indications of considerable diversion into the international and local illicit market), Bangladesh has long been in a vulnerable position to be affected by the problem of drug abuse. Earlier the country was used as a transit/corridor for drugs produced in Golden Triangle, and by now an internal market for those drugs has developed as well. Cannabis was being used by saints and meditators of this land over thousands of years and it was a traditional crop under governmental control in Naogaon District till 1986.

Starting from the British regime until 1984, there was a Government-controlled vending system of opium throughout the country. Opium was being used for medicinal and recreational purposes since the beginning of the Muslim era. A considerable part of Bangladesh's minority population, specially the tribal people in the North-West, North and South-East areas i.e., the Saontals, Garos, Tipras, Murangs,



Murma, Chakma, etc., still consume alcoholic drinks traditionally for the purpose of social recreation and for ritual and religious purposes. There is no legal, social or religious ban on the Hindu community for consumption of alcohol. Certain classes of population, 'Doms' and Cobblers, for example, use alcohol as a basic element of their daily life, culture and profession. Though control provisions are enacted in the present legislation in 1990 on some sedative, hypnotic and tranquilizer drugs as required under the 1971 UN Convention, it has not yet taken effect for multiple reasons. As a result, sedative, hypnotic and tranquilizer



The workers are working at an opium manufacturing factory of the East India Company in undivided India during the British regime.

abuse is prevailing among all classes of population. Though there is a religious and legal ban on drinking alcohol within the Muslim community, its easy availability in the tribal, non-Muslim and lower class of population has been facilitating its use in the Muslim community since long. But all these aspects were confined within a very minor portion of the population, and it did not affect the fabrics of our society in any way. Therefore the society and the Government had very little concern about the use of drugs in the past.

The present drug scenario in Bangladesh is an after-effect of the liberation war of 1971, when the socio-economic condition was marked by economic break down, scarcity of employment, frustration among educated young generation,

political instability, social disintegration, rapid urbanization, massive migration of people from rural to urban area, influence of western culture, break down of the family structure in urban population, etc.

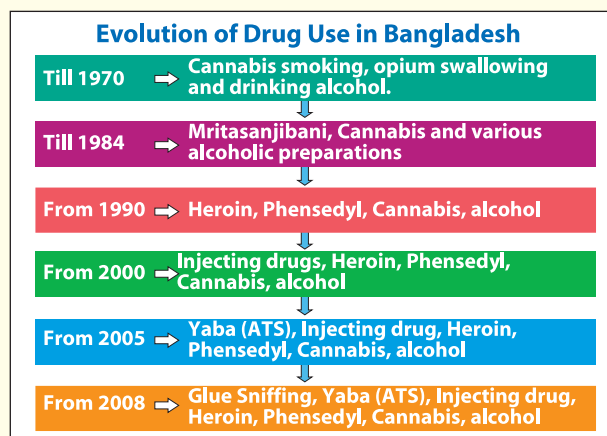
The whole socio-economic scenario of Bangladesh was changed after the liberation war. The young generation was pioneer to fight in the liberation war. Those who could not participate in the war faced the most terrific experience in their life during the war period. Those who migrated to India came back with new experiences and values from the neighboring country. The tyranny and genocide of the Pak-army over the population in Bangladesh during the liberation war got wide publicity in the international media. After the liberation war this new country in the world map was flooded with foreign tourists causing invasion of alien sub-culture in our urban society, and drug was of course a dominating part of this sub-culture. There was a gulf of difference between the expectations and achievements of the veterans in the newly born country. The total economy of the country was at stuck. The youths were unemployed, frustrated, depressed, demoralized and agitated. They became victim of various perversion in liking, behavior and culture. This frustration, demoralization and perversion among the youths in Bangladesh have been continuing successively till date. The unemployed and school-dropout youths with a little educational background is one of the most prominent victim groups of drugs. The maximum of this group are involved in various criminal activities including theft, robbery, extortion, terrorism, drug smuggling, drug trading and consequently of course the abuse of drugs.

Bangladesh is not substantially a drug-producing country. The problem of drug abuse was not a concern of the Government and the

society during the pre-liberation period, because it did not affect the fabric of the society. Due to changes in the global drug phenomena and changes in Bangladesh's social, cultural, environmental, economic and political heritages, drugs have now become a threat to our nation. Though not supported by any specific survey report, it is presumed that the number of drug-dependent persons in Bangladesh may be around 4.6 million. It appears from the data of the Central Drug Addiction Treatment Centre (CTC) that the average per day expenditure for drugs in Bangladesh is Tk.150/ and the total annual wastage of money for drugs exceeds Taka 24 thousand crore. The amount of money spent for drugs, are being drained out of the country in terms of foreign currency, because maximum amount of the drugs are smuggled from foreign countries. The money circulated in the drug market in Bangladesh is causing a negative influence on our national economy. It is evident from the data of the Department of Narcotics Control (DNC) and the CTC that almost 50% of the drug abusers are involved in various crimes and anti-social activities. It is also evident from the crime reports of Police that abuse of drugs is one of the major causes of theft, robbery, extortion and terrorism in the major urban areas. The drug dealers are also reportedly associated with serious organized crimes in the urban areas. The illicit trade and abuse of drugs has become a serious threat to public peace, as well as to the total environment. The risks, harms and hazards caused by drug abuse, are also great threats to the sanity of our public health.

Drugs have been in use in Bangladesh for a long time, as in most other parts of the world. There is both a tradition and a history of consumption of opium, cannabis and alcohol in Bangladesh. Under the Drug Ordinance 1982, most of the narcotic, sedative, and tranquilizer drugs of abusive potentiality and harmful for public health were banned. All medicinal

preparations containing alcohol including a very popular alcoholic drink called 'Mritasanjibani Sura' were banned in 1984. Bangladesh banned opium in 1984 as per the provisions of the United Nation's Single Convention on Narcotics Drugs, 1961. During the year 1989, cannabis was also made completely illegal to fulfill the obligations of the Single Convention. Thus from 1982 to 1989 almost all old drugs were banned without any educational, awareness and motivational program against drug abuse. The people with drug-habit were in crisis to get their supply of drugs and very naturally they were looking for substitution. In this situation production and supply of opiate from Golden Triangle and Golden Crescent increased to a great extent. Bangladesh for its strategic and geographic location began to be used as a transit country. More over the international drug traffickers were looking for new market for their excess merchandise and third world was their main target. Consequently Bangladesh became a drug user country. We do



not know whether too harsh repressive measures without any moral education, motivation and awareness campaign ironically diverted the drug users in Bangladesh to their new pathway to new and harder drugs like heroin, phensedyl, buprenorphine and yaba or not.

The abuse of drugs and their illicit trafficking in Bangladesh has recently increased to a great extent. Its harmful effects on health, economy,

families, society and on the overall environment have increased commensurately. Bangladesh's proximity to the major drug-producing belt in the world and lengthy easy accessible land borders, have made it possible for easy drug trafficking, which now has introduced a number of new substances of abuse. Drug abuse as a problem in Bangladesh caught the attention of the Government at the end of last century as it began to destroy our social fabrics. Since then there were various perversion among the young generation under the influence of drugs. Various criminal offences and anti-moral or anti-social activities are in increase in association with drug use and drug trade. But in absence of systematic study or research on the nature and extent of the drug abuse problem, it is really tough to make an assessment on the magnitude of the drug abuse problem in Bangladesh.

DEMOGRAPHIC FEATURES OF THE DRUG ABUSING POPULATION IN BANGLADESH

There is a paucity of reliable data on the drug abuse situation in Bangladesh. Drug trafficking and abuse is a serious problem in Bangladesh, more widespread than most people believe. Although no national survey on the extent or trends of drug abuse has ever been conducted, reliable information from law enforcement officials, treatment providers, researchers and other sources indicate that the problem is on increase. A small scale but well conducted study in Dhaka City in collaboration with the WHO during 1988 to 1991 showed considerable prevalence of drug abuse among the student community. A Rapid Assessment Survey on the drug abuse situation in three major cities of Dhaka, Chittagong and Rajshahi, completed in October 1997, under the first phase of the UNDCP technical assistance, revealed an increasing trend in drug abuse, which is corroborated by NGOs and experts in this field.

It is evident from the reports that the slum areas of the major cities are main victims of drug abuse with the highest prevalence in the City of Dhaka. It is also evident from the reports that young people of age group from 15 to 35 are the majority of the drug abusers. The smokers are more vulnerable to drug abuse than the non-smokers. The majority of the drug abusers have less educational background. They are mostly from lower income group. The sex workers, the unemployed youth, the transport workers and the small businessmen are the prominent drug abuser groups in Bangladesh. Currently, the problem is more serious in the urban areas of the country, especially Dhaka, Mymensingh, Jessore, Rajshahi, Pabna, Sylhet, Comilla, Chittagong and Khulna. However, there are indications from addicts in treatment programs that drugs are being abused in rural areas. This may be the result of the increase in migrant workers within the country who seek employment in urban areas, but who eventually return to their villages with their newly developed habit of drug dependence. Another likely cause is the development of new roads and highways reaching into most rural communities, which makes transportation of all goods, including drugs, easier.

It is quite impossible to estimate the number of drug addicts by counting heads. More over there is no nationwide epidemiological survey on drug addiction in Bangladesh. Therefore to have an idea about the number of drug addicts in Bangladesh, we mainly depend on individual survey reports, sample survey reports, media reports, medical records, expert opinion and above all on presumption. Recent reports and opinions sum up the number of drug abusers to be 4.6 million.

People from mid-level income group are the majority of the drug abusers. The data on occupation of the drug addicts at the CTC during last few years indicates that 34% of the drug users were unemployed, 27% had small

business, 13% were service holders, 8% were vehicle drivers, 8% were students, 5% were laborers and 7% were with other occupations. In a study on the crime history of the drug addicts of the CTC during last few years, it appears that almost 50% were involved in any kind of social crime. The Rapid Assessment Study (RAS) report on drug addiction conducted by the UNDCP in 1997 indicates that 92% of its subjects were with Islamic faith and 42% were illiterate or with very little education. Married people are found more involved in drug abuse than the unmarried. The female population comprises a very minor portion of the drug abusing population, which are approximately 10%. The CTC data shows that more than 40% of the drug users are illiterate or have primary level of education and 48% have secondary or higher secondary level education. Therefore less educated and unemployed young people from an adverse life environment may be identified as the most vulnerable group for drug addiction in Bangladesh.

DRUG ABUSE AMONG THE STREET CHILDREN IN BANGLADESH

Abuse of drugs among the street children is a great concern of all authorities in Bangladesh.



The Director General of DNC Khandker Mohammad Ali delivering his motivational speech to a group of drug abusing street children under treatment in Apon Rehab Centre.



Street children in Bangladesh abusing drugs. The girl is smoking cannabis and the boy is sniffing glue.

According to a survey report of Bangladesh Institute of Development Studies, there are 6,74,000 street children in Bangladesh. Another survey conducted by Bangladesh Child Right Forum in 2006 reports that 28.7% of the street children have drug abusing father, 5.1% have drug abusing mother and 14.9% have drug abusing brother. The same report states that 50.2% of the street children came from a drug abusing family background. It appears from various news reports that most of the labours of Bidi (low quality traditional tobacco stick) factories are children from poor families. Most of the street sellers of cigarettes at bus terminal, rail stations and crowded market places are young adolescents. The women drug traffickers keep hired babies with them to escape the attention of the law enforcement officials, or to draw sympathy if arrested. Street children are very frequently engaged by the drug traffickers in peddling drugs because they are easily available on low payment and the law is lenient to them. It is evident from the statistics of the DNC that 6% during 2002, 13% during 2003, 17.87% during 2005 and more than 20% of the recent arrestee for drug offences are under the age of 16.

The street children mostly start smoking before the age 7. Those who are engaged in peddling cannabis start smoking cannabis before they are 10. The survey report of Bangladesh



Child Right Forum states that 42% of the street children smoke heroin and 24% smoke cannabis. This report also states that 76% of the street children start abusing drugs under peer pressure. It is stated in this report that 65.5% of the injecting drug users among the street children share needles. It is a surprising information that 80% of these children had sexual relation at least once with the commercial sex workers and 65.5% are themselves victim of sexual abuse. All these information give a clear indication that street children are not only victim of drugs they are also under very high vulnerability of HIV/AIDS, hepatitis and sexually transmitted diseases.

FACTORS CONTRIBUTING TO BANGLADESH'S DRUG PROBLEM

There are number of factors contributing to the drug problem in Bangladesh. Some of these factors are:

- * Geographical location of Bangladesh near Golden Triangle. Bangladesh is surrounded from three sides by India, the largest licit poppy producing country. There is also illicit cultivation of poppy in Indian territories near the Eastern and Western border of Bangladesh.
- * Soil of Bangladesh is very much fertile for cannabis cultivation and the panoramic features in the hilly areas are very much suitable for poppy cultivation;
- * Demographic aspects of the population, such as, over-populated slums, rural-urban migration, high rate of unemployment and ethnic vulnerability;
- * Multi-ethnic groups have added more vulnerability to our drug problem. Tribal sectors and lower caste people use alcohol and cannabis traditionally;
- * Multi-religion in the country has also influenced the drug sub-culture of the country. Basic religion of tribal groups, Hinduism, Buddhism, spiritual groups and Christianity do not prohibit alcohol for traditional and socio-cultural reason. All the religion groups except Islam and Christianity admit use of cannabis and some other intoxicating substances for religious and ritual purposes.
- * The traditional family system is rapidly breaking down and changing in association with changes in values, ethics and morals under the influence of western culture. Imitation of alien culture is widening the scope of drug abuse in the country.
- * Use of the territory of Bangladesh as transit route for international trafficking is also causing the spillage of local drug consumption.
- * Without any educative, motivational and preventive measure, the sudden ban on opium, spiritual medicinal preparations and a number of less harmful medicinal preparations in 1982 is one of the causes of the emergence of phensedyl, heroin, buprenorphine and ATS.
- * In comparison with the severity of the problem, the programs for reducing demand for drugs in Bangladesh are not adequate. Moreover they do not cover the whole range of the target population due to various inaccessibility. Lack of social awareness about the adverse effects of drugs is another factor behind the drug problem in Bangladesh. Myths and misconceptions about drugs are also influential factors.
- * In spite of poverty, the joint influence of black money and corruption has created a favorable atmosphere of drug abuse in Bangladesh.
- * The abuse of modern and synthetic drugs is a direct outcome of the influence of western culture.

- * Rural Urban Migration and rapid expansion of slum areas have great influence on the drug problem in Bangladesh. Lack of healthy recreational facilities and high rate of the growth of population also have created favorable atmosphere for drug problem.
- * Faulty education system and high rate of unemployment and frustration among the youth are important factors behind the drug problem in Bangladesh.

TRENDS AND PATTERNS OF THE ABUSE OF DRUGS IN BANGLADESH

Drugs are used in three ways: as medicines, as raw materials, reagents and precursors for industrial and commercial products and as substances or chemicals in scientific researches. Drugs and precursor chemicals are used in the production processes of a considerable number of commodities, goods and utilities of our day to day life. The role of drugs and precursor chemicals in our life, culture and civilization is so important that without the presence of these substances, the whole civilization will be collapsed. Therefore we cannot think of a society completely free from drugs. The most vital issue is that use of drugs must be limited to their legitimate and required lawful purposes. To meet the requirement of drugs for these legitimate and lawful purposes, their regular and adequate supply and availability is also needed to be ensured. The UN Conventions put emphasis on this aspect as well. But the problem is that where there is legal use of any thing, its illegal use and diversion is also noticeable.

Drug as a problem is considered mainly in two perspectives throughout the country: (a) the legal perspective and (b) the health perspective. The legal perspective denotes that drug creates legal problems and threatens peace and security. A remarkable portion of the criminal activities

throughout the country is directly or indirectly linked with drugs. Drug is the easiest and most profitable source of money for the criminals.

The current public notion against drugs in our country from the perspectives of public health is mainly against heroin, phensedyl, yaba and liquor. Because the adverse effects of these drugs on human body are readily noticeable and trade or use of these drugs directly generate problem with law and order situation. The law enforcement agencies view drugs in the perspectives of crime. Almost 50% of the drug abusers in Bangladesh are reported to be involved in various criminal activities. The most dominating factor behind criminal activities like theft, robbery, extortion, etc. in the urban areas is drugs. The top terrorists in the major cities in Bangladesh are also found to be the top drug traffickers.

Almost one third of the problems in Bangladesh related to public health are drug-induced. Smoking and drinking stand as the dominating causes of most of the cardiovascular and gastro-intestinal diseases. Heroin, phensedyl and yaba directly threaten public health. Heroin and phensedyl users are found to have a severe fall in their body stamina and nutrition level. They loss their working capabilities, suffer from malnutrition and disturbance in the functioning of the central nervous system. Their body's immune system is disrupted. Liver cirrhosis, fatal alcohol syndrome, brain damage, coronary thrombosis, hyper tension, AIDS, hepatitis-B, cancer, etc. are common consequences of drug abuse. In spite of all these issues, drugs are still less viewed in Bangladesh in the perspectives of public health problem for lack of awareness.

It appears from a recent newspaper feature report that out of every nine person in Bangladesh one is suffering from problem of mental health. Frustration, depression, anxiety, excitement, insomnia, etc. are major problems related to mental health and a handful portion of

these are obviously drug-induced. People in Bangladesh generally do not seek medical treatment unless they are confronted with any severe and life threatening disease. Drug related disabilities and problems are still not considered by the mass people as disease. People seek



A child under age 10 is smoking cannabis in a den

treatment only in cases of liver cirrhosis, hepatitis-B, overdose crisis, or severe withdrawal syndrome. Problems like frustration, depression, anxiety, excitement, insomnia, etc. are less attended. In most cases people with these sorts of problems do not go to a physician. Rather they go on self-medication with sleeping pills and tranquilizers. Almost 80% of the sleeping pills are sold without a prescription from a qualified physician. Almost 90% of these pill users become dependent on sleeping pills and tranquilizers. Abuse of sedative, hypnotics and tranquilizers (commonly known as sleeping pill), is a "hidden problem" in Bangladesh and their long-term adverse effects are some times more severe than those of heroin or phensedyl.

We have very little information on the nature and extent of the drug abuse problem in Bangladesh. Most of the data available in this respect are related to seizure of drugs, arrest of drug offenders and their trial in the criminal justice system. The database in the Computer Cell of the DNC provides information only on patients treated in the CTC and in other several detoxification-centers and half-way houses. This information does not cover the necessary aspects of public health related to drug abuse and drug-

related behaviors of the addicts. There has been no epidemiological survey on drug abuse in the perspectives of public health in Bangladesh. The information regarding morbidity and mortality due to drug abuse remain unknown due to lack of proper investigation in this respect. Deaths in the hospital due to liver cirrhosis, respiratory or cardiovascular problem, are considered as deaths caused by these diseases. It is not thought that there might be incidence of drug abuse behind those. Accidents on the highway are considered as mere accidents. Nobody thinks that there might be an influence of drug behind those accidents. However, people are gradually becoming conscious that drug-addiction is a diseases like many other disease in our society. Establishment of so many Detoxification Centers in the city of Dhaka and in other District Towns indicates that drug addiction is increasingly being emerged as a public health problem.

Drug dependence cuts across the economic and educational barriers, so that both the rich and the poor, educated and uneducated people are affected. Families from all social strata with problems of drug addiction have been torn apart as a result of the emotional and financial burden of living with a drug abuser. It is indicated from the enforcement and detoxification data of the DNC, that illicit trafficking and abuse of opiate and the extent of their related harms are



A heroin abusing den in the city of Dhaka.

increasing. In Bangladesh, cannabis is smoked. The incidence of injecting heroin is almost rare. A codeine-mixed cough syrup named Phensedyl was at the top of popularity, but very recently it is being replaced by Yaba (ATS) sourced from Myanmar. Only pethidine and buprenorphine are abused in Bangladesh through intravenous injection.

Though the number of intravenous drug abusers in Bangladesh is still negligible, sometimes the heroin smokers and phensedyl abusers practise injecting pethidine and buprenorphine when heroin and phensedyl are not available. The uses of drugs through injection in Bangladesh are practiced in a very unhygienic condition. Needles are often contaminated and shared among the fellow drug users. Therefore the drug abusers of needle-sub-culture are in a vulnerable position to be infected with HIV/AIDS.

PREVALENCE OF THE MAJOR DRUGS OF ABUSE IN BANGLADESH AND THEIR TRENDS

Drugs have been in use in Bangladesh for a long time, as in other parts of the world. The drugs now abused in Bangladesh are:

A. OPIUM

There was a Government controlled vending system of opium throughout the country till the middle of 1984. In the year 1960, 60,000 people were registered as opium users. Most of these people were old-aged and many of them used opium for health-related problems. A considerable number of population, especially some of the tribal people in the Hill Tracts area and the people in the coastal area in Patuakhali (the Maughs) were used to consume opium traditionally. The traditional healers called

Hekim and Kabiraj used opium as traditional medicine. There was also a tradition of smoking prepared opium called 'Chandu'. Opium use in Bangladesh was never noticed as a major problem. After imposition of ban on opium in the year 1984, most of the opium users gradually quitted opium and some switched over to heroin. Today the use of opium in Bangladesh is very rare.

B. MORPHINE

Morphine, being the principal alkaloid of opium was supposed to be one of the major drugs of abuse in Bangladesh. But fortunately it was never a drug of abuse in this country. Some of the local pharmaceutical industries produce morphine tablet and injections for medicinal purposes. Bangladesh has a quota of 25 kg of morphine from the INCB. Presently three pharmaceutical industry produce morphine injection and tablet. 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.

C. PETHIDINE HYDROCHLORIDE

Pethidine hydrochloride, a major synthetic narcotic analgesic is one of the most essential and life-saving drugs in Bangladesh. It has a wide range of use in any kind of surgical operation in Bangladesh as pain killer, as narcotic analgesic and for deep sedation. Bangladesh has a quota of 300 kg of pethidine hydrochloride from the INCB. For its very high addictive potentiality, pethidine was, though not major, but always a drug of abuse in Bangladesh. The medical students and treatment professionals are the most vulnerable group for pethidine addiction for their easy access to this drug. Due to emergence of buprenorphine during last three decades, and very high price, the abuse of pethidine has come down to a



remarkable level. Moreover due to availability of nalbuphine from local pharmaceutical industry and smuggling of pentazocine from India, there is limited abuse of pethidine at present.

D. HEROIN

Heroin is mainly sourced from India. It is mostly in impure and crude form called '**Brown Sugar**'. The purity level of heroin found in Bangladesh is very low with a maximum probable purity level of 5% only. It is indicated from the enforcement and detoxification data that illicit



Women are largely engaged in peddling heroin in Dhaka. The raiding team of DNC Dhaka Metro arrested two women with 1 kg of heroin in small packets.

trafficking and abuse of heroin and the extent of its related harms are increasing. "Chasing the Dragon" (smoking) is the popular method of using heroin in Bangladesh. It is revealed from our intelligence reports that a major portion of the illicitly produced Indian opium is converted into morphine base and heroin in some underground clandestine laboratories situated in the bordering areas of West Bengal, Tripura and

Asam province of India and smuggled into Bangladeshi territory which are highly adulterated. A considerable amount of heroin produced in Golden Triangle is also smuggled into Bangladesh through its Eastern and South-Eastern borders. Heroin raised the greatest concern of our society in a very short period of time mainly because it got frequent and enlightened media coverage about its legendary high price and consequence of abuse on health. In Bangladesh, heroin is smoked and almost never injected. Addicts with tobacco smoking habit appear to be smokers of heroin. Non-smoking population show less vulnerability to heroin abuse.

E. PHENSEDYL (CODIENE PHOSPHATE)

Phensedyl is the trade name of a liquid cough suppressant which contains Codeine Phosphate. The multi-national pharmaceutical company May & Baker produced and marketed this medicine till 82. On consideration of its addictive potentiality, harmful effects on public health and uselessness in curing diseases, it was banned under the Drug Ordinance 1982. The Government banned all spiritous medicinal preparations and opium in 1984 and cannabis in 1989. But phensedyl is still being manufactured and is in use in India. As the people in Bangladesh are ethnically, geographically and culturally very close to India, phensedyl started finding its easy market in Bangladesh to the heroin abusers. From 1990 till date, it is at the top of popularity. Based on its popularity, it also became the number one smuggling item from India. For easy smuggling, the Indian drug traffickers are reported to have established many clandestine laboratories in Indian Territory near the Western and Eastern border of Bangladesh. The seizure of bulk amount of liquid phensedyl in plastic containers in our Western bordering Districts is sourced from these clandestine laboratories.

The main cause of the huge popularity of Phensedyl in the realm of addiction is the presence of codeine phosphate in it. The dependence producing quality in codeine is moderate and not as strong as in case of pethidine or heroin. Both before and after a couple of years of the drug ordinance 1982, Mritasanjibani, ganja, liquor and some spirituous homeo patent medicines ruled over the intoxicating drug market in Bangladesh. Phensedyl occupied a very little portion of the intoxicating drug market though it was easily available and cheap during this period. Just after the ban of opium, mritasanjibani and cannabis, and the ban of most of the intoxicating substances under the Drug Ordinance 1982, there was a crisis for having intoxicating substances in Bangladesh. The drug abusers were in search of new items of drugs. In this situation, by mid eighties phensedyl along with heroin started being smuggled from India to meet the increasing and new dimensional demand of drugs in Bangladesh.

One of the increasing trend of the popularity of phensedyl was that it was compatible both to the smoker and non-smoker population. The other reasons of popularity were its good taste, easy availability, easy marketing facility, easy using method and lower health risk. Though the enlightened campaign and development of consciousness against heroin in the educated population lowered the prevalence of its consumption in the educated and upper class population, they switched over to phensedyl. Phensedyl or codeine phosphate emerged as a fashionable drug to our new generation. The abuse of phensedyl spread over almost all the urban and industrial areas in Bangladesh. Though phensedyl was being smuggled in 100 ml sealed bottles at the beginning, over last few years it was being smuggled in 1 to 10 gallons of plastic drums and containers. Fake phensedyl is also being manufactured across the borders. At the beginning one 100 ml. bottle of phensedyl

was sold for taka 50/. But in course of its increasing popularity, the price gradually went up to 500/ taka per bottle. Over last five years it had been the number one drug of abuse. Due to strict measures taken by the Government of India, the smuggling and abuse of phensedyl is now to some extent under control. Rather there is a severe scarcity of phensedyl at present in Bangladesh and the scarcity is so much that one bottle of phensedyl costs near about 2000/ taka.

F. CANNABIS

Cannabis was a traditional crop in Naogaon District from time immemorial. It became a source of revenue during the British regime. The British ruler expanded the vending system of cannabis all over Bengal and it was exported to other parts of British India, even to other parts of the world as well. The cultivation of cannabis continued till 1987 under Government



A licensed farmer in the District of Naogaon, Bangladesh taking care of his cannabis field during the British regime.

control. Any kind of operation of cannabis including its cultivation, trade and consumption in Bangladesh had been strictly prohibited since December 1989. Though cannabis is banned in Bangladesh over last 22 years, its demand in the society has not yet been reduced. Rather due to scarcity of phensedyl in recent time, the demand for cannabis has increased to a great extent. This increased demand has caused the booming of illicit cannabis cultivation in Eastern India.



It is hard to make an estimate of the volume of illicit cultivation of cannabis in Bangladesh. We can gaze from the enforcement data that it may be more than 60 metric tons per annum. There is no survey on the size of the cannabis market in Bangladesh. An unofficial estimate says that the number of cannabis smokers may be approximately 12,00,000. The major portion of cannabis now abused in Bangladesh is smuggled from India and Nepal. Besides this, illicit production of cannabis also takes place in remote areas of the country of which the Jamuna basin is the major one. The other parts of the country reported to be areas for illicit cultivation of cannabis are: the hilly areas of Chittagong and Chittagong Hill Tracts, Sunamganj, Bramhanbaria, remote rural areas of greater Mymensingh, Jamalpur, Faridpur, Tangail, Manikganj, Pabna, Natore, Bogra, Joypurhat, Rangpur, Gaibandha, Naogaon, Kushtia, Meherpur, Chuadanga, Jhinaidaha, Satkhira, Jessore, etc.

It is evident from newspaper reports that there is huge commercial cultivation of cannabis in Tripura of India which is largely being smuggled into Bangladesh. There is also wild growth of Bhang (a species of cannabis plant) in many parts of the country. But smoking Bhang is not as much popular as cannabis because its THC (Tetrahydrocannabinol) content is very low. The cannabis found in Bangladesh is mainly in the herbal form suitable for smoking. The use of cannabis resin or charas in Bangladesh is very negligible and the use of cannabis oil or THC is nil. The seizure of cannabis in the year 2010 was 48.75 metric tons. From this figure of the seizure we can presume that the annual consumption of cannabis in Bangladesh may be more than 480 metric tons.

G. ALCOHOL

Drinking alcohol has a worldwide social recognition except in the Muslim countries. As the majority of the populations in Bangladesh are Muslims, it has no general social acceptance. There is restriction on alcohol consumption for the Muslim population. The non Muslim populations take alcohol under an effective permit system throughout the country. But there are still a sizable number of populations in the urban Muslim society who regularly take alcohol and get supply of the same from illegal sources. The major alcoholic drinks available in



The raiding team of DNC Dhaka Region seized 3000 liter of illicitly distilled liquor and 41000 liters of wash from an illicit distillery in the dense forest of Gazipur District.

Bangladesh are overseas liquor and spirit, wine, beer, country liquor and tari (fermented palm or date juice). Mritashanjibani, an Ayeurvedic health tonic containing 42 proof spirit was very popular in Bangladesh till 1984. Thereafter this alcoholic health tonic is totally banned in Bangladesh.

There are one Government-owned and three private-owned distilleries in Bangladesh. The Government-owned distillery produces both liquor and commercial spirit, while the private owned distilleries produce spirit only for commercial purposes. Besides these, there also exists illegal distillation of liquor by tribal people and people of lower castes all over the country. Although there are legal restrictions on the

manufacture and consumption of alcohol in the country, the consumption law affects only Muslims. Non-Muslims, about 13 per cent of the population, may legally consume alcohol products. For most of them, alcohol is part of their culture and tradition. However, a certain amount of leakage of alcohol products into Muslim communities appears to be regularly occurring, despite strong social and religious restrictions. It is believed that the force of such social restrictions is weakening.

Though it appears from the statistics of permits for consumption of liquor, that there are 68,025 permits for consumption of country liquor and 12,612 permits for consumption of foreign liquor during the year 2010, the actual number of people drink alcohol may be ten times more than this figure. During the year 2009-10 the consumption of liquor produced within the country and supplied from the legal source was 32,80,182.75 proof liters of country liquor and 6,51,660.23 proof liters of foreign liquor. But the actual amount of liquor consumed may be much higher than this figure. The seizure of illicit country liquor and foreign liquor during the year 2010 was 3,23,422 liters and 21,786 liters respectively.

H. BUPRENORPHINE

Buprenorphine is not a product of Bangladesh. Even it is not a legal drug in this country. It comes from India mainly through the Western and Eastern border. It is found in injecting form. Initially its abuse started as an antidote to withdrawal syndrome to heroin addiction in the year 1990. But very soon it emerged as a substitute to heroin, pethidine and phensedyl. Though the number of intravenous drug abusers in Bangladesh is still negligible, the heroin smokers and phensedyl abusers practice injecting buprenorphine when heroin and phensedyl are not available. Over the last ten year, the abuse of buprenorphine is on increase.



The raiding team of Dhaka Metro seized huge amount of injecting drug buprenorphine under the brand name Lupijesic smuggled from India through the border of Panchbibi, Joypurhat.

It is often injected intravenous in combination with sedatives, tranquilizers and anti-histamine. Initially it was found under the trade name Tidijesic. But now it is available under the trade names Lupijesic, Bunojesic, Tunojesic, etc.

I. YABA (ATS)

Yaba is the most recent drug of abuse in Bangladesh. It is sourced from Myanmar. The main ingredient of yaba is methamphetamine, amphetamine or pseudoephedrine. For balancing the stimulant effects, sometimes morphine or other sedatives are added to it. It is flavoured with vanilla, orange or lemon. The color of yaba found in Bangladesh is generally red or orange, but white or green yaba is also available in the South-Eastern part of the country. Initially the abuse of yaba was limited within the youths of



Abuse of Yaba has increased to a great extent recently. The raiding team of DNC Dhaka Metro recently seized 18,000 Yaba and arrested a big Yaba Smuggler.

the affluent families in the city of Dhaka, but now the major cities of Dhaka and Chittagong Division are being affected. In fact the emergence of Yaba (ATS) in the major cities has changed the drug scenario in Bangladesh and it is increasing tremendously.

J. GLUE SNIFFING

Glue was never a drug of abuse in Bangladesh as it exists in the developed countries. But for the last five years, it is observed that street children in Dhaka and some other big cities have started



Three street children in the city of Dhaka sniffing glue. It is adhesive made from toluene. They call it 'Dandy, Denty'.

sniffing or inhaling the odour of adhesives. These adhesives contain toluene. As heroin, phensedyl or yaba are comparatively costly, the street children practice glue or adhesives, which they call 'dandy' or 'denty'. One gram of dandy costs approximately taka 10 to 15 and it is sufficient for three to four children to get intoxicated. Though toluene, the main ingredient of dandy is under control of the DNC, the adhesives can not be controlled or restricted because they are widely used in various

industrial and household purposes. However efforts are being made to generate public awareness on the harmful effects of sniffing glue or adhesives called dandy.

K. SEDATIVE, HYPNOTIC AND TRANQUILIZER DRUGS

The Narcotics Control Act, 1990 provides a system of control on import, manufacture, sale and use of sedative hypnotics, tranquilizers in Bangladesh, as required under the UN Convention on Psychotropic Substances 1971. The pharmaceutical companies import the raw materials and conduct manufacture under licenses/permits from the DNC. But a system of control has not yet been established on the sale and prescription these drugs. These are the most easily available drugs, which can be purchased from any pharmacy or druggist's shop without any restriction, even without any prescription from a physician. Diazepam, Phenobarbital, Clobazam and Nitrazepam are the major drugs of abuse in this group. It is to note that diazepam tops the list of sedatives and tranquilizers abused in Bangladesh. Phenobarbital and Nitrazepam are in the second and third position. There was no control on the production, distribution and consumption of these drugs in Bangladesh till 1989. Recently the Government has become aware of this issue and is contemplating the introduction of an effective system of control under the present legislation. There is no specific data on the number of population abusing these drugs. But the overall situation indicates that abuse of these drugs is on increase. The people under stress and frustration are main abusers of these drugs. Prevalence of abuse of these drugs is more prominent among the female population and the people in medical profession.

L. CHARAS

Cannabis resin commonly known as Charas in Bangladesh is not a local product. It is also smuggled from India, Nepal and Pakistan. Use of charas is not as popular as heroin or phensedyl. Its use is mostly limited among urban hard drug users. Seizure of Charas in Bangladesh is rare. It indicates that its use in Bangladesh is also rare.

M. METHADONE

Methadone is introduced very recently in Bangladesh as oral drug substitution for treatment of heroin addiction under a pilot project. This project, located at the Central Drug Addiction Treatment Center, is run by the ICDDR,B and financed by the UNODC. The ICDDR,B has been issued a license for import, storage and use of methadone. The annual allotment of Methadone for this project is 15000 grams. The use is under strict control. Only the registered heroin addicts are provided with specific doses of methadone on regular basis. So far 150 patients are under the coverage of this program till date. No diversion or abuse is still reported.

N. TODDY

Toddy is a traditional alcoholic beverage in Bangladesh produced by fermentation of date or plum juice. The alcoholic volume of toddy is 5%-10%. Its main prevalence is in the rural areas, particularly at the hot and dry region of the country. The popular view about toddy is that it helps reducing dehydration and body heat during the hot summer. Recently the number of the consumers of toddy has decreased to a great extent for emergence of modern and new drugs. Consequently most of the licenses for manufacture and sale of toddy have discontinued due to local opposition. However in rural areas there are scattered and illicit manufacture, sale and consumption of toddy.

O. VOLATILE INHALANTS

Abuse of volatile inhalants as intoxicants is rare in Bangladesh. The adolescents, particularly the street children and children working in petrol pumps and motor garages are sometimes reported to inhale petroleum, octane, diesel, aerosol or thinner. But volatile inhalants are not yet problem-drugs in Bangladesh, even they are not yet scheduled in the list of drugs under the Narcotics Control Act, 1990.

PRICE AND PURITY LEVEL OF DRUGS IN BANGLADESH

The purity level of heroin at street in Bangladesh is below 5%. The adulterant mixed in heroin are any powder or dust-like substances. Brick-dust, fertilizers, chalk-powder, horlicks, powder of contraceptive pills, powder of dal, flour, washing powder, powder of burnt clay, etc. are common adulterant for heroin. Cannabis is adulterated with tobacco and other similar herbs. Phensedyl is adulterated with diluted molasses or liquid sugar or other similar liquids. The average drug abusers in Bangladesh are from poor and middle-income group of people. They can not afford much money for drugs. As appears from the experiences of the drug enforcement officers, the price of a single dose of drug in the streets in Bangladesh are as following:

Heroin	Taka	30/ - 50/
Herbal cannabis	Taka	20/ - 30/
Country made liquor	Taka	50/ - 70/
Overseas liquor	Taka	100/ - 300/
Phensedyl (codeine preparation)	Taka	300/ - 600/
Pethidine injection	Taka	100/ - 250/
Buprenorphine injection	Taka	40/ - 60/
ATS (Yaba)	Taka	300/ - 500/
Adhesive/glue	Taka	10/ - 15/



This price is not stable. It frequently changes as per availability of drugs, activities of the law enforcement agencies and the prevailing situation of enforcement and checking in the border. Heroin is sold very cheaply in Bangladesh because it is highly adulterated. Cannabis being mostly a local variety is also very cheap for its easy availability and low production cost. The price of illicitly distilled liquor is also very cheap because it involves very low production cost. The price of phensedyl at the street level in Bangladesh is 7 to 10 times higher than its real price in India because of its popularity and various risks and costs involved in the smuggling processes. Pethidine is also sold at a price 5 times higher than the actual price because its diversion to the illicit market involves many risks and process costs. The price of buprenorphine injection is still comparatively cheap, because it is not still so much popular among the drug users. The price of yaba at the beginning was taka 100 per tablet. But its growing demand has increased the price. At present the price of one yaba tablet is taka 300-500/.

All the law enforcement agencies in Bangladesh maintain records of their seizures of drugs in terms of quantity of each item of drugs and their approximate valuation. The estimated valuation of drugs differs among different law enforcement agencies. Some of the law enforcement agencies have provisions for paying rewards amounting up to 25% of the assessed value of the seized goods. Therefore it is a common tendency to show a higher rate of value of the seized goods. Therefore the high-powered multi-agency law enforcement monitoring committee of the Ministry of Home Affairs has determined the standard assessed price of various drugs in its meeting dated 27.12.2010 as following:

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



Majority of the drug peddlers are women. The DNC in collaboration with lawyers Association, District Administration, Police and the Legal Aid Authority of Kishoregonj arranged a motivational program for the under-trial women drug offenders for drug free healthy profession.



Two addicts pushing injecting drug buprenorphine to each other in the city of Dhaka.



Honourable Home Minister Advocate Shahara Khatun delivering her Speech at the Discussion Meeting on International Day against Drug Abuse and Illicit Trafficking.



Honourable State Minister of the Ministry of Home Affairs Advocate Shamsul Hoque Tiku delivering his Speech at the Inaugural Session of the Training Course on Comprehensive Application of the Narcotics Control Act, 1990 and the Mobile Court Act, 2009 held at the DNC Head Quarters.

PRECURSOR CHEMICALS

CONTROL OF PRECURSORS

Almost one-third of our industrial sectors are directly or indirectly dependent on precursor chemicals. A good number of pharmaceutical products are also based on precursor chemicals. To ensure effective control, monitoring and supervision on any kind of operations of the precursor chemicals in industrial, scientific and medical purposes the Government of Bangladesh has included all the precursor chemicals in the Schedule of drugs of the Narcotics Control Act, 1990 vide its amendment made in November 2000 to comply with the provisions of the 88 UN Convention to which we are a signatory and we are bound to its provisions as we also ratified it in the year 1991. In this way precursor chemicals have been placed under the purview of the definition of drugs and the provisions of control, monitor and supervision under the Narcotics Control Act, 1990.

Section 9 of the Narcotics Control Act, 1990 along with the amendment of the law made in 2000 have the provisions that import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of operations of precursor chemicals is restricted in Bangladesh except medicinal, scientific, and legitimate industrial purposes under licenses, permits or passes granted under Section 11. Serial 5 of the Punishment Table under Section 19 of the Narcotics Control Act, 1990 provides that any act done in connection with any precursor chemicals in contravention of the prohibition of Section 9, is punishable with imprisonment for a term from 2 to 15 years. Section 22 of the said Act provides that any operation carried out without a license is

punishable with imprisonment for a term from 2 to 10 years. Section 23 provides that breach of any of the condition of a license for a precursor chemical is punishable with imprisonment for a term up to 5 years and fine of taka 10000 in addition.

Since amendment of the Narcotics Control Act 1990, most of the precursor chemicals are now under control. But we have not yet been able to ensure a complete control on sulfuric acid and hydrochloric acid. Because these two precursor chemicals are widely used in a variety of sectors, i.e. in the scientific laboratories of schools and colleges, in automobile battery fluids, in jewelry manufacturing centers and in many other scientific and industrial sectors. To meet the demand of these very wide fields of licit uses, there were many retail shops of selling acids throughout the country since long. The acid selling shops are under the control of the District Administration and the Department of Narcotics Control has nothing to do with acids though these acids are precursor chemicals and scheduled in the Narcotics Control Act, 1990. Liquid acids have become a threat to the safety and well being of the citizens of our country over last three decades. Besides the industrial, medical or scientific uses either legal or illegal, sulphuric acid or hydrochloric acid are used as fatal weapons against enemies and women in hostility and revenge. A large number of women in Bangladesh are victims of acids throwing each year.

To face this devastating challenge, the Government of Bangladesh has enacted two harsh laws on acids, i.e., the Acid Control Act, 2002 and the Acid Violence Suppression Act, 2002. The main essence of these two laws was elimination of acids from the society for its devastating destructive power. But it is quite impossible to eliminate or ban these acids or precursor chemicals in the plea of public safety

because it would affect our industries. Therefore the policy for control of precursor is not imposition of restriction or ban on those; rather we believe that the supply of these chemicals should be limited only for the legitimate purposes. At the same time control, monitoring, supervision and inspection on any operation related to precursor chemicals should be ensured. We also believe that excessive control or restriction may hamper the industrial growth of the country and penetrate the legal users to go for taking supply from illicit sources and this may also cause illicit diversion.

The acid control legislations still do not appear to be effective because they have strict legal provisions, but so far no effective mechanism for control, monitor and

USE/UTILIZATION OF PRECURSOR CHEMICALS

The industrial development in Bangladesh is not as advanced as in other parts of the world. Therefore use of precursor chemicals in the industrial sector is also very limited. The very few items of precursor chemicals from the list of 88 Convention used in the licit industrial sectors in Bangladesh are: Acetic Anhydride, Potassium Permanganate, Pseudoephedrine, Acetone, Hydrochloric Acid, Methyl Ethyl Ketone, Sulfuric Acid and Toluene. Out of the 22 precursor chemicals almost 12 chemicals have industrial and pharmaceutical use in Bangladesh. Details of the fields of the use of precursors in Bangladesh are furnished below:

Name of Precursor	Field of Utilization/use
Acetic Anhydride	In pharmaceutical industries for preparation of paracetamol base powder, in plastic, leather, chemical and textile industries.
Potassium Permanganate	In tanning lather, in photographic water, as disinfectant.
Pseudo Ephedrine	In pharmaceutical industries for preparation of bronchodilators and nasal decongestant.
Acetone	As solvent, in pharmaceutical industries, in cosmetics.
Hydrochloric Acid	Production of chlorides and hydrochlorides, as solvents, in cleaning metal products.
Methyl Ethyl Ketone	In manufacture of coating, degreasing agents and as solvents.
Sulfuric Acid	In manufacture of sulfate fertilizers, dye stuffs, paper, purification of petroleum, automobile battery fluids, etc.
Toluene	In manufacture of adhesive, dyes, coatings, industrial solvent.

supervision on the sale and end use of acids have yet been established. Moreover the new legislations regarding acids have vested the power and responsibilities of issuing licenses for any kind of operations of acids to the Deputy Commissioners of the Districts, but it does not suggest any effective way of monitoring and supervision and detecting illicit diversions. With the enactment of these two laws the earlier enacted law the Narcotics Control Act 1990 and its amendment in the year 2000 have lost their control over any kind of operations regarding sulfuric acid and hydrochloric acid.

THE PRECURSOR CHEMICALS IMPORTED AND EXPORTED

Bangladesh is not substantially developed in chemical industry. We very rarely produce any basic chemical. Therefore we have no export of any precursor chemical. Most of the basic chemicals essential for our industrial sector are generally imported from other countries. The figures of the imports of precursors in Bangladesh over last three years are furnished below:



Statistics on Import of Precursor Chemicals

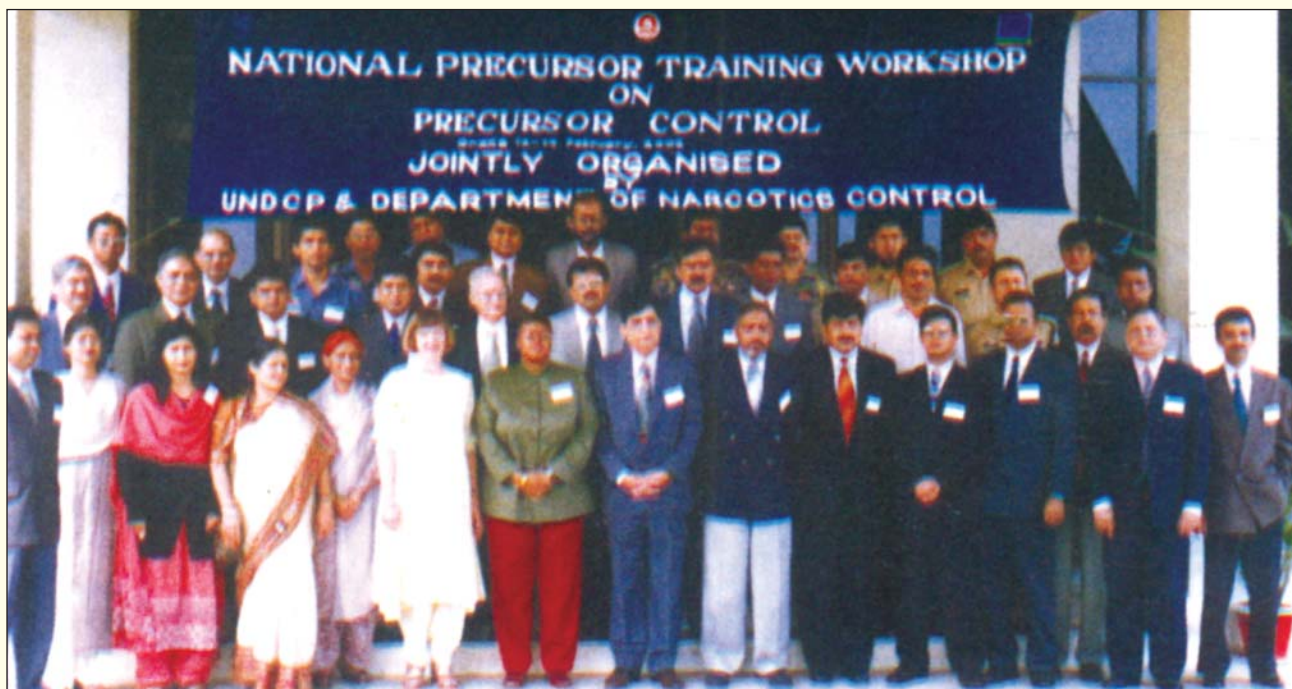
Name of Precursor Chemical	2008	2009	2010
Acetic Anhydride	716.160 mt	937.800 mt	605.770 mt, 200 ltr
Acetone	542.000 mt	1098.480 mt, 200 ltr	797 mt, 260 ltr
Ephedrine	110 kg	-	-
Ethyl Ether	-	100 ltr	150 ltr
Methyl Ethyl Ketone	628.048 mt, 33312 ltr	684.223 mt, 2490 ltr	373.297 mt, 12710 ltr
Potassium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

The commercial import of some of these precursor chemicals, i.e. Acetone, Potassium Permanganate, Pseudoephedrine, Methyl Ethyl Ketone and Toluene have increased during last few years. The precursors are mostly imported from India, China, Singapore and Thailand.

DIVERSION OF PRECURSOR CHEMICALS NOTICED

There is very little scope of diversion of precursor chemicals in Bangladesh because so far existence of any drug manufacturing

clandestine laboratory has not yet been detected. Therefore no scope of diversion of the precursors to these industries exists in Bangladesh. However, though there is no report of illicit trafficking or diversion of precursor chemicals in Bangladesh there is scope of smuggling some of the precursor chemicals for the clandestine laboratories of the neighboring countries. The most prominent diversion of precursor chemicals in Bangladesh is abuse of sulphuric acid and hydrochloric acid through being abused as fatal weapons against enemies and women.



The participants and trainers of the international training course on precursor control held in Bangladesh.



The Raiding team of DNC Dhaka Metro arrested 3 members of International Drug Trafficking syndicate along with their Bangladeshi lady counterpart with seizure of huge quantity of heroin.



Smuggling of phensedyl concealed in especially made cavity of timber log.



The raiding team of DNC Dhaka Metro detected 5 kg of tetrahydrocannabinol preparation from a Shisha Bar in Dhaka city.



A slum with high vulnerability of drug abuse and drug related crimes in the city of Dhaka.



The young students in School-Anti-Drug campaign taking oath for a drug free healthy life.

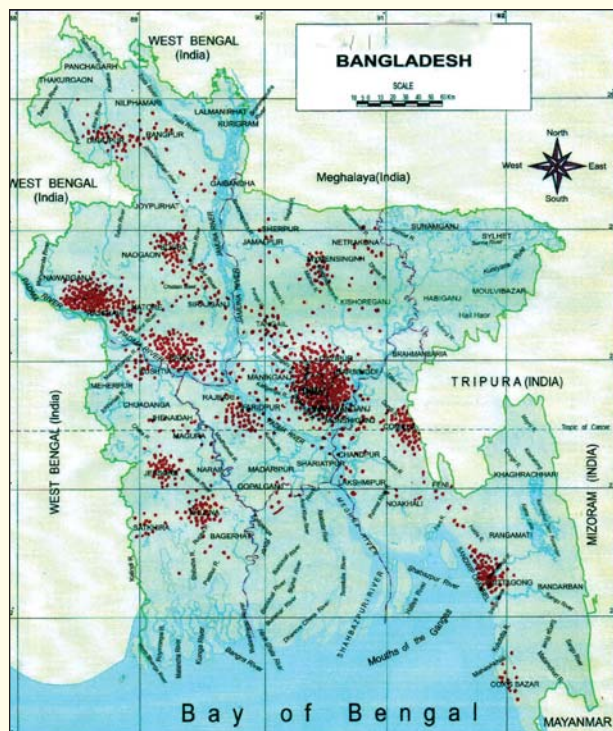


The Civil Societies in Mymensingh participated in a very big rally against abuse of drugs on the International Day against Drug Abuse and Illicit Trafficking.

SITUATION OF ILLICIT TRAFFICKING OF DRUGS

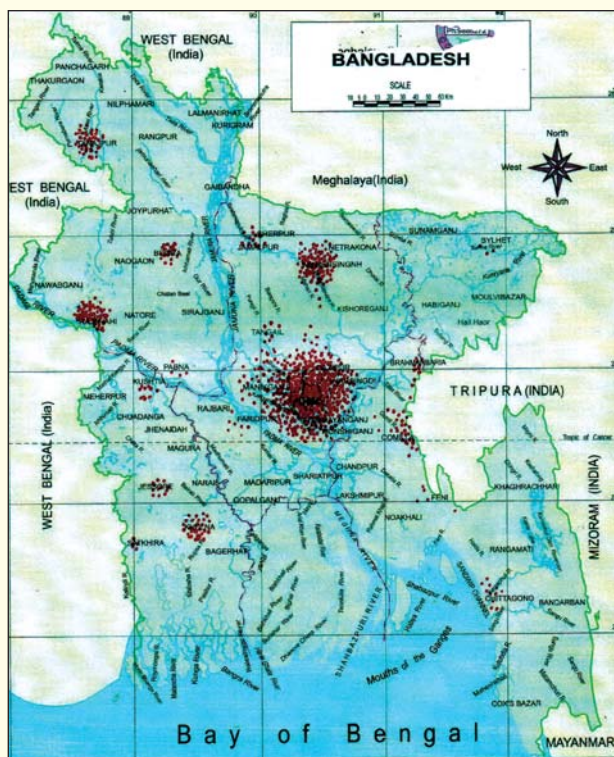
DRUG-PRONE AREAS IN BANGLADESH AND PREVALENCE OF ABUSES

Dhaka, the capital of Bangladesh, is the most drug-consuming area in the country. It has the highest consumption of all sorts of drugs. With the highest density of population, Dhaka has the highest number of slum dwellers in the country. It is also the highest crime-prone area of the country. The surrounding towns and urban areas of Dhaka are the second drug-prone areas of the country. The other drug prone-areas are Chittagong Metro area, Rajshahi, Comilla, Mymensingh, Jessore, Pabna, Khulna, Faridpur, Bogra and Rangpur. Barisal and Sylhet Division are the less drug-prone areas. Drug abuse is the

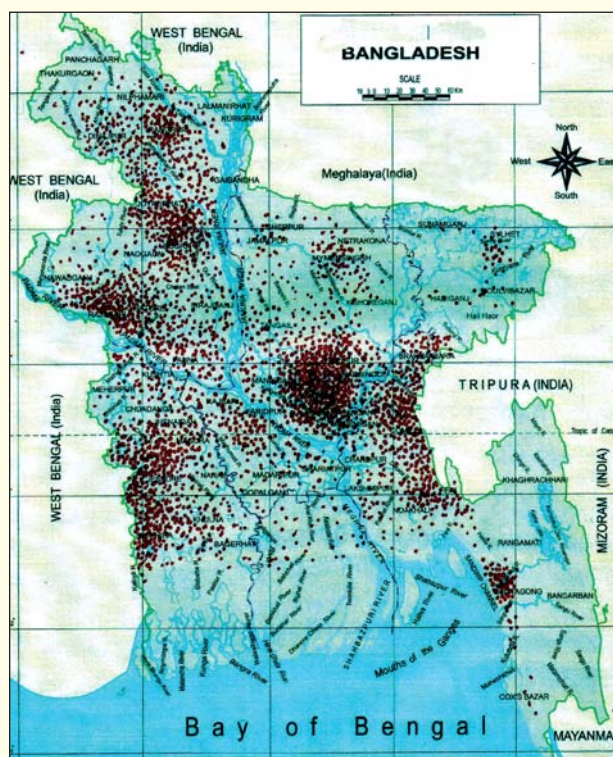


Prevalence of heroin abuse in different parts of Bangladesh

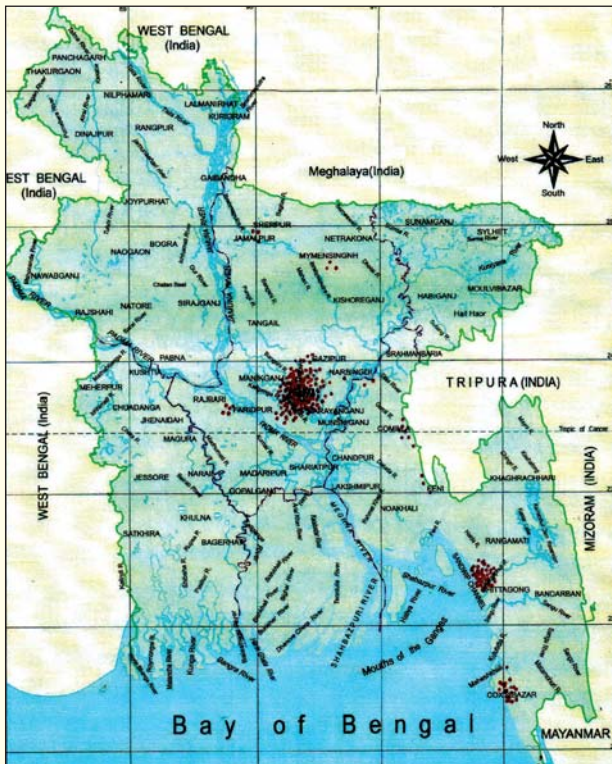
Bogra and Rangpur. Barisal and Sylhet Division are the less drug-prone areas. Drug abuse is the



Prevalence of injecting drug abuse in different parts of Bangladesh



Prevalence of phensedyl abuse in different parts of Bangladesh



Prevalence of yaba (ATS) abuse in different parts of Bangladesh



Prevalence of poppy cultivation in the East and Western border of Bangladesh

lowest in the hilly region except occasional consumption of traditionally home-made liquor by the tribal people. In respect of smuggling of heroin, phensedyl and injecting drugs, the western borders adjacent to Rajshahi, Jessore and Satkhira are the most vulnerable areas. The vulnerable areas for smuggling of cannabis and codeine (phensedyl) are the borders of Comilla and Bramhanbaria on Eastern side of the country. The smuggling of Yaba occurs through the border of Myanmar in the extreme South-East corner of the country.

THE CURRENT TRENDS, MODUS-OPERANDI, SITUATION OF DRUG TRAFFICKING AND RELATED CRIMES

The drug related offences, particularly the abuse of drugs in Bangladesh are closely associated with other social crimes such as theft, robbery, bugling, extortion, terrorism, etc. The drug abusers commit these sorts of crimes just to collect money for buying drugs. Raping or killing under influence of drugs is very rarely reported. Bangladesh is not a substantial drug producing country. It does not produce any opium, heroin, cocaine or coca-based drugs, ATS or MTS, psychotropic substances or precursor chemicals. The only drugs produced in Bangladesh for local consumption in small amounts are cannabis and alcohol. Therefore it can be stated that Bangladesh is almost free from organized crimes related to production of drugs. The prevailing general drug related crimes in Bangladesh are: illicit trafficking or smuggling, sale, purchase, storage, possession and consumption. But these crimes are again not organized and syndicate-based. So far we have no report on the existence of any cartel or syndicate for drug related operations. However the criminals are often found in patronizing or conducting various activities related to drug trafficking.

The traffickers are up to anything for drugs; even they sometimes go beyond the horizon of imagination. They are always innovative about their modus-operandi in carrying, possessing, concealment, storing, and selling drugs. In the case of three Pakistanis apprehended with 24 kg of heroin in 1999 in the city of Dhaka, the heroin was packed by 200 grams each in the packets of Lux brand toilet soaps. Elieda McCord, an American young girl was arrested in 1994 at Dhaka Airport with 3 kg of heroin fitted in bandage of polythin bags at her thighs. A seizure of 19 kg of heroin was made at Dhaka Airport by the Customs authority concealed in plastic tubes of tooth paste. Very recently 26 bottles of phensedyl (codeine phosphate) was recovered in Mymensingh concealed inside a big jackfruit. The phensedyl traffickers often use the Dhaka-bound loaded trucks of bananas, pineapples, orange, mangos, rice, jute, vegetables, potatoes, etc. to conceal and traffic their big consignments.



Three drug smugglers arrested by the raiding team of DNC from Upaban Inter-City Express Train while smuggling phensedyl (Codeine preparation) in especially made jackets.



Smuggling of phensedyl in a very innovative style concealed inside coconut shell detected by the raiding team of DNC Jessore.

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 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. It is experienced that a woman can carry up to 20 kg of heroin, or up to 10 kg of cannabis or up to 70 bottles of phensedyl in these special belts and jackets fastened all through their body under their regular costume. The women carriers wear these special types of belts and jackets under their sharees (Special type of female costumes in Bangladesh) and cover their whole body with Borkha (special type of veil used by Muslim women). 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 no incidence of swallowing drugs in Bangladesh. There are few incidences of concealments of small amount of heroin in rectum and vagina.

In transport vehicles, the drugs are 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 microbuses 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. The two biggest consignments of heroin seized from Dhaka



The raiding team of Dhaka Metro detected a big consignment of phensedyl concealed inside the especially made hollow chamber of timber.

international airport were concealed in soap packets and in tubes of tooth pastes.

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, even the stomachs of the cows, especially those coming from India, 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, microbuses, ambulances, boats, or any other suitable transports are also used for concealment of drugs in course of trafficking. We have also detected drugs concealed in the hollows space or secretly made chambers in timber logs. 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. However, big consignments are smuggled under the coverage of licit commercial import commodities through the regular freights and cargo.



The raiding team of DNC Dhaka Metro arrested three smugglers while smuggling phensedyl concealed in consignment of cabbage in a truck.

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. Movement of a very huge amount of drugs are also made under camouflage in the baskets and bags of rice, potatoes, tomatoes, vegetables, fruits, peppers, onions, etc. which are carried on the roof of Dhaka-bound passenger buses from North Bengal.



Smuggling of phensedyl concealed in coffin was detected by the raiding team of Dhaka Metro of the DNC.

Enforcement statistics show a considerable increase in the smuggling of heroin and codeine (phensedyl) both from the Western and Eastern border. There is an indication that under-privileged women and children in Bangladesh are largely abused in smuggling and selling of drugs. Though no drug syndicate or cartel is found in Bangladesh till today, the drug dealers are either often found to be carriers of illegal arms, or they are under the protection of the armed criminals and anti-social elements. Therefore it is very difficult and risky for the DNC members to combat these drug dealers, as they are not armed.



A smuggler of phensedyl arrested by the raiding team of Faridpur while smuggling phensedyl filled in flexible plastic pipe twisted around his belly.

POINTS AND ROUTES OF ILLICIT DRUG TRAFFICKING

Bangladesh's proximity to the Golden Triangle has resulted in the use of this country for in-transit traffic of drugs. It is evident from intelligence records that international drug traffickers started using the territory of Bangladesh as a corridor for trafficking narcotic drugs produced in India and in the Golden Triangle from 1980. The abuse of heroin and some psychotropic substances is partly a direct consequence of such "in transit traffic". Due to stringent preventive measures of concerned Governments of the source countries against illicit trafficking of drugs, the smugglers of this region have found Bangladesh a safe transit point for smuggling of their merchandise. Secret information reveals that heroin produced in the Golden Triangle is brought to the small islands in the Bay of Bengal by the difficult path through the hills and forests of northern Myanmar

and subsequently these drugs are pushed into Bangladeshi territory. Similarly the drugs are also brought in Chittagong by smugglers through the Naaf River streaming from Akiab area of Myanmar into the Teknaf area of Bangladesh which is subsequently transported by various means to major cities in Bangladesh.

Most of the land border of Bangladesh is with India, the largest licit opium producing country of the World. Besides the licit production, India has also a considerable amount of illicit opium production in its licit production areas and in its eastern zone as indicated in the news reports. It is reported that Golden Triangle has recently expanded over Monipur and other Eastern States of India. The recent seizures of Codeine Phosphate (phensedyl) in bulk amount, in plastic



The big egg-like things hanging between their two thighs are packages of Ganja. This concealment and smuggling technique is really funny and amazing.

containers instead of 100 ml. bottles, indicate that it is manufactured in the clandestine Laboratories across the border. We have a list of such 51 clandestine laboratories for manufacturing phensedyl in the Indian Territory at our East and Western border. Most of the border areas of Bangladesh except a very few in South East and North, are plain land. The rivers, jungles, villages and crop fields by the sides of the borders are very much suitable for smuggling of any goods including drugs. The BGB Check Posts are located in such a distance from one to another, that it can hardly prevent people from smuggling activities. Therefore the international drug traffickers find it very easy to smuggle drugs through the land and coastal areas of Bangladesh. The traffickers generally do not use the legal port of entries. Trafficking routes and spots are constantly shifted by the traffickers to avoid surveillance and interception.

The small towns and trade centers by the borders are used as transit points for smuggling drugs. The smugglers prefer the jungles, canals, rivers, or uncommon rural paths across the borders rather than using the roads and highways to avoid risks of detection by the law enforcement agencies. Big consignments are smuggled under the coverage of freights of licit commercial import commodities. The traffickers generally do not use the legal port of entries; rather they use the rivers, canals, jungles and crop fields across the border. The smugglers are mostly from inhabitants across the border of both India and Bangladesh.

Bangladesh shares a huge border with India and Myanmar at its East, North, West and South- East side. Most of the territories in the borders are plain land. Therefore the smugglers and illicit drug traffickers find it very easy to carry their shipments. The major drugs smuggled into Bangladesh from its neighboring countries are opium, heroin, Phensedyl (codeine preparation), buprenorphine, cannabis, Yaba (ATS) and overseas foreign liquor. India is

the major source country of opium, heroin, Phensedyl (codeine preparation), buprenorphine, and cannabis, where as Myanmar is the major source of Yaba. Small amounts of cannabis are also smuggled from Nepal and Bhutan.

The major routes of smuggling are located at the western and eastern borders. However, the most vulnerable points of drug trafficking on three sides of the borders are as follows:

Western Border

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Satkhira	Kalaroa, Debhata, Bhomra, Kulia	Taki, Bashirhat, Hasnabad
Jessore	Benapole, Putkhali, Chowgacha, Jhikargacha, Sharsha	Bongaon, Petrapol, Helencha, Bhawanipur, Nonchapota Bagadanga- Dist: 24 Pargana
Chuadanga	Maheshpur, Jiban Nagar	Tehatta, Dist: Nadia
Meherpur	Mujib Nagar, Meherpur	Jalangi, Dist: Nadia
Rajshahi	Bagha, Charghat, Rajsahi, Godagari	Godagari Diar, Lalgola, Bharampur Krishnapura, Dist: Mursidabad
Chanpai Nowabganj	Shibganj, Gomostapur	Roghunathganj, Aurangabad, Dist: Maldah
Joypurhat	Panchbibi, Joypurhat	Nim Tita, Dist: Maldah
Dinajpur	Phulbari, Birampur, Hilli, Hakimpur, Biral, Porsha	English Bazar, Balurghat, Balurghat, Dist: Maldah

Eastern Border

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Sylhet	Zakiganj, Chunarughat, Madhabpur	Karimganj, Mohanpur, Bamutia, Bhubanban of Agartala, Tripura.
Bramhanbaria	Kashba, Akhaura, Bijoynagar.	Ramnagar, Joynagar, Agartola of Tripura.
Comilla	Chowddagram, Burichong, Brahmanpara, Bibirbazar	Camper bazaar, Khadala of Tripura.
Feni	Sagalnaiya, Phulgazi, Porshuram	Sonamura, Rajnagar of Tripura

Northern Border

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Kurigram	Roumari, Nageshari	Mankarchar of Meghalaya
Sherpur	Sherpur, Jhinaigati, Nalitabari	Barengapara of Meghalaya
Mymensingh	Haluaghat, Dhobaura	Baghmara of Meghalaya
Netrokona	Durgapur, Kamalkanda	Baghmara of Meghalaya

North-eastern Border: Teknaf, Ukhia

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Myanmar Side
Cox's Bazar	Teknaf, Ukhia	Akiab

Inflow of New Items of Drugs into Bangladesh and Possible Routes

Name of Drugs	Smuggling Routes (Indian Side)	Smuggling Routes (Bangladesh Side)
Buprenorphine in various trade names: Tidijesic, Bunojesic, Tunojesic, Lupijesic	Taki, Bashirhat, Hasnabad, Champapukur, Bangaon, Petrapol, Helencha, Bhawanipur, Nonchapota, Ranaghat, Tehatta and Jalangi of North 24 Pargana and Nadia. Godagari Diar, Lalgola, Azimganj, Krishnapura, Raghunathganj, Bharampur, Aurangabad, Nim Tita and English Bazaar of Murshidabad, Maldah, South Dinajpur.	Kalaroa, Debhata, Bhomra and Kulia of Satkhira District Chowgacha, Jhikargacha, Sharsha, Benapole Putkhali, Bansbaria of Jessore District Bagha, Charghat, Rajsahi, Godagari of Rajshahi. Panchbibi, Joypurhat of Joypurhat. Phulbari, Birampur, Hilli, Hakimpur, Biral of Dinajpur
Pentazocine Injection	Lalgola, Azimganj, Krishnapura, Raghunathganj, Aurangabad, Nim Tita, English Bazaar of Murshidabad, Maldah and South Dinajpur.	Bagha, Charghat, Rajsahi, Godagari of Rajshahi. Panchbibi, Joypurhat of Joypurhat. Phulbari, Birampur, Hilli, Porsha, Hakimpur, Biral of Dinajpur
Heroin and Codeine in various trade names: Phensedyl, Corex, Codex, Codocof, Lupicof, Recodex	Taki, Bashirhat, Hasnabad, Champapukur, Bangaon, Petrapol, Helencha, Bhawanipur, Nonchapota Ranaghat, Tehatta and Jalangi of North 24 Pargana, Godagari Diar, Lalgola, Azimganj, Krishnapura, Raghunathganj, Bharampur, Aurangabad, Nim Tita, English Bazaar and Gangarampur of Murshidabad, Maldah and South Dinajpur. Barengapara and Baghmara of Wallamnagar Dist. Meghalaya. Rajnar, Sonamura, Khadla, Hapania, Camper Bazaar, Agartola, Joynagar, Ramnagar, Pachem, Bhubanban, Bamutia, Mohanpur and Karimganj of Agartala Dist. of Tripura	Sathkira- Kalaroa, Debhata, Bhomra, Kulia. Jessore- Benapole, Chowgacha, Sharsha, Jhikargacha, Putkhali, Bansbaria. Rajshahi- Bagha, Charghat, Belpukuria, Godagari. Joypurhat- Akkelpur, Panchbibi. Dinajpur- Ghoraghat, Hakimpur, Phulbari, Porsha, Hilli, Biral, Birampur. Sherpur & Mymensingh- Jhinaigati, Haluaghat and Durgapur, Bramhanbaria- Kasba, Akhaura. Comilla- Bramhanpara, Burichang, Chawddagram. Feni- Paroshuram, Phulgazi, Sagolnainya.

It is reported that the international traffickers use Bangladesh as a transit point for trafficking heroin produced in Golden Triangle and Golden Crescent. It reveals from intelligence reports that the water territory of Bangladesh in the Bay of Bengal is largely used for trafficking narcotics produced in the Golden Triangle by sea route to Europe and America. The big seizures of heroin at Dhaka Airport also indicate that our Airports are used as transit route of the heroin originated from Golden Crescent. Chittagong seaport is also used for smuggling overseas foreign liquor. More than 60% of the smuggling of drugs from India is conducted through the Western border and almost all of the rest 40% through the Eastern

border and the Bay of Bengal in the South. The border in the North is rarely used for smuggling because the Indian Territory on the other side is mountainous and inaccessible. Road is the most common route of smuggling drugs into Bangladesh as well as their easy internal movement. All the routes and internal movement of smuggled drugs are Dhaka-bound. Because the major drug-markets in Bangladesh are located in the big cities and Dhaka alone accommodates almost 50% of our urban population as well as almost 50% of the drug market of our country.

Heroin produced in India and Nepal enters into Bangladesh through its western bordering

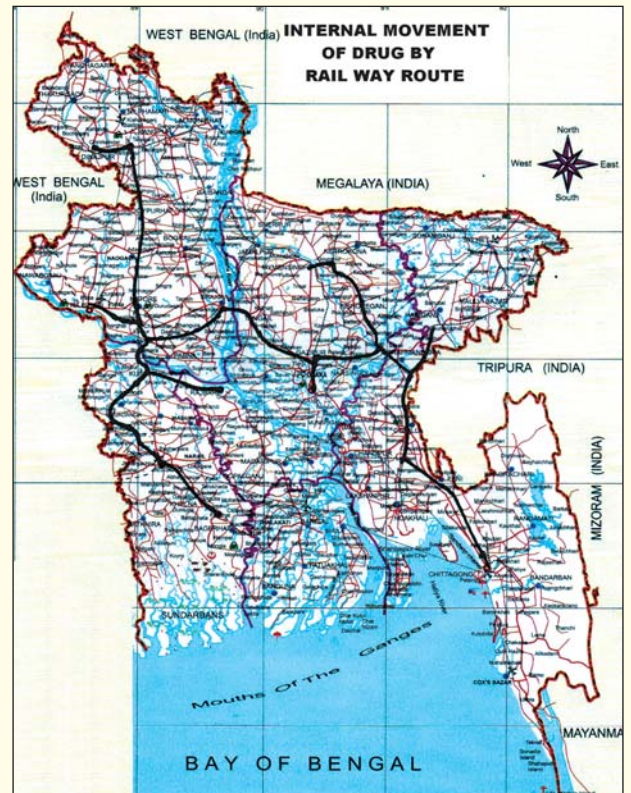


areas. India-made phensedyl and cannabis, the consignments of which are generally large in volume, are smuggled into Bangladesh by land routes through the bordering areas of both East and West. The sketch map placed below shows various points of smuggling drugs and their routes of internal movement.



Routes of drug smuggling & their internal movement in Bangladesh by road

The drugs smuggled through Agartala, Arungaon, Chaudagram, Akhaura, Kasba and Bramhanbaria covers the whole market of Chittagong Division and the major portion of the market of Dhaka Division. The drugs smuggled through western border areas of Satkhira, Jessore Chuadanga and Meherpur are mainly for the market of Dhaka city, though a sizable portion are consumed in the local market. The drugs smuggled through western border areas of Rajshahi, Chanpainababganj, Joypurhat and Dinajpur are also bound for the



Routes of drug smuggling & their internal movement in Bangladesh by rail

biggest drug market Dhaka though a portion is consumed locally. Roads and highways are the most common routes for trafficking of drugs. But the traffickers also change their route for safe movement of drugs from border to the destination at Dhaka frequently and as per convenience from road to water ways from Pakshi, Nagarbari ghat, Baghabari ghat and Sirajgonj of North Bengal, and Khulna Daulatpur and Mongla of South Bengal. The railways near the borders are also used frequently for internal movement of all sorts of drugs. The movement of drugs through internal airways is very rare.

TRAFFICKING THROUGH AIRPORTS AND THE SEA PORTS

Over recent years there have been reliable indications that Bangladesh's seaports and

airports are being used for shipment of drugs to Europe and USA. The Shahjalal International Airport at Dhaka and the seaport of Chittagong are transit points for smuggling of heroin from both Golden Triangle and Golden Crescent. The international airports at Chittagong and Sylhet are also vulnerable for smuggling heroin to Europe, because these two airports are very close to the Golden Triangle, and the maximum number of Bangladeshi people from this region regularly travel to Europe and USA. The Bay of Bengal is the most vulnerable region for smuggling drugs, as it is shared by the fishermen of Bangladesh, Myanmar and Thailand, and there is very insignificant control over this vast area adjacent to the Golden Triangle. Though a "Sniffing Dog Squad" has recently been established in Bangladesh Police, its operation is not yet significant and regular in this area. Bangladesh Coast Guard has two units at Chittagong and Mongla. But their resources and manpower are very limited to patrol and guard the vast coastal areas of Bangladesh.

TRAFFICKING THROUGH MAILS AND CARGOS

Smuggling of drugs through mails and cargo are very common throughout the world. To check these sorts of smuggling, all the developed nations throughout the world have deployed drug enforcement officials, sniffing dogs and various types of modern equipment and drug detecting devices in all their ports of entries in land, air and sea routes including the post offices. Because parcels in post offices and courier services are now a very popular and effective means of sending any commodity in boxes, parcels, bags, or cartons from one place to another place. It is indicated from the recent seizure of drugs in the cargo shipment at Dhaka Airport and parcels in foreign post office that the international drug traffickers are also pushing

drugs into Bangladesh through these media. The Private courier services are ideal for internal movement of drugs as they are not yet under strict surveillance.

DRUG TRAFFICKING GROUPS

As Bangladesh is located very closely to the Golden Triangle, it is very natural that there would be the existence of international trafficking syndicates in this country. But fortunately we are still free from the existence of international drug trafficking syndicates in this country. However the seizures of a few big consignments of drugs in recent times at Dhaka international Airport indicates that the international trafficking groups are conducting their operations through this country with the help of some of their local agents.

There is no organized and illicit production of drugs in Bangladesh except a very little amount of cannabis cultivation and distillation of alcohol in the remote rural areas. In Bangladesh, there are five distilleries for licit production of alcohol and about 70 pharmaceutical industries for legal production of narcotic, sedative, hypnotic and tranquilizer drugs mainly manufactured and used for medicinal purposes. In Bangladesh, there is no illicit production of narcotic, sedative, hypnotic or tranquilizer drugs or any psychotropic substances. Therefore there exists no such production group.

DEMOGRAPHIC FEATURES OF THE DRUG TRAFFICKERS

Producers: The legal producers of alcohol and drugs are the distillers and the pharmaceutical companies. The illegal producers of alcohol are the tribal people and the sweepers, the cobblers, the latrine cleaners, etc. The cannabis cultivators

were primarily the cannabis consumers, but now the former cannabis dealers and farmers in the rural areas are growing cannabis on commercial basis in remote rural areas some times at the home yards and some times at gardens and farm lands.



The raiding team of DNC Mymensingh detected cannabis cultivation in the homeyard of a farmer in a village in Mymensingh

Wholesellers: Former cannabis venders, their associates and people engaged in smuggling and illicit trade of other commodities are generally found to be the whole sellers of cannabis, phensedyl, yaba and heroin. Local "mastants" or influential anti-social elements are also found to be the whole sellers, or patrons of the whole sellers, or financiers.

Carriers: Under-privileged and economically deprived children and women especially the poor widows or divorced are largely abused in carrying drugs. School dropout

and unemployed youths are also engaged in carrying drugs. Street children are frequently used for carrying drugs. People with very low income but very high financial expectation sometimes take the risks of carrying drugs.

Retailers/Street sellers: A considerable number of retailers and street sellers of different kinds of drugs are the abusers themselves. They do this to maintain their own drug habit. Under-privileged women, widows and divorced poor women are also engaged in street level drug peddling either for their own survival or being recruited by the drug dealers. A considerable number of street drug sellers are under privileged children of slums and the street children. The street drug sellers are mostly from the slum areas and they are generally involved in



Drug peddlers are recently very much involved in acts of terrorism. Possessing small fire arms are not unusual for them.

different anti-social activities. Bus terminals, railway station, over-crowded market places, slums, brothels, street corners of under developed localities, etc. are the general operation areas of the street drug dealers.

ILLICIT DISTRIBUTION/ MARKETING OF DRUGS

The sale and purchase of drugs generally commence in the densely populated slums of the urban areas. The laws in Bangladesh take a lenient view about crimes committed by the juveniles. The juvenile labor from the economically disadvantaged group of population in Bangladesh is cheapest, easy available and easy to handle. Therefore the drug traffickers recruit the homeless street children or the youths living in the slum as drug peddlers in all the regions of Bangladesh. These street children and youths undertake this job as a means of their regular food, clothing and shelter. The drug traffickers employ them in peddling drugs either on day-basis wage, or on wage per unit of drugs sold, or on a certain percentage of commission on the drugs sold. In many cases, just a child of age ten, support his/her entire family on this earning from drug peddling. It is very common that the physically disabled persons and the petty drug



Street children and children in the slums in Dhaka are largely being abused by the drug traffickers for peddling drugs. These children are recruited for peddling drugs. The child in the middle is holding the sale proceed of heroin.



Slum dwelling under-privileged women are largely engaged in smuggling and peddling phensedyl. A very innovative style of concealment of phensedyl inside pumpkin.



Smuggling of cannabis concealed inside pillow and bandage all over the body.

peddlers engage their adolescents as mobile drug sellers. In many cases, the poor widows also engage their adolescents in drug peddling just for survival. There are instances where father has been convicted for drug peddling and his son has taken his place for survival of the family.

The under-privileged slum-dweller women drug peddlers travel daily to the border-stations by trains and carry drugs and other smuggled commercial commodities to big cities. They wear special type of belts and jackets filled with cannabis, heroin or phensedyl (codeine preparation) all through their bodies. The drug traffickers conduct their sales of drugs generally under the armed protection of small criminal groups locally called "Mastan". In many cases, these "mastans" are also drug sellers and many of them are also drug-users. There are very few



The Eastern border of Bramhanbaria District is now the most vulnerable point of smuggling cannabis. This big consignment of cannabis seized by the raiding team of Dhaka Region is sourced from Tripura.

fixed drug selling shops in the slum areas. Most of the sellers are mobile. They keep a small number of dosages of drugs with them and walk around the streets in search of customers. They

keep the bulk amount of drugs far away from the place of sale to minimize the risks of seizures. Recent seizures of Yaba indicate that students and derailed young people of affluent families are also engaged in trading of yaba.

STORAGE OF DRUGS

The storage of drugs is commenced in two phases: in-transit-storage during smuggling and storage before selling. The in-transit storage of drugs commence at the remotest places near the borders. These places are generally located in isolated houses and jungles near small border-townships. Bulk amount of phensedyl (codeine preparation) and cannabis are stored packed in gunny bags while heroin and buprenorphine are stored in concealment with other suitable commodities. Underground chambers are also

used to store bulk amount of drugs. The storage of drugs before sale is generally made at a place of little distance from the selling spot. The dealers do not store bulk amount at one place. The slums are the common and ideal places of storing drugs before sale. It is common that phensedyl (codeine preparation) packed in gunny bags are stored in submerged condition in a pond near the slum or in

buried condition at a suitable place or even in the graveyard. Cannabis, heroin and buprenorphine are stored safely packed in poly-bags or cellophane papers.

The traffickers generally do not possess drugs with them or at their own residence just to avoid arrests. They split the stock of storage to minimize the risk of seizures and other related losses. Cell phones play a vital role in current drug trafficking and trading. The drug traders have introduced home delivery services for drugs. The traders rarely use any static shop or center to sell drugs, rather they are mobile. They generally hire slum dwellers or use their employed sales-men for storage purpose. Therefore when a seizure of drugs is made, the real trafficker often remains out of reach. The peddlers or sellers do not possess bulk amount with them. They generally move around the street corners of the slums just with a few dosages. They know the customers and the customers also know them. While crossing each other on the street, the drug and money are exchanged very promptly and tactfully.

TRENDS OF THE PRODUCTION OF DRUGS IN BANGLADESH

Bangladesh is not substantially a drug producer country. The maximum amount of drugs, especially buprenorphine, yaba and cannabis are now being smuggled from the neighboring countries. The commercial production of cannabis and alcohol was introduced during the British colonial period. Opium was also introduced during the British regime. But these drugs were not a matter of serious concern of the society until the abuse of heroin and some psychotropic substances increased in the mid-eighties. Though opium and cannabis are now banned, current indications are that illicit cultivation of cannabis is still going on at the North and Western part of the country. Though drinking liquor is banned among the Muslim community, rectified spirit manufactured for homeopathic medicine and industrial purposes

are diverted to the illicit market and consumed by a group of people in the Muslim community. The tea garden areas in the North-East, the Hill Tracts region, and the North-Western region of the country are said to be the vulnerable areas for illicit distillation of liquor. Bangladesh had never a tradition of cultivation of opium poppy. But recent discovery of poppy cultivation in the remote hilly areas adjacent to Myanmar border indicates that traffickers of Golden Triangle are exploring the possibility of the expansion of the Golden Triangle into the territory of Bangladesh.

ILLICIT TRAFFICKING OF PRECURSOR CHEMICALS

Bangladesh does not produce any heroin, amphetamine, methamphetamine, methaqualone, PCP, LSD, MDA, MDMA, MDE, Cocaine or any coca preparation, mescaline, or any other substances under the control of UN convention. The few items of drugs under international control produced in Bangladesh are: morphine, pethidine, preparation of pseudoephedrine and a few items of benzodiazepines. Acetic Anhydride, Ephedrine, Pseudoephedrine and Potassium Permanganate are imported for use in pharmaceutical industries while the others are imported for various industrial purposes. There is no report of illicit trafficking of these precursor chemicals into Bangladesh. Though there is also no report of the diversion of use of these precursor chemicals in Bangladesh, it leaves ample scope of smuggling some of the precursor chemicals to neighboring countries.

ILLICIT CULTIVATION OF OPIUM POPPY ALONG THE BORDER AREAS

Bangladesh was never a drug producing country except cultivation of a little amount of cannabis under Government control till 1987 as per

provisions of the UN Convention. There is no production of opium, heroin, codeine, cocaine or coca-based drugs, ATS or MTS, psychotropic substances or precursor chemicals except producing alcohol, a little amount of cannabis and a few items of pharmaceutical products of narcotics and tranquilizer group. We never even dreamt of having a poppy plant in our territory. But for the last few years, we are being contracted by the illicit cultivation of poppy in the territory of India at our western border. It reveals from a report published in Times of India, New Delhi, on 07.03.2008 with reference to NCB, India, that the NCB destroyed over 7500 hectares of illicit poppy cultivation in 2007, of which, about 6000 hectares were alone in Murshidabad and Nadia located at our western border. The report also says that the actual cultivation could be much higher. The same report mentioned about extensive poppy cultivation in Arunachal Pradesh and Assam. It means that Bangladesh is surrounded by illicit poppy cultivation at its West, North and Eastern border.

In recent times Indian traffickers are using the territories of Bangladesh across the western border. The insurgent groups of Myanmar are also using the remote areas in the Hill Tracts for illicit cultivation of opium poppy. The people in West Bengal, Eastern India and Bangladesh share almost the same ethnicity and heritage. They have strong bondage in many aspects of their life

and culture. As there are many marital and economic relations among people of the two countries this relation is stronger among the drug traffickers. We have information that Indian poppy cultivators with relatives in our western bordering territory introduced poppy cultivation; they invested earnest money and bought back the whole harvest for manufacture of brown sugar (heroin) and phensedyl. The poppy seeds for the few incidences of poppy cultivation in Bangladesh territory are also sourced from India. They made propaganda that the poppy plants and capsules are for herbal medicine and the seeds are postodana, meant for cooking spice.

POPPY CULTIVATION AREAS ACROSS THE BORDER

In Indian Territory at Western Border:

South and North Twenty Four Pargana, Nadia, Murshidabad, Maldaha, Dakshin and Uttar Dinajpur, Koch Bihar of west Bengal.

In Indian Territory at Eastern Border:

Vast areas of Meghalaya, Asam, Tripura, Manipur and Mijoram.

In the Territory of Bangladesh:

Jhinaidaha, Chuadanga, Natore, Rajshahi, Chanpai Nawabgang, Lalmonirhat, Khagrachari and Bandarban.



The illicit poppy cultivation in West Bengal of India is also penetrating the Western bordering areas of Bangladesh. Cultivation poppy at the remote bordering area of Jhinaidaha District in collaboration with the Indian Poppy cultivators.



Honourable Home Minister Advocate Shahara Khatun and honourable State Minister for Home Affairs Advocate Shamsul Hoque Tiku visiting a stall established for anti-drug campaign on International Day against Drug Abuse and Illicit Trafficking.



Honourable Home Minister Advocate Shahara Khatun, on her visit to the Central Drug Addiction Treatment Centre, listening to a drug addict under treatment about his pathetic experience of addicted life.

ENFORCEMENT

INTELLIGENCE

The DNC maintain a close surveillance on the overall drug situation of the country through its intelligence wing. One Additional Director at DNC Headquarter is in charge of the Intelligence wing of DNC. He is assisted by 4 Zonal Intelligence Office. Each of the Intelligence Zone Comprises of 1 Deputy Director, 2 Assistant Director, 2 Superintendent, 1 Sub-Inspector and 4 Sepoys. The Total manpower of DNC's Intelligence wing is 56. This manpower is very much inadequate to cover the whole country. To overcome this deficiency, the Intelligence officers of the DNC deploy suitable sources in high-risk areas of drug crime. They are provided with source money to maintain regular liaison with the sources for collecting intelligence. The Police, Customs, RAB and the BGB have also separate intelligence wings of their own. The enforcement units of DNC's 4 Zonal offices, 25 Regional offices and 108 Circle Offices located throughout the country also conduct intelligence activities. Each circle has a manpower of 6 persons, which includes 1 Inspector, 1 Sub Inspector, 1 Asstt. Sub Inspector and 3 Sepoys. At present about 30% of the posts of enforcement staff are lying vacant. In spite of its shortage of manpower, scarcity of necessary equipment and training, the DNC detects about 8000 drug cases each year with about 8500 arrests and recovers huge quantity of different kinds of illicit drugs.

SEARCHES, SEIZURES AND ARRESTS

The operations of search, seizures and arrests are guided mainly by Section 36 of the Narcotics Control Act, 1990. The other relevant Sections

are:-Sections 32, 33, 37, 38, 41, and 42. The enforcement Officials of the Department of Narcotics Control, the Police, RAB, Customs, BGB and Coast Guard are empowered to conduct search, seizures and arrests. It is the requirement of the Law to draw a search list in presence of independent witnesses with description of the place of occurrence, name and addresses of the accused, description of the seized articles along with the description of the quantity of article seized, signatures of the eye-witnesses of seizures and comments of the officer in charge of the search and seizure. The drugs or any article related to commitment of a drug offence is liable for seizure under section 33 of the Narcotics Control Act, 1990. It is mandatory for every officer conducting any search, seizure or arrest to send a report regarding the search, seizure or arrest to his/her controlling officer immediately and lodge Ezahar (complain) in the concurrent Police Station. The Executive Magistrates are also empowered to conduct search, seizures and arrests under the provisions of the Mobile Court Act, 2009. The Master Law for the procedures of search, seizures and arrests is the Code of Criminal Procedure, 1898.

INVESTIGATION

Only the Department of Narcotics Control and Police are empowered to investigate offences under the Narcotics Control Act, 1990. The enforcement officers of the rank of Sub-Inspector or above of these Departments can Investigate drug offences. The main purposes of the investigation are gathering evidence on crime and clarify the motives and other relevant issues of an offence. In Bangladesh the investigation is generally followed by search, seizures and arrests. But pre-arrest investigation is also possible as per requirement of particular situation. The investigation officer generally visits the place of occurrence, draws sketch map

with detailed description of the place of occurrence, takes photographs, examines the eye witnesses, collects material and documentary evidences, obtains chemical examiners reports on the drugs seized and writes case-diary on regular activities of his/her investigation. If an accused is arrested with seizure of drugs the law permits only 15 working days for completion of the investigation. Otherwise the time limit for completion of investigation is 60 working days.

CROP ERADICATION, CROP SUBSTITUTION AND DESTRUCTION OF DRUGS

Bangladesh produces no Narcotic drugs. Therefore we have no crop eradication or crop substitution program. However we seize and



The raiding team of DNC Kushtia Region eradicating huge amount of illicit cannabis cultivation across the bordering area.

destroy the small amount of cannabis plants cultivated illegally in the remote rural areas. Number of cannabis plants eradicated during last five years are 33,947. The illicit poppy cultivation in Myanmar and West Bengal of India often penetrates into the adjacent territory of Bangladesh, which are immediately destroyed by our Army and Border Guards. The framers of these areas are encouraged for cultivating vegetables, food grains or fruits. The destruction of poppy fields by Bangladesh Army over last few years was as following:

Destruction of Poppy Fields in Anti-narcotics Operations Across the Border

2006	2007	2008	2009	2010 (up to May)
29	37	129	129	130



The law enforcement agencies of Bangladesh destroying a poppy field of Indian penetration near the western border of Bangladesh.

PROSECUTION AND TRIAL

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

Court. Offences liable for more punishment are triable in District and Session Judge Court. Mobile Courts can conduct trial of offences they apprehend which are liable for punishment up to 5 years, but they can impose punishment only up to 2 years imprisonment. Most of the drug offenders are caught red-handed. The rate of conviction of drug cases is around 60% with a highest of around 80%-90% in Dhaka. The reasons of acquittal are faulty and incomplete investigation, improper presentation of cases at the Court of trial, weaknesses in prosecution, lacking of witnesses and their gaining over by the drug offenders and the speculated corruption.

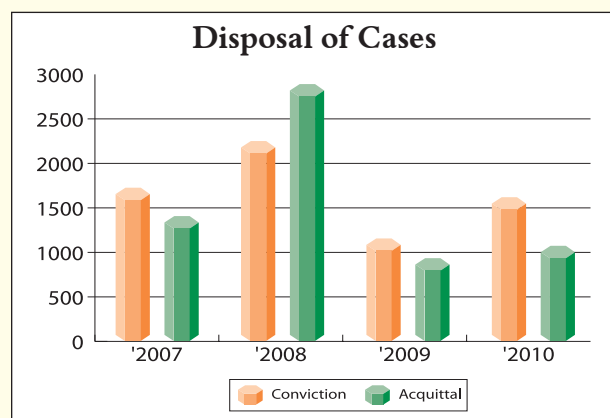
Statistics on Disposal of Cases Under Trial

Year	Disposal of Cases	
	Conviction	Acquittal
2007	1586	1268
2008	2111	2751
2009	1019	795
2010	1480	934

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

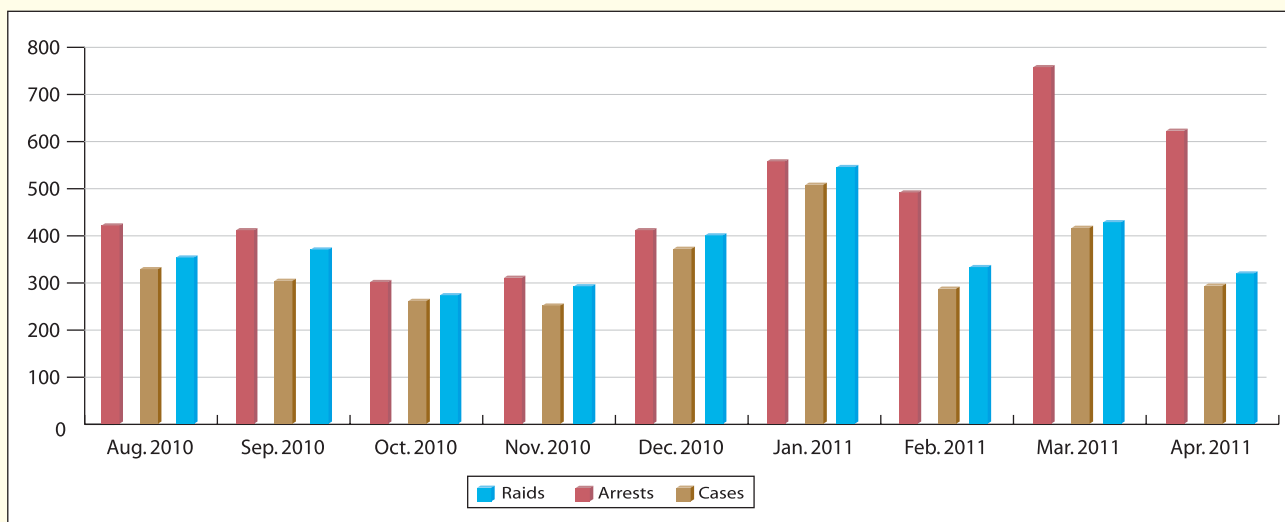
cases, the trial of drug offences lose its importance and the criminals remain unpunished for years together. This situation encourages them to commit further crime. Moreover in many cases they escape punishment through many loopholes of the investigation and trial procedures. To overcome this situation, 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 Magistrate imposes punishment just on confession and sends the criminals to jail. These sorts of summary trial have been found very effective to control crime, speed up trial system and enhance people's consciousness on drugs and related offences.



Statistics on Mobile Court Operation

Month	Raids	Cases	Arrests	Comments
Aug. 2010	422	329	354	All convicted
Sep. 2010	412	304	369	All convicted
Oct. 2010	302	260	274	All convicted
Nov. 2010	311	252	293	All convicted
Dec. 2010	412	372	401	All convicted
Jan. 2011	558	508	546	All convicted
Feb. 2011	492	286	333	All convicted
Mar. 2011	758	417	429	All convicted
Apr. 2011	623	290	318	All convicted
Total	4290	3018	3317	

Statistics on Mobile Court Operation

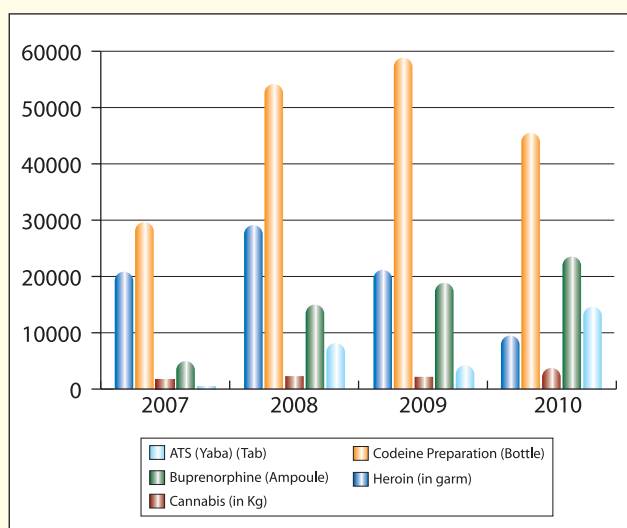
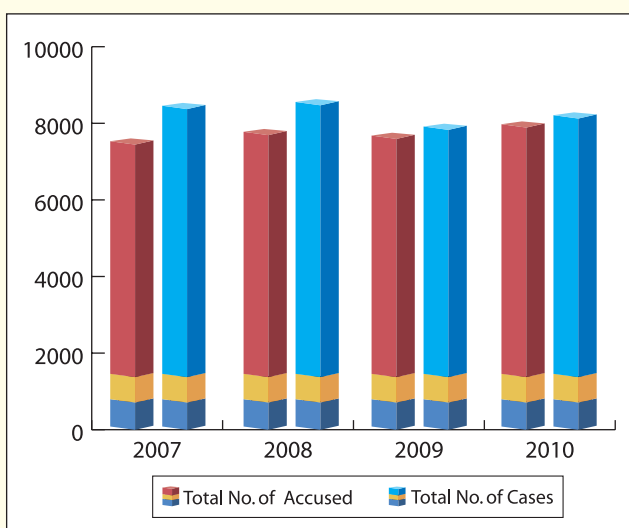


DATA ON CASES, SEARCHES, SEIZURES AND ARRESTS

Statistics on the Seizure of Drugs by the DNC Bangladesh

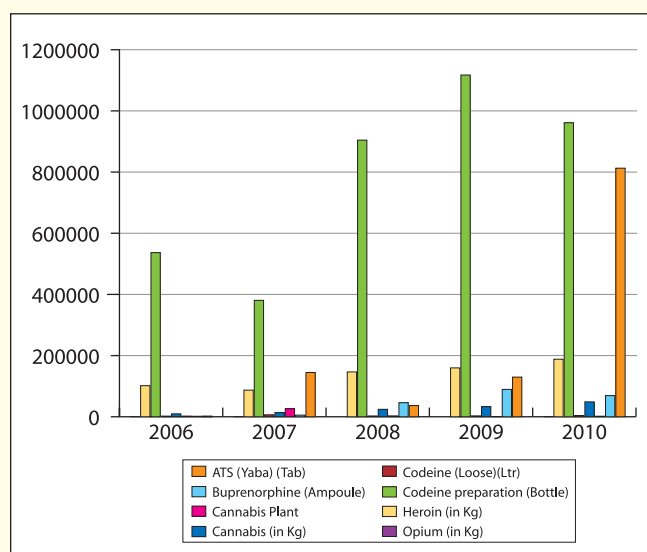
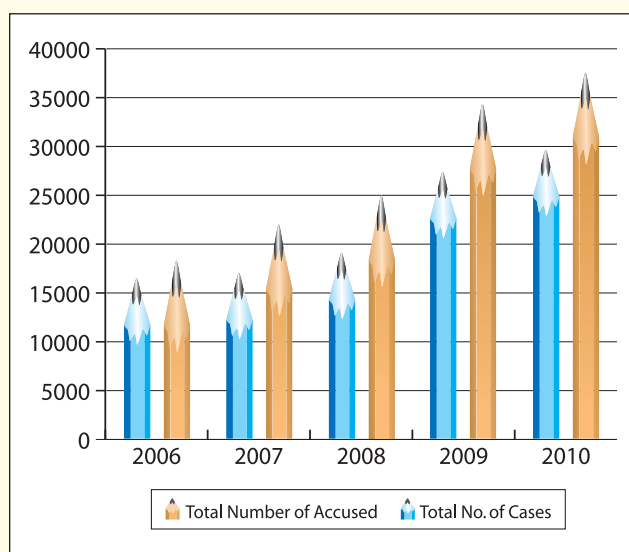
Name of Drugs	2007	2008	2009	2010
Heroin (in gram)	20856	29014	21189	9515
Codeine Preparation (Bottle)	29691	54169	58875	45531
Cannabis (in Kg)	1768	2302	2101	3673
Buprenorphine (Ampoule)	4979	15008	18771	23548
ATS (Yaba) (Tab)	483	8184	4051	14458
Total No. of Cases	7589	7842	7764	8019
Total No. of Accused	8476	8598	7966	8283

Statistics on the Seizure of Drugs by the DNC Bangladesh



Statistics on the Seizure of Drugs by all Agencies in Bangladesh

Name of Drugs	2006	2007	2008	2009	2010
Poppy Plant	-	60038	-	1450210	-
Opium (in Kg)	1.058	01.65	-	-	11.69
Heroin (in gram)	101591	87039	146593	159783	188186
Codeine preparation (Bottle)	536538	380625	904384	1117354	961260
Codeine (Loose)(Ltr)	2122.15	6526.252	2620.438	2955.300	4119.185
Cannabis (in Kg)	9613.515	13550.028	24282.395	32955.581	48749.357
Cannabis Plant	2182	26380	2834	791	1760
Buprenorphine (Ampoule)	1610	5331	45921	89469	69158
ATS (Yaba) (Tab)	1687	144751	36543	129644	812716
Total No. of Cases	16531	16987	19091	27441	29662
Total Number of Accused	18612	22000	25042	34315	37508



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

Name of Article Seized	2006	2007	2008	2009	2010
Sale Proceeds of Drugs (BDT)	829768	1005648	899705	1279163	879129
Car (Number)	3	5	2	25	21
Truck/covered van (Number)	8	2	4	5	1
Auto Rickshaw (Number)	10	5		14	18
Bus (Number)				2	2
Arms (Number)				2	2
Mobile Phone (Number)	79	113	42	125	151

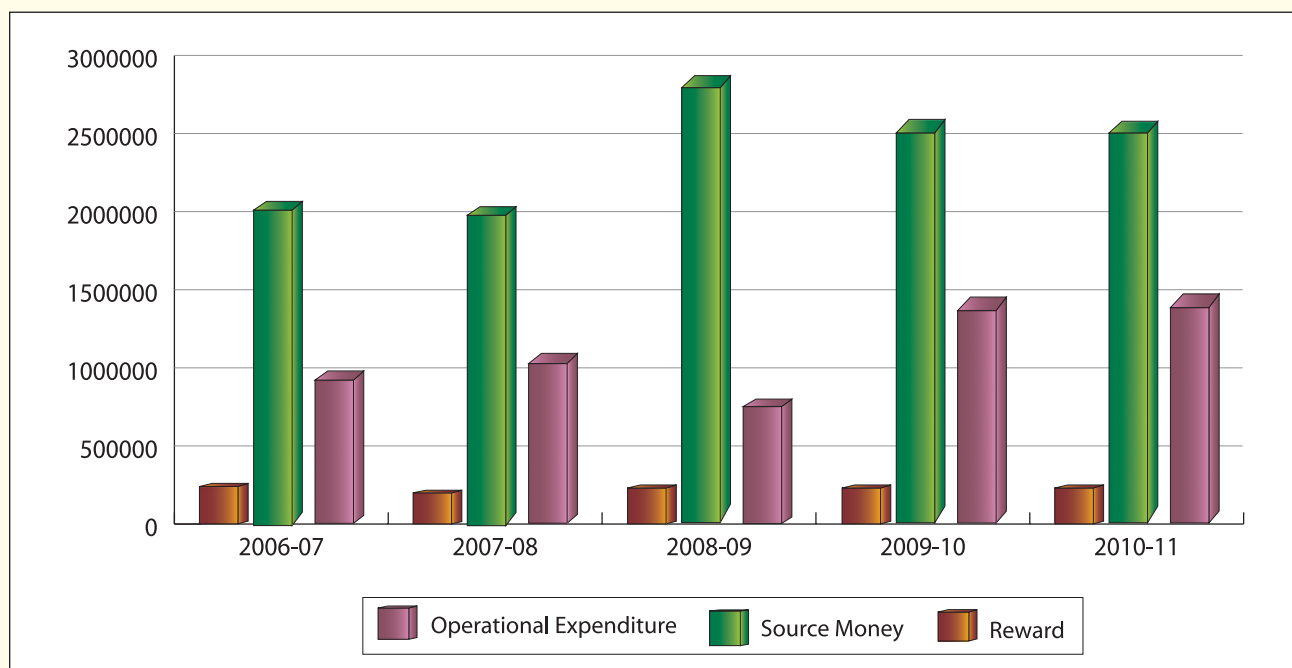
- Almost all drug-related crimes are on the increase.
- These increases in crimes are also indicators of escalating drug abuse.
- Most of drug offences are related to carrying, possession and sale of drugs.
- The carriers, possessors, however, are not drug traders by themselves.
- They are mostly employees of the real traffickers on daily wage or commission basis.



DNC Officials at the National Resource Centre of the DNC

Statistics of The Expenditure of DNC for Detecting Cases

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



STATISTICS ON REGION-WISE NUMBER OF CASES

Statistics on Region-wise Number of Cases and Seizure of Drugs by the DNC in 2010

Name of Region	Heroin		Codeine (Phensedyl)		Cannabis		Buprenorphine		ATS (Yaba)	
	Case	Seizure	Case	Seizure	Case	seizure	Case	seizure	Case	seizure
Dhaka Metro.	67	1.584	153	14999	662	511.000	247	11806	55	4543
Dhaka Region	68	0.531	72	1862	233	277.500	16	119	18	690
Mymensingh	04	0.008	13	336	142	145.000	31	159	-	-
Faridpur	38	0.368	58	1634	130	63.288	-	-	1	78
Tangail	14	0.054	4	20	39	14.000	1	15	-	-
Jamalpur	11	0.413	5	42	39	22.096	7	50	1	50
Dhaka Intelligence	24	0.516	15	260	61	33.776	8	2075	5	122
Total of Dhaka Zone	226	3.474	320	19,153	1306	1066.660	310	14224	80	5483
Chittagong Metro	69	0.919	65	1915	150	198.315	-	-	10	1976
Chittagong Reg.	7	0.018	7	45	19	9.275	-	-	-	-
Sylhet	7	0.040	20	280	161	159.515	1	30	-	-
Noakhali	6	0.037	33	798	76	86.325	1	20	-	-
Comilla	6	0.030	108	10366	124	1105.050	7	49	-	-
Cox's Bazar	10	0.067	7	97	16	171.158	-	-	6	2235
Khagrachari	-	-	-	-	-	-	-	-	-	-
Bandarban	-	-	-	-	-	-	-	-	-	-
Rangamati	1	0.002	3	26	2	0.110	-	-	-	-
Chittagong Intelli.	6	0.015	8	261	30	90.125	-	-	14	3595
Total of Chittagong Zone	112	1.111	251	13788	578	1819.873	9	99	30	7806
Khulna	53	0.209	76	3816/29.76	166	40.302	6	29	-	-
Jessore	36	0.218	90	1440/11.5	172	41.702	1	40	-	-
Kushtia	28	0.215	18	111/2.00	81	21.402	1	23	-	-
Barisal	3	0.145	11	772/2.30	67	63.865	-	-	-	-
Patuakhali	3	0.007	10	315	36	15.000	-	-	-	-
Khulna Intelligen	1	0.020	5	16	41	4.420	-	-	-	-
Total of Khulna Zone	124	0.814	210	647045.56	563	186.691	8	92	00	00
Rajshahi	47	1.539	140	1938	133	44.795	15	3229	-	-
Pabna	51	0.541	17	145/1.50	144	57.355	-	-	-	-
Bogra	27	0.437	75	1709/52.30	44	27.900	4	1701	-	-
Rangpur	12	0.040	43	822	166	79.055	1	50	-	-
Dinajpur	10	0.146	42	872/7.00	55	31.985	10	819	-	-
Rajshahi Intelligen	5	0.110	5	38	40	46.490	-	-	-	-
Total of Rajshahi Zone	152	2.813	322	5524 60.80	582	287.58	30	5799	00	00
Grand Total	614	8.212	1103	44935 106.36	3029	3360.804	357	20214	110	13289

Gender and Age Group of the Persons Arrested for Last Five Years

Type of Drugs	Number of Arrests	Gender		Age Group		
		Male	Female	Below 15	15- to-24	24 +
Cannabis	11881	8022	3859	1346	5881	2327
Heroin	7281	3718	3563	2613	2792	1876
Codeine	6478	2704	3774	3015	2065	1398
Buprenorphine	681	479	202	19	439	223
Pethidine	87	72	15	3	59	25
ATS	143	96	47	0	102	41
Others	11319	6213	5106	784	4875	5660
Total	37870					

Description of Some Important Cases Detected During 2010

Sl. No	Number of case	Date	Place of Occurrence	Description of Seized Articles	No. of Accused
1.	B. Baria-5	02.01.10	Bramhanbaria	Codeine preparation- 1500 bottle	2
2.	Khulshi-9	10.01.10	Khulshi, Chittagong Metro	Yaba-340 Tablet	1
3.	Shribordi-6	12.01.10	Shribordi, Jamalpur	Ganja-15 Kg	1
4.	Motijhil-56	22.01.10	Motijhil, Dhaka Metro	Beer-569 Can, Car-1	3
5.	Bramhanbaria-87	22.01.10	Bramhanbaria	Ganja-30 Kg	3
6.	Bramhanpara-18	23.01.10	Bramhanpara, Comilla	Ganja-30 Kg	2
7.	Nandail-2	27.01.10	Nandail, Kishorganj	Ganja-30 Kg	1
8.	Bramhanpara-23	28.01.10	Bramhanpara, Comilla	Ganja-60 Kg	2
9.	Sutrapur-87	29.01.10	Sutrapur, Dhaka Metro	Buprenorphine-650 Amp	3
10.	Panchlaish-5	04.02.10	Panchlaish, Chittagong Metro	Yaba-500 Tablet	1
11.	Gendaria-11	10.02.10	Gendaria, Dhaka Metro	Buprenorphine-1024Amp	1
12.	Kotowali-22	11.02.10	Kotowali, Chittagong Metro	Beer 192 Can	2
13.	Panchlaish-4	05.03.10	Panchlaish, Chittagong Metro	Yaba-500 Tablet	1
14.	Bramhanpara-5	09.03.10	Bramhanpara, Comilla	Ganja-80 Kg	3
15.	Kadomtoli-17	07.03.10	Kadomtoli, Dhaka Metro	Heroin- 500 Gram	1
16.	Motijhil-23	11.03.10	Motijhil, Dhaka Metro	Buprenorphine-600 Amp	1
17.	Laksham GRP-2	24.03.10	Laksham, Comilla	Ganja-15 Kg, Codeine preparation- 120 bottle	1
18.	Bandar-32	30.03.10	Bandar, Narayanganj	Codeine preparation- 1210 bottle	1
19.	Shyamnagar-4	01.04.10	Shyamnagar, Satkhira	Cannabis Plant-210	
20.	Janzira-1	01.04.10	Janzira, Shariatpur	Cannabis Plant-405	1
21.	Cox's Bazar-1	01.04.10	Cox's Bazaar	Yaba-2000	4
22.	Khulshi-3	04.04.10	Khulshi, Chittagong Metro	Yaba-500	1
23.	Kotowali-21	08.04.10	Chittagong Metro	Yaba-400 Tablet	2
24.	Bramhanpara-27	20.04.10	Bramhanpara, Comilla	Ganja-33 Kg	1
25.	Tejgaon-50	22.04.10	Tejgaon, Dhaka Metro	Buprenorphine-500 Amp	1



Description of Some Important Cases Detected During 2010

Sl. No	Number of case	Date	Place of Occurrence	Description of Seized Articles	No. of Accused
26.	Kotowali-57	24.04.10	Chittagong Metro	Yaba-400 Tablet	4
27.	Devhata-22	25.04.10	Devhata, Satkhira	Codeine preparation-400 bottle	3
28.	Batiaghata-22	27.04.10	Batiaghata, Khulna	Codeine preparation-1035 bottle	4
29.	Baklia-4	08.05.10	Baklia, Chittagong Metro	Yaba-300 Tablet	1
30.	Kotowali-21	08.05.10	Kotowali, Chittagong Metro	Yaba-400 Tablet	1
31.	Uttara-25	11.05.10	Uttara, Dhaka Metro	Codeine preparation-4000 bottle	3
32.	Meer Sarai-10	13.05.10	Meer Sarai, Chittagong	Foreign Liquor-295 bottle, Beer-25 Can, Codeine preparation-80 bottle	1
33.	Raujan-2	04.06.10	Raujan, Chittagong Metro	I.D. Liquor-400 Ltr, Microbus-1	2
34.	Kotowali-11	05.06.10	Kotowali, Comilla	Ganja-52 Kg	1
35.	Ramna-5	01.07.10	Ramna, Dhaka Metro	Buprenorphine-700 Amp	4
36.	Kasba-7	07.07.10	Kasba, Bramhanbaria	Ganja-150 Kg	1
37.	Motijhil-64	26.07.10	Motijhil, Dhaka Metro	Beer-384 Can, Car-1	2
38.	Sutrapur-67	31.07.10	Sutrapur, Dhaka Metro	Buprenorphine-1274Amp	2
39.	Bijoyagar-5	02.08.10	Bijoyagar, Bramhanbaria	Ganja- 30 Kg	5
40.	Dirai-7	11.08.10	Dirai, Sylhet	Ganja- 25 Kg	1
41.	Kaliakoir-25	21.08.10	Kaliakoir, Gazipur	Codeine preparation-3200 bottle	1
42.	Shahbag-35	23.08.10	Shahbag, Dhaka Metro	Yaba-500 Tablet	1
43.	Kasba-32	24.09.10	Kasba, Bramhanbaria	Ganja- 30 Kg, Indian Shari-100	1
44.	Pahartoli-2	01.10.10	Pahartoli, Chittagong	Yaba-1000	1
45.	Bangshal-1	01.10.10	Bangshal, Dhaka Metro	Codeine preparation-1091 bottle, Car-1	1
46.	Shere Bangla Nagar-2	01.10.10	Shere Bangla Nagar, Dhaka Metro	Beer-336 Can, Car-1	2
47.	Muktagacha-7	11.10.10	Muktagacha, Mymensingh	Cannabis Plant-65	1
48.	Kotowali-76	20.10.10	Kotowali, Comilla	Ganja- 30 Kg, Scooter-1	2
49.	Alomdanga-1	01.11.10	Alomdanga, Kushtia	Cannabis Plant-84	2
50.	Bramhanpara-3	07.12.10	Bramhanpara, Comilla	Ganja- 37 Kg,	1
51.	Laksam GRP-1	08.12.10	Laksam, Comilla	Codeine preparation-45 bottle	2
52.	Shere Bangla Nagar-14	09.12.10	Shere Bangla Nagar Dhaka Metro	Heroin- 1 Kg	2
53.	Bramhanbaria-52	14.12.10	Bramhanbaria	Ganja- 50 Kg	2

The offences apprehended are mostly related to carrying, possession and sale of drugs. The carriers, possessors or sellers are not always

drug traders by themselves. They are mostly employees of the real traffickers on payment of daily wage or on commission.

LEGAL PROCEDURE FOR A DRUG OFFENDER CASE

In Bangladesh, arrests for drug offences are generally made at pre-investigation stage. After an arrest is made, the officers in charge of the Regional Narcotics Offices order for investigation of the case. Officers of or above the rank of Sub-inspector of the DNC and Police is empowered to investigate drug cases. During investigation, the investigating officer, prepare a sketch map of the place of occurrence, collects various kinds of evidences, such as oral, documentary, material, circumstantial and expert opinion. The Chief Chemical Examiner of the Central Drug Testing Laboratory is empowered by section 50 of the Narcotics Control Act 1990 to pass an opinion about the chemical nature of

a drug which is to be exhibited in the court as evidence. After the investigation is completed the investigating Officer submits the charge sheet at the Court for trial of the case. Cognition of a drug case is initially taken at the District Chief Judicial Magistrate's Court. The Sessions Judge Court conducts trial of cases with higher rate of punishment. In the process of trial the Magistrate or Judge hears the witnesses, the investigators, the detecting officers and the accused, examines the evidences and finally orders for punishments or acquittal. The flow chart of the legal procedure for a drug offender case is: Arrest > Investigation > Submission of the investigation report > Hearing and examining the witnesses in the Court > Order of punishment or acquittal.



Honorable Home Minister Advocate Shahara Khatun and honourable Home Secretary Mr. Abdus Sobhan Sikder with the Award winning best Officers of the DNC.



MONEY LAUNDERING

MONEY LAUNDERING IN THE PERSPECTIVES OF BANGLADESH

Bangladesh in general is not a drug producer country. Till today, no drug cartel, drug syndicate, or drug lord has been traced within the territory of Bangladesh. Even no big dealer of drugs has been recognized. No large consignment of drugs has been intercepted in Bangladesh till today which might involve large volume of money. Bangladesh is mainly used as a transit route for smuggling of a small amount of drugs. Though there are several instances of Bangladeshi people's involvement in international drug trafficking as drug carriers, they are hardly reported to be involved financially.

There is only street sale of drugs like heroin, yaba cannabis and phensedyl (codeine phosphate) in Bangladesh. It appears from our domestic seizure records that the biggest consignment of heroin handled one time by the drug traffickers in Bangladesh is not more than 5.0 kg and the average quantity of heroin handled by the traffickers in Bangladesh is between 50 to 300 grams only which costs taka 50000 to 300000 maximum. The heroin in Bangladeshi market with average purity level of 3% to 5% costs maximum taka 1000000 per kg. Therefore circulation of drug money in our national monetary system is very insignificant.

The monetary system in Bangladesh is regulated by the Ministry of Finance. It is responsible for formulation of financial policy of the Government, formulation of foreign exchange policy, collection of internal revenue and taxes, budgeting and resource allocation,

audit and accounts management, control and regulation of the banking and financial system, etc. The central bank in Bangladesh is the Bangladesh Bank. It prints the local currency, fixes currency value, controls the money circulation within the country, controls credit, monitors, coordinates and inspects all banks and similar financial institutions in the country. Bangladesh Bank has the authority to check any kind of financial fraud or money laundering, if happens in any bank or financial institution in the country. It can seize the functioning power of any bank in the country for any of their unlawful activities. The commercial banks of Bangladesh have also authority to freeze any suspected money transaction and report to the law enforcing and anti-corruption authorities for investigation and taking proper legal action.

Bangladesh is a less developed country in respect of trade, commerce and industries. Its economy is mainly rural based and more than 85% of the population lives in rural areas. The service of banks and financial institutions has not yet reached at most of the rural areas. The money circulation in rural areas is mostly limited to buying and selling of essential commodities. The majority of the population lives below the poverty line. Economic growth level is low. Therefore, banks and financial institutions are not well developed in Bangladesh in comparison with those of other parts of the world. This situation provides less scope for money laundering in Bangladesh. Most of the black and dirty money are in the possession of a few industrialists, businessmen, professionals and dishonest bureaucrats. It is not, however, known how many of these people are associated with drug trafficking. They might be involved in laundering their illegal money generated through tax evasion or corruption. But as Bangladesh is not a producer of any kind of drugs, and there is no major drug trafficker group in the country, there is less possibility of drug money laundering in the country.

It reveals from our reports of arrests that most of the drug dealers in Bangladesh are from a very low income group. They are mostly small businessmen, jobless people, divorced women, or drug dependent people. They deal in drugs either to maintain their family expenditure or to maintain their drug habit. So they cannot accumulate enough money out of their drug

business which might be needed to be laundered. A very few number of drug dealers generate surplus money out of their drug business, which they spend for purchasing luxurious goods, land properties, real estates, cars, jewellery, etc. Very few cases are detected where a drug dealer is found to launder his drug money through other business.



Honourable Speaker of the Parliament of Bangladesh Advocate Md. Abdul Hamid addressing at the seminar on motivation and rehabilitation of the drug-offenders to a drug-free healthy life.



Honorable Home Minister Advocate Shahara Khatun, Vice Chancellor of Dhaka University and other celebrities and dignitaries at an Anti-Drug Seminar at Dhaka University.

STRATEGIES AND POLICIES

STRATEGIES FOR DRUG ABUSE PREVENTION AND CONTROL

The Department of Narcotics Control (DNC) follows three strategies for drug abuse prevention and control. These are:

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

The supply reduction strategy in compasses:

- Licensing,
- Monitoring and Inspection,
- Intelligence and enforcement,
- Crop eradication and destruction of drugs,
- Investigation,

- Prosecutions and sanctions and
- Summary trial of drug offences in Mobile Court

The Demand Reduction Strategy includes:

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

The Harm Reduction strategy consists of:

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



Mothers need to be aware of the adverse effects of drugs to keep a drug free family. A mother receiving award from Mrs. Ashrafun Nahar, wife of DG. DNC Mr. Khandker Mohammad Ali, for winning the Anti-Drug Quiz Competition arranged by the DNC on the International Day against Drug Abuse and Illicit Trafficking



Parents and Children at the Anti-Drug Concert and Art Competition arranged by the DNC on the International Day against Drug Abuse and Illicit Trafficking



Honorable Member of the Parliament and member of the Parliamentarian Permanent Committee for Ministry of Home Affairs Mr. Shafiqul Islam Apu leading an Anti-drug Rally at Jhinaidaha.



The first Bangali to conquer the Everest Young man Musa Ibrahim addressing the young generation of Bangladesh for victory against drug menace on International Day against Drug Abuse and Illicit Trafficking.

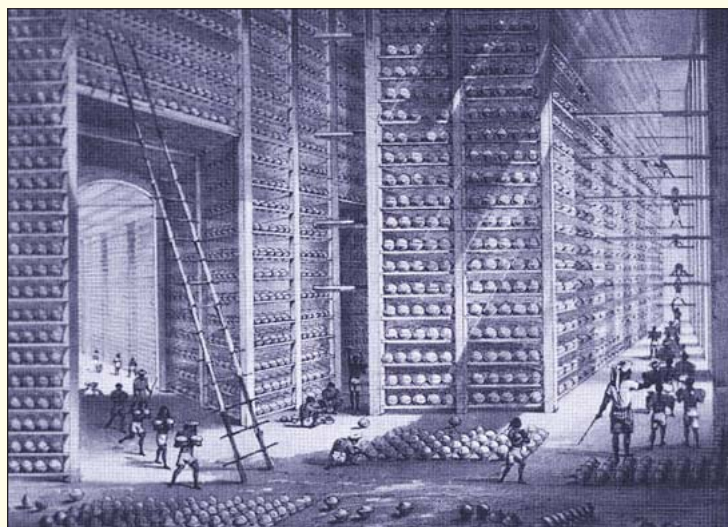


Destruction of seized and confiscated drugs by DNC Mymensingh Region

BACKGROUND AND HISTORICAL PERSPECTIVE OF THE DRUG CONTROL PROGRAMS IN BANGLADESH

Bangladesh has always been vulnerable to drug abuse because of its close proximity to major narcotics producing area the Golden Triangle. Lack of social consciousness about drugs, a very high unemployment rate, invasion of alien culture and decrease in moral values and social integrity have widened this vulnerability. Moreover, it has a long history and tradition of producing, trading and consuming opium and cannabis. Use of drugs in our society in the past was limited in the minority and lower classes of population. It did not affect the fabrics of our society in any way. Therefore prevention or control of drugs was not so much necessary. Rather, the Government considered drug as a means of revenue. The Opium Act 1857 and the Opium Act, 1878 was enacted by the British Indian Government for the uninterrupted collection of revenue. The East India Company introduced production and trade of opium and cannabis in this sub-continent on commercial basis in the middle of eighteenth century, which eventually went under the control of the British Indian Government. In spite of social stigma and religious ban, the consumption of liquor spread all over the country during the British regime. At the beginning of last century the British ruler established distillery in this country for manufacture and trade alcohol, spirit and liquor.

Apart from establishing distillery, and introducing trade of opium and cannabis, the British Indian Government established Bengal Excise Department in 1909 to control cannabis and alcohol production along with their trade, with a view to earn revenue. The Bengal Excise Act, 1909 and rules made thereunder served these purposes. The other legislations enacted to control the drug trade in the past were: The Dangerous Drugs Act-1930, The Opium Smoking Act-1932, The Dangerous Drugs Rules-1939, etc. The principal objectives of these legislation were to ensure and regulate revenue collection from drugs. Prevention and control measures were by-products of these laws and applicable only to illicit production and



Preservation of opium in an Opium godown of the East India Company in 1773

trade of drugs, which were again a means to ensure an uninterrupted flow of revenue. Enactment of the Prohibition Rules, 1950 was the first attempt for prevention of drug abuse in Bangladesh, which imposed control and supervision on consumption of alcohol by introducing a permit system. Introduction of the Consumers Pass system under Opium Sales Rules, 1957 was another attempt for prevention of opium consumption. Starting from 1960, the number of opium consumers passes and the amount of opium allotted under these passes,

were gradually reduced until a complete elimination in 1984. The current efforts for prevention of drugs in Bangladesh started from 1982. The principal measures taken thereafter by the Governments to control drugs are:

A. DRUG ORDINANCE, 1982

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

B. BAN ON OPIUM IN 1984

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

C. BAN ON MRITASANJIBANI SURA

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

D. ESTABLISHMENT OF THE NATIONAL ANTI DRUG COMMITTEE

In the year 1986, the Government formed a National Anti-drug Committee with representation from related branches of bureaucracy and leading sectors of the society.

E. FINANCE ORDINANCE 1986

In recognition of the seriousness of drug offenses, the Government made necessary

amendment in the penal provisions provided in all the drug legislation in Bangladesh by enhancing the rate of punishment in the Finance Ordinance 1986.

F. BAN ON CANNABIS

Elimination of the Ganja (Cannabis) cultivation system in 1987 and imposition of ban on production, trade and consumption of cannabis from 1987-89 was another important measure taken by the Government for prevention of cannabis abuse in this country.

G. AMENDMENT OF THE DANGEROUS DRUGS ACT-1930

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

H. ESTABLISHMENT OF DRUG ADDICTION TREATMENT CENTER

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

I. ENACTMENT OF THE NARCOTICS CONTROL ACT, 1990

The most important and effective measure taken by the Government of Bangladesh for drug control was the enactment of the Narcotics



Control Act, 1990 by replacing all the earlier drug legislation enacted mainly to serve the colonial interest of the British Indian Government. This new Act was enacted in pursuance of the basic principles of the Article 18(1) of the Constitution of the People's Republic of Bangladesh.

Bangladesh is a signatory to the Single Convention on Narcotic Drugs 1961, the UN Convention on Narcotic Drugs and Psychotropic Substances, 1971, the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. The Government of Bangladesh is under obligation to formulate necessary policies and taking measures in line of these UN and SAARC Conventions. The earlier legislation were not adequate and in the line of fulfilling these obligations. Therefore this new law was enacted to meet the requirement of the Constitution of Bangladesh, as well as the Conventions. This law is further amended in 2000, 2002 and 2004 in order to allow improved enforcement of the provisions of UN and SAARC Conventions including provisions for treatment and rehabilitation of drug addicts, prevention of money laundering, application of controlled delivery techniques, financial investigation, assets forfeitures and control of precursor chemicals. An effective rule for control of narcotic drugs psychotropic substances and precursor chemicals under this law has also been framed and a system of monitor and control on narcotic drugs, psychotropic substances and precursor chemicals has been introduced through a licensing system. Another Rule on generating and utilizing the fund of National Narcotics Control Board has been framed to facilitate the financial support from individuals and agencies of home and abroad. Another rule for control, monitoring and supporting the programs for treatment and rehabilitation is in force from 2005.

We control, monitor and supervise any kind of operations of drugs or precursors in industrial, scientific and medical purposes through a licensing system introduced in the Narcotics Control Rules, 1999. Under this system, no import, export, transport, shipment, manufacture, sale, distribution, purchase, possession, storage, warehousing, use, etc. can be done without a license, permit or pass from the DNC. The importers, exporters, manufacturers, distributors, users or any kind of operators of drugs or precursor chemicals have legal bindings to allow any kind of inspection at any time by a DNC Official. The operators of drugs or precursor chemicals have also accountability for any misuse, damage or diversion. Before issuing any license or permit for any operation of drugs or precursors, a thorough investigation is made and we take clearance from the Police and Department of Environment. Before every import, there is an inspection and assessment on the requirement. Each consignment of import requires a clearance from the DNC. The imported consignments are also inspected and verified just after arrival. The sale, processing or uses are also monitored by an inspecting DNC Official. All the licensees are bound by law to maintain accounts and statistics on any operation of drugs or precursor chemicals. The inspecting officers verify these accounts and statistics in course of their inspection. These accounts and statistics are also verified before authorization of import of each consignment. So, there is very little scope of diversion from the licit channel.

NATIONAL DRUG POLICY IN BANGLADESH

Drug means any narcotic drug or psychotropic substance or any other substance mentioned in the First Schedule of the Narcotics Control Act, 1990, and not the general drugs or medicines under the Drug Control Ordinance, 1982.

There is no special policy on intoxicating drugs in Bangladesh. The documents so far formulated of this nature are:

- * Five Years Strategic Plan for Reduction of the Demand for Drugs in Bangladesh, UNDCP and DNC Bangladesh, 1997.
- * Five Years Strategic Plan for Reduction of the Supply of Drugs in Bangladesh, UNDCP and DNC, Bangladesh, 2000.
- * Strategic plan for drug abuse prevention and control in Bangladesh, Ministry of Home Affairs, Bangladesh, 2006.

But these documents are not actually drug policy as exists in many developed country. However the national drug policy of Bangladesh is embedded in Article 18 of the Constitution of the People's Republic of Bangladesh and in our national narcotics legislation. Article 18 of the Constitution of the People's Republic of Bangladesh states as following:

"18. (1). The State shall regard the raising of the level of nutrition and the improvement of public health as among 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 drugs which are injurious to health."

The important features related to our national drug policy available in the national narcotics legislation are:

1. **Preamble of the Narcotics Control Act 1990:** The Government is committed to the control of narcotic drugs and treatment and rehabilitation of the drug addicts.
2. **Section 3** of the Narcotics Control Act 1990 clearly articulates the scope of the control of the narcotics legislation in Bangladesh and establishes the supremacy of the Narcotics Control Act, 1990 and rules framed under it and overrides any other

legislation in Bangladesh in question of drugs scheduled in the Narcotics Control Act 1990.

3. The policy of the Government is to combat the drug menace through multi-disciplinary and multi-dimensional approaches. Section 4 provides provisions for formulation of the National Narcotics Control Board (NNCB) with membership from all concerned Ministries and leading sectors of the society for formulation of policies for prevention of the harmful effects of drugs and implement those, for formulation of policies regarding manufacture, supply, use and control of drugs, for research, preventive education, public awareness campaign, for networking and coordinating all drug-related activities of all Ministries and authorities, and for performing any duties regarding prevention and control of the harmful effects of drugs in Bangladesh.
4. **Section 7:** the national drug policy of the Government of Bangladesh is that the fight against harmful effects of drugs is not a fight of one-man army. The Government encourages the participation and partnership of all national, international and foreign GOs, NGOs, VAs, authorities and individuals to combat the menace of drugs by contributing in the National Narcotics Control Board (NNCB) Fund.
5. **Section 9:** The cultivation, manufacture, processing, carrying, transport, import, export, supply, purchase, sale, possession, preservation, storage, display, administration and use or any attempt, financing, establishment, management or patronizing of any organization of any drugs or substance or plant except alcohol is prohibited with an exemption in the field of manufacturing medicines, industrial use, treatment of disease and scientific research under license, permit or pass.

6. **Section 10:** Establishment of distillery or brewery; manufacture, processing, carrying, transport, import, export, supply, purchase, sale, possession, preservation, storage, display and use alcohol and use of alcohol in manufacturing medicines except under license is prohibited. Drinking alcohol is permitted only under permit by non-Muslim Bangladeshi citizens and foreigners, under permit issued on the basis of medical prescription by Muslims and without permit by diplomats and privileged persons.
7. **Section 12:** There are restrictions and conditions for issuing licenses and permits for any kind of operation of drugs to convicted persons and persons penalized under the Narcotics Control Act 1990.
8. **Section 13:** There is control and restriction on prescription of intoxicating drugs.
9. **Section 16 & 17:** Establishment of treatment and rehabilitation centers for drug addicts at Government, NGO and private level and compulsory treatment of drug addiction.
- 10 **Sections 19 to 26:** Various kinds of offenses related to drugs are to be punished. The range of punishment is from any amount of fine to death penalty. Offenders related to hard and harmful drugs are to be awarded harder punishment.
11. **Section 33 to 35:** Any kind of illicit drug, licit drugs found in combination with illicit drug, anything used or connected with an offence related to drug offence or sale proceed or assets derived from drug offence should be liable for confiscation. The sale proceeds and money confiscated for drug offence is to be deposited in the National Narcotics Control Board (NNCB) Fund and spend for drug abuse preventive education, treatment and rehabilitation of drug addicts.
12. **Section 43:** Law enforcement officials of various agencies are bound to assist each other in enforcing drug law.
13. An offence related to drug is considered so serious that an accused in possession of any drug or article related to drug offence may be presumed guilty by the court and the burden of proof lies with the accused and not the prosecution. An investigation of drug offence covers all investigative technique including financial investigation, freezing of bank accounts and assets, application of controlled delivery technique and money laundering prevention law.
14. **Section 48:** All the drug addicts throughout the country are to be registered and provide with proper treatment.
15. **Section 49:** Any convict under the Narcotics Control Act 1990 or any registered drug addict are not to be issued any driving license or license for fire arms.

SPECIFIC NEEDS OF BANGLADESH TO COMBAT DRUGS AND PRECURSORS

Drugs were considered as source of revenue in Bangladesh under the British colonial laws and rules till 1989. The new principles of restriction, control, monitoring, supervision, prevention, education, public welfare, public awareness campaign, social mobilization, treatment and rehabilitation in connection with the problems of drugs and their abuses are newly introduced in our country through the Narcotics Control Act, 1990. The National Narcotics Control Board (NNCB) formulated under this Law is the highest body for advisory function and policy formulation. The Department of Narcotics Control is the Nodal Drug Law Enforcement Agency. The Departments of Police, BGB,

Customs, Social Welfare, Education, Information, Health, Youth Development, Local Government, Religion and Law have also functions in their respective jurisdiction. But all we do for the prevention and control of drugs and precursors are still inadequate to meet the utmost needs. We need assistance and cooperation from the international and regional community in the following areas:

- 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;
- Special training of the DNC Officials on precursor chemicals;
- Setting up special devices at all the ports of entries to intercept smuggling of drugs and precursor chemicals;
- Enhancing facilities of DNC's Drug Testing Laboratory;
- Contribution to the NNCB fund;
- Conducting survey, research, documentation and data management on drug abuse prevention and control;
- Cooperation in preventing HIV/AIDS among ID users;
- Mutual cooperation in exchange of information, experience, knowledge, expertise and in technical assistance.



The Director General DNC Mr. Khandker Mohammad Ali and DG NCB, India Mr. OPS Malik jointly signing the documents of the 2nd Director General Level Talks between Drug Control Nodal Agencies of Bangladesh and India.

LEGISLATION

THE SALIENT FEATURES OF THE NARCOTICS CONTROL ACT, 1990

This Law was first promulgated as the Narcotics Control Ordinance, 1989 on 26 November 1989. Thereafter it was converted into the Narcotics Control Act, 1990. This Act was given effect from 2 January 1990. This Act has a total of 56 Sections and two Schedules. The Narcotics Control Act, 1990 is a special law on prevention and control of drugs in Bangladesh. It has supremacy over any other law in Bangladesh regarding drugs. It deals with any issue regarding 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, procedures and prescribes the penalties and schedules the drugs and punishments.

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

The main focus of this law is on defining various crimes, imposing prohibition, control and regulations on 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, asset forfeiture, prevention of money laundering, application of controlled delivery techniques, financial investigation, revenue collection and control of precursor chemicals. About 40% of the concepts of drug abuse prevention and control contained in this legislation are new, and derived from the UN conventions and legislation of other countries, while 60% conceptions are based on the previous legislation. The Narcotics Control Act, 1990 provides legal sanctions and punishment for narcotic crime, in Bangladesh. The Sections related to offences and punishments are: 9, 10, 13, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31. This law classifies all drugs falling under the UN conventions into three major classes, viz. A class drug, B class drug and C class drug according to their harmful effects and criminality involved.

The Narcotics Control Act, 1990 also provides a table of punishment for different offences related to different drugs according to the gravity and nature of the offence and the quantity of drugs involved in it. The highest penalty for an offence related to an 'A' class drug is death sentence or life term imprisonment, whereas the lowest penalty is imprisonment for two years. In case of an offence related to 'B' class drug, the highest penalty is 15 years imprisonment and the lowest penalty is imprisonment for six months. In case of 'C' class drugs the highest penalty is one year's imprisonment or fine of Taka not exceeding ten thousand or both. The law also provides penalty for offences related to abetment and conspiracy in drug offences. It also imposes restrictions on 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. Moreover it contains contemporary new thoughts and ideas of drug abuse prevention and control. The new thoughts and ideas incorporated in this Act are:

- a. That this law contains definition of some new terms which were not included in the earlier Drug Control legislations;
- b. That this law has override the provisions of other laws in force for the time being in respect of drug abuse prevention and control and related issues.
- c. That this law has provided provision for establishing a National Narcotics Control Board:
 - To formulate the Government's policy and proper planning on all the issues related to drug and its abuse, and take measures to implement those;
 - To involve all the concerned Ministries and their attached departments in various functions of drug abuse prevention and control;
 - To coordinate activities of all concerned ministries and organizations and establish a net-work on drug issues within various Ministries and organization of both within the Government and outside the Government.
- d. That this law has made the provision to establish a National Narcotics Control Fund to encourage foreign and domestic participation in our country's drug abuse prevention and control activities and to utilize the forfeited money from proceeds of illicit drugs and assets derived there from in activities of drug abuse prevention and control.
- e. That this law has imposed restriction and a system of control over prescription and use of medicinal drugs with abusive potential.
- f. That this law provides provision for establishment of drug addiction treatment center or declaring Jail hospital or any Government hospital as the drug addiction treatment center.
- g. That this law provides provisions for compulsory treatment of drug addiction under Government support and provision of detention for those who defy it.
- h. That this law has made it obligatory for the family heads and physicians to supply information on drug abuse by a family member or by a patient under treatment and necessity of his treatment for addiction, to the Director General of Narcotics Control.
- i. That this law provides a table of punishment for different offenses according to the harm-based classification of drugs and the quantity of drugs involved to commit an offence.
- j. That this law imposes provisions of control over the production, manufacture, export, import, Transport, carrying, distribution, purchase, prescription, sale and use of any kind of drugs, psychotropic substances precursor chemicals, and medicinal drugs of sedative, hypnotic, tranquilizer and stimulant groups.
- k. That this law has classified and scheduled all kind of drugs, psychotropic substances and precursor chemicals according to the intensity of the harmful effects, control measures and abusive potentiality.
- l. That this law provides provision for special type of body checking and search to detect drug trafficking by body concealment or carrying.
- m. That this law provides provision for transferring of investigation of drug cases



- from any agency or individual to another agency or individual.
- n. That this law provides provision for examination of bank accounts under an order from Session Judge in the process of financial investigation on crimes related to drug trafficking.
 - o. That this law provides provision for freezing and forfeiture of the assets of drug traffickers.
 - p. That this law provides provision for enumeration and registration of drug addicts and their treatment.
 - q. That this law provides provision for establishment of Chemical laboratory for drug testing and employment of chemical examiner to speed up the trial of drug cases.

OFFENSES AND PUNISHMENT UNDER THE NARCOTICS CONTROL ACT, 1990

15.2. Offenses and Punishment Under The Narcotics Control ACT, 1990

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

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

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

illicit drugs and precursors. Section 39 empowers the DNC officials for investigation of offences relating to drugs and precursors. Section 45 deals with the disposal of arrested persons and seized drugs or precursors. Though the Narcotics Control Act, 1990 does not provide any direct provision for investigation of money laundering, Sections 46 and 47 of this Act refers to financial investigation and freezing of assets derived from illicit business of drugs and precursors. Section 54 empowers the Government to bring any substance or chemical under the purview of the Narcotics Control Act 1990 any time as and when required.

The amendment of the Narcotics Control Act, 1990 in the year 2000, provides provisions for seizure and confiscation of sale proceeds or assets derived from illicit trafficking in narcotic drugs, psychotropic substances and precursor chemicals. It also provides compulsory provisions for putting warning on labels of drugs and precursor chemicals and maintaining accurate accounts of those. Application of the Controlled Delivery Technique in investigation of any offence regarding drugs or precursor chemicals is another important aspect of the 2000's amendment of the Narcotics Control Act, 1990. In 2002, the Government has amended the Narcotics Control Act, 1990 with the provision that offences of drugs and precursor chemicals should be investigated within 15 days and tried under the jurisdiction of Speedy Trial Court.

OTHER LAWS AND RULES RELATED TO DRUG ABUSE PREVENTION AND CONTROL IN BANGLADESH

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

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



The enforcement officials of DNC in a Training Course on Intelligence and Investigative Technique held at DNC Head Quarters.



PREVENTION AND CONTROL

The methods practiced for prevention and control of drug abuse in Bangladesh covers a considerable area of both supply and demand reduction. The major supply reduction activities in Bangladesh are: (a) Licensing, (b) Monitoring and Inspection, (c) Intelligence and Enforcement, (d) Crop Eradication and Destruction of Drugs, (e) Investigation and (f) Prosecution and Sanctions.

LICENSING

This method is used in Bangladesh to control the production, processing, export, import, transport, distribution or sale, use or consumption of alcohol, spirit, alcohol containing products, and certain narcotic drugs used for medical purposes. The total number of different kinds of licenses under the control of the DNC is 4697. Licensing is a very effective method to control and limit the illicit as well as the licit drug supply facilities, their sell centers, locations, types, numbers and activity hours. It also controls and regulates the supply related behavior of its holder.

- The DNC monitors the supply system of drugs through its field officials.
- Liquor shops are inspected at least once a month and others at least once a quarter.
- Officials of and above the rank of Inspector can inspect any license whenever desire.
- This facilitates the DNC to control and monitor the behavior of both drug suppliers and consumers.
- Control, monitor and supervise operations of drugs or precursors in industrial, scientific and medical purposes through a licensing system introduced in the Narcotics Control Rules, 1999
- No import, export, transport, shipment, manufacture, sale, distribution, purchase, possession, storage, warehousing, use, etc. can be done without a license, permit or pass from the DNC.
- Importers, exporters, manufacturers, distributors, users or operators of drugs or precursors have legal bindings to allow inspection by DNC Official
- Each import of drugs and precursors requires clearance from the DNC
- DNC issues licenses to control the production, processing, export, import, transport, distribution or sale, use or consumption of alcohol, spirit, alcohol containing products, and certain narcotic drugs used for medical purposes and precursor chemicals.
- Thorough investigation is made before issuing any license/permit for precursors.
- Every import is followed by inspection and assessment of the requirement by the DNC.
- The manufacture, sale, processing or uses of drugs are monitored by inspecting DNC Officials.
- Inspecting officers of DNC verify accounts and statistics.
- The DNC's Policy is to patronize expansion of licit trade and industry.
- There is no public harassment. The DNC ensure regular, adequate and uninterrupted licit supply to licit traders, industries and users.
- DNC holds periodical meeting with traders, industrialists and users to solve problems.
- The DNC stops unauthorized and suspected consignments of legal imports of drugs.

Statistics on Licenses of Narcotic Drugs, Psychotropic Substances and Precursor Chemicals

Category of license	Number
Distillery	06
Brewery	01
Alcoholic Molt beverage (Whole sale)	03
Bonded Ware House	18
Country Liquor	216
Foreign Liquor	Club/Bar= 98, Whole Sale and Retail=38
Rectified Spirit (homeo medicine and Industry)	257
Denatured Spirit	2790
Pethidine and Morphine (hospital, retail Sale)	740
Narcotic Drugs, Psychotropic Substances and Precursor Chemicals for Pharmaceuticals	Import=77, Export=13, Manufacture/Processing=70
Narcotic Drugs, Psychotropic Substances and Precursor Chemicals for Industries	Import=105, Manufacture/Processing= 27, Retail Sale=61, Use=53
Private Drug Addiction Treatment and Rehab Center	58
Registered Anti-drug NGOs	66
Total	4697



DG DNC Khandker Mohammad Ali and ADG DNC Md. Kaikobad Hossain among the DNC officials in an Anti-Drug demonstration on International Day against Drug Abuse and Illicit Trafficking

REQUIREMENT OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

In spite of a total prohibition of any kind of operation, Section 9 of the Narcotics Control Act, 1990 allows the operations of any narcotic drugs, psychotropic substances or precursor

chemicals for the manufacture of medicine, for use in treatment, for use in industrial purposes and for use in scientific researches under license, permit or pass. In Bangladesh, there are 77 licenses for import, 13 licenses for export and 70 licenses for manufacture/processing of Narcotic drugs, Psychotropic substances and precursor chemicals in pharmaceutical industries. The number of licenses for precursor chemicals are 105 for import, 27 for manufacture/processing, 61 for retail sale and 53 for use in various chemical industries. The requirement of narcotic drugs, psychotropic substances and precursor chemicals for all these licenses are assessed by the DNC each year on the basis of market analysis and analysis of the scope of export to foreign countries. On the basis of the assessed requirement the INCB has allotted the following quantities of narcotic drugs, psychotropic substances and precursor chemicals annually for Bangladesh.

Statistics on the INCB Allotment of Narcotic Drugs and Psychotropic Substances and their Import

Name of the Narcotic Drugs	Allotment	2008	2009	2010
Dextropropoxyphene (Gram)	450000	-	-	2001
Fentanyl (Gram)	800	62.500	63.67	125.05
Methadone (Gram)	15000	-	-	4600
Morphine (Gram)	100000	10000	25	5000
Pethidine (Gram)	350000	130000	120000	30000
Pholcodine (Gram)	300000	-	-	-
Ephedrine (Gram)	368000	110000	-	-
Pseudo ephedrine (Gram)	49021000	26400000	11587000	14955000
Alprazolam (Gram)	210000	15000	25000	25000
Barbital (Gram)	200000	-	-	-
Bromazepam (Gram)	1000000	360000	420000	410000
Clobazam (Gram)	1500000	620025	388000	287000
Clonazepam (Gram)	700000	158151	158000	140000
Diazepam (Gram)	2500000	555000	1665000	1210000
Flurazepam (Gram)	300000	100000	84000	30000
Lorazepam (Gram)	600000	-	10000	-
Midazolam (Gram)	850000	125750	279498	115377
Nitrazepam (Gram)	1000000	200000	150000	150000
Oxazepam (Gram)	100000	-	20000	20000
Pentobarbital (Gram)	1000	-	-	-
Phenobarbital (Gram)	3500000	870000	1335000	1390000
Zolpidem (Gram)	100000	-	-	15000

It is to note that the license holders could not import the entire quantity of the allotment for delay in the import process, and to some extent for the political unrest in the country.

DISTILLERIES, BREWERIES AND WAREHOUSES

Though Bangladesh was never a traditional alcohol consuming country, the tribal populations were used to drink alcohol from time immemorial. During the Mughal and British regime, there were taxes on manufacture and trade of alcohol. The British Indian Government established 'Bhatikhana' in each District to control and monitor the manufacture and trade of country liquor. The rights of

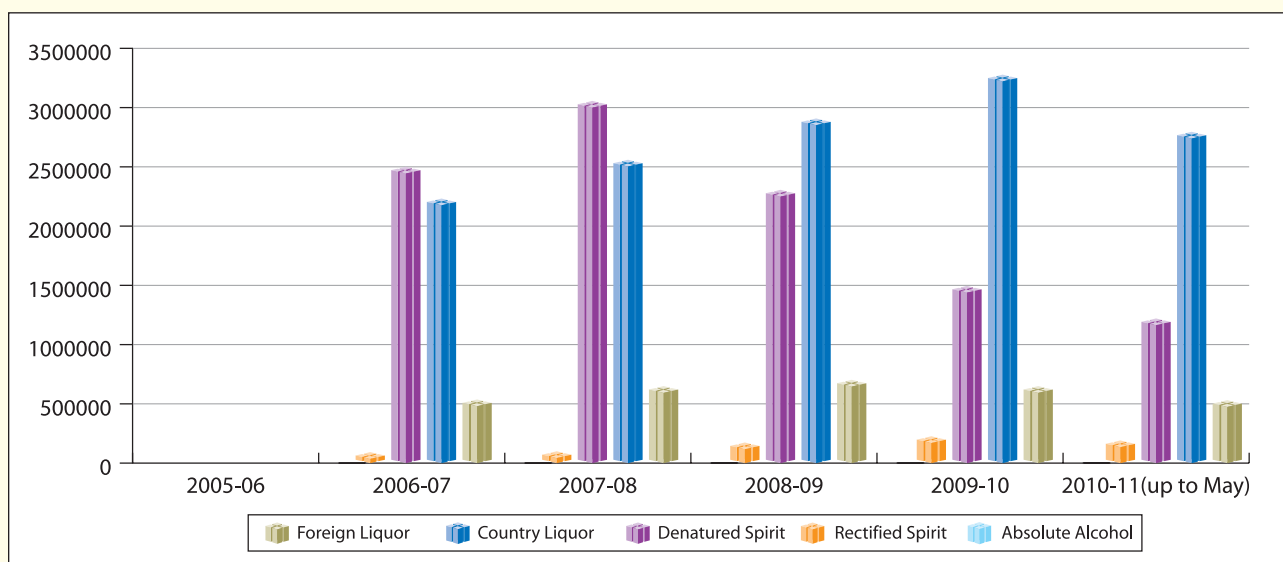
manufacture and trade of country liquor were sold on auction each year. At the beginning of last century the British merchants established Carew & Co. at Darshana, in Chuadanga District and started manufacturing country liquor, foreign liquor, rectified spirit, denatured spirit and absolute alcohol under license from the Government. Carew & Co. was also issued exclusive privilege license for manufacture and sale of country liquor throughout the whole of Bengal. To distribute country liquor among the vendors throughout the country, there are also 13 warehouses. Country liquor is sent to these warehouses under bond of the payment of Government duty. The officers in charge of these warehouses are responsible for collecting revenue while issuing country liquor to retail vendors.

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

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

Statistics on Supply of Alcohol (In Proof Liter)

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



Statistics on Production and Sale of Beer by Crown Beverage Limited, Kaliakoir, Gazipur

Period	Production (Can)	Sale (Can)	Revenue (Taka)
Sep. 2009 - Jun. 2010	22,40,040	11,53,536	1,10,16,268.00
July 2010 - April 2011	7,92,000	13,97,760	1,33,48,608.00
Total	30,32,040	25,51,296	2,43,64,879.00



Statistics on the Permits for Consumption of Liquor

Financial Year		2006-07		2007-08		2008-09		2009-10		2010-11	
Sl.	Region	C.S.	F.L.	C.S.	F.L.	C.S.	F.L.	C.S.	F.L.	C.S.	F.L.
1	Dhaka Metro	5700	3908	4282	5400	5908	6570	6302	7020	6005	7001
2	Dhaka Reg.	1900	120	1580	201	1725	309	1950	375	2100	401
3	Mymensingh	1934	326	1783	329	1969	343	2699	369	3081	374
4	Faridpur	1257	196	1370	190	1138	240	1848	240	2157	258
5	Tangail	451	160	568	275	713	160	735	189	817	217
6	Jamalpur	435	-	521	-	600	-	610	-	668	-
	Total of Dhaka Zone	11677	4710	10104	6395	12053	7622	14144	8193	14828	8251
7	Chittagong Metro	3809	887	4708	1273	5420	1255	4971	1414	6525	1372
8	Chittagong	-	-	-	-	-	-	-	-	-	-
9	Sylhet	14085	186	15051	197	14653	197	18007	258	19107	248
10	Comilla	1069	436	1259	449	1753	482	2033	501	1999	501
11	Noakhali	1516	-	1850	-	2109	-	2543	-	2718	-
12	Cox's Bazar	150	50	161	62	100	74	131	88	150	105
13	Bandarban	-	-	-	-	-	10	-	10	-	15
14	Rangamati	-	-	-	-	-	-	-	-	-	-
15	Khagrachari	-	-	-	-	-	-	-	-	-	-
	Total of Chittagong Zone	20629	1559	23029	1981	24035	2018	27685	2271	30499	2241
16	Rajshahi	1657	181	1886	226	2447	150	3149	251	3901	250
17	Rangpur	2503	240	2693	249	3139	201	3615	220	3945	231
18	Pabna	1724	2	2211	5	2122	-	2221	-	1971	10
19	Bogra	990	277	1121	306	1454	334	1507	452	1908	374
20	Dinajpur	890	250	988	250	974	351	945	352	1115	354
	Total of Rajshahi Zone	7764	950	8899	1036	10136	1036	11437	1275	12840	1219
21	Khulna	2117	267	2345	222	2617	171	2936	247	2877	325
22	Jessore	2188	312	1995	250	2095	349	2297	206	2543	400
23	Kushtia	1726	8	2177	8	2702	12	2901	14	3589	13
24	Barisal	152	-	203	7	252	205	363	134	780	163
25	Patuakhali	56	-	64	-	57	-	66	-	69	-
	Total of Khulna Zone	6239	587	6784	487	7723	737	8563	601	9858	901
	Grand Total	46309	7806	48816	9899	53947	11413	61829	12340	68025	12612

COLLECTION OF REVENUE

Since British regime collection of revenue was the main function of the erstwhile Department of Excise and the Directorate of Narcotics and Liquor. The administrative set up and other organizational capabilities were also arranged to this effect. But at the time of establishing the Department of Narcotics Control in the year

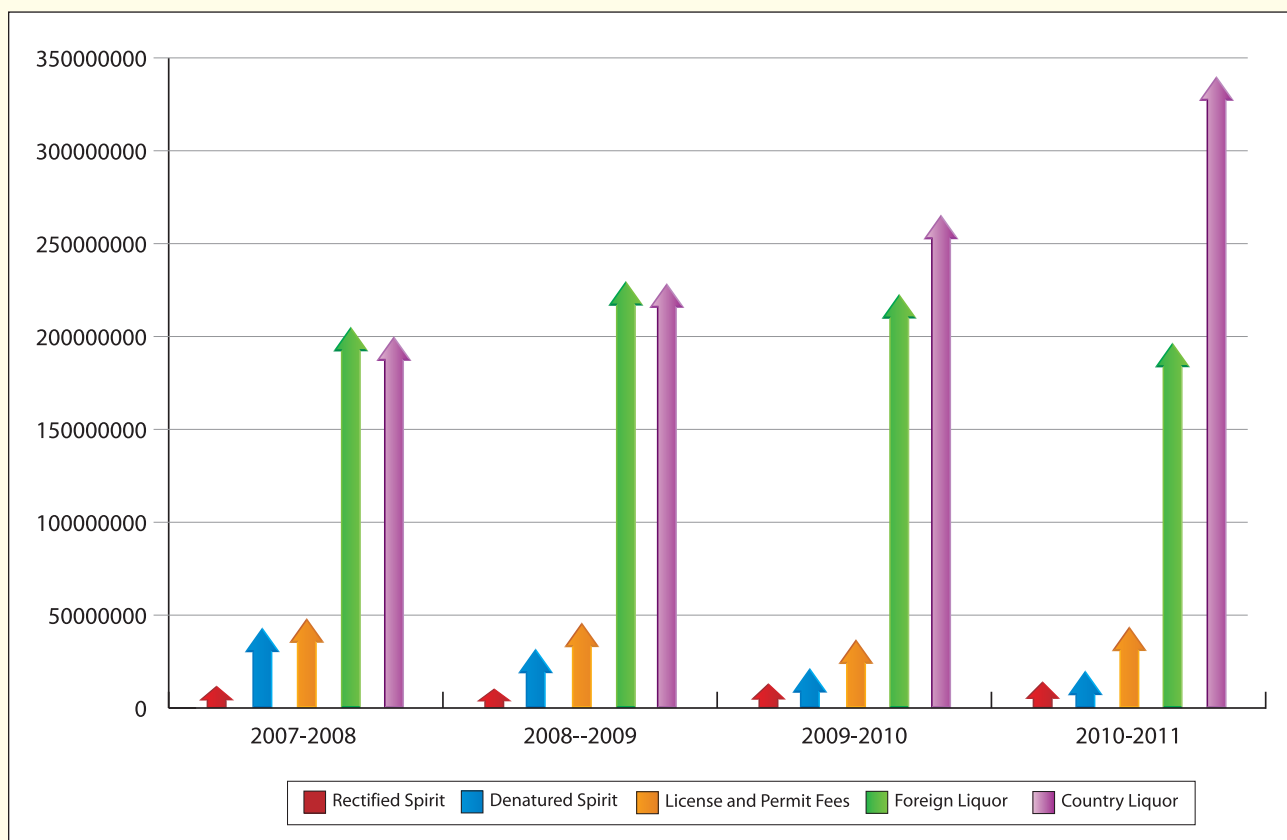
1990, the Government policy was completely based on wellbeing of the citizens of the country through reduction of demand, supply and harms related to drugs. The preamble of the law were prevention and control of drugs and treatment and rehabilitation of the drug addicts. All the activities and programs of the DNC regarding intelligence, enforcement, prevention, education, motivation, public awareness, social

mobilization, treatment, rehabilitation and harm reduction are also driven to this end. Earning revenue applies only in case of alcohol produced in the country. Imposition of revenue on alcohol is for the purpose of reducing its demand by enhancing its price which curtails the purchasing capability of the consumers. It is a

means of control on the purchasing power of the consumers as well as demand. We can consider the revenue as a by-product of the demand, supply and harm reduction activities of the DNC. However the collection of revenue by the DNC over last four years was as following:

Statistics on Collection of Revenue by DNC

Name of Revenue Item	2007-2008	2008-2009	2009-2010	2010-2011
Country Liquor	199195891.60	228134628.40	264653736.40	340154254.32
Foreign Liquor	204173789.90	229480877.60	222130155.90	195976047.30
Rectified Spirit	12049011.26	10557223.44	13069102.78	14390079.06
Denatured Spirit	43036619.04	31997907.60	21605777.26	20908106.72
Absolute Alcohol	-	13552.00	98444.72	172518.04
Toddy	503510.00	413455.68	169900.00	11644328.00
License and Permit Fees	47762276.60	46611620.00	37261217.76	43645276.00
Miscellaneous	120240.00	8754.00	1365.00	245800.00
Total	506841338.40	547218018.72	558989699.82	627136409.44



MONITORING AND INSPECTION

The DNC monitors and inspects the legal supply system of drugs through its field officials for preventing abuse or any diversion of drugs from licit to illicit, or from illicit to licit sources. Liquor shops are inspected at least once a month and other licenses are inspected at least once a quarter. Besides, any import, export, manufacture, wholesale or enhancement of the limit of allotment is followed by detailed inspection and assessment. The requirement of imports is also based upon proper inspection. The inspecting officer examines all relevant documents and records, as well as verifies the actual stocks and accounts. Any kind of violation of law and rules in operation of any license or permit is reported to the higher authority for legal actions. Officials of and above the rank of Inspector can inspect any license whenever desired. This method facilitates the DNC to control and monitor the behavior of both drug suppliers and consumers.

DATA COLLECTION

The status of data collection and data management system in Bangladesh regarding drugs and precursor chemicals is poor. We were facing many problems in sending statistics and data to international and foreign authorities over last few years. To cope with the data management systems of the INCB and other international and foreign agencies, development of a data management system is under process in DNC. We have recently developed various statistical forms in this respect. We collect internal data on import, export, manufacture, processing, transport, possession, sale, purchase, warehousing, use, etc. from the license and permit holders in prescribed forms under the Narcotics Control Rules, 1999 at the time of issuing license/permit, at the time of issuing import authorization and periodically in each financial year.



The honorable Home Secretary Mr. Abdus Sobhan Sikder shaking hands with trainees of Drug Law Enforcement Training Course jointly arranged by the UNODC and the DNC.



The Director General of DNC Mr. Khandker Mohammad Ali and DG of NCB, India Mr. OPS Malik along with the delegation members of Bangladesh and India at the 2nd Director General Level Talks between Drug Control Nodal Agencies of Bangladesh and India held in Dhaka recently.



The Director General of DNC Mr. Khandker Mohammad Ali and DG of NCB, India Mr. OPS Malik after signing and handing over the documents of 2nd Director General Level Talks between Drug Control Nodal Agencies of Bangladesh and India held in Dhaka recently.

DEMAND REDUCTION

The Government of Bangladesh believes that drug abuse prevention program can not be successful unless it consists both of supply and demand reduction. Therefore the Government put importance on various demand reduction



The players and viewers of a football tournament arranged for anti-drug campaign and social mobilization against drug abuse in Jessore.

activities. The major demand reduction activities so far practiced in Bangladesh are: (a) Prevention, (b) Education, (c) Price control and Taxation, (d) Control and restriction on advertisement of drugs, (e) Treatment and (f) Rehabilitation.

The DNC is primarily responsible for demand reduction activities in Bangladesh, but the major role in this field can be played by the Ministries of Information, Education, Social-Welfare, Health, Youth and Sports, Local Governments and their attached Departments. Drug control activities carried out through various methods of demand reduction in Bangladesh are as follows:

PREVENTION

The DNC and its field offices have programs for public awareness campaign against drug abuse throughout the country including rallies, seminars and discussion meetings occasionally. The DNC Headquarters publishes Narcotics Control Bulletin and Special Drug Control Souvenir regularly. The DNC has made an 18 minutes short film on the consequences of drug abuse. A 60 second TV spot advertisement on consequences of drug abuse is also made. The DNC is also considering a massive program for training of the Imams of the Mosques for parent's education on drugs. The DNC have also published several series of posters, stickers, booklets and brochures. Some of the DNC field offices had published a good number of posters, booklets, stickers and brochures on the harmful effects of drug abuse. A series of information booklets on various drugs were also published by the UNDCP Drug Control Project Office in Dhaka. The DNC conducted a series of community workshop throughout the country for developing a National Strategic Plan for Demand Reduction in collaboration with the UNDCP Drug Control Project Office in



DG DNC Khandkar Mohammad Ali and ADG DNC Md. Kaikobad Hossain among the officers of the DNC in a demonstration of human bondage on International Day against Drug Abuse and Illicit Trafficking.

Bangladesh. The DNC field officers conduct public meetings and seminars on various aspects of drug abuse problems. They also show cinema slides containing drug awareness messages in local cinema halls. The Youth Development Directorate also takes up these sorts of programs for the prevention and public awareness campaign occasionally. Television channels also telecasts anti-drug messages regularly. They telecast talk-shows on various aspects of the drug problem regularly. The NGOs and social service organizations occasionally take prevention programs on drug abuse. The national dailies, magazines and periodicals occasionally publish articles and reports on drug abuse and their harmful effects, but none of these governmental and non-governmental prevention programs are yet target-group oriented, well organized and sustained as those need to be.

SHORT FILMS AND TV SPOTS

- A. Grohoner Kal (the Moments of Eclipse)
- B. Chokh Mele Chaow (Open your eyes and look)
- C. Ghoon (Taken to evil course)
- D. Nesha Aar Naa (No more Addiction)

EDUCATION

Our Government has introduced drug education in our regular school curricula.

The DNC prevention teams of Regional Narcotics Control Offices visit educational institutions occasionally and provide class room lectures on the harmful effects of drug abuse. The Government is also considering introducing drug courses in medical education.

PRICE CONTROL AND TAXATION

Almost all the narcotic drugs and psychotropic substances are restricted in Bangladesh except a very few for medicinal purposes. A taxation system to control and minimize the use of drugs in Bangladesh is only applicable on alcohol. A very high rate of duty is imposed on any kind of alcohol and spirit to keep those beyond the reach of maximum people. The Government controls the import of raw materials and precursor chemicals used in manufacture of any narcotic drugs and psychotropic substances.

CONTROL AND RESTRICTION ON ADVERTISING FOR DRUGS

The Government does not allow any advertisement for drugs in radio and television, advertisement for tobacco is also rested in public media.

Description of the Activities of Preventive Education, Research and Publication

Description of Activities	2008	2009	2010
Publication and Distribution of Anti-drug posters	2410	104450	90000
Publication and Distribution of Anti-drug leaflets	94910	5200	17000
Publication and Distribution of Anti-drug stickers	21010	13950	13000
Anti-drug Seminar, Discussions, etc.	6427	6486	6611
Anti-drug Class room Lectures at schools and colleges	109	85	211
Publication and Distribution of Anti-drug posters	4184	1500	1225
Formation of Anti-drug Committees at schools and colleges	-	-	4955



TREATMENT AND DETOXIFICATION

The Narcotics Control Act 1990 provides provisions for compulsory treatment of drug addicts and establishment of Drug Treatment Centers by the Government. The expenditure of drug addiction treatment is generally borne by the Government. This law also provides provisions for declaring Jail Hospitals as Drug Treatment Centers. The DNC has its own drug treatment center at Tejgaon, Dhaka since 1990. Another 3 drug treatment centers has been established in Khulna, Rajshahi and Chittagong. Besides the Government facilities, there are also 56 licensed private clinics and hospitals for treatment of drug addiction. More than another 100 application for license to run drug addiction treatment center is under process in the DNC. The law has made it obligatory for the physicians and family heads to supply information on drug addiction to the law enforcement agencies. The DNC is also going to train up the treatment professionals of NGOs and private clinics to ensure better service for treatment and rehabilitation of drug addicts. A National Certification Board is also under process of formation for this purpose.

REHABILITATION AND SOCIAL REINTEGRATION

Rehabilitation and social reintegration is the ultimate solution of the problem of drug addiction. But so far none of the Government or non-government organizations including the DNC have yet been able to introduce any effective rehabilitation program in this respect. The Central Drug Addiction Treatment Center of the DNC is under process of expansion from 40-bed detox-center to 100-bed Treatment Center and 150-bed Rehabilitation Center.

Necessary infrastructure have been completed. But due to unavailability of man power and logistics it is not yet in operation. The few programs run by some of the NGOs in this respect are incomplete and of very short duration. Moreover there is lack of trained professionals in this field. Therefore the relapse rate of drug abuse is always high leaving the treatment program almost ineffective. However we are considering to involve the Social Service Department in this field.

MULTI-AGENCY APPROACH IN THE FIELD LEVEL: THE DISTRICT DRUG CONTROL COMMITTEE (DDCC)

This 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 (as chairperson), the District Police Super, 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 (as the Member Secretary).

CONSTRAINTS IN THE DRUG RELATED ISSUES IN BANGLADESH

The legal provisions in our national Narcotics Laws are adequate for effective control of drugs and precursors. But we have still some constraints in the drug related issues:

- ◉ We are in close proximity of narcotic drugs and precursor producing and using countries;
- ◉ Scarcity of resource and manpower for drug abuse prevention and control;
- ◉ Our Drug Law Enforcement Officials have not adequate training, expertise and technical knowledge on drugs and precursors;
- ◉ We do not have modern equipment and devices to intercept illicit trafficking in drugs and precursors;
- ◉ Lack of public awareness on harmful effects of drugs;
- ◉ Growing availability of drugs in Bangladesh;
- ◉ Lack of nationally applicable, comprehensive data on the extent, trends and patterns of drug abuse;
- ◉ Changes in family and community structure leading to decline in social control;
- ◉ Negative influence of western culture;
- ◉ Stigmatization, glamorization and other myths and misconceptions about drug abuse.

INHERENT STRENGTHS OR ADVANTAGES IN THE DRUG RELATED ISSUES IN BANGLADESH

- ◉ Existence of a strong global commitment;
- ◉ Commitment and contribution to regional accords and conventions;
- ◉ Existence of cohesive social and community attitudes;
- ◉ Existence of religious values;
- ◉ Involvement and partnership of the NGOs with GO in prevention and treatment issues of drugs;
- ◉ Existence of effective networks, resources and services;
- ◉ Delivery of much effective awareness programs;
- ◉ Accessible and affordable media;
- ◉ Existence of family bondage and cultural heritage.



Honorable Home Minister Advocate Shahara Khatun Addressing a meeting of the honorable Members of Parliament from the City of Dhaka, Honourable home Secretary and the Heads of the Law Enforcement Agencies to free the Capital Dhaka from drug menace.

THE DEPARTMENT OF NARCOTICS CONTROL (DNC)

BACKGROUND OF THE DEPARTMENT OF NARCOTICS CONTROL

East India Company made a declaration for investment in opium business in 1683. In 1767 they made a joint concern of trade with one general agent for all opium produced in India and engaged some employees to supervise and conduct opium trade. British Indian Government nationalized the Opium trade in 1857 and enacted the Opium Act 1857. The company employees became govt. employees called Opium Officers. In 1878, the new Opium Act was enacted empowering the opium officers with law enforcement function. In 1909, the Excise Act was enacted and Excise and Salt Department was established to administer revenue collection from salt, cannabis and

liquor. After 1947, the portion of this Department in East Bengal was reorganized as Excise and Taxation Department of East Pakistan. In 1976 it was reorganized as the Dept. of Narcotics and Liquor. In 1990 it was again reorganized and strengthened as the Department of Narcotics Control under Section 8 of the new law the Narcotics Control Act 1990.

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

This Department, established under the President's Secretariat in January '90, is placed under the administrative control of the Ministry of Home Affairs since 1991. It is primarily responsible for administration and enforcement of the Narcotics Control Act, 1990. Its total manpower is 1283, which includes 91 class I officers, 54 class II officers, 1033 class III officers

and staff and 105 class IV staff. At present the DNC has 192 major offices throughout the country, which includes one Headquarters at Dhaka, four Zonal office at Civil Divisional Headquarters, 25 Regional Office at major District Headquarters, 4 Zonal Intelligence Office, 108 Circle Office, 13 Warehouse, 5 Distillery, 1 Brewery and 25 Prosecution Office. The DNC headquarters



Home Minister Honourable Advocate Shahara Khatun and honourable Home Secretary Mr. Abdus Sobhan Sikder among the Officers of the DNC at their visit to the DNC Headquarter.

has four major branches of administration and an Intelligence Wing. A Director supervises each of the four branches of the administration. The branches are:

- i. Administration, Training, Finance and Common Service,
- ii. Operation, Trafficking and Intelligence,
- iii. Preventive Education, Research and Publication, and
- iv. Treatment and Rehabilitation.

The administration and operation branches are directly engaged in drug enforcement activities, whereas the others are engaged in prevention, treatment and rehabilitation activities.

STRUCTURE OF DNC AND ITS MANPOWER

Structure of DNC and its Manpower

Total sanctioned manpower:	1283
Working manpower at present:	868
Vacant posts:	415
Working enforcement personnel:	600
Class I Officers:	91
Class II Officers:	54
Class III employees:	1033
Fourth Class Employees:	105
Zonal/Divisional level Enforcement offices:	4
Zonal Intelligence Office:	4
Regional Level Enforcement offices:	25
Circle offices at district H.Q.:	108
Warehouse, Distillery, Brewery and Prosecution Office	44

The DNC is an attached Department of the Ministry of Home Affairs. It is headed by the Director General with rank and status of an Additional Secretary. The other important officials of the DNC are, the Additional Director General, 4 Directors, 5 Additional Directors, 18 Deputy Directors, 38 Assistant

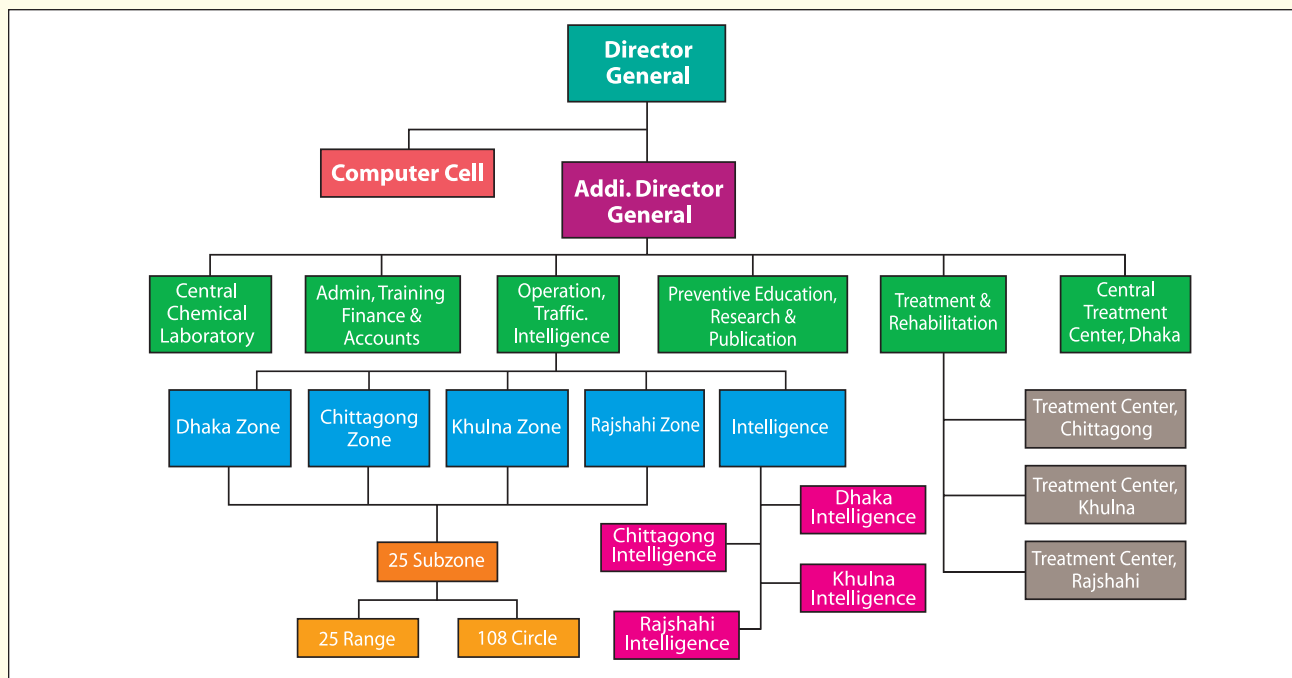
Directors, 1 Chief Chemical Examiner, 4 Assistant Chemical Examiner, the Chief Consultant of the Central Drug Addiction Treatment Centre, the Resident Psychiatrists, the Superintendents of Regional Drug Addiction Treatment Centres, 49 Superintendents/ Prosecutors, 165 Inspectors/ Assistant Prosecutors, 102 Sub-Inspectors, 98 Assistant Sub-Inspectors, 414 Sepoys and other supporting staffs. Each of the Wings of the DNC headquarter is headed by a Director. The Zonal offices are headed by Additional Directors with jurisdiction of the old 4 Civil Divisions. The Regional Offices are headed by Deputy or Assistant Directors mostly with jurisdiction of old Civil Districts. Circles are the enforcement and operational baseline headed by one Inspector generally with jurisdiction of present District administration.

Officers of or above the rank of Sub-

Inspectors are empowered to conduct searches, seizures, arrests and investigation of drug offences. Inspections of licenses are made by officers of or above the rank of Inspectors with respective jurisdiction. Officers of or above the rank of Assistant Directors with respective jurisdiction have the power to issue warrant for search, seizure and

arrests. They have also power to forfeit drugs and articles seized without an owner and liable for forfeiture under section 33 of the Narcotics Control Act. All the officers of zonal, regional and circle level maintain sources or intelligence agents for collecting information on drug offences.





The Circle offices are responsible for enforcement activities, whereas the regional offices are responsible for administrative and supervision of the activities of the circles. The Zonal offices are mainly responsible for monitoring, supervision and coordination of the activities of circles and regions. Besides the law enforcement activities, all the field officers of the DNC have responsibilities to conduct public awareness campaign, preventive education and community mobilization against drug abuse and illicit trafficking of drugs.



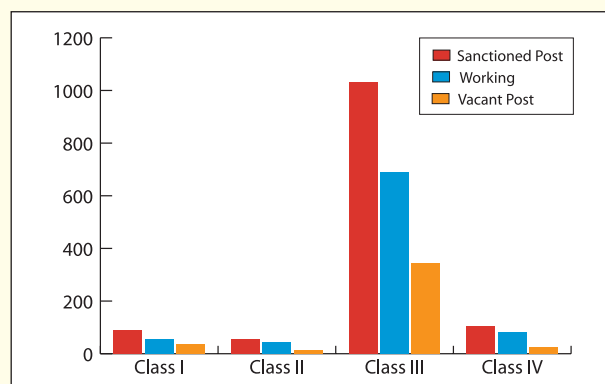
Mrs. Ashrafun Nahar, wife of Mr. Khandker Mohammad Ali, Director General of DNC looking at a painting painted by a child at the anti-drug art competition arranged by the DNC at International Day against Drug Abuse and Illicit Trafficking

The manpower of DNC's field offices is very much inadequate to face the situation. Out of 64 Districts, there is no regional office at 39 Districts. Though there are only six sanctioned posts in each District jurisdiction, in most cases only 4-5 persons are posted in a Circle with the vast jurisdiction of a District. To ensure the quality of work and a better coordination with other agencies, it has been decided to establish Regional office at each District with posts of Assistant/Deputy Directors. The number of Circles is also going to be increased with increased number of sepoy. The Central Drug Addiction Treatment Centre is also under the process of upgradation to a 100 bedded hospital and 150 bedded rehabilitation Centre. For digitalization and better ICT management the Computer Cell of the DNC is also being empowered with additional manpower. For modernization, empowerment and enhancement of the capacity of the DNC, a new Organizational Set up with increased manpower, logistics and equipment is under process of finalization. On abolition of 460 posts from the present 1277 posts, the DNC is being reorganized adding 897 new posts with a total new manpower of 1714. The new organizational set up approved by the Ministry of Finance will have the following additional manpower.

Sl. No.	Name of Post	Number	Pay Scale
1.	Additional Director	2	22,250-31,250/=
2.	Senior Consultant	7	22,250-31,250/=
3.	Deputy Director	8	18,500-29,700/=
4.	Resident Psychiatrist and equivalent posts	5	18,500-29,700/=
5.	Assistant Director	47	11,000-20,370/=
6.	Medical Officer and equivalent posts	13	11,000-20,370/=
7.	Counselor	8	11,000-20,370/=
8.	Prosecutor/Superintendent	9	8,000-16,540/=
9.	Inspector	54	6,400-14,225/=
10.	Sub-Inspector	50	5,900-13,125/=
11.	Assistant Sub-Inspector	51	4,900-10,450/=
12.	Office Assistant-cum-Computer Operator	56	4,700-9,745/=
13.	Wireless Operator	41	4,400-8,580/=
14.	Sepoy	156	4,400-8,580/=
15.	Other supporting officers and Staff	390	Different scales
	Total new posts	897	

Statistics of the Manpower of the DNC

Category of Post	Sanctioned Post	Working	Vacant Post
Class I	91	54	37
Class II	54	42	12
Class III	1033	690	343
Class IV	105	82	23
Total	1283	868	415



CONSTRAINTS OF THE DNC IN ENFORCEMENT

- Number of enforcement personnel is approximately 700 of which 600 are currently working.
- Only 1(one) Narcotics personnel against 2,60,000 people.
- They are unarmed, not well trained, well paid, and well facilitated.
- Out of 64 Districts only 16 have transports purchased in 1990.
- A Civil District is covered only by 4 to 5 DNC enforcement personnel.
- The whole country is covered only by 18 DNC Intelligence personnel, 5 prosecutor, 10 Asstt. Prosecutor.
- Total budget for the DNC is 21,04,11,000/ which is only 0.018% of the national budget.
- The amount of source money is only Tk. 25,00,000/ for the whole year.
- No budget allocation for investigation, operation, or crime control.
- Very negligible or no reward for detection of cases.
- No separate office and staff for Range Officer
- No computer, telephone, walkie talkie or any communication equipment for the District (Circle) offices.
- Only two chemical examiners perform around 30,000 chemical examinations per annum.



THE LANDS, BUILDINGS, ESTABLISHMENTS, TRANSPORTS, EQUIPMENT AND OTHER LOGISTICS AND ASSETS OF THE DEPARTMENT OF NARCOTICS CONTROL

The department of Narcotics Control inherited lands almost at all the old District headquarters. Some of these lands had been utilized for construction of narcotics warehouses. But most

of the lands are not still utilized. As a result in many cases these lands have been occupied by other Government Organizations or by the community.

Most of the field offices of the Department of Narcotics Control are located either at rented buildings or at the Deputy Commissioners Office compound. A huge amount of money is being spent each year for the rental purposes of the offices. To save money and for better utilization of the departmental land, a project has been launched recently for construction of buildings of the DNC's field offices. The description of the lands is as following:

Name of Region	Location of the Land	Area of Land
Dhaka Metro	41, Segun Bagicha, Dhaka City Corp.	0.2534 Acre
Dhaka Metro	174, Distillery Road, Sutrapur, Dhaka	1.9588 Acre
Mymensingh Region	Kalibari Road, Mymensingh Town	0.5700 Acre
Mymensingh Region	Bhairab, Kishoreganj	0.4800 Acre
Faridpur Region	Gopalpur, Faridpur Town	2.0800 Acre
Chittagong Metro Region	Kotowali, Chittagong Metro	0.4020 Acre
Chittagong Region	Mohadevpur, Sitakundu, Chittagong	0.1100 Acre
Chittagong Region	Shikalbaha, Patia, Chittagong	0.5300 Acre
Chittagong Region	Tunti, Lohagara, Chittagong	0.7200 Acre
Sylhet Region	Nijpat, Joyintaput, Sylhet	0.0600 Acre
Sylhet Region	Fakir Tila, Satak, Sylhet	1.2700 Acre
Sylhet Region	Fultala, Kulaura, Sylhet	0.0900 Acre
Sylhet Region	Rupaspur, Shrimangal, Moulvi Bazaar	1.1412 Acre
Sylhet Region	Tegharia, Sunamganj	0.1960 Acre
Noakhali Region	93, Rampur, Feni Town	0.0500 Acre
Comilla Region	97, Dharmapur, Comilla Town	0.3481 Acre
Cox's Bazaar Region	Fatekharkul, Ramu, Cox's Bazaar	0.2300 Acre
Cox's Bazaar Region	Pechar Dip, Ramu, Cox's Bazaar	1.1400 Acre
Cox's Bazaar Region	Lankarchar, Ramu, Cox's Bazaar	0.1200 Acre
Khulna Region	140, Khanjahan Ali Rd Tutpara, Khulna	0.7544 Acre
Barisal Region	Amanatganj, Barisal City Corporation	1.5600 Acre
Rajshahi Region	Ganjagola, Naogaon Town, Naogaon	4.2856 Acre
Rangpur Region	Bhagi, Kotowali, Rangpur Town	0.6300 Acre
Rangpur Region	Saptan, Lalmonirhat Town	0.7900 Acre
Dinajpur Region	Parbatipur, Dinajpur	2.0700 Acre
Pabna Region	Kismat, Protap pur, Pabna	1.0700 Acre
Bogra Region	Basipur, Santahar, Bogra	1.4200 Acre
Total areas of Land		25.1995 Acre

At first phase 5 office buildings are under process of construction at Dhaka, Chittagong, Rajshahi, Sylhet and Barisal under a project. An Officer of the rank of Executive Engineer from the Department of Public Works has been appointed and deputed to the DNC as Project Director. The project for construction of five office complex has already been approved by the Government. The designs of building has also been finalized and approved. At Dhaka,

Chittagong and Barisal, the buildings are being constructed at DNC's own land. At Rajshahi and Sylhet, those are being constructed at lands on requisition from the Government. The total amount of money allocated for this project is Taka 27,49,89,000/-. The implementation period of this project is from January 2010 to June 2012. It is being implemented under the joint participation of the Department of Narcotics Control and the Department of Public Works.



The Famous Educationist and celebrity Professor Abdulla Abu Sayeed and the elits of the civil society in Mymensing inaugurating A day long Cycle Rally for Anti-Drug campaign in Mymensingh.



The newly recruited Inspectors and Sub-Inspectors of DNC in their foundation training with the DNC high Officials and Trainers.

Statistics of Transport of the DNC

Sl.	Kind of Transport	Registration Number	Allocated to Officer/Office
1.	Toyota Land Cruizer Zeep	Dhaka Metro Gha-11-0401	Director General
2.	Toyota Land Cruizer Zeep	Au Ja Sa-114	Director (Operations)
3.	Mitsubishi Pajero Zeep	Dhaka Metro Gha-13-0984	Dhaka Metro Region
4.	Mitsubishi Pajero Zeep	Dhaka Metro Gha-13-0985	Director Administration
5.	Mitsubishi Pajero Zeep	Dhaka Metro Gha-13-0986	Addl. Director General
6.	Mitsubishi Pajero Zeep	Dhaka Metro Gha-13-0987	Addl. Director Dhaka
7.	Mitsubishi Pajero Zeep	Dhaka Metro Gha-13-2875	Addl. Director Rajshahi
8.	Mitsubishi Pajero Zeep	Dhaka Metro Gha-13-2876	Dhaka Region
9.	Mitsubishi Pajero Zeep	Dhaka Metro Gha-13-2877	Addl. Director Chittagong
10.	Car	Dhaka Metro Ka-03-810	Director Prev. Ed., R&Pub.
11.	Car	Dhaka Metro Ka-03-811	Central Drug Testing Lab
12.	Car	Dhaka Metro Ka-03-9397	Director Treatment & Rehab
13.	Car	Dhaka Metro Kha-11-8270	DNC Headquarter
14.	Car	Dhaka Metro Kha-12-0145	Director General
15.	Car	Au Ja Sa-115	Addl. Director Intelligence
16.	Micro Bus	Dhaka Metro Cha-02-3782	Dhaka Metro Region
17.	Micro Bus	Dhaka Metro Cha-12-1178	DNC Headquarter
18.	Isuzu Zeep	Dhaka Metro Gha-02-0594	Dhaka Intelligence
19.	Isuzu Zeep	Dhaka Metro Gha-02-0595	Rangpur Region
20.	Isuzu Zeep	Dhaka Metro Gha-02-0596	Cox's Bazaar Region
21.	Isuzu Zeep	Dhaka Metro Gha-02-0597	Chief Consultant CTC
22.	Isuzu Zeep	Dhaka Metro Gha-02-0598	DNC Headquarter
23.	Isuzu Zeep	Dhaka Metro Gha-02-0599	Barisal Region
24.	Isuzu Zeep	Dhaka Metro Gha-02-0600	Comilla Region
25.	Isuzu Zeep	Dhaka Metro Gha-02-0601	Mymensingh region
26.	Isuzu Zeep	Dhaka Metro Gha-02-0602	Faridpur Region
27.	Isuzu Zeep	Dhaka Metro Gha-02-0603	Addl. Director Khulna
28.	Isuzu Zeep	Dhaka Metro Gha-02-0604	Bogra region
29.	Isuzu Zeep	Dhaka Metro Gha-02-0605	Jessore Region
30.	Isuzu Zeep	Dhaka Metro Gha-02-0606	Dinajpur Region
31.	Toyota Pick up	Dhaka Metro Tha-11-0699	Tangail Region
32.	Toyota Pick up	Chatta Metro Tha-11-0002	Chittagong Metro Region
33.	Toyota Pick up	Khulna Metro Tha-11-0004	Khulna region
34.	Issuzu Pick up	Dhaka Metro Ma-02-0587	Rajshahi Region
35.	Isuzu Pick up	Dhaka Metro Ma-02-0589	Noakhali Region
36.	Isuzu Pick up	Dhaka Metro Ma-02-0590	Pabna Region
37.	Isuzu Pick up	Dhaka Metro Ma-02-0595	Chittagong Intelligence
38.	Mitsubishi Pick up	Dhaka Metro Tha-11-2999	Dhaka Metro Region (Extra)
39.	Ford Pick up		Dhaka Metro Region
40.	Ford Pick up		Chittagong Region
41.	Ford Pick up		Rajshahi Intelligence

MAJOR FUNCTIONS OF THE DNC AS SPECIFIED IN THE NARCOTICS CONTROL ACT

The Narcotics Control Act 1990 is the principal Narcotics (drug) controlling law in Bangladesh. The DNC enforces the following power and functions of the Narcotics Law in Bangladesh:

- Section 7:** Operates the sale proceeds and confiscated money derived from drugs through the National Narcotics Control Board Fund for anti-drug activities.
- Section 8:** Acts as the Secretariat of the NNCB and implements the policies and decisions of the NNCB in connection with enforcing narcotics law.
- Section 9:** Enforces the restrictions on cultivation, production, manufacture, processing, carrying, transport, import, export, supply, purchase, possession, maintenance, storage, warehousing, exhibition, use, etc. any narcotic drugs psychotropic substance or precursor chemicals except for manufacture of medicine, industrial use, treatment, or scientific research under license, permit or pass. Ensures warnings on labels of drugs.
- Section 10:** Enforces the control on any kind of operation of alcohol through license, permit or pass.
- Section 11:** Issues licenses, permits or passes to control licit operations and consumption of drugs. Control of Export and Import of Drugs
- Section 12:** Enforces the restrictions on issuing licenses, permits or passes to persons with certain criminal records.
- Section 13:** Controls the prescriptions of drugs by physicians.
- Section 16:** Enforces the compulsory treatment of drug addiction.
- Section 18:** Controls the production and consumption of alcohol through minimizing demand and consumer's purchasing power by imposing and collecting high rate revenue.
- Section 27:** Cancels licenses, permits or passes for breach of conditions or for any unlawful activity.
- Section 28:** Suspends licenses, permits or passes for breach of conditions or for any unlawful activity.
- Section 32:** Inspects monitors and supervises any license, permit or pass.
- Section 33:** Make seizures of illicit drugs, and the equipment, apparatus, machineries, ingredients, packages, transports or other related things.
- Section 34:** Confiscates drugs or related things where an accused is not identified.
- Section 35:** Dispose of confiscated things.
- Section 36:** Conducts raids, search, seizure and arrests without warrant any time during day or night.
- Section 37:** Conducts special type of scientific investigation or body search to detect consumption of drugs or concealment of drugs in body.
- Section 39:** Investigates drug offences.
- Section 40:** Issue warrants for search, seizures and arrests.



- Section 41:** Power of lower ranked DNC personnel to make searches, seizures and arrests in open places.
- Section 42A:** Applies Controlled Delivery Techniques in investigative operations.
- Section 44:** Power to take over investigations of drug related offences detected by other law enforcement agencies.
- Section 46:** Financial investigation and investigation on money laundering. DNC has power to investigate into the bank accounts of drug offenders.
- Section 47:** Power for freezing bank accounts and assets of the drug offenders.
- Section 48:** Preparing the list of drug addicts.
- Section 50:** DNC operates specialized Chemical Laboratory and conducts chemical examination of all type of drugs.

The other functions of drug law enforcement by the DNC are:

- Sends statistical returns to INCB, UNODC, SDOMD, DAP, etc.
- Does the Annual estimation on the requirements of drugs to be used in pharmaceutical industries and in other legitimate operations.
- Plays important role in eradication of cannabis and poppy cultivation.
- Conduct intelligence and surveillance on drug related crimes.
- Conducts prosecutions of drug cases
- Confiscation or forfeiture of drugs, sale proceeds and Assets derived from drugs
- Conducts training on drug law enforcement.

ADMINISTRATION OF THE DNC HEADQUARTERS

- The DNC headquarters has four major branches of administration, an Intelligence wing and a computer cell.
- A Director supervises each of the four branches of the administration.
- The branches are:
 - Administration, Training, Finance and Common Service,
 - Operation, Trafficking and Intelligence,
 - Preventive Education, Research and Publication, and
 - Treatment and Rehabilitation.

FUNCTIONS OF DNC'S MAJOR BRANCHES OF ADMINISTRATION

ADMINISTRATION, FINANCE AND COMMON SERVICE

The principal tasks of the Administration, Finance and Common Service wing are:

- Recruitment and personnel management
- Resource mobilization and resource management
- Budget, financial allocation and financial management
- Training
- Overall control of the Licensing system
- Revenue collection
- Foreign liaison
- Assessment of the annual requirements of narcotic drugs and psychotropic substances under UN Convention
- Drafting rules and regulations

OPERATION, TRAFFIC AND INTELLIGENCE

The principal tasks of the Operation, Traffic and Intelligence wing of the DNC are:

- Intelligence gathering,
- Raid operations,
- Search, seizure, arrest,
- Investigation of drug cases
- Conducting prosecution of drug cases in the Courts
- Issuing licenses for legal and controlled drugs under the Narcotics Control Act 1990
- Inspection, supervision and monitoring the operations of licenses

PREVENTIVE EDUCATION, RESEARCH AND PUBLICATION

- Community mobilization against abuse and illicit trafficking of drugs
- Generating public awareness against drugs
- Dissemination of anti-drug messages
- Conducting various preventive education programs

- Formation of community intervention teams against drug abuse
- Conducting campaign against drug abuse and illicit trafficking
- Conducting various preventive education programs
- Formation of policies and programs for prevention and control of drugs
- Monitoring and evaluation of programs for prevention and control of drugs
- Assessment of the drug problems through conducting survey and collecting data
- Conducting research on various aspect of drugs
- Networking with NGOs and VAs engaged in various activities of drug abuse prevention and treatment
- Guiding and monitoring the anti-drug activities of the NGOs and Vas
- Publication of various prevention materials and literatures related to drugs
- Preparing periodical reports on the situation of drug abuse and illicit trafficking
- Preparing audio-visual materials for anti-drug campaign



Honorable Home Minister Advocate Shahara Khatun Awarding the Managing Director of Popular Life Insurance Company for their excellent contribution in anti-drug activities. The Honorable State Minister for Ministry of Home Affairs Advocate Shamsul Hoque Tuku, Home Secretary Abdus Sobhan Sikder, DG DNC and ADG DNC are also present in the occasion.

Statistics on Preventive Education, Research and Publication During 2010

Description of Activities	No. of Activities
Preventive educational lecture in educational institution	215
Anti-drug campaign with in local Government institution	5
Anti-drug campaign in collaboration with NGOs	3
Anti-drug campaign based on religious institution	13
Anti-drug public awareness campaign through miking	31
Campaign of distributing anti-drug posters, leaflets, stickers	77
Anti-drug film and documentary show	12
Establishment of anti-drug bill board	4
Poster and festoon show	7
Anti-drug Public awareness meeting in drug affected communities	219
Drug awareness discussion meeting	6609
Anti-drug seminar/workshop	2
Training on drug awareness in various training institute	4
Establishment of drug information center in various fair	2

TREATMENT AND REHABILITATION

- Providing treatment and rehabilitation services for the drug dependent persons
- Supervision and monitoring treatment services run by the NGOs and Vas
- Formation of the policies for treatment and rehabilitation

TRAINING

Though the DNC has not yet been able to establish its own Training Academy, training program for all classes of DNC officials on various aspects of drug abuse prevention is going

on both at home and abroad. The overseas training programs are mainly sponsored by the Colombo Plan Bureau, the SAARC, the UNDCP, the JICA, the USIA, the DEA and INM of USA, the France and the British Government. The domestic training programs are mainly sponsored and conducted by the DNC itself. All officers from the rank of Additional Directors down to the rank of Inspectors have been provided with a number

of basic and specialized training courses on various aspects of drug abuse prevention and control covering the whole range of both the demand and supply reduction activities. A core trainer group has also been developed within the DNC. The UNDCPs Drug Control Project in Bangladesh also provided a wide ranged training on both demand and supply reduction for DNC and other law enforcement agencies from 1994-2000. Special Workshops on Law Enforcement and Legal Assistance for orientation of Judges, Magistrates and Prosecutors were also conducted by the DNC and the UNDCP throughout the country.



Officers of the DNC in a workshop on Pharmaceutical Abuse jointly arranged by the UNODC and the DNC in Dhaka.

EXPENDITURE, BUDGET AND RESOURCE ALLOCATION

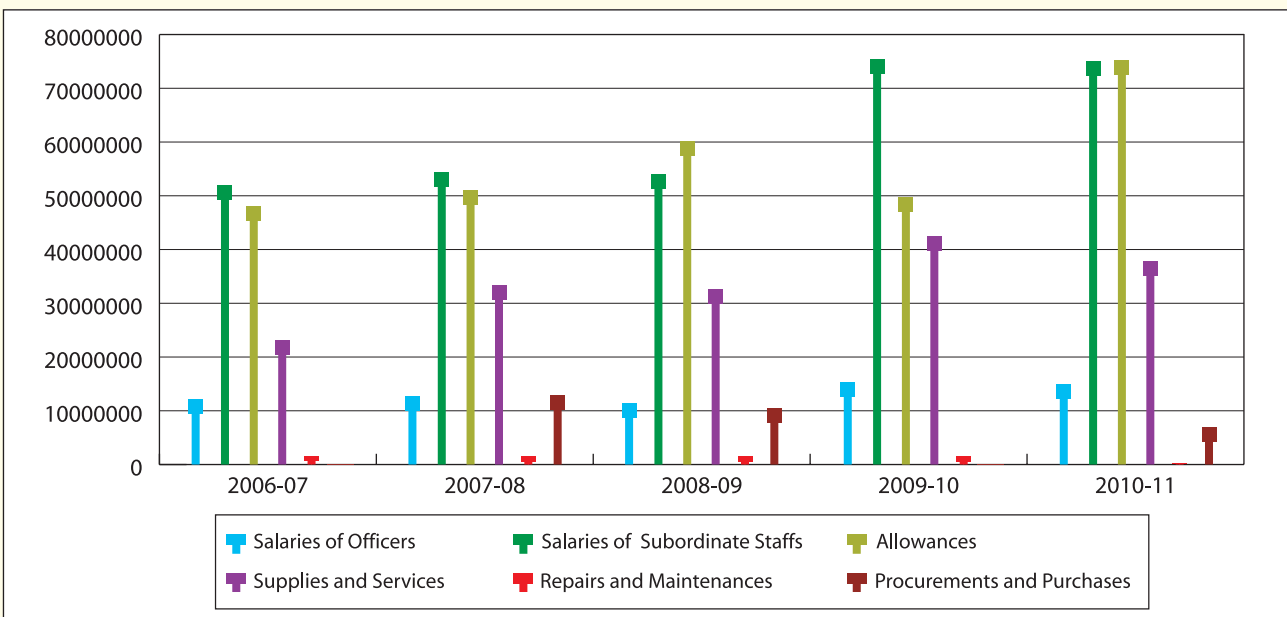
The total budget for the department of Narcotics Control is only 0.018% of the national budget. This amount of money is mostly spent for salaries, allowances and related supplies/services. To speak in true sense allocation for drug law enforcement, prevention, public awareness campaign, treatment and rehabilitation is so negligible that it does not come under the preview of accounts. There is provision for recurring expenditures on these heads from the fund of National Narcotics Control Board Fund. But this fund does not have enough money for expenditure. The expenditure of the DNC for last five years is shown below:

CENTRAL DRUG TESTING LABORATORY

Central drug testing laboratory was established in the year 2001 under the provision of Section 50 of the Narcotics Control Act 1990. It is located at 174, Distillery Road, Gendaria, Dhaka at DNC's own land. It is the specialized and designated laboratory for testing only narcotic drugs, psychotropic substances and precursor chemicals in Bangladesh. As per provision of the Narcotics Control Act 1990, any required chemical test in connection with any provision of the Narcotics Control Act 1990, is to be done in this laboratory and the report of this laboratory may be used as evidence in any proceeding in any Court in Bangladesh. This

Statistics on Expenditure of the DNC

Head of Expenditure	2006-07	2007-08	2008-09	2009-10	2010-11
Salaries of Officers	11928000	13000000	11277000	15232000	15200000
Salaries of Subordinate Staffs	52011000	54500000	54029000	75598000	75000000
Allowances	48109000	51072000	60407000	49674000	75406000
Supplies and Services	23280000	33895600	32651000	42367000	37840000
Repairs and Maintenance	1450000	1391000	1464000	1517000	130000
Procurements and Purchases	50000	12956500	10461000	159000	6835000
Total	136828000	166815100	170289000	184547000	210411000





American Forensic expert Mr. Howard L. Derbies with the Chemical Examiners of the Central Drug Testing Laboratory of the DNC.

laboratory mainly performs the chemical tests of the all drugs seized by any law enforcement agencies in Bangladesh. More over it also tests the drugs or raw materials of any distillery, chemical industry or pharmaceutical industry licensed under the Narcotics Control Act, 1990 for compliance of any provision of this Act. The hydrometers, water used for reduction of country spirit in warehouses, or fermented wash in any distillery are also to be tested in this laboratory. Though this laboratory is specialized for testing drugs, but it can not perform all kinds of tests due to lack of sophisticated machines and equipment. The tests of this laboratory are generally simple in nature and it can only determine whether any drug is present or not in any substance. It can also calculate the percentage to some extent. The number of tests conducted in this laboratory is increasing each year. The following chart shows the number of tests performed during last few years.

Statistics on Chemical Tests at The Central Drug Testing Laboratory

Year	Number of Tests and Reports		
	Positive	Negative	Total
2007	16057	51	16108
2008	19653	61	19714
2009	23865	76	23941
2010	29448	59	29507

NATIONAL NARCOTICS CONTROL BOARD (NNCB)

There is a multi-agency policy formulating body called "the National Narcotics Control Board" (NNCB) established under section 4 of the *Narcotics Control Act 1990*, with 19 Members, which includes Ministers of eleven concerned Ministries and leaders from 5 different sectors of the society. The Honorable Home Minister chairs the NNCB and the Director General, DNC as the Member Secretary. The objectives of the inclusion of Ministers of all concerned Ministries in this board were to ensure the active participation of all concerned agencies in the field of drug abuse prevention and control as well as to establish an effective network and coordination in their activities. This Board is the principal body of Bangladesh's drug policy formulation. The Department of Narcotics Control (DNC) acts as the executive agency of this Board. ***The NNCB is the highest national level Multi-Agency forum in Drug Control both at demand and supply reduction approach.*** The NNCB performs the following activities:

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

NATIONAL NARCOTICS CONTROL BOARD (NNCB) FUND

Apart from the money allocated by the Government, this is an especial fund for generating public awareness against drug abuse, prevention and treatment of drug addiction, and rehabilitation of the drug addicts. Section 7 of the Narcotics Control Act, 1990 provides provision for establishing this fund. The sources

of money for this fund are allocation from Government budget, donation from foreign Government or non-Government organization, or international Agency, donation from any local authority, donation from any person or institution, any confiscated money or confiscated sale proceeds of any property under Narcotics Control Act, 1990, or money from any other legitimate source. There is a Rule called NNCB Fund Rules 1992 for management and utilization of this fund.



The Treatment Professionals and the Family Members of the Drug Addicts in a Regular Meeting at the Central Drug Addiction Treatment Centre of the DNC



A peer educator training injecting drug users about risk of HIV/AIDS in a Half-way House in the City of Dhaka.

TREATMENT AND REHABILITATION

Drug addiction is linked to a number of multi-dimensional and multi-disciplinary innate factors covering biochemical, genetic, personal, psychological, behavioral, emotional, cultural, environmental, socio-economic and other related aspects of the individual as well as the society. These factors are connected with each other and rooted in the whole fabric of the society. It is evident from thousands of studies and researches, that attention to the drug problem leaving any of the related factors outside the circle will yield no result. Therefore, the concept of drug addiction treatment has totally been changed.

The hospital or clinical concepts, as applicable to most of the physical and mental disorder are not always applicable to the problem of drug addiction. Detoxification, the clinical aspect of the drug addiction treatment can be carried out anywhere, either in home, in prison, or in any environment where the addicted person is totally cut off from the supply of drug. Because the body in its in-built biochemical system removes the toxic effects, tolerance, dependence and withdrawal effects of any drug after a certain period of time. However, this is not the treatment of addiction in real sense, because it provides a temporary remedy only to the

biochemical aspect of addiction. It has not yet been possible to achieve the complete removal of the genetic, psychological, social, environmental and behavioural aspects of the drug addiction.

The treatment of drug addiction, in its real sense is something different from the traditional concept of medical treatment that is done in hospital by applying medication. Drug addiction treatment need to be extended, integrated and combined with motivation, counseling, aftercare, follow up, skill development training, rehabilitation and social reintegration process.



The addicts under treatment at the Central Drug Addiction Treatment Centre taking oath for drug free life.

Success of drug addiction treatment depends of education, motivation, awareness generation and various training for changing, developing and upgrading individual's personality trait, attitude, coping skill, assertiveness, emotion, decision making skill, working skill, life skill, etc. But the specific socio-economic, cultural, environmental and other surrounding factors, those compel an individual to be a drug addict, cause relapse in addiction repeatedly if they are

not removed from the way of individual's life. Therefore, the success of the treatment of drug addiction also depends on changing and promoting the socio-economic, cultural, environmental and other surrounding factors.

Rehabilitation of a drug addict is not something to provide with a job or providing with all requirements of life. Because there are drug addicts, who are well established in their life. They have plenty of properties, name and fame. They can easily get what ever they desire. They are rehabilitated not only by themselves; they can rehabilitate thousands of others also. Therefore, rehabilitation is not a remedy for drug addiction of this type of people. The meanings of rehabilitation in respect of these people are development of their personality traits and removal of the inconsistencies and disorders from their overall characteristics. Rehabilitation means to rehabilitate and reinstate someone in the particular family and social setting, which he had before being drug addict and which is favorable for him to maintain a drug free life.

The Rapid Assessment Study (RAS) on the drug abuse situation in Bangladesh prepared by the UNDCP in 1997 explains the critical condition of the drug addiction treatment programs in Bangladesh as following: *"many clients have been treated wrongfully with sedatives and other pain killers. Still today, these programs, not knowing other alternatives, administer plenty of IV*

*fluid for detoxification purposes. They provide counseling, without understanding the meaning of drug addiction. Whether a center is run by a medical professional or a social activist, that person's knowledge about drug addiction and drug using behavior is very limited. In the language of an official of a center: **We are providing counseling, but not knowing exactly the meaning of the concept. Moreover, we don't have any training. We do whatever we think appropriate. We don't have access to literature to educate us. We totally depend on our own inner voice or intuition and we call it treatment.**"*

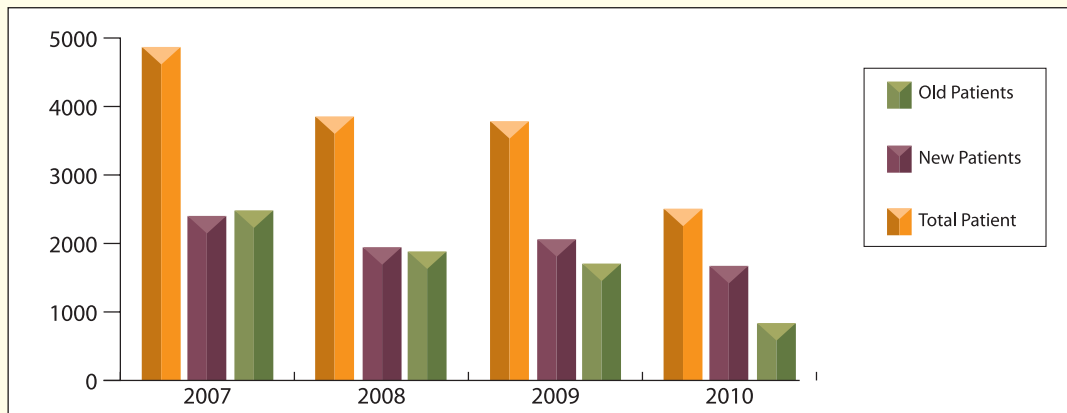
The efforts for drug addiction treatment and rehabilitation in Bangladesh started only twenty two years back. The four Drug Addiction Treatment Centers established under the administrative control of the DNC at Dhaka, Chittagong, Khulna and Rajshahi have 55 beds only. These facilities are extremely inadequate to meet the demand of more than 4 million drug abusing population of the country. The services provided in these treatment centers are still not up to the mark due to absence of proper treatment modalities and professional expertise. More over, these programs are not supported by appropriate aftercare, follow up, motivation, counseling, skill development training, rehabilitation and social reintegration programs. As a result, what is done for the treatment of drug dependent persons in Bangladesh is mostly detoxification, and such detoxification without permanent sobriety is a complete failure.

Description of the Drug Addiction Treatment Centers of the DNC

Sl.	Name of the Center	Address	Officer in Charge	Telephone
1	Central Drug Addiction Treatment & Rehab Center	443, Tejgaon, Dhaka	Chief Consultant	02-9880269
2	Chittagong Regional Drug Addiction Treatment Center	115, Panchlaish R/A, Chittagong	Superintendent	
2	Rajshahi Regional Drug Addiction Treatment Center	204/2, Upashahar, Cantonment, Rajshahi	Superintendent	
2	Khulna Regional Drug Addiction Treatment Center	2, KDA Avenue, Moylapota Road, Khulna	Superintendent	

Statistics on Activities of Treatment and Rehabilitation

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



These treatment centers only provide detoxification facilities. Due to resource constraints, most of them cannot even provide any facility for clinical and pathological tests.

The nurses and physicians are deputed to work at the Government drug addiction treatment center from the Health Department for a specific period. In many cases, they do not have previous experiences in dealing with drug addicts. Though some of the physicians have professional background in Psychiatry, they are deputed here with very little experience in managing drug addiction problem. The experiences they have are just through their day-to-day work in the drug treatment centers. The psychiatrists working in the field of drug abuse treatment in Bangladesh are considered as the experts in drugs though they have no specialized academic study in college or university on particular subjects on drug addiction. Ironically when these deputed people gather some experience in the field of drug addiction management, their deputation period expires, they are transferred to elsewhere, and new

persons (in most cases without experiences) take their position.

SITUATION IN BANGLADESH WITH REGARDS TO HIV/AIDS AND DRUG USE

The abuse of drug is the second cause of HIV/AIDS. Homo sexuality the major cause of HIV/AIDS has also the highest prevalence among the drug users. Drug users are most vulnerable to perverted and extra-marital sex. Blood transmission, the main cause of HIV/AIDS is also highest among the injecting drug users. All these issues bring HIV/AIDS and drug very closely associated. The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then 1495 cases of HIV/AIDS have been reported (as of December 2008). However it is estimated that the number of people living with HIV in the country may be as high as 12,000. The overall prevalence of HIV in Bangladesh is less than 1%, however, high levels of HIV

infection have been found among injecting drug users (7% in one part of the capital city, Dhaka). Due to the limited access to voluntary counseling and testing services, very few people are aware of their HIV status.



The Director General of DNC Khandker Mohammad Ali is inaugurating the HIV Testing Laboratory of the Drug Addiction Treatment and Rehabilitation Center run by Dhaka Ahsania Mission

Although still considered to be a low prevalence country, Bangladesh remains extremely vulnerable to an HIV epidemic, given its dire poverty, over population, gender inequality and high levels of transactional sex. The emergence of a generalized HIV epidemic would be a disaster that poverty-stricken Bangladesh could ill-afford. It is estimated that without any intervention the prevalence in the general adult population could be as high as 2% in 2012 and 8% by 2025. Bangladesh is in the unique position to succeed where several other developing countries have not: to keep the AIDS epidemic from expanding beyond this current level by initiating comprehensive and strategically viable preventative measures, avoiding a gradual spread of HIV infection from high-risk groups to the general population.

Injecting drug users, sex workers and men having sex with men are considered most at-risk groups to HIV infection in Bangladesh. It is presumed that 20,000 - 40,000 people in Bangladesh inject drugs, 57% borrow needles and only one in three uses sterile equipment. This percentage is much higher in female injecting drug users (74%). More than half (57%) of injecting drug users (IDUs) are married and most IDUs are sexually active (with an average of two partners). In Bangladesh's capital city, Dhaka, the HIV rate among IDUs is 6.4%. Though not recognized socially, commercial sex work occurs in Bangladesh as it does in other Asian countries. Most married men having

unprotected sex with sex workers continue to have unprotected sex with their wives, exposing them to infection with HIV and other sexually transmitted diseases. Low condom use, risky behavior and general lack of understanding about HIV is still in prevalence among clients of sex workers. In fact these traits are widespread and heightening the chances of a HIV epidemic in Bangladesh. Although many people have heard of HIV, their knowledge is limited in regards to how it is transmitted and how they can protect themselves. Nearly one in five ever-married women with knowledge of AIDS did not know if there was any way to prevent it. This was lower for men, at 6%. Men having sex with men are largely hidden due to the strong stigma and discrimination they face in Bangladesh.



OPIOID SUBSTITUTION THERAPY (OST) FOR THE TREATMENT OF IDUS

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

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

services are provided for high-risk clients for HIV;

Many of the reliable reports suggest that in Bangladesh there are an estimated 20,000-40,000 injecting drug users. The prevalence of HIV among the injecting drug users in Dhaka is reported to be 7%. A research study was recently conducted to determine relapse rates following completion of a three month detoxification and rehabilitation program in three non-governmental organizations in Dhaka which indicated that more than half of the treated injecting drug users relapsed within two months of completion of the treatment course. Methadone has been found to have better retention rates and earlier termination. Additionally, the effects of methadone are longer lasting than heroin or buprenorphine, and a single dose can be effective for approximately 24 hours. In the OST program at CTC, methadone is available in syrup form and drunk with water. It is prescribed by a medical doctor and administered orally under the supervision of a trained nurse or pharmacist. Available evidence shows that OST allows achieving high retention rates of injecting drug users in therapeutic programs with significant reduction of illicit opioid use and its associated criminalities. It reduces risks of HIV and other health hazards. It also allows for stabilization of persons who have already been infected with HIV. OST is seen as a cost-effective strategy to reduce demand for illicit opioids.

It is observed that the MMT clinic at the CTC of the DNC is reaching some injecting drug users who have not been exposed to any kind of treatment services or harm reduction interventions like needle syringe program. The enrolled injecting drug users at the MMT at the CTC are no longer injecting drug users and they are not taking any opioids in any form. It is considered as a valuable component of the overall management of opioid dependence and the prevention of HIV among injecting drug

users. It is evident from many studies that as long as the patients are on OST, the chances of relapse and use of injecting drugs are reduced significantly. OST can bring more stability in a regulated life as well as in profession. Complete cessation of treatment is only recommended when the patient is socially engaged with their family or friends, ideally has employment or is engaged in regular extracurricular activities and is not engaging in opioids.

INTERNATIONAL COOPERATION

The problems related to drugs and precursor chemicals are universal and without any national boundary. They can not be mitigated in isolation by any single effort of any individual nation. Drug traffickers are also organized multi-nationally. Therefore they should be faced multi-nationally. As all countries are not equal in technological advancement, professional expertise and resources, sharing information and maintaining network is a vital factor in the combat against drugs and precursors. Believing on these principles firmly, Bangladesh inherited

the partnership in the Single Convention on Narcotic Drugs, 1961, became a signatory to the Convention on Psychotropic Substances 1971, the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances 1988, and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. Our Parliament ratified all the Conventions in 1990 to support, advance and cooperate with international efforts to combat and control the menace of drugs and precursors.

Bangladesh entered into a bilateral agreement on technical assistance with the USA in 1993 for drug abuse prevention and control, and received various equipment for drug abuse prevention and control. We also receive facilities for domestic and overseas training, fellowships and study tours from the DEA, INM, USIA of USA, and from the Governments of UK and France on various aspects of drug enforcement including prevention of the diversion of drugs and precursor chemicals. We are also provided with training facilities from the DAP of the Colombo Plan Bureau, the SAARC, the UNESCO, the ILO and the ESCAP. We hosted a good number of SAARC Workshop, Seminar



The Director General of DNC Mr. Khandker Mohammad Ali among the celebrities, experts and Heads of Drug Control Agencies of different countries on occasion of a round table conference on Enabling Environments for Harm Reduction held in Malaysia.



and Symposium on drugs and precursor chemicals during last few years. The DNC has a close contact with the Regional Office of the

DEA located in New Delhi, India. We send information regularly to the INCB at Vienna and the SDOMD at Colombo, Sri Lanka. We also entered into a bilateral agreement with Myanmar for suppression of illicit trafficking of drugs. We entered into a Memorandum of Understanding with Iran for drug abuse prevention and control. We exchange information with USA, UK, France, India regularly through their Drug Liaison Officers posted at Dhaka. We also entered into a bilateral agreement with India for suppression of illicit trafficking of drugs in 2006.



The Director General of DNC Mr. Khandker Mohammad Ali talking to a delegation of Colombo Plan on training, skill enhancement and certification of the professionals in drug addiction treatment and rehabilitation during their visit to the DNC headquarter.

**Fourth Meeting of SAARC Drug Offences Monitoring Desk (SDOMD)
04th April 2011- Colombo, Sri Lanka.**



The Director General of DNC Mr. Khandker Mohammad Ali among the delegation members and the Heads of drug control authorities during the fourth meeting of SAARC Drug Offences Monitoring Desk (SDOMD) held in Sri Lanka.

ANNEXURE

NATIONAL COMMITTEE FOR CONTROL OF DRUGS AND CAMPAIGN AGAINST DRUG ABUSE

Chairman: Secretary, Ministry of Home Affairs

Members:

Additional Secretary, Finance Division, Ministry of Finance

Additional Secretary, Ministry of Health and Family Welfare

Director General, Bangladesh Betar

Director General, Bangladesh Television

Director General, Department of Mass Communication

Chief Information Officer, Department of Information

Joint Secretary, Ministry of Education

Joint Secretary, Ministry of Primary and Mass Education

Joint Secretary, Ministry of Social Welfare

Joint Secretary, Ministry of Information

Joint Secretary, Ministry of Women and Child Affairs

Joint Secretary, Ministry of Youth and Sports

Joint Secretary, Ministry of Religion

Joint Secretary, Local Government Division

Joint Secretary, Ministry of Cultural Affairs

Director (Operation and Training), Border Guard, Bangladesh

Additional Director General Rapid Action Battalion

Director (Planning) Bangladesh Coast Guard

DIG (Crime), Police

Director General, Customs Intelligence and Investigation Department

One Representative from a non-government Women Organization

Member Secretary: The Director General of the Department of Narcotics Control.

DISTRICT COMMITTEE FOR CONTROL OF DRUGS AND CAMPAIGN AGAINST DRUG ABUSE

Adviser: Honorable Minister in Charge of the District

Chairman: The Deputy Commissioner

Members:

The Superintendent of Police

Representative of Border Guard Bangladesh (in case of a bordering District).

Civil Surgeon

All Upazilla Nirbahi Officers (Sub-District Chief Executive Officer)

Chairman of the Local Municipality

Deputy Director, Family Planning

Deputy Director, Department of Social Service

Deputy/Assistant Director, Department of Youth Development

District Education Officer

District Primary Education Officer

District Ansar/VDP Officer

District Women Affairs Officer

District Information Officer

District Sports Officer

One Representative of Islamic Foundation

District Statistics Officer



District Government Pleader/Public Prosecutor
(Nominated by the Deputy Commissioner)

President/ Secretary of Local Press Club

Representative of a NGO engaged in Drug
Prevention Activities (Nominated by the
Deputy Commissioner)

Three Social Workers (One should be
a Woman)

One Representative from the Local Transport
Owners/ Workers Association (Nominated by
the Deputy Commissioner)

Member Secretary: The Deputy/Assistant
Director/ Superintendent of the Department of
Narcotics Control of respective jurisdiction.

List of The Director Generals of The Department of Narcotics Control Since its Establishment in 1990

Sl.	Name	From	Till
1.	Mr. Abdul Muyeed Chowdhury	11.01.1990	05.01.1991
2.	Mr. M. Enamul Huq	05.01.1991	30.06.1991
3.	Mr. A. K. M. Mahbubul Haque	30.06.1991	19.03.1992
4.	Mr. Saiful Islam Khan (In Charge)	19.03.1992	06.06.1992
5.	Mr. A. K. M. Nasrullah Khan	07.06.1992	28.02.1993
6.	Mr. Mahiuddin Azad	09.03.1993	18.05.1993
7.	Mr. Syed Munir Uddin (In Charge)	18.05.1993	31.10.1993
8.	Mr. Syed Marghub Morshed	31.10.1993	04.10.1995
9.	Mr. Nazmul Ahsan Chowdhury	05.10.1995	21.03.1999
10.	Mr. Md. Katebur Rahman (In Charge)	25.03.1999	06.04.1999
11.	Mr. Syed Abdur Rob (Additional Charge)	07.04.1999	20.04.1999
12.	Mr. Modabbir Hossain Chowdhury	21.04.1999	26.07.2001
13.	Mr. Md. Fazlul Haque	26.07.2001	12.11.2001
14.	Mr. Md. Hamidul Haque (In Charge)	13.11.2001	28.02.2002
15.	Mr. Mohammad Salam	28.02.2002	13.03.2003
16.	Mr. Md. Hamidul Haque (In Charge)	13.03.2003	27.10.2003
17.	Mr. Md. Kamal Uddin Ahmed	28.10.2003	30.11.2005
18.	Mr. Mohammad Shamsul Islam	30.11.2005	28.07.2007
19.	Mr. Dr. Mohammad Abdul Hamid	28.07.2007	27.08.2007
20.	Mr. Md. Humayun Kabir	27.08.2007	31.10.2008
21.	Mr. Md. Yusuf Ali (Additional Charge)	01.11.2008	14.12.2008
22.	Mr. Md. Humayun Kabir	15.12.2008	10.02.2010
23.	Mr. Manowar Islam N.D.C.	10.02.2010	26.05.2010
24.	Mr. M. A. N. Siddique	31.05.2010	11.10.2010
25.	Mr. Md. Yusuf Ali (Additional Charge)	11.10.2010	15.11.2010
26.	Mr. Khandker Mohammad Ali	15.11.2010	

**List of the Additional Director Generals of the Department of
Narcotics Control Since its Establishment in 1990**

Sl.	Name	From	Till
1.	Mr. M. A. Hena	17.02.1990	07.02.1991
2.	Mr. Saiful Islam Khan	21.03.1991	31.08.1991
3.	Mr. Syed Monir Uddin	03.09.1992	01.06.1995
4.	Mr. Md. Katebur Rahman	30.04.1997	14.06.1999
5.	Mr. Md. Hamidul Haque	15.06.2001	12.06.2002
6.	Mr. Md. Hamidul Haque	15.06.2002	26.07.2004
7.	Mr. Mohammad Shamsul Islam	20.08.2005	28.02.2006
8.	Mr. M. A. Sobhan	15.11.2006	30.12.2007
9.	Mr. Md. Yusuf Ali	30.12.2007	25.01.2011
10.	Mr. Md. Kaikobad Hossain	25.01.2011	

**List of Directors Operations of the Department of Narcotics
Control Since its Establishment in 1990**

Sl.	Name	From	Till
1.	Mr. Shahidullah Khan	25.01.1990	20.11.1991
2.	Mr. Ali Imam Chowdhury	27.01.1992	07.01.1995
3.	Mr. Syed Bazlul Karim	04.02.1995	31.08.1996
4.	Mr. A. K. M. Ibrahim Hossian	19.09.1996	07.02.1999
5.	Mr. A. F. M. Abdul Hoq Chowdhury	12.02.1999	27.03.2001
6.	Mr. A. K. M. Shamsuddin	28.03.2001	24.06.2001
7.	Mr. Ashraf Alom Khan	24.06.2001	18.11.2001
8.	Mr. Dr. Zakirul Islam	18.11.2001	23.07.2002
9.	Mr. Md. Abdul Malek	23.07.2002	20.08.2002
10.	Mr. Md. Abdul Hakim Mondol	20.08.2002	03.10.2002
11.	Mr. Md. Abdul Malek	03.10.2002	10.10.2002
12.	Mr. Mujibur Rahman Hawlader	10.10.2002	02.10.2003
13.	Mr. Alamgir Hossain Sikder	04.10.2003	12.10.2003
14.	Mr. Abdur Rouf	13.10.2003	15.01.2004
15.	Mr. Md. Mofazzel Hossain	31.01.2004	28.06.2005
16.	Mr. Dr. Md. Zahir Uddin Khan	29.06.2005	14.08.2006
17.	Mr. Md. Abdul Hakim	14.08.2006	28.11.2007
18.	Mr. Md. Nurul Karim Majumder	29.11.2007	22.09.2008
19.	Mr. Safat Ahmed Chowdhury	22.09.2008	29.09.2009
20.	Mr. Aududul Bari Chowdhury	29.09.2009	



List of Chief Consultants/Directors, Central Drug Addiction Treatment Centre, Dhaka

Sl.	Name	Duration
1.	Professor A. K. M. Nazimuddowla Chowdhury	July, 1988- 7/10/1989
2.	Dr. Anwara Begum	07/10/1989-21/07/1991
3.	Dr. Md. Enayetul Islam	21/07/1991-25/10/1992
4.	Professor Dr. Anwara Begum	26/10/1992-13/07/1993
5.	Dr. Syed Kamal Uddin Ahmed	13/07/1993-11/03/1996
6.	Professor Dr. M. A. Sobhan	23/04/1996-06/10/1997
7.	Dr. Shamim Matin Chowdhury(Add. Charge)	07/10/1997-19/05/1999
8.	Dr. Nighat Ara (Add. Charge)	20/05/1999-12/09/1999
9.	Dr. Shamim Matin Chowdhury(Add. Charge)	13/09/1999-29/07/2002
10.	Dr. Nighat Ara (Add. Charge)	30/07/2002-05/08/2002
11.	Md. Rashidul Haque (Add. Charge)	06/08/2002-10/02/2003
12.	Md. Harun Chowdhury (Add. Charge)	11/02/2003-24/02/2003
13.	Md. Alamgir Hossain Sikder(Add. Charge)	25/02/2003-08/07/2003
14.	Professor Dr. Md. Nazmul Ahsan	08/07/2003-21/04/2011
15.	Md. Omar Faruque (Add. Charge)	21/04/2011-

List of Directors Administration of the Department of Narcotics Control Since its Establishment in 1990

Sl.	Name	From	Till
1.	Mr. Abdul Qaiyum	03.02.1990	30.11.1991
2.	Mr. Dhiraj Kumar Nath	01.12.1991	05.06.1993
3.	Mr. A. K. M. Shafiqul Islam	24.07.1993	28.09.1994
4.	Mr. Iqbal Hossain Khan	29.09.1994	25.04.1996
5.	Mr. A. K. M. Shafiqul Islam	25.04.1996	28.10.1996
6.	Mr. Kazi Md. Abul Mansoor	29.10.1996	12.09.1999
7.	Mr. Hawlader Noor Mohammad	13.09.1999	13.06.2001
8.	Mr. A. K. M. Shamsuddin	24.06.2001	28.01.2002
9.	Mr. Dr. Zakirul Islam	29.01.2002	13.04.2002
10.	Mr. Md. Abdul Malek	13.04.2002	17.10.2002
11.	Mr. Muhammad Haroon Chowdhury	17.10.2002	26.01.2003
12.	Mr. Md. Abdul Matin Chowdhury	26.01.2003	27.08.2003
13.	Mr. Muhammad Harun Chowdhury	28.08.2003	28.09.2003
14.	Mr. Alamgir Hossain Sikder	28.09.2003	28.10.2003
15.	Mr. Safiz Uddin Ahmed	28.10.2003	30.12.2004
16.	Mr. Dr. Md. Zahir Uddin Khan	30.12.2004	18.05.2005
17.	Mr. Mohammad Shahadat Hossain	18.05.2005	14.08.2006
18.	Mr. Dr. Md. Zahir Uddin Khan	14.08.2006	24.08.2006
19.	Mr. Md. Fazlur Rahman Bhuyan	24.08.2006	06.11.2008
20.	Mr. Md. Shafique Ullah	06.08.2008	

**List of Directors Preventive Education, Research and Publication of the
Department of Narcotics Control Since its Establishment in 1990**

Sl.	Name	From	Till
1.	Mr. Dhiraj Kumar Nath	04.02.1990	30.11.1991
2.	Mr. G. H. M. Hafizur Rahman	31.12.1993	08.03.1994
3.	Mr. Md. Iqbal Hossain Khan	01.04.1994	28.09.1994
4.	Mr. A. K. M. Shafiqul Islam	29.09.1994	25.04.1996
5.	Mr. Kazi Md. Abul Mansoor	22.07.1996	28.10.1996
6.	Mr. Md. Fazlur Rahman	29.11.1996	29.09.1998
7.	Mr. Md. Rashidul Haque	19.11.1998	06.07.2002
8.	Mr. Muhammad Harun Chowdhury	06.07.2002	23.10.2003
9.	Mr. Alamgir Hossain Sikder	23.10.2003	06.11.2003
10.	Mr. Moezzoddin Ahmed	06.11.2003	31.08.2004
11.	Mr. Dr. Md. Zahir Uddin Khan	31.08.2004	29.06.2005
12.	Mr. Md. Mofazzel Hossain	29.06.2005	27.04.2006
13.	Mr. Mohammad Shahadat Hossain	27.04.2006	14.08.2006
14.	Mr. Md. Fazlur Rahman Bhuyan	14.08.2006	24.08.2006
15.	Mr. Dr. Md. Zahir Uddin Khan	24.08.2006	06.12.2006
16.	Mr. Shahinul Islam	12.12. 2006	02.03.2008
17.	Mr. Tapan Kumar Karmakar	02.03.2008	03.03.2009
18.	Mr. Akhteruzzaman Mostafa Kamal	01.04.2009	

**List of Directors Treatment and Rehabilitation of the
Department of Narcotics Control Since its Establishment in 1990**

Sl.	Name	From	Till
1.	Mrs. Hashi Siddiquee	01.02.1990	29.10.1995
2.	Mr. Fazlur Rahman	25.11.1995	29.10.1996
3.	Mr. Md. Mujibur Rahman	29.10.1996	30.06.1997
4.	Mr. Md. Rashidul Haque	06.08.1997	19.11.1998
5.	Mr. Dr. Md. Shahjahan Kabir	14.02.1999	16.10.2001
6.	Mr. Muhammad Harun Chowdhury	17.10.2001	06.04.2002
7.	Mr. Md. Rashidul Haque	06.04.2002	10.02.2003
8.	Mr. Alamgir Hossain Sikder	23.02.2003	28.11.2005
9.	Mr. Talukder Shamsur Rahman	24.01.2006	23.03.2006
10.	Mr. Nurunnabi Talukder	12.04.2006	03.07.2006
11.	Mr. Shahinul Islam	23.11.2006	11.12.2006
12.	Mr. Md. Nurul Karim Majumder	12.12.2006	25.11.2007
13.	Mr. Safat Ahmed Chowdhury	25.11.2007	22.09.2008
14.	Mr. Md. Shafique Ullah	22.09.2008	06.11.2008
15.	Mr. Md. Shamsul Alam	18.01.2009	09.05.2010
16.	Mr. Md. Omar Faruque	20.09.2010	



RENDERING SERVICE TO THE PEOPLE BY THE DNC (CITIZEN CHARTER)

Issuing License

DNC issues the following license, permit, pass etc.

Sl. No	license/Permit/Pass	Fees	Within
01.	Drugs production and processing license	10000/-	90 days
02.	Drugs import/ medical drugs exporting license	10000/-	90 days
03.	Drugs import/ medical drugs exporting pass	-	30 days
04.	Retail license of drugs	1000/-	30 days
05.	Permit of drug using	1000/-	30 days
06.	Drugs caring and transport pass	-	30 days
07.	Bar license of alcohol sale/alcohol drinking	10000/-	120 days
08.	Retail shop (off shop) of alcohol sale Paura area Another area	14000/- 6000/-	90 days
09.	Precursor chemicals import/retail sale/permit of using Import Retail sale using	10000/- 1000/- 1000/-	90 days 60 days 30 days
10.	License of alcohol production(distillery/brewery)	20000/-	120 days
11.	Permit for consumption of liquor- Foreign liquor Country liquor	2000/- 80/-	30 days 30 days
12.	License to establishment of private treatment & rehabilitation centre- (1-10 bed) (11-20 bed) (above 20 bed)	20000/- 30000/- 50000/-	90 days
13.	Registration of NGO	1000/-	

- a) To get above license, permit, pass, applicant shall apply in a prescribe form.
- b) Application form may be collected without pay from all zonal and regional sub-zonal offices of DNC.
- c) Application form also may be downloaded from the website of DNC www.dnc.gov.bd.
- d) Filled up form may be submitted to the concerned offices/HQ.
- e) License, permits, pass etc will be issued after scrutinizing the filled up applications, investigating detailed related matters following the laws enforce.
- f) Applicants shall implement all conditions mentioned in the form and pay license fees as in schedule.
- g) In consideration of demand and necessity, authority reserves all rights to issue license, -

permit, pass etc or not despite all conditions are fulfilled by the applicants.

- h) For different types of licenses & permits, fees in the schedule should be paid to specific financial code to the Bank through treasury chalan and this chalan should be attached to the application form.

Treatment Services to Addicts

Treatments services will be given to addicts through DNC - run 4 treatment centres. Of them, one is 40- bed central treatment centre in Dhaka, other three are 5-bed hospitals in chittagong, Rajshahi & Khulna. Address and telephone numbers of the said treatment centres are given below

Sl. No	Name of Treatment Centre	Address	Heads of Treatment Centre	Phone No.
1	Central treatment centre, Dhaka	441, Tejgaon, Dhaka	Chief consultant	02-9880269
2	Chittagong treatment centre, chittagong	115, pachlaich R/A, chittagong	Superintendent	-
3	Rajshahi treatment centre, Rajshahi	204/2, Upa-shahar, cantonment, Rajshahi	Superintendent	0721-760218
4	Khulna treatment centre, Khulna	2, KDA avenue, Moylapotamor, Khulna	Superintendent	041-721149

- a) Any addicts may take treatment facilities from this treatment centres.
- b) Treatments are being provided freely for poor addicts. For others, residence and non residence treatment and counseling are given for nominal payment.
- c) Besides these treatment centres medical facilities and consultancy services may be taken from DNC- approved private treatment centres.

Resource Centre

A resource centre has been set up in DNC comprising about 4000 local and international drug related publications along with drug related information's and data of local and international organizations. Any individual or organization may use this resource centre for their research activities.

Address of Resource Centre

Resource centre	Concerned officer and his phone number	Availability
Department of Narcotics Control, 441, Tejgaon Industrial Area, Dhaka-1208 Phone: 02 8870011, Fax: 02 8870010 E-mail: dgdncbd@gmail.com	Librarian Phone : 02-9355893 02-9355894	Office hour

Preventive Education

Any private organization (NGO) can make a registration and take related facilities from DNC to run the preventive activities.



Complaints

1. To know any information or to solve any problem related to license, permit, treatment facilities and resource centre, any one may contact the following offices -
 - a) Sub regional and regional offices
 - b) If there is no remedy in above said offices, any one may contact to the following offices for remedies & complaints.

Office/officer	Phone Number	Subject
Director (Operation) 441, Tejgaon Industrial Area, Dhaka-1208	8312249	Enforcement management against drug abuse
Director (Admin) 441, Tejgaon Industrial Area, Dhaka-1208	8312249	Enforcement management against drug abuse
Director (Treatment & Rehabilitation) 441, Tejgaon Industrial Area, Dhaka-1208	8311296	Treatment & Rehabilitation of drug addicts and private treatment centre
Director (Preventive education) 441, Tejgaon Industrial Area, Dhaka-1208	8312206	Public awareness program against drug abuse and concerned NGO management

2. People may help anti drug activities giving information to the following intelligence offices about drug abuse, trafficking, transportation and allegation against officer/staff-

Officer/office	Address	Phone Number
Additional Director (Intelligence)	41 Segunbagicha, Dhaka	8311287
Deputy Director/Assistant Director, Dhaka intelligence region	24 Topkhana Road, Dhaka	9562020 7174083
Deputy Director/Assistant Director, Chittagong intelligence region	Karnafuly Market, Riazuddin bazar, Chittagong	031-718200
Deputy Director/Assistant Director, Khulna intelligence region	DNC Bhaban, Rupsha, Khulna	041-733208
Deputy Director/Assistant Director, Rajshahi intelligence region	223/2, Upa shahar, Rajshai	0721-761960

3. Further, for any information or any complaint any one can contact to following offices-

Officer/office	Phone/Fax/E-mail Number
Director General Department of Narcotics Control 441, Tejgaon Industrial Area, Dhaka-1208	Phone: 02 8870011, Fax: 02 8870010 E-mail: dgdncbd@gmail.com, www.dnc.gov.bd

ABBREVIATIONS

ADG:	Additional Director General of the Department of Narcotics Control, Bangladesh	MDMA:	Methylenedioxy Methamphetamine
AIDS:	Acquired Immuno Defecency Syndrome	MMT:	Methadone Maintenance Treatment
ATS:	Amphetamine Type Stimulant	MOU:	Memorandum of Understanding
BGB:	Border Guard, Bangladesh	MTS:	Methamphetamine Type Stimulant
CTC:	Central Drug Addiction Treatment Center	NASP:	National AIDS Surveillance Program
DAP:	Drug Advisory Program of Colombo Plan Bureau	NCB:	Narcotics Control Bureau of India
DDCC:	District Drugs Control Committee	NGO:	Non-governmental Organization
DEA:	Drug Enforcement Administration of USA	NNCB:	National Narcotics Control Board
DG:	Director General of the Department of Narcotics Control, Bangladesh	OST:	Oral Substitution Treatment of Injecting Drug Use
DNC:	The Department of Narcotics Control	PCP:	Phencyclidine (a hallucinogenic Drug)
ESCAP:	Economic and Social Council for Asia and Pacific of the United Nations	RAB:	Rapid Action Battalion of Bangladesh Police
HIV:	Human Immuno Deficiency Virus	RAS:	Rapid Assessment Study (on the drug situation in Bangladesh).
ICDDR,B:	International Center for Diarrheal Disease Research, Bangladesh	SAARC:	South Asian Association for Regional Cooperation
ICT:	Information and Communication Technology	SDOMD:	SAARC Drug Offences Monitoring Desk
IDU:	Intravenous Drug Use/User	STD:	Sexually Transmitted Disease
ILO:	International Labour Organization	THC:	Tetra hydro cannabinol (the main intoxicating chemical in Cannabis)
INCB:	International Narcotics Control Board	UNDCP:	United Nations Drug Control Program
INM:	International Narcotics Matters of USA	UNODC:	United Nations Office on Drugs and Crimes
JICA:	Japan International Cooperation Association	UNODC (ROSA):	United Nations Office on Drugs and Crimes (Regional Office for South Asia)
LSD:	Lysergic Acid Diethylamide (a hallucinogenic Drug)	USIA:	United States Information Agency
MDA:	Methylenedioxy Amphetamine	VA:	Voluntary Association
MDE:	Methylenedioxy Ephedrine	VCT:	Voluntary Counseling and Testing
		VDP:	Village Defense Party
		WHO:	World Health Organization



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