Final Report on

Cause and Victim of Drug Addiction and Way Forward for Establishment of Adequate Treatment and Rehabilitation Facilities at Private Sector in Bangladesh

To

Department of Narcotics Control

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Government of the People's Republic of Bangladesh
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ACRONYMS

ADB	-	Asian Development Bank
DIC	-	Drop-In-Center
DNC	-	Department of Narcotics Control
EC	-	European Commission
FGD	-	Focus Group Discussion
GOB	-	Government of Bangladesh
ICCRD.B,	-	International Centre for Diarrhoeal Disease Research, Bangladesh
IFAD	-	International Fund for Agricultural Development
JICA	-	Japan International Cooperation Agency
KII	-	Key Informant Interview
NGO	-	Non Government Organization
QC	-	Quality control
SACIL	-	SA Consult International Limited
SWOT	-	Strength, Weakness, Opportunity and Threat
TOR	-	Terms of Reference
TQM	-	Total Quality Management
UNDP	-	United Nations Development Proramme
UNICEF	-	United Nations International Children's Education Fund
UNODC	-	United Nations Office on Drugs and Crime
WB	-	World Bank
WHO	-	World Health Organization

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Executive Summary

The SA Consult International Limited was appointed by the Department of Narcotics Control (DNC) under the Director General of Security Services Division, Ministry of Home Affairs (MoHA) commissioned to conduct a study titled *"Cause and victim of drug addiction and way forward for establishment of adequate treatment and rehabilitation facilities at private sector in Bangladesh".* The main objective of the study was to figure out actual victims and underlying causes of drug addiction based on types of narcotics drug in Bangladesh and also to find out the availability and potentiality to have appropriate services in the privately owned treatment and rehabilitation center in Bangladesh. The study was designed to collect information from drug users, treatment and rehabilitation center in private sector and law enforcing agencies in selected 8 Districts town and 8 Divisional city. With a statistically valid sample frame, a field level survey was conducted covering 2500 drug users, 25 drug private drug treatment centers and officials of law enforcing agencies at 32 bordering areas in Bangladesh.

Methodology: The study methodology adopted valid approaches for exploring both quantitative and qualitative information to properly analyze relevant issues for formulating appropriate recommendations in line with the study objective. For collecting quantitative information a field survey was conducted on sample number of respondents (2500) in 8 selected districts of drug prevalence under the 8 administrative divisions. The qualitative study mainly focused on identifying the reasons for drug addiction, understanding the demand and supply side of drugs, detecting illicit drug trafficking roots in the country and way forward. Focus Group Discussion (FGD) and In-depth interview with each categories of drug user were conducted to have an in-depth understaning of the impacts of drug usage, demand-supply aspects possible mitigation apparoach, etc.

Survey Findings:

Socio-demographic Information: According to the survey data, people of age groups from up to 30 years comprises 58.87% drug abusing population in Bangladesh. The average age is 30.4 years, of which, Rajshahi division has the highest age-group of 37.4 years and Mymensingh has the youngest age group of 26.5years. Four in five (82.7%) drug users are not currently going to school, while rest of them was found attending school during the survey period. Data reveals that the highest percentage of addicted population is illiterate, less educated and not having education over ten class. It is also observed that most of the parents are less educated, 27.7% mothers whohave never been to school.

Majority drug users (48.1%) are currently married. Data reveals that higher respondents' income derives out of business, while 1% involves in drug trafficking. The average monthly income level of the drug users is Tk. 17,622.88, as against the average monthly expenditure of Tk 8,578.00 on drug use. Less than half of the drug users are passing most of their time with friends and by themselves (living alone).

Drug use Related Information: The average age of the current drug users when they started smoking cigarette/tobaccos for the first time is16.37 years, whereas 45.6% respondents started smoking cigarette or using tobacco at an early age of life, however, below age 15 years. Influence of friends (55.2%) is one of the leading cause. Curiosity stands in the 2nd position i.e. 25.1%. Other reasons include availability of tobacco. The daily average frequency of intaking cigarettes by a drug-user is 14.10 times a day. The average age when a current drug user started taking drugs is 21 years. More than half of them started drug use before and up to age of 20 years and average length of drug use around 10 years. Influence of peer/friends (57.4%) is the leading pull factor, while curiosity stands for the 2nd leading cause. Other reasons include availability of drugs and depression.

Types of drug use are usually depends on availability, accessibility and affordability of drug in the community and society. Canabis is the most popular drug among the drug users, while

Yaba is another very preferred fashionable and widely used drug. Nevertheless, other used drugs are Phensedyl, Heroin and TD/Lubo/Bonojesic (injecting drug) etc.Two in three (71.9%) respondents used two and more type of drugs, however, drug-user average intakes drug 2.44 times daily.

Underlying causes: In the category of "Family Problems", neglectful parenting (28.4%) is a prime reason for initiation of drug. Financial poor family condition stands is the 2nd position i.e. 23.5%. Others underlying causes include parental counterbalance and family cann't bear educational expences. In the category of " Social Problem", peer or classmate pressure (80%) is one of the leading causes. Express themselves among the others are the 2nd position i.e. 18.3%. Other reasons under social problems include face booking on long time and lack of capacity to arrange a job. In the category of " Personal Problem", depression(60.5%) is the foremost causes. Relationship breakdown (33.6%) is the next important causes. Rest of underlying causes includes "suppressing sadness", "become healthy /strong" and "seek happyness"as reasons for drug-use.Long duration of ejakulation is one of the important reasons among the young and married couple to start drug.

Source of getting drugs: Drug addicted friends are the main source of getting drugs, another sources include drug traders, suppliers, Tokai, and domestic helpers.Three in four drug users received drug through trader's home or his instructed location, 63.3%from drug peddler provides home delivery upon a phone call, while 60.4% respondents mentioned of local slum.

By and large, motor vehcile drivers/helpers being directly linked to drug use, whereas, other groups include uunemployment youth, students and politically influential person/mastan/big brother's being directly linked to drug use.

Financial damage is the foremost consequence (74.2%) after used drugs, and 2nd leading 64.7% on cranky mood. Other consequence include sleeping problems, fatigueness, depression, sickness, decreased working capacity and worries/fear as consequences of drug-use. It should be noted that 29.0% respondents reported on poor performance in study/ workplace. Data shows that better half drug come from India and lesser half come from Myanmer.

Drug Prevention Program: Drug users were asked regarding young people more involve in the drug. More than two-thirds (89.8%) respondents replied in the affirmatively while 10.2% replied negatively. "Create good rapport between parents and children", is suggested by highest number of drug users. Other suggestion include "parents being well informed on children's friends", "publicity at the national level for raising awareness", "religious and moral education", "extra curricular activities" and "incorporate the topic on drugs and it's consequence in school syllabus". One in four respondents also suggested to "arranging treatment for drug users".

According to data. Local goons/terrorists/big brother is the leading personnel who involve in drug trading. The rest of personnel who involve in drug trade are politically influential persons/public representatives, unemployed youth, socially influencial person and student involved on drug trade/smagulling.

Treatment and rehabilitation: One in three got admitted to a drug rehabilitation center for treatment, of which 65.2%replied "parents' wish", 29.8% mentioned voluntarily got admitted in the rehabilitation center. A minimum number of respondents said friend advice and social pressure influence them to get admission in rehabilitation center.

Present drug prevention program by law enforcing agencies: Survey data reveals that maximum number of respondents said it is a "Good initiative and should be continued". The other respondents shared include "Decreasing drug paddler/smuggler" "Create drug scarcities in the market", and "Criminals gone to hide/safe place". It should be noticed that

around one-fourth of the respondents mentioned that "law enforcing agencies didn't find out the main criminals/big brother who involve in drug paddling/smuggling.

"Increase public awareness" suggested by majority (78.2%) of the respondents. Other suggestions include "Conduct raid regularly", "Should more stick on the issue", "Killing of drug peddler by shoot out" a public opinion, "ensure punishment". A significant number of respondents (23.4%) shared "Ensure treatment and rehabilitation of drug users" and "Law enforcing agencies should be honest of on this regards".

Economical & Social impacts: The average cost of drugs per person was from Tk. 324.0 to Tk.619.76 per day or from Tk.118, 260.00 to Tk. 226,212.4.00 per year. The economic impact of drug abuse included cost of drug itself, health care expenditure, lost productivity, and other impacts on society such as crimes and accidents. The patterns and cost of drug abuse were investigated among 2500 drug abusers, of them some were admitted to a drug dependence treatment in eight divisional cities including Cox's bazar and Shatkhirs. The loss of trust in family and society, conflict, fear, crime', sickness/mental disorders, financial problems/ money lost', 'propensity to stealing/robbery/hijacking, dropout from education, etc. are the gift of the drug use.

In view of the foregoing, for overcoming drug problems and challenges, the major recommendations include the following:

- Controlling supply of drugs by giving the prime attention to Mymenmar and Indian boarder where trafficking routes are active and drug mobility is highest;

- Advocacy with the ministry of education for inclusion of the underlying causes and consequence of drug use in the text books;

- Initiating school and community based campaign program to prevent young community particularly students from being involved with drugs;

- Developing sensitization plan for the parents to make them responsive and develop friendly relation with their children particularly adolescent;

- Reviewing, updating and amendment of DNC policy and ensuring accountability of law enforcing agencies;

- Developing an effective network with private sector treatment and rehabilitation center lead by DNC, however, make them accountable to DNC;

- Framing up a standard operation procedure (SOP) manual for all treatment center flagship by DNC and providing training to them for delivering quality treatment services;

- Capacity building initiative should be ensured by DNC to the private treatment centers and arrange oversee visit in foreign country to exchange knowledge and transfer skills which will help to provide effective treatment to the drug users;

- Provide financial facilities to the private treatment centers specially who are providing treatment to the poor, children and street drug users, which will motivate them and make them proactive in this regards;

- Regularly visiting private treatment center, organizing and conducting meeting with them, and providing specific feedback for further development of plan of action;

CHAPTER-1
INTRODUCTION

1.1   Introduction:

Worldwide Bangladesh has eared fame for remarkable economic growth (persistently toward 7% growth in GDP over the recent years), export, infrastructure development, and progress in human index. Yet the country's around one-fourth population lives below the national poverty line and hundreds of thousands of potential hands are searching jobs. Poverty, unemployment and frustration fuel many high-risk behavior patterns including consumption and retailing of 'drug' (narcotics or drug substances banned or strictly restricted for certain medicinal purposes) that finally devastatingly affects the people in particularly the youth or young adults, causing them to be persistently addicted. And in reference to this Bangladesh is not an exception, unfortunately.

Although Bangladesh is neither a producer nor a suppler country of any narcotics drug, but the number of drug abuse and addiction is gradually increasing day by day, turning into a grave situation. While the location of the country, in between the golden triangle and golden crescent, is a factor for trafficking of illicit drugs, the weak law enforcing surveillance has been a blessing to supply of heroin and opium. Drug addiction is now prevalent everywhere in Bangladesh; in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. According to a report by the World Health Organization (WHO), majority drug users in Bangladesh range from 15 to 30 years old and are predominantly men. The exact number of drug users, however, is hard to pin down, but it is estimated that there are over 6 million people in the country who abuse and/or are dependent upon illicit drugs.However, the National Institute of Mental Health (NIMH), in a program held last June, stated that more than 7 million people suffer from drug addiction in Bangladesh, of whom 25% are below 15 years.

The drug users in Bangladesh use both soft drug and hard drug of different categories such as Phensidyl (codeine base), Yaba (combination of methamphetamine and caffeine), Heroin, Pathedyne, Cocaine, Opium, Canabis, Alcohol, sedatives, etc. Although the drug trade is strongly rooted at Dhaka but is vibrantly penetrating into other cities/towns and gradually dispersing into the rural areas. Effects of drug abuse know no bound. There are physical, psychological, familial, social, economic and National effects. Drug addiction is causing disintegration of family ties, harming normal family lives, enhancing drop-out rate from school/college or university, increasing jobless hands and creating social unrests through increasing anti-social activities.

In the back drop of the situation, the nation needs to undertake measures to effectively encounter this detrimental situation. Any further delay may push the national sufferings to a point beyond repair and restoration. Undertaking effective treatment needs identifying and analyzing issues like cause of addiction, profiles of victims and adequacy of treatment services/facilities available. Only then it is possible to establish of adequate treatment and rehabilitation facilities at private sector in Bangladesh.

1.2   Rationale of the Study

Drug use is causing manifold harms such as family ineptitude, parental neglect, parent-child conflict, spouse strife, indiscipline, isolation, lack of emotional support, rejection of love, over protection, unemployment, repeated failure, personality conflict or mal adjustment. Drug has been depressing millions of potential youth, paralyzing their potential efficacy, and killing their future and dreams. Eventually it is snatching away potential productive contributions to national economy, pluralizing jobless hands, increasing national health care expenses, hiking crime rate and national security cost. Taking all in views, the government of Bangladesh has adopted the principle of 'zero tolerance' to overcome the curse as of this evil situation thorough an effective exit.

Bangladesh is a member of the United Nations Office on Drugs and Crime (UNODC), where the Department of Narcotics Control (DNC) is the focal point. DNC is aware of the prevailing adverse situation and committed to address the crisis efficiently with an effective strategy guided plan or holistic solution. Establishing adequate treatment and rehabilitation facilities, as a part of this holistic approach, first and foremost needs to understand:

- actual victim scenario (categories of victims by type of drugs/narcotics and geography and impact due sufferings);
- underlying causes of drug use and addiction;
- Drug supply chain;
- Availability and effectiveness of treatment/ healthcare services and facilities; and
- Opportunity or potentiality of having proper services through privately owned treatment and rehabilitation centers or related service providers in Bangladesh.

The department has already conducted a Baseline study on drug addiction in Bangladesh in the last year. In consideration of the above and continuity of the baseline study (already done by DNC), the department has taken up initiative for a research work to highlight the type of victims of drug abuse, causes of drug addiction, ideal treatment of drug addicts in the area of private initiative as well as to show the realization of the real truth to the mass people by making research activities more dynamic and improved. The study initiative is a timely taken and justified step of the department.

1.3   Broad Objective of the Study

The objective of the study is to figure out actual victims and underlying causes of drug addiction based on types of narcotics drug in Bangladesh and also to find out the availability and potentiality of having proper services in the privately owned treatment and rehabilitation center in Bangladesh.

1.4   Broad areas of study

The study will have to do cover collection of data and cases from all the administrative divisions in Bangladesh. The sampling methods should address the geographical and societal diversity, such as rural areas, small & big town, municipalities, university, collage, high school, floating population, slum, labour colonies, middle class, elite groups etc in order to make the research more effective. In addition, district-wise demand and supply

mapping of the medical and rehabilitation services at private level for drug addiction has to be sketched-out.

For finding out the major victim and causes of drug addiction including drug smuggler, suppliers, different varieties of drugs etc. seven cities of the country, port areas, different gambling places, including major drug trafficking routes and entries in the country, hill tract areas, tea garden labors, particularly Bangladesh-Myanmar border inlets have to be visited and to be talked with different stakeholders, law-enforcing agencies, Government officials etc. on the relevant issues. At least one in-depth interview with each categories of drug user has to be conducted to the demand side of the substances.

1.5   Common terms used in this study

Drugs mean-narcotics drug i.e. Yaba tablet, Phensedyle, alcohol, heroin, marijuana/ Canabis/Canabis, vang, afim, choros, cocaine, morphine, TD/Bono/Lubo (buprenorphine/ injecting drugs), Pathidine, Sedative/Sleeping pill, Rectified Spirit, Po Chu-i/Tari and Glue/Dandy etc.

Addiction means the condition of being an addict. An addict is a person who is unable to stop taking drugs.

Frustration means the feeling of being frustrated. Indicators of frustration include failure in love, family conflict, lack of life security, pressure of poverty, feeling of loneliness, financial loss, inability of marriage, unemployment etc.

Meanwhile, parental drug addiction means a father or mother or both are addicted to drugs. Peer Group is a group of people of the same age or social status (Oxford dictionary 6th edition, p-973). Indicators of peer group include friends, classmates, colleagues, business partners etc.

Drug Treatment and Rehabilitation center: Legal permission received from the proper authority. Provide treatemt to the drug users in exchange of money.

1.6   Recent Trends and Patterns of Drug Abuse

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

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

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

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

1.7   Effects of some preferred drugs in physical and mental health

Phensidyl: Phensidyl is the combination of codeine and chlorpheniramine.

Codeine: Common effects include drowsiness andconstipation. Less common are euphoria, itching, nausea,vomiting, dry mouth, miosis, orthostatic hypotension,urinary retention, depression, and pardoxical coughing.Rare adverse effects include anaphylaxis, seizure, andrespiratory depression[1].Chronic use of codeine can cause physical dependence.When physical dependence has developed, withdrawalsymptoms may occur if a person suddenly stops themedication. Withdrawal symptoms: drug craving, runnynose, yawning, sweating, insomnia, weakness, stomachcramps, nausea, vomiting, diarrhea, muscle spasms,chills, irritability, and pain. To minimize withdrawalsymptoms, long-term users should gradually reduce theircodeine medication under the supervision of a healthcareprofessional[2].

Yaba: Yaba is a combination of methamphetamine 30% and caffeine 70%.

Psychological effects of methamphetamine includeeuphoria, anxiety, increased libido, alertness, concentration,increased energy, increased self-esteem, self-confidence,sociability, irritability, aggressiveness, psychosomaticdisorders, psychomotor agitation,dermatillomania(compulsive skin picking), hair pulling,delusions of grandiosity, hallucinations, excessive feelingsof power and invincibility, repetitive and obsessivebehaviors, paranoia, and - with chronic use and/or highdoses - amphetamine psychosis[3],[4].

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Long term Methamphetamine use has a high association with depression and suicide as well as serious heart disease, amphetamine psychosis, anxiety, and violent behaviors. Methamphetamine also has a very high addiction risk[5]. Methamphetamine is not directly neurotoxic but long-termuse can have neurotoxic side-effects. Its use is associatedwith an increased risk of Parkinson's disease due to the factthat uncontrolled dopamine release is neurotoxic[6],[7].Long-term dopamine upregulation occurring as a result of Methamphetamine abuse can cause neurotoxicity, which isbelieved to be responsible for causing persisting cognitivedeficits, such as memory loss, impaired attention, anddecreased executive function. Similar to the neurotoxic effects on the dopamine system, methamphetamine can alsoresult in neurotoxicity to the serotonin system[8]. Over 20% of people addicted to methamphetamine develop along-lasting psychosis resembling schizophrenia after stopping methamphetamine. The condition persists forlonger than 6 months and is often treatment resistant[9].

Withdrawal symptoms of methamphetamine primarilyconsist of fatigue, depression, and increased appetite.Symptoms may last for days with occasional use and weeksor months with chronic use, with severity dependent on thelength of time and the amount of methamphetamine used.Withdrawal symptoms may also include anxiety, irritability,headaches, agitation, restlessness, excessive sleeping, vividor lucid dreams, deep REM sleep, and suicidal ideation[10].

Caffeine overdose can result in a state of central nervoussystem over-stimulation called caffeine intoxication (DSM-IV 305.90)[11], or colloquially the "caffeine jitters".The symptoms of caffeine intoxication are comparable tothe symptoms of overdoses of other stimulants: they mayinclude restlessness, fidgeting, anxiety, excitement,insomnia, flushing of the face, increased urination,gastrointestinal disturbance, muscle twitching, a ramblingflow of thought and speech, irritability, irregular or rapidheartbeat, and psychomotor agitation[12]. In cases of muchlarger overdoses, mania, depression, lapses in judgment,disorientation, dis-inhibition, delusions, hallucinations, orpsychosis may occur, and rhabdomyolysis (breakdown ofskeletal muscle tissue) can be provoked[13],[14].Extremeoverdose can result in death[15],[16].

Withdrawal symptoms - including headache, irritability,inability to concentrate, drowsiness, insomnia, and pain inthe stomach, upper body, and joints - may appear within 12to 24

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hours after discontinuation of caffeine intake, peak atroughly 48 hours, and usually last from 2 to 9 days[17].

Heroin: In our country, heroin is mostly smoked within aluminumfoil or cigarette paper, but in other countries this is injected.Heroin causes constipation[18]. Suppression of variouscell-mediated immune pathways leading to opportunisticinfections[19],[20],[21]. Intravenous use with non-sterile needles andsyringes or other related equipment may lead totransmission of infections like: HIV and hepatitis, the riskof contracting bacterial or fungal endocarditis. Physicaldependence can result from prolonged use of all opioids, resulting in withdrawal symptoms on cessation of use. Itdecreases kidney function[22] .Skin-popping more oftenresults in abscesses, and direct injection more often leads tofatal overdose29. A small percentage of heroin smokers, andoccasionally IV users, may develop symptoms of toxic leukoencephalopathy[23]. Symptoms include slurredspeech and difficulty walking.

Pathedine: Usual dose can cause nausea, vomiting, sedation, dizziness,diaphoresis, urinary retention and constipation. Over dosage can cause muscle flaccidity, respiratory depression, obtundedness, cold and clammy skin, hypotension andcoma. Convulsive seizures sometimes observed in patientsreceiving parenteral pethidine on a chronic basis have beenattributed to accumulation in plasma of the metabolitenorpethidine (normeperidine). Fatalities have occurredfollowing either oral or intravenous pethidineoverdosage[24],[25].

Alcohol: Binge drinking: In the USA, binge drinking is defined as consuming morethan five units in men and four units in women. It increaseschances for vandalism, fights, violent behaviors, injuries, drunk driving, trouble with police, negative health, social, economic, or legal consequences to occur. Binge drinkingis also associated with neurocognitive deficits of frontal lobe processing and impaired working memory as well asdelayed auditory and verbal memory deficits[26]. Binge drinking combined with the stress of returning to work is acontributing factor to Monday deaths from heart attacks[27].The chances of becoming dependent are increased greatly inmen who have 15 or more drinks each week or women whohave 12 or more drinks each week. This is known as alcoholdependency[28].

Cannabis:
Acute adverse effects:[29]

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Anxiety and panic, especially in naive users. Psychotic symptoms (at high doses) . Road crashes if a person drives while intoxicated

Chronic adverse effects: Cannabis dependence syndrome (in around one in ten users). Chronic bronchitis and impaired respiratory function inregular smokers**.** Psychotic symptoms and disorders in heavy users, especially those with a history of psychotic symptoms or afamily history of these disorders **.**Impaired educational attainment in adolescents who areregular users **.**Subtle cognitive impairment in those who are daily usersfor 10 years or more

Possible adverse effects of regular cannabis use withunknown causal relation:

- Respiratory cancers
- Behavioral disorders in children whose mothersusedcannabis while pregnant
- Depressive disorders, mania, and suicide
- Use of other illicit drugs by adolescents

Drug addiction is beings on rapid erosion of educational andcultural, moral and family values. The addicts lose theirprofessional and educational capabilities, self-dignity, and get involved in serious or petty criminal activities. The sole aim in life of an addict becomes the procurement and use ofdrugs.Time is ripe for leaders at the highest level to wake up to thedanger posed to healthy existence of society as more andmore new addicts join the ranks of the hardcore ones. Thisslide must be arrested at all costs. The Drugs and NarcoticsDepartment was created nearly two decades ago, especiallyto counter the production and availability of addictivedrugs. But it has done little over the years to attain its given objectives. The corruption, allegedly, runs high in it.Political commitment is required to combat the illicitdrug-traffickers who are sucking the blood of innocentyouths and becoming rich very quickly through smugglingof drug.Preventive education against drug abuse is essential.Enforcement of laws by the law enforcing agency is neededto curb drug trafficking. The whole community shouldparticipate in awareness raising program andpeer-counseling is important to change the negativebehavior of the youth. If we fail to control of this problem itwill destroy the whole civilization.

1.8   Literature Review

There is no certain agreement about the causes of drug abuse because the causes of drug use are frequent and varied. They comprise individual and family characteristics, social and environmental factors[30].One of the individual factors is low self-confidence; some teenagers and young persons have a negative attitude toward their abilities, and consider themselves worthless, in spite of their high capability. They feel failure and frustration.[31]Parental factors are basically the relationship patterns which exist between parents and children. Parental factors exert significant influence on the overall development of the child. Parents" use of drugs has been identified as relevant to adolescent addictive behavior[32]. The peer group establishes the norms, standard of thought and behavior to be pursued by its members. Consequently, the peer group may

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[30]Maithya, W.R., 2009: Drug abuse in secondary schools in Kenya. Developing a program for prevention and intervention. Ph.D. Thesis, University of South Africa, Pretoria, South Africa.

[31]A.Mahdie, et al (2016): Study the relationship between frustration tolerance and tendency to drug abuse among students from Payame Noor University, Zahedan Branch. The social sciences 11(14):3627-3630, 2016.

[32]Iruloh, B.N. and Amadi, G.N. (2008): Psychosocial perspective of drug abuse: prevention and treatment. Port Harcourt, University of Port Harcourt press.

exert a big influence on adolescents" substance or process addiction. Also adolescents" addictive behavior brings acknowledgement and respect from peers. Adolescents, especially those who are socially weak,may choose drug abuse as a means to integrate themselves into a peer group, and thereby increase self-esteem and decrease anxiety[33]. In recent years, the problem of drug addiction as a social problem has gradually increased. It has created many problems within the family, society and country, all over the world. If we are unable to stop the abuse of drugs all over the world, societies will be paralyzed, and the next generation will be gradually crippled, and experience unusual diseases[34].

It was also found that a great majority of the addicts were unemployed, students, and the female addicts were estimated to be about 10%. Findings on how the subjects developed their habits indicated that 50% first took drugs through drug user friends and under pressure, 20% out of frustration and 15% out of curiosity. The study reports that the highest incidence of addiction occurred between 23-26 years old[35]. Abuse of drugs has potential threats on personal and social health. The issues that usually follow drug addiction can be identified as loss of interest in work, indifference to family responsibility, loss of ability to concentrate, which may impair family relations, increase in sexual demand or misbehavior, violence or social nuisance and boosting up of uncounted criminal offences as mentioned[36]. Drug addiction does not harm individual addicts only; it affects their families and the society as a whole. Due to drug addiction, criminal activities are increasing at an alarming rate all over the country, especially in urban areas like Dhaka, Chattogram, Rajshahi, Khulna, Barishal and Sylhet.

Hossain and Mamun,[37] found in their study that 67.30% of respondents became addicted because of the influence of their peer groups, 57.69% respondents mentioned that curiosity is the second reason for being addicts. From the study it is quite evident that frustration (16.54%), unemployment (5.77%), failure in love (11.54%) and family conflict (20.19%) were also influential causes of drug addiction. Huq and Enamul[38] found in their study that 50% of addicts took their first drug through drug user friends and under pressure, 20% out of frustration and 15% out of curiosity.

Uddin, Md. Jalal[39] says that failure in love, disappointment family disorder and social and family related matters are highly responsible for addiction. Shakil, Ahmed Saluddin[40] found in his study that failure in love (15%), smartness (32.5%), fashion (25%) and redeem themselves of sorrow (27.5%) were the causes of drug addiction. Saha, Sudir Kumar[41] saw that environmental influence, frustration, ignorance, curiosity, recreation, failure in love, influence of peer group and sorrow were the causes of drug addiction.Shawkatuzzaman, Syed[42] saw geographical location, pressure of peer group, curiosity, frustration, ignorance

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[33]Onukwufor, Jonathan N., et al (2016): Relationship between Parent"s Drug Use, Peer Group Influence and Adolescents" Addictive Behaviour. International Journal of Humanities Social Sciences and Education (IJHSSE) Volume 3, Issue 5, May 2016, PP 1-8.

[34] Hafiz, Rayhan(1991, June 30). NeshaSorbonesha.Sochitro Bangladesh, 30.

[35]Huq and Enamul (1985). Drug menace: Bangladesh Global perspective presented at the seminar on Anti-Drug of Asian Countries of INTERPOL Beijing. The Monthly GanaShastha, p.34

[36]Sarker and Hakim, Abdul (1991). Abuse of Drug: A steadily Growing social problem in Bangladesh. The J. Soc. Development Institute of Social welfare and Research, university of Dhaka, Bangladesh.pp.65, 212.

[37]Hossain, Md. Faruque and Mamun, Mahmuda(2006). A Critical Analysis of the impact of Drug Addiction in Urban life of Bangladesh. Department of Social Work, Univeristy of Rajshahi, Rajshahi-6205. pp. 60-64.

[38]Huq and Enamul (1985). Drug menace: Bangladesh Global perspective presented at the seminar on Anti-Drug of Asian Countries of INTERPOL Beijing. The Monthly GanaShastha, p.34

[39]Uddin, Md. Jalal (2008). Addiction: Law and Practice in Bangladesh. Vol-3. IIUC Studies, pp. 59-70.

[40]Shakil, Ahmed Saluddin (1985, July 5). Future uncertainty have addicted the students .weekly Bichitra. p. 25.

[41]Saha, Sudirkumar (1991).Druges, Society and Law. Dhaka: Bangla Academy. p. 36.

[42]Shawkatuzzaman, Syed (2003). Social Problems and Techniques of problem Analysis. Dhaka: Rohel Publications. pp. 156-159.

etc. as the causes of drug addiction. Begum, HamidaAkhtar[43] found in her study that pressure of peer group (73.55%), frustration (18.62%) etc. were the causes of drug addiction. Mannan, Bashira [20 found in her study that disorganization of the family (35%), influence of peer group (35%) and affluence of money (20%) were the causes of drug addiction. Sarker and Hossain (1999: 212) found in their study that curiosity (70%) was one of the causes of drug addiction. Hossain, Md. Anwar[44] says that disorganization of the family, influence of peer group, influence of slum, poverty etc. were the causes of drug addiction.

Ying-chichchuang et al[45] found in his study that influence of peer drinking was the cause of adolescent drinking. Mariam, Iobidze[46] saw that in Asian Countries, Juvenile crime and delinquency were largely urban phenomena. Statistically, as is true elsewhere, young people constituted the most criminally active segment of the population. The most noticeable trends in the region were the rise in the number of violent acts committed by young people, the increase in drug-related offences, and the marked growth in female juvenile delinquency. The financial crisis that hit some countries in East and South-East Asia in the late 1990s created economic stagnation and contraction, leading to large-scale youth unemployment. For millions of young people, this meant a loss of identity and the opportunity for self-actualization. Some countries are facing great difficulty because they are located near or within the „Golden Crescent or the „Golden Triangle", two major narcotics-producing areas of Asia. Traffickers actively involve adolescents and youth in serving this industry, and many of them become addicted to drugs because of their low prices and easy availability. A study reveals that 65% of the addicts started first with liqueur, hemp, tended to take heroin and pathdine. It is also found that a great majority of the addicts were unemployed, 25% were students, and the female addicts were estimated to be about 10%. Findings about how the subjects developed the habit indicated that 50% first took drugs through drug user friends and under pressure, 20% out of frustration and 15% out of curiosity.

The highest incidence of addiction occurred between 23-26 years of age the study reports[47], whereas other study found 18-27 years[48]. The World Health Organization (WHO) says that in the world 50 crore people are drug addicted. The pressure, frustration and anxiety created in the minds of people because of crossing from a feudal society to a modern society were the causes of drug addiction.[49] Chain found in his study that the causes of drug addiction were family conflict, indifference of parents to the children, high ambition and frustration.[50] Ying-chihchuang et al[51] found that in urban white middle-SES neighborhoods (types 2) perceived parental drinking was positively associated with adolescent drinking.

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[43]Begum, HamidaAkhtar (1991). Who are the addicted? A Study of the Socio-Economic Background of Drug Addicts in Dhaka City. Centre for psycho-social Research and Training, Dhaka, p.18.

[44]Hossain, Md. Anwar (2002). Juvenile Delinquency of Bangladesh and Recent thought: A criticism. Journal of Social Sciences, Rajshahi University, pp. 7, 19-25.

[45]Chuang, Ying-chih, T. Ennett., Susan, E. Bauman, Karl, A. Foshee, Vagie (2009). Relationships of Adolescents" perceptions of parental and peer Behaviors with cigarette and Alcohol use in Different Neighborhood Contexts. Published online: 12 June, 2009. pp. 1388-1398

[46]Iobidz, Mariam (2009). Anti-Juvenile Delinquency policy in Georgia within the framework of the Global perspectives.Georgian Institute of Public Affairs, Department of Public Administration. pp.17-18.

[47]Huq and Enamul (1985). Drug menace: Bangladesh Global perspective presented at the seminar on Anti-Drug of Asian Countries of INTERPOL Beijing. The Monthly GanaShastha, p.34
[48] The daily star dated on 21 December 2018
[49]Saha, Sudirkumar (1991).Druges, Society and Law. Dhaka: Bangla Academy. p. 36.
[50]Fred Leavitt ((19194). Drugs and Behavior; Revised edition. SAGE publication.p.536
[51]Chuang, Ying-chih, T. Ennett., Susan, E. Bauman, Karl, A. Foshee, Vagie (2009). Relationships of Adolescents" perceptions of parental and peer Behaviors with cigarette and Alcohol use in Different Neighborhood Contexts. Published online: 12 June, 2009. pp. 1388-1398

CHAPTER-2
METHODOLOGY

2.1   Study Area

The survey was conducted in the high prevalence drug users' area in Bangladesh, covering 8 adminstrative districts under the 8 divisions which were selected as per the drug domains of prevalence.

2.2   The Approaches

The survey approachesundertaken for this survey include the followings:

i) **_Desk review of the relevant documents:_** it includes review of drugs related available study reports and documents prepared to identify and understand increasing complexity of interrelated actual victim scenario (categories of victims by type of drugs/narcotics and geography and impact due sufferings), underlying causes of drug use and addiction, drug supply chain, availability and effectiveness of treatment/ healthcare services and facilities, and opportunity or potentiality of having proper services through privately owned treatment and rehabilitation centers or related service providers in Bangladesh. Apart from providing a broader conceptual clarity, challenges and lessons, the review was helpful in developing the survey tools and instruments suitable for each type of target population, and paved up way towards providing constructive recommendations for strengthening and enhancing the national responses and way forward.

ii) Cross sectional and descriptive survey: A cross-sectional, descriptive survey was conducted that aimed at assessing/determining the underlying causes of drug addiction based on types of narcotics drug in Bangladesh.

iii) Development of data collection tools: The initially developed data collection tools were pre-tested at field level (mock test) for necessary correction and adjustment and were finalized based after sharing with DNC Technical team.

The study gathered data applying both quantitative and qualitative techniques. Whie the qualitative data was collected from law enforcing agencies as well as from the central level program personnel of DNC to get insights about the supply chain of the drug, the quantitative data were collected from the drug user only., .

2.3   Sample design

2.3.1   Selection of districts

Utmost importance was given to ensure representation of districts and drug users population from each of the eight divisions in Bangladesh. The points mentioned below were considerd in selecting the citites or districts: were considered:

a) The eight divisional cities have been chosen following the prevalence of drug users, through discussion with DNC and secondary documents from DNC and daily newspapers;
b) Selected eight district, each from eight division based on prevalence of drug users;
c) The calculated sample size that could be achieved by selecting a particular district based on number of cases filed by DNC;
d) The total sample size that could be manageable in stipulated time of the survey.

2.3.2 Sampling Method & Sample Size

The sampling addressed the geographical and societal diversity, such as rural areas, small & big town, large cities, university, collage, high school, floating population spots like bus or rail stations/launch terminals, slums, labor colonies, clubs of middle class and elite groups etc. in order to make the research more effective. For having better idea on major victims of drug addiction, different varieties of drugs, drug smuggler, suppliers, etc. port areas, major drug trafficking routes and entries in the country, hill tract areas, tea garden labors, particularly Bangladesh-Myanmar border inlets were visited. Different stakeholders, law-enforcing agencies, Government officials etc. on the relevant places were interacted.

Drug users, drug traffickers, and treatment providers were reported to have been within loop of drug use. So snowball sampling or networking technique was applied for interviewing them. The technique lies in that initially data collected from the few identified respondents of the target population are used for identifying and locating the others. .

Calculation of Sample Size for drug users

$$n = \frac{Z^2 \, p \, (1-p)}{d^2} \; Design \; effect$$

Where, n = the desired sample size; z = The standard normal deviate = 1.96 at 5% level which corresponds to 95% confidence level;
p = the proportion in the target population estimated to have a particular characteristic. If there is no reasonable estimate, then use 50 percent (.50).
q= 1.0 - p.
d = degree of accuracy desired, usually set at .05 or occasionally at .03.

Using the above formula, n = 1067x2
n≈2134

Additionally, 10% of the 2134 data that means 213

n≈2347
So, we have considered the round 2500 no of population as sample size
Note: There is, however, no available data regarding the prevalence of drug use in Bangladesh. So, number of cases given an idea about the prevalence of drug users across the divisions and the country as well. Division wise sample sized distributed based on number of cases filed by the DNC in last one year.

2.3.3   Samples of qualitative study

For the qualitative survey, in-depth interview and FGD were conducted with law enforcing agencies, civil society to understand the drug smuggler, suppliers, and different varieties of drugs etc. Separate qualitative data collection tools were used for capturing qualitative information about the reasons for drug use and types of drug etc. On the other hand KII was conducted with management and health service providers in private treatment and rehabilitation centers.

2.4   Development of survey tools

Quantitative tools

Separate semi-structured questionnaires were prepared for male and female drug users. The questionnaires included information on socio-demographic characteristics and marriage, age of first drug use, source of drug purchase, who involve in drug use, consequence of drug use. Questionnaires were pre-tested for the groups in some field sites among drug users, who were not the final but psudo respondents of the category, by the Field Research officers and Field Supervisors for checking inconsistency and lack of information in the questionnaire. During pre-testing of the questionnaire some of the key areas that were observed were in consistency with the sequence of questions, language used, probing technique, appropriate skips in the questionnaire, etc. The pre-testing results were reviewed among the teams and the questionnaires were modified incorporating the suggestions given in the project staff meetings and based on the results of pre-testing in the field. Then the questionnaires were shared and finalized in consultation with DNC. All the questionnaires were developed first in Bangla and translated into English and interviewers were trained thoroughly on the questionnaires. The final questionnaires were printed after getting approval of DNC.

Qualitative tools

Guidelines for FGDs, IDIs and KIIs were developed following a participatory method by the research team. Some selected researchers having previous experience of qualitative data collection were involved in the process of development of the guidelines. The guidelines were also field tested by the study team in some selected drug using spots and finalized.

 The tools developed for qualitative data are:
- Guidelines for key informant interview with the DNC and Law enforcing agencies (Police);
- Guidelines for in-depth interview with the key populations and service providers in private treatment centers;
- FGD guidelines for conducting FGD with key populations;

A group of facilitators and note takers having previous experience of conducting FGDs/KII were trained on the guidelines and procedures of conducting FGDs/KII. An FGD was conducted by two persons, one moderator and one note taker cum audio recorder. The FGDs findings were compiled and summarized according to the type of drug use.

The KIIs were conducted by senior team members of the research team using checklist/talking points and also depending on situation by a trained and experienced data collector who can record interview by audio recorder. These were compiled with respect to individual category of personnel and were analyzed.

Respondent/participants of KIIs and FGDs were selected based on source of different information channel and willingness to participate. Homogeneity of the FGD participants was considered and ensured during their selection.

For each of the instruments (both quantitative and qualitative) instruction manuals were developed for the data collectors. Monitoring guidelines were developed for the supervisors to maintain quality of data collection through supervision and monitoring by qualified, trained supervision and monitoring teams. The manuals included interview and data collection techniques, interview methods, instructions on filling up the data collection tools, monitoring, quality checking, data editing etc.

2.5   Duration of the survey

1 month took to conduct the survey

2.6   Ethical assurance for the protection of human rights

Verbal consent in Bangla was taken from the respondents who are >=18years. For those who are <18 years, written assent was recorded from guardians, who identified the participants. Before starting interview, the objective of the survey and the risk and benefits in participating in the survey were read out for each respondent/guide.The name and address of the respondents were not recorded any where in the questionnaire. Furthermore, privacy during the interview process was safeguarded. The interview was held under the conditions wherein the respondents were at comfortable inresponding.

2.7   Trainings of the study team

Orientation of the Key Personnel

The Key personnel were oriented on their own responsibilities, prerogatives and their mutual and interacting responsibilities including the survey objectives and the related issues. They reviewed the proposal and related literatures based on which the survey was carried out. Based on their responsibility, they reviewed and translated the questionnaires as a team under the direction of the team leader. They also were around during the finalization of these instruments.

Training of data collection team

The main objective was to provide a deeper understanding of principles, methods and techniques of collecting data (more quantitative and qualitative) from the fields. This comprehensive training course aimed at building the capacities of the enumerators and field supervisors to engage in collecting primary data from the multistage of 8 divisions throughout the country. It is to be mentioned here that primary data (quantitative) would be collected from the drug dependents, end users, patients admitted into the rehabilitation

center/treatment centers, carriers, and peddlers. On the other hand, qualitative data would be collected from the law enforcment agencies (police) and the high officials of the Department of Narcotics Control (DNC) in 8 divisions. However, in total, 34 persons (26 Enumerators and 8 Field Supervisors) joined the course.

In the inception stage of the course the *Chief Guest* and the *Chairman* of the training session delivered their short lectures and gave some valuable suggestions as well to enrich the study. Any way, the course was held from 7 to 9 June 2018 and consisted of 10 sections following the lectures method and the language was in Bangla. A detailed program is presented in table 1 on the following page. The course was divided into 4 sections which are the following:

- **Section A:** Discussion of the draft survey questionnaire consists of socio-economic information of the respondents, drug receiving and consuming information, prevention of drug dependency role of the law enforcement agency and others (different types of drugs, its usages and prices)

- **Section B:** Discussion of the draft qualitative questionnaire (KII guideline and checklist for observing the treatment and facilities of rehabilitation centers)

- **Section C:** Selection of survey area, sampling methods & techniques and monitoring methods

- **Section D:** Field testing and finalizing the data collection instruments

Lectures were presented with aid of multimedia presentations (Microsoft PowerPoint). All theoretical background of the training course was compiled in a comprehensive manual which was handed out to all participants (available in Bangla). Every day the training session was started at 9 am and ended at 3 pm. On the 3rd day, in the morning of June 9, all enumerators were group formed into 8 groups headed by one filed supervisors in each group went out to the neighbouring field to test the data collection tools and came back to the conference room of the SA Consult International Ltd. Then debriefing session was organized and some changes were found in the data collection tools. After that the data collection tools were modified and edited for final version.

At the end of the course, all participants filled out a course evaluation sheet, the analysis of which affirmed the success of the course in having given the basis for the understanding of the study and a broad overview of survey and study methods.

2.8   Preparation of data collection plan

A data collection plan with the name of place and date was prepared for each team and was finalized in consultation with DNC. The data collection team was provided with the datacollection schedules, locations, questionnaires, tools and other necessary materials tocollect data from the field. Data collection was started on 28 June 2018 and completedin 30 August 2018. An introductory letter obtained from DNC authority to the relevant officials e.g., division and district level DNC officials and law enforcing agencies and also SCI who have been working with male and female drug users for getting their unreserved support in

conducting the survey. Fieldmonitoring plan of the key professionals was prepared and implemented during datacollection period.

2.9   Quality control and data management

Data quality was ensured in two stages: at the field level during data collection and at thecentral level where data editing, entry and cleaning were done. At the field level, all collecteddata were checked and verified by the interviewers and their respective group supervisors' aswell as the Research Officers. The field supervisors check and interview required number ofquestionnaires at the field level just after completing an interview for examininginconsistencies or missing information in the questionnaire. This helped in filling up anymissing information and removing any inconsistencies in data in the questionnaire. The datacollector also checked at the end of an interview if there is any question left to be asked.

At the central level, the data management staff again checked for any inconsistencies ormissing information in the questionnaire and coded the open ended questions including the Union,Upazilas, Districts and Divisions.

For the quantitative data, separate databases were constructed in CSPro. A single database was constructed for drug users. The databases were constructed introducing range andlogical checks for minimizing data entry error.

The inconsistent variables were printed, checked with relevant questionnaire andedited in the databases. The final CSPro databases was transferred to SPSSversion 20 where data cleaning was also done by using the logical checks and when anyinconsistency was found in data. Thus the final database of was prepared for analysis.

2.10   Data analysis

CS Pro and SPSS version 20.0 were used to analyze the quantitative data. The primary data tables generated for all major indicators as its measurements and are annexed to the main report. However, the secondary analysis was undertaken for selected indicators and presented in text tables after in-depth analysis through checking the relevant interrelated data/information.

CHAPTER-3
FINDINGS OF THE SURVEY

3.1   Drug Users' Socio-Economic and demographic Features

The section 3.1 of this chapter (3) presents background information of the surveyed drug users, which among others include demographic features, education, marital status, income of drug users and their families, living arrangement, peer group issues. A total number of 2500 drug users were interviwed in the quantitative survey from 8 division and distribution of data; Dhaka-690, Chattrogram-549, Rajshahi-403, Khulna-292, Rongpur-235, Mymensingh-143, Sylhet-135 and Barisal-53. Next to demogrfaphic and societal features, the chapter also looks into drug use pattern and extent of drug use across in the country.

3.1.1   Age composition of drug users:

The drug users in Bangaldesh fall under the age group closely in between 18 and 44. The majority drug-users are young; their ages average to 30.4 years. While Rajshahi division has the oldest drrug users of average age 37.4 years, Mymensingh was found to be a place with youngest drug-user having average age group of 26.5years. More than half of the total drug users fall below 30 years of age.

A person under the age of 18 is considered as a child. Dhaka is then the division having highest percent of child drug users (10.7%) followed by Mymensing (10.4%, Barishal (9.8%), and Chattragram (8.0%). Khulna has the highest percentage of respondents (37.4%) in that age-group.It is to be noted that one in fourteen or 7% respondents belong to the age group of 18 years and less. Khulna division appears to be very fine, for having no children or 44 or over aged drug user. For more informationTable 3.1 can be checked.

Table 3.1: Percentage distribution of the respondents regarding age distribution by Dividions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
≥18 years	10.5	10.4	9.1	0.0	4.5	1.3	5.7	8.0	6.8
19-23 years	18.9	27.6	22.6	5.2	6.9	9.1	20.0	12.7	15.3
24-28 years	31.1	34.0	29.6	23.7	19.0	23.9	32.2	21.1	26.7
29-33 years	21.3	12.4	26.1	37.4	8.3	23.0	23.0	13.3	20.0
34-38 years	10.0	8.8	10.4	24.1	13.8	20.9	10.9	12.4	13.4
39-43 years	6.5	3.6	1.7	9.6	10.3	10.9	6.1	10.7	7.7
44+ years	1.6	3.2	.4	0.0	37.2	10.9	2.2	21.8	10.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average	**27.6**	**26.5**	**26.7**	**31.3**	**37.4**	**32.8**	**28.1**	**32.8**	**30.4**

3.1.2   Currently attending school/campus:

Table 3.2 reveals that the majority of the respondents or drug users (82.7%) are educated, while only 17.3% of the respondents were found having no education, during the period

of the survey.

A little over half (52.4%) of the respondents who participated in the survey, were currently studying at degree and above level. However, this figure largely varies by divisions. In Chattogram division, 70.6% respondents are studying degree and above, which is followed by 61.0% in Rangpur, and then by others with more gaps. Interestingly, Khulna division is a division where no drug user was found among the higher quaified persons of degree and above . But Khulna is the top ranker in terms of HSC level drug uers (87.5%). The most vulnerable information is that some every third HSC level students (34.9%) are drug users in our country.

An interesting finding coming out of the table is that, who never attended schools are the top minority (7.9%), while one complted lower class (up to SSC level) education formed the majority (65%). The respondents who completed higher level of education were also comparatively fewer.

Table 3.2: Percentage distribution of drug users on education status by Divisions

Indicators	Name of the Divisions								All Divisions
Education status	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Yes	21.6	18.4	28.7	3.0	13.1	17.8	13.0	18.9	17.3
No	78.4	81.6	71.3	97.0	86.9	82.2	87.0	81.1	82.7
Denominator is who currently in education									
Up to Class 10	7.6	17.4	18.2	12.5	15.8	9.8	13.3	12.9	12.7
HSC	31.9	39.1	45.5	87.5	36.8	29.3	60.0	16.5	34.9
Degree and above	60.5	43.5	36.4	0.0	47.4	61.0	26.7	70.6	52.4
Denominator is who ever attained school									
`	26.7	17.2	19.5	18.7	44.0	1.1	30.0	34.9	25.7
JSC	25.8	24.1	15.9	43.5	15.9	14.3	17.5	20.6	23.1
S.S.C	10.0	25.1	12.2	27.5	7.1	23.3	10.0	15.9	15.8
H.S.C	26.7	25.6	26.2	8.8	11.9	33.9	5.0	13.5	18.7
BA/Masters	8.4	5.9	23.2	.8	12.7	24.9	3.0	2.2	8.8
Never been to school	2.6	2.0	3.0	.8	8.3	2.6	34.5	12.9	7.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

3.1.3   Educational status of Fathers of drug users

The survey data furnished below reveals that the higher educateded fathers have comparatively lower addicted son or daughter. Around one-fourth (25.9%) respondents said that their fathers have PSC equivalent level education of which Khulna tops for having the highest share (33.7%), followed by Sylhet (30.9%) and Chattogram (30.4%) respectively. Out of the total respondents some 14.7% reported that their fathers have BA/Master's degree; among them Barishal constitutes the highest percentage (26.5%), followed by Dhaka (23.3%) and Rajshahi (14.5%) respectively. Overall, some 16.4% respondents shared that their fathers have never been to school, and among them Sylhet has the highest share (39.1%), followed by Chattogram (27.8%) and others.

Table 3.3: Percentage distribution of the respondents regarding educational status of fathers of drug users by Divisions

Indicators	Name of the Divisions								All Divisions
Education level	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
PEC	24.5	25.2	12.2	33.7	29.3	16.5	30.9	30.4	25.9
JSC	12.9	16.4	13.9	20.4	19.3	21.7	10.9	9.6	14.9
S.S.C	14.7	14.4	13.0	10.0	6.9	20.9	8.3	8.7	12.0
H.S.C	18.5	22.4	24.3	17.4	4.1	16.1	4.3	11.1	14.8
BA/Masters	23.3	16.4	26.5	5.9	14.5	8.3	2.2	12.4	14.7
Never been to school	6.0	4.4	9.6	11.9	20.3	16.5	39.1	27.8	16.4
Dont know	0.0	.8	.4	.7	5.5	0.0	4.3	0.0	1.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.1.4 Educational status of Mothers of drug users

The tbale data say, more the mothers are educated fewer the children addicted. Most of the respondents reported that their mothers have Class PSC (29.0%) among which Khulna tops the list (37.8%) among the 8 division, followed by Rangpur (37.0%) and Rajshahi (34.8%) respectively. Among the respondents, only 4.1% had mothers with BA/Master's degree, in realtion to which Dhaka is ahead of all for highest percntage (10.7%), followed by Barishal (7.0%) and Mymensingh (4.0%) respectively. However, a little over one-fourth (27.7%) respondents reported that their mothers had never been to school; Sylhet is the top ranker in this repect for highest percentage (48.3%) closely followed by Chattogram (43.1%).

Table 3.4: Percentage distribution regarding educational status of Mothers of drug users by Divisions

Indicators	Name of the Divisions								All Divisions
Education status	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
PEC	22.0	31.2	22.6	37.8	34.8	37.0	33.9	24.2	29.0
JSC	16.2	14.0	19.1	15.2	13.8	22.2	9.1	7.1	14.1
S.S.C	16.4	18.4	20.9	14.8	9.0	13.0	4.3	15.8	14.4
H.S.C	15.1	22.8	13.9	0.4	6.2	4.8	1.3	8.0	9.6
BA/Masters	10.7	4.0	7.0	0.7	2.1	0.9	0.0	1.8	4.1
Never been to school	19.6	8.8	16.5	31.1	29.0	22.2	48.3	43.1	27.7
Don't know	.8	0.0	0.0	5.2	0.0	3.0	0.0	1.0	.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.1.5 Marital Status of the drug users

Over half of the people who participated in the survey is married, 5.4% separated, 4.7% divorced, and 3.2% is widow. Barishal division has the highest percentage of separated respondents at 10.4%, followed by Chattogram (9.1%). The rest (38.6%) of the respondents were never been married. The survey has found Mymensingh division having the highest percentage of unmarried respondents (56.8%), followed by Barishal (46.1%) and Dhaka (45.5%) respectively.

Table 3.5: Percentage distribution of respondents regarding marital status by Divisions

Indicators	Name of the Divisions								All Divisions
Marital status	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chattog ram	
Never married	45.5	56.8	46.1	23.3	24.5	35.7	38.3	36.4	38.6
Currently married	35.3	37.2	40.9	63.0	64.1	62.6	52.6	44.2	48.1
Separated	4.2	4.4	10.4	4.8	5.9	.9	1.7	9.1	5.4
Divorced	9.6	.8	1.7	7.0	3.1	.4	7.0	2.9	4.7
Widow/widowed	5.5	.8	.9	1.9	2.4	.4	.4	7.3	3.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.1.6   Occupational status/Main source of income of drug users

A one-third (30.7%) of the respondents reported that their main source of income derives from business, and this is accounted for the majority of the respondents. However, Respondents of Khulna division constitute the highest percentage (44.1%) who generate income from business, followed by Mymensingh(38.4%) and Rajshahi (38.3%)respectively. It should be noted that 1% respondents admitted that they   were involved in drug-trafficking/career; with respect to that Sylhet has the highest drug traffickers/carriers (3.0%), followed by Chattogram (2.7%). Nevertheless, 1.2% of the respondents are involved in drug trade, of which, Barishal constitutes the highest percentage (4.3%) followed by Khulna (2.6%). The survey results also showed that 8.3% respondents reported that they had no source of income.

Table 3.6: Percentage distribution of the respondents regarding main source of income by Divisions

Indicators	Name of the Divisions								All Divisions
Ocupation	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Service	5.3	9.2	15.2	6.7	11.4	25.2	13.5	10.7	11.0
Business	22.4	38.4	33.9	44.1	38.3	32.2	26.1	23.6	30.7
Agriculture	0.7	2.4	0.4	0.0	2.1	0.4	1.7	0.0	0.9
Day laboer	4.5	2.4	3.0	8.5	15.2	16.1	13.0	8.7	8.4
Rickshaw/van/car driver	16.7	11.2	10.0	22.2	17.6	6.5	13.5	16.0	14.9
Car/tempo helper	4.9	8.8	5.2	10.4	4.8	3.5	3.9	2.2	5.2
Unemployed-	8.5	19.6	18.7	0.0	4.5	11.3	3.9	4.7	8.3
Tutoring	20.2	4.4	7.4	1.1	3.1	4.3	10.9	14.7	10.1
Drug trafficker/career	0.4	0.0	0.9	0.4	0.7	0.0	3.0	2.7	1.0
Drug trade	0.7	0.8	4.3	2.6	0.0	0.4	0.4	1.1	1.2
Others(Graze Misteri, Technicianetc)	15.6	2.8	0.9	4.1	2.4	0.0	10.0	15.8	8.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.1.7 Monthly income of drug users

The survey data furnished below indicates that, by and large, it is the low income people having monthly income less than tk 15,000 per month are the majority (53%) among the drug users. This is supportive of poverty-drug relationship concept.The survey has etimated the average monthly income of the respondents at Tk. 17,622.88. However, respondents in Dhaka division generate the highest level of monthly income of Tk. 21,033.27, followed by the incomes of the respondents in Chattogram and Mymensingh which amount to Tk. 20,822.44 and Tk. 19,052.0 respectively per month.

One-fifth of the respondents'monthly income level are around tk. 10,000 per month. The findings indicate that roughly a third of the respondents'(31.7%) income level ranges in between Tk.15,001 to Tk. 20,000 per month. With regard to this income range, Dhaka division (39.7%) leads all the division   followed by Mymensingh (38.4%); and Khulna (20.0%) and Sylhet division (20%) (Sylhet data were collected from the tea garden workers and their salary was very poor) are the back benchers. The higest income generating group (i.e. income level of Tk. 30,001or above) is only 6.2% of the total repondents, in which, Dhaka division is on the top (10.4%) closedly followed by Chattogram (9.3%) and Mymensingh (8.4%) respectively.

Table 3.7: Percentage distribution of the respondents regarding the monthly income by Divisions

Indicators	Name of the Divisions								
Monthly Income	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	All Divisions
≥10000	15.8	15.8	30.6	32.2	28.1	17.8	64.6	11.3	24.5
11001-15000	20.6	22.2	32.7	47	31.4	31.7	15	28.6	28.5
15001-20000	39.7	38.4	25.8	20.4	21.8	41.3	20.0	37.9	31.7
20001-25000	4.2	10	7	0.4	9.7	5.3	0	9.1	5.5
25001-30000	9.3	5.2	0	0	2.1	1.7	0	3.8	3.6
30001+	10.4	8.4	3.9	0	6.9	2.2	0.4	9.3	6.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average income	21033.27	19052.0	14811.30	13377.78	18136.21	15902.17	10522.61	20822.44	17622.88

3.1.8 Main source of income of fathers of drug users

While drug users are looked who they are by fathers profession, the buinees people comes first (28.1%); they are one in every 3.5. Mymensingh division had the highest percentage of respondents (45.1%) whose father's main source of income is business followed by Barishal(36.5%) and Rangpur (29.6%).. Servicemen (13.5%) and daily laboureres (11.3) are repectively next rows of unlucky fathers of drug user offspring.

3.8: Percentage distribution of drug users' fathers' occupational status by Divisions

Indicators	Name of the Divisions								All Divisions
Fathers' Occupation	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Service	16.2	12.0	27.0	3.0	14.8	17.4	7.0	11.1	13.5
Business	20.9	45.2	36.5	27.4	23.4	29.6	28.3	25.8	28.1
Agriculture	3.3	9.2	6.5	8.1	15.9	1.7	7.0	2.7	6.2
Day labor	12.5	10.4	10.9	12.6	3.8	14.8	25.2	5.8	11.3
Rickshaw/van /car driver	4.7	5.6	6.1	3.7	2.8	3.5	3.9	4.7	4.4
Others (Retired, aging, etc)	29.3	9.6	5.2	16.7	26.2	32.6	11.7	10.0	18.6
Died	13.1	8.0	7.8	28.5	13.1	.4	17.0	40.0	17.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.1.9   Main source of income of Mothers of drug users

This survey data go agianst a highly previaling perception that professionally busy mothers' children are vulnerable to drug-usage as they are least cared of . The table-3.9 says the reverse thing. Roughly three out of four (71.2%) respondents reported that their mothers are home makers, and this accounted for the majority of the respondents.Overall, 6.5% respondents said that service is the main source of their mothers' income.A one-fifth (20.8%) respondents'mothersare retired, aging or died preceding the survey.

Table 3.9: Percentage distribution of drug users mothers on occupational status by Divisions

Indicators	Name of the Divisions								All Divisions
Mothers' occupation	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Service	9.3	8.4	6.5	4.1	7.6	1.7	5.2	6.0	6.5
Business	.4	1.6	.4	4.1	3.4	.4	0.0	2.2	1.6
Home-maker	64.2	83.2	86.5	68.1	66.6	83.0	70.9	64.0	71.2
Others(Aging, retired etc)	18.9	5.6	3.9	13.7	11.4	12.6	10.4	6.4	11.2
Died	7.3	1.2	2.6	10.0	11.0	2.2	13.5	21.3	9.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.1.10 Monthly Family income of drug users

The survey data indicates, more the econonomic affluency in a family- greater the propensity is towrads drug additccion by the children/ adloscent. The average monthly income of the respondents are Tk. 31,604.26/per month with the lower range being tk. 10,000-15,000 per month and that for the upper range tk. in excess of tk. 36,000. The table 3.10 says one fourth (25.3%) drug users belong to the families having the highest income level in among the respondents

Respondents in Dhaka division generate the highest level of monthly income, which is Tk. 39,798, followed by respondents in Chattogram (Tk. 36,525) and Mymensingh (Tk.34,788)

respectively. There is a huge variation across divisions country in terms of highest level monthly income (Tk. 36,000 and above) For example, while they comprises 41.1% in Chattogram division, by contrast they are only 1.7% in Sylhet division.

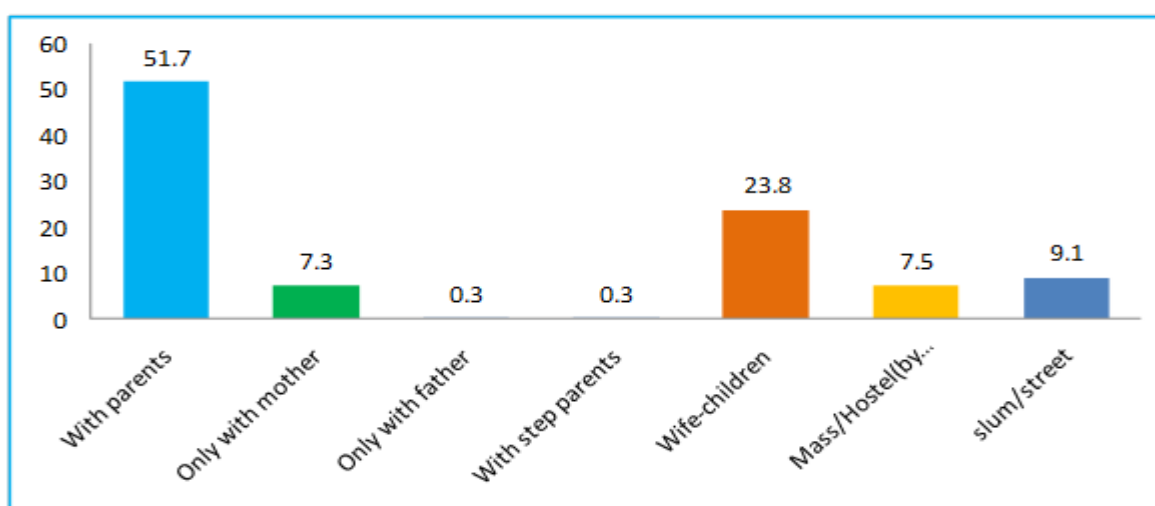**Table 3.10: Percentage distribution of the respondents regarding their family income by Divisions**

Indicators	Name of the Divisions								
Monthly family Incom	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	All Divisions
10000-15000	11.3	11.2	11.7	31.5	36.7	12.2	44.3	10.2	19.4
16000-20000	16.4	13.6	15.2	30.4	19.0	15.2	27.0	14.7	18.4
21000-25000	6.0	13.2	10.0	19.6	10.7	17.4	17.0	11.8	12.2
26000-30000	17.5	22.4	25.7	11.1	12.8	17.0	8.3	13.1	15.8
31000-35000	16.2	7.2	5.7	3.3	5.2	15.2	1.7	9.1	9.0
36000+	32.7	32.4	31.7	4.1	15.6	23.0	1.7	41.1	25.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average income	39797.82	34788.00	32847.83	20677.78	25415.52	31508.72	18404.57	36525.11	31604.26

3.1.11 Living arrangement of drug users

The survey reveals it that almot one in every two (51.7%) respondents are living with their parents. In other words, the parents have least control on drug users sons/daughters. The 2nd highest (23.8%) respondents said that they are living with their wife and children (*see Table 3.11*).Overall, 7.5% respondents reported that theyare living in a Mess/Hostel (by themselves/with friends). It is to be noted that 9% respondents are living in the slum/street, among which Rajshahi division has the highest percentage (16.2%), followed by Mymensingh, Khulna and Sylhet.

There is a significant difference in numbers between those who are living with mother only (7.3%) and father only (0.3%). It indicates clearly that children who live with 'father only' have far lower chance of getting into drugs than those who are living with 'mothers only'. This finding, apparently, contradicts to common social hypothetical assumption or previaling perception. Pleas see Fig-1 and Annex-Table 3.11.

Figure-1: Living arrangment of drug users

3.1.12 Most of time spending by the drug users

Close to half of the respondents (46%) reported that they spend most of their time at work place while 33.9% respondents said that they spend most of their time with their friends/peers. Khulna has highest percentage (58.9%) respondents spending most of the time with friends, followed by Rajshahi (44.5%) and Dhaka (32.9%). It is concerning that only 2.9% of the total respondentsspend time in school/college/university campus and only 7.7% of the respondents spendmost of the time with their family.

Figure-2: Spend most of the time with whom
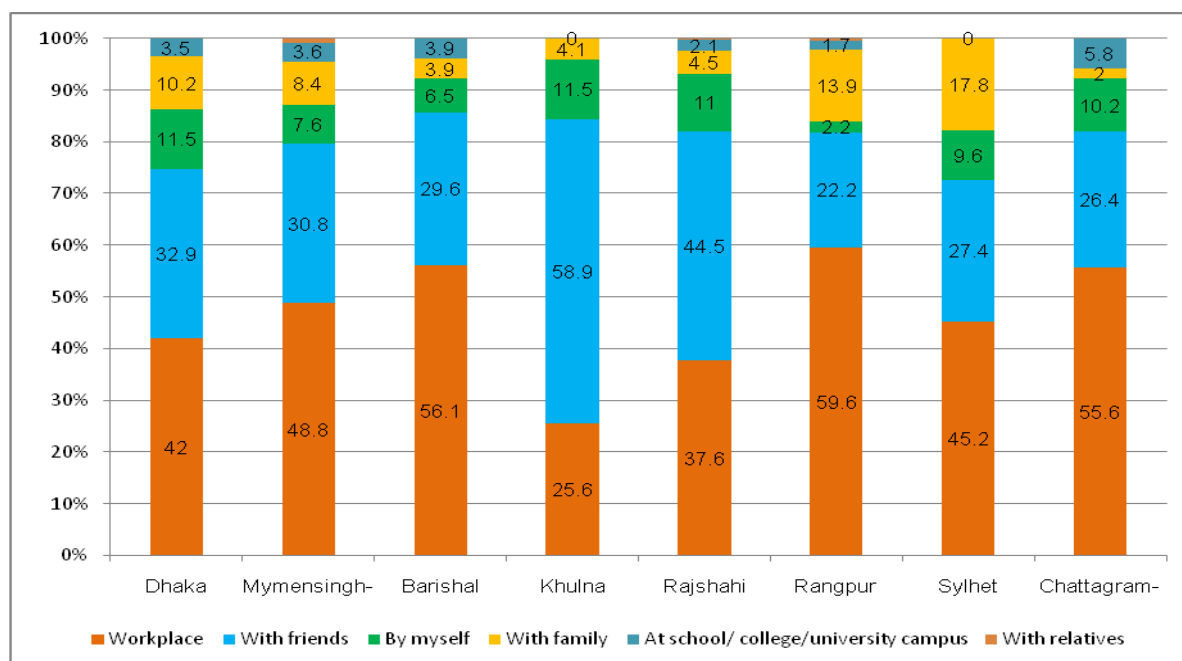
Data shows that around half of the respondents spending most of their time at work place, while one-third of the respondents passing their time with friends. Only 0.2% respondents spend most of their time with relatives, followed by 2.9% at school campus.

Figure-3: Most of the time passing with
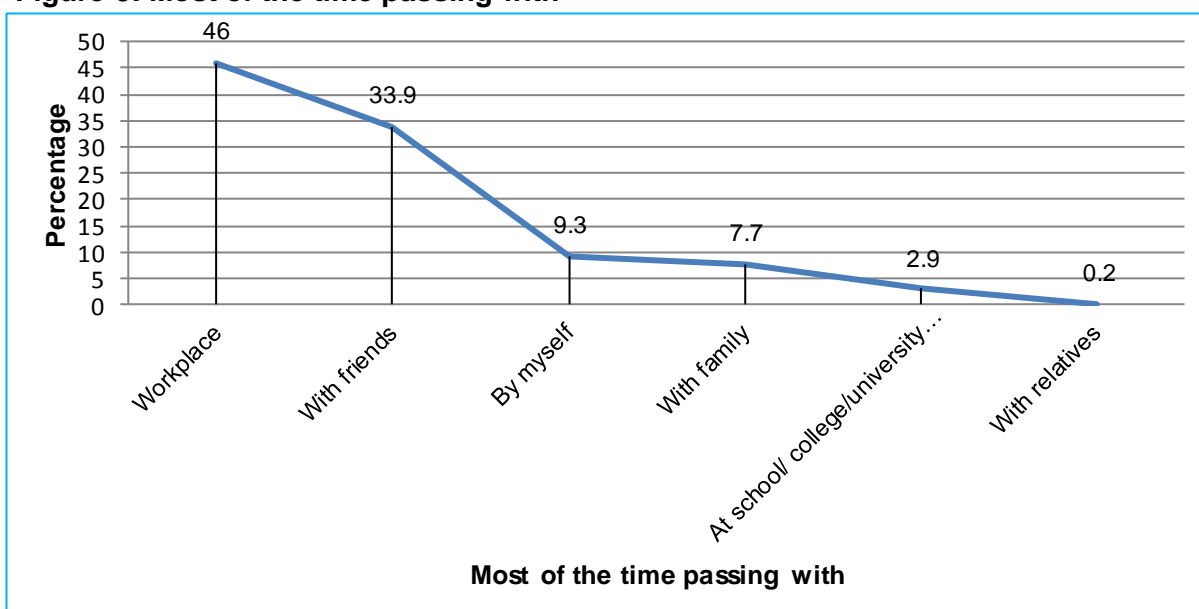
3.2   Drug use related information:

The section (3.2) of this chapter 3)presents genesis and pattern of drug uage and drug related other information of which include their age at early onset of cigarette/tobacco, influencingfactors, frequency of smoking,duration age at the time of drug-use, types of drug use, frequency of drug-intake cost for drugs, underlying causes of addiction, source of drugs, people involved in drug abuse, consequence of drug use, source of supply of drug and role of law enforcing agencies and information of drug treatment and rehabilitation.

3.2.1   Age at first smoking cigarette/tobacco

As is evident from Table 3.13, the average age of the surveyed population was 16.37 when they started smoking tobacco.Data shows that 45.6%respondents started smoking cigarette or using tobacco at an early age of life, below age 15 years. This is more or less of similar across the divisions except for Sylhet where only 24.5% repondents started smoking..

Table 3.13: Percentage distribution regarding age at first smoking cigarette/tobacco by the drug users

Indicators	Name of the Divisions								
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	All Divisions
≥10	11.5	4.8	3.5	0.0	12.2	.4	13.5	1.8	6.4
11-15	25.0	31.0	63.9	39.6	46.7	30.4	54.6	39.7	39.2
16-20	47.3	51.2	31.7	57.4	35.2	57.4	24.5	52.2	45.7
21-25	10.8	10.1	.9	1.9	5.2	11.3	6.1	5.6	6.9
26+	5.3	2.8	0.0	1.1	.7	.4	1.3	.7	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average age	17.7	17.02	14.68	16.50	15.37	17.39	14.90	16.81	16.37

3.2.2   Influence to intake cigarette at first time

Majority (55.2%) respondents reported that they had started smoking cigarette or consuming tobacco first time by the influence of friends or peer-group. The percentage of the respondents in this catagory is similar across all the divisions.One in four respondents (25.1%) said that they had startedsmoking cigarette /tobaccoout of curiosity.   A few (8.0%) respondents reported that availability of cigarette/tobacco is a contributing factor for their smoking or tobacco consumption habit.

Table 3.14: Percentage distribution regarding to influence to intake cigarette/tobacco at first time by drug users

Indicators	Name of the Divisions								All Divisions
Influencing factors	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	
Friend/class mate	58.7	59.2	60.0	55.6	51.0	48.3	53.9	53.1	55.2
Watched father smoking/chewing tobacco	6.2	5.2	5.7	3.3	3.8	5.7	6.1	5.1	5.2
Social availability of cigarettes/tobaccos	0.0	0.0	1.7	0.0	2.4	6.5	4.8	.2	1.5
	7.3	6.4	6.1	3.3	21.7	5.7	7.4	6.0	8.0
Out of curiosity	23.3	25.2	19.1	34.8	19.7	27.0	23.0	28.2	25.1
Nobody influenced	4.5	4.0	7.4	3.0	1.4	7.0	4.8	7.3	5.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.2.3 Frequency of smoking cigarette per day

The survey reaveals that a respondent, on average, smokes cigarettes 14.10 times a day. The alarming finding is that the respondents' age-group 10 or below smoke 27.8 times a day.

Chattogram has the frequency (18.46 times), followed by Dhaka (16.02 times a day) and Rajshahi (14.29 times a day). Majority (36.8%) of the respondents smoke cigarettes at least ten times a day.

There is a variation in the percentage of respondents across divisions in this age group. For example, in Khulna this age-group of respondents smokes 56.3 times a day and in Mymensingh, they smoke 10.0% times a day. Respondents in the age-group of 26 and above reported that their daily smoking frequency is 6.2 times, among which, respondents in Chattogramsmoke 13.6 times a day whereas respondents in Dhaka smoke 10.2 times a day.

Table 3.15: Percentage distribution of respondents regarding frequency of cigarette/tobacco taken per day by Divisions

Indicators	Name of the Divisions								All Divisions
Times	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	
≥10	24.6	74.3	41.9	32.2	28.0	49.3	60.8	16.6	36.8
11-15	29.7	10.0	29.3	56.3	20.0	38.0	20.7	20.7	27.8
16-20	27.3	12.4	26.2	11.5	36.0	10.4	15.4	37.3	24.0
21-25	8.1	.4	.4	0.0	9.6	.5	1.3	11.8	5.2
26+	10.2	2.8	2.2	0.0	6.4	1.8	1.8	13.6	6.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average	**16.02**	**8.54**	**13.48**	**12.44**	**14.29**	**11.51**	**11.90**	**18.46**	**14.10**

3.2.4 Duration of intake drugs

the respondents' smoking duration of widely varies by age groups and divisions, satrting from 1 to 16 years & above with the mean duration of 9.66 years. Rajshahi has the highest mean (16.59) and Dhaka has the lowest mean (6.95). Majority of the respondents (27.0%)

have been using drugs during 4 to 7 years, while 25.1% respondents have beenusing drugs during 8 years to 11 years. Overall, 17.4% respondents reported on using drugs for the longest duration which is 16 years and above. However, percentage in this catagory varies significantly across divisions i.e. Rajshahi has highest percentage (55.2%), and, conversely, Dhaka has the lowest percentage (5.3%).

Table 3.16 Percentage distribution of respondents regarding length of cigarette/ tobacco taken by Divisions

Indicators	Name of the Divisions								
Duration	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	All Divisions
≥3 years	22.7	22.4	7.8	1.9	4.8	4.8	7.0	17.3	12.9
4-7 years	36.4	34.8	30.4	24.1	14.8	25.7	19.1	24.0	27.0
8-11 years	18.5	8.8	30.9	43.3	17.2	34.3	27.0	27.6	25.1
12-15 years	17.1	8.8	12.6	20.4	7.9	27.8	33.0	16.9	17.6
16+ years	5.3	25.2	18.3	10.4	55.2	7.4	13.9	14.2	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average	6.95	8.76	9.46	9.51	16.59	9.15	10.20	9.16	9.66

3.2.5 Age at first drug intake

Table 3.14, data reveals that the average age of initiation of drugs at age 21.04 years. Majority (41.6%) respondents started taking drugs at anearly age, between 16 to 20 years of age.There is a significant deviation of the percentage of the respondents across divisions in this age-group. Rajshahi division has the highest percentage of respondents (62.1%) and Chattogram has the lowest percentage of respondents (26.0%). A significant number (17.4%) respondent reported on starting use of drug at the age of 26 years and above, among which, Rangpur has the highest percentage (30.0%) and Barishal has the lowest percentage (7.4%).

Table 3.17: Percentage distribution of the respondents regarding age at first drug in take by Divisions

Indicators	Name of the Divisions								
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	All Divisions
≥10	3.6	.4	0.0	0.0	0.0	0.0	3.0	.7	1.2
11-15	12.0	10.0	19.1	4.8	9.3	2.2	37.0	9.8	12.4
16-20	38.0	49.6	52.2	44.8	62.1	34.8	39.1	26.0	41.6
21-25	31.8	27.2	21.3	29.6	15.2	33.0	13.0	35.8	27.3
26+	14.5	12.8	7.4	20.7	13.4	30.0	7.8	27.8	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average	20.62	20.55	18.98	21.85	20.36	23.80	17.67	23.12	21.04

3.2.6 Pull factor of first time drug intake

Majority drug users (57.4%) blamed peer pressure as the prime pull factor, while for a large number (22.9%) curiosity was the for the first time drug intake. Depression that generally comes out of frustration could influenc too few (2.5%) to initiate consuming drug, which goes against the prevailing perception.

It is to be noted that multiple responses were given by the respondents for reasons behind drug intake.

Table 3.18: Percentage distribution of the respondents regarding influence to intake drug by Divisions

Indicators	Name of the Divisions								All Divisions
Influencial person	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	
Friend/ classmate	62.5	60.8	69.6	59.3	52.8	39.1	58.3	54.0	57.4
Out of curiosity	22.5	18.4	15.2	21.9	22.8	29.6	16.5	30.4	22.9
Depression	2.5	3.6	3.9	0.0	1.0	4.8	5.2	1.1	2.5
Relatives	.9	0.0	1.3	0.0	0.0	.4	1.3	0.0	.5
Watched father drug intake	.5	1.2	2.2	0.0	.3	2.2	2.2	0.0	.9
Availability of drug	10.9	16.0	7.8	18.9	23.1	23.9	16.5	14.4	15.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Data reveals that the respondents started tobacco at younger age but drug at comparatively higher age. Majority (41.6 to 45.7%) of the respondents started drug and tobacco at the age of 16-20 years. As compared to drug use, tobacco use starts much earlier ages but it declines as progresses the age. However, beginning of drug use continues even at late ages also.

Figure-4: Comparison between the age of first use tobacco and drugs
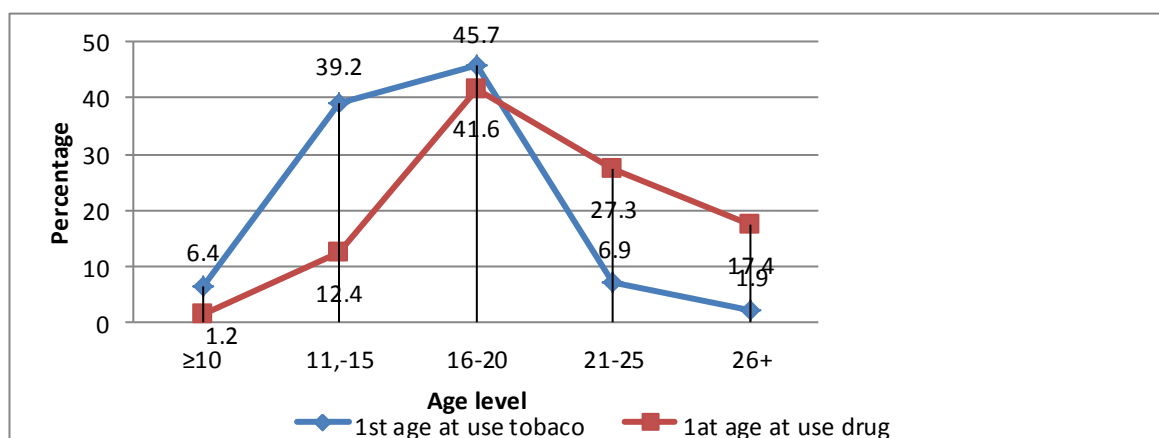
3.2.7 Type of drug used by the respondents

Pattern and types of drug-use are common among drug users. Use of different type of drugs, however, depends on the available of drugs and community perception. Majority of drug users reported on usingCannabis, while Yabais another very popular fashionable and widely used drug reported by respondents. A good number of respondents reported on usingPhensedyl, Heroin and TD/Lubo/Bonojesic (injecting drug). A majority (68.2%) respondents use Cannabis while 48.2%respondents use Yaba.A one-fourth of the respondents admitted to use Phensedyl, followed by Heroin and TD/Lubo/Bonojesic (injecting drug). It is importnt to note that Cannabis is the most consumed drug in Barishaldivision(84.8%)followed by Khulna (81.1%) and Rangpur (80.4%) Yaba was most preferred drug in Dhaka division (81.3%), followed by Chattogram division (65.1%) and

Mymensingh(54.9%). Heroin is the most favorite drug in Rajshahi (63.8%); followed by Khulna division (45.6%), while Phensidyle is also the most consumed drug in Rangpur division (53.0%) followed by Rajshahi division (50%).

Figure-5: Types of drug use by the respondents
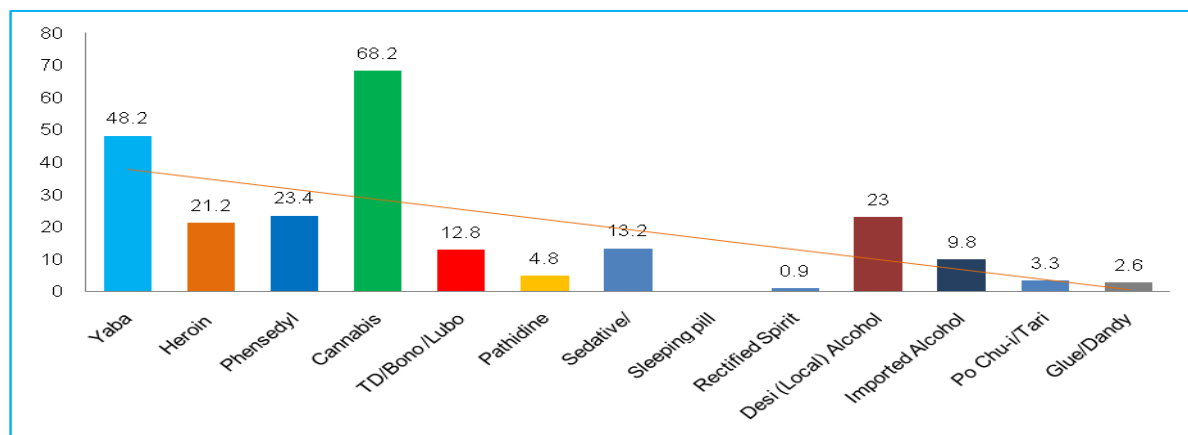
3.2.8q Use more than one drugs

3.2.8 Use more than one drugs by the respondents

The respondents were asked regarding to use more than one drug (except tobacco). Two in three (71.9%) respondents reported used more than one type of drugs. By and large, majority (35.2%) respondents used two types of drugs, followed by 23.7% respondents used three types of drug and 13.1% respondents used 4 and more types of drug. It should be noted that types of drug use is increasing, then, percentage of drug users is decreasing-it is inverse relationship (when use more than one drug), please see Table-3.20.

Table 3.20: Percentage distribution of the respondents regarding use more than one drug by Divisions

Indicators	Name of the Divisions								All Divisions
Use different type of drug	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
1 type	19.6	41.2	29.6	25.2	9.0	21.3	44.8	39.3	28.1
2 types	32.9	30.0	37.0	44.4	25.9	33.0	33.0	42.7	35.2
3 types	35.8	12.8	23.9	26.7	25.9	21.7	17.8	15.6	23.7
4 and more	11.6	16.6	9.6	3.7	39.4	23.9	4.3	2.5	13.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

3.2.9 Frequency of intake drug per day

As can be seen from Table 3.18, a drug-user average intakes drug 2.44 times daily, of which, Dhaka has the highest frequency (3.26 times), followed by Chattogram (2.51 times) and Sylhet (2.41 times) respectively. A majority (63.4%) respondent have been taking drug at least 1 to 2 times a day. The respondents who have taken drugs 3 to 4 times a day constitute 27%, of which, Rajshahi division has the highest percentage (42.7%), followed by Dhaka division (37.8%). Overall, 9.6% respondents reported on using drugs 5 and more

times a day daily, of which, Dhaka constitutes the highest percentage (20%) and then comes, Chattogram (15.2%).

Table 3.21: Percentage distribution of respondents regarding frequency of drug intake by divisions

Indicators	Name of the Divisions								All Divisions
Times	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	
1 -2 time	42.2	72.4	93.2	76.0	52.9	71.0	66.2	63.0	63.4
3 -4 times	37.8	23.9	5.8	22.9	42.7	25.4	21.8	21.9	27.0
5 + times	20.0	3.7	1.0	1.1	4.3	3.6	12.0	15.2	9.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average	**3.26**	**2.02**	**1.46**	**2.28**	**2.34**	**2.17**	**2.41**	**2.51**	**2.44**

3.2.10 Amount of Money Spend on Drugs in Every Month

Drug-users use most of their income on drugs. The very common notion among the drug users is that they prefer to use the last taka on drugs rather than on food. The following table shows that a drug-user spends Tk 8,578.0 on drugs, averagely. Respondents in Dhaka division incur the highest expense of Tk.11,334.0 on drugs, followed by respondents in Chattogram and Mymensingh.Majority drug users(27.0%) spend between Tk.1001 to Tk.5000 on drugs, while 24.2% respondents reported on spending Tk.7001 to Tk.10,000, of which,respondents in Khulna (43.0%) and Sylhet (4.8%)constitute the highest and the lowest percentage respectively.By and large, 9.1% respondents spend Tk. 15,000and above on drugs.In the category of expenses of Tk. 15,000 and above, there is a significant variation on percentage of the respondents across divisions. For example,Dhaka has the highest percentage of respondents (19.5%) in this category with no respondentfound in Khulna division and only 0.4% respondents in Rangpur.Please see Figure-6 and Table 3.19.

**Figure-6: Monthly expenditure on drug use**
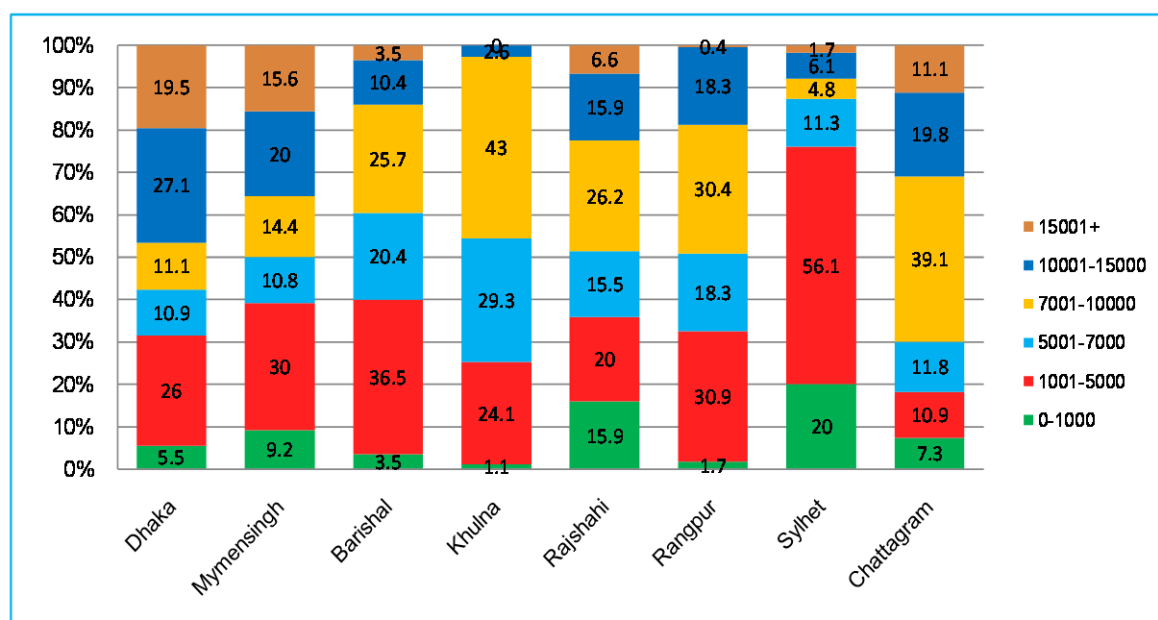
3.2.11 Reasons of Drug Intake

In the category of "Family Problems", majority respondents reported on neglectful parenting, poor financial condition of the family and parental conflict as reasons for drug use.Small percentage of respondents reported on family's inability to bear educational expense and others as reasons for their drug-use. A majority 28.4%) respondents reported on neglectful parenting as a prime reason for drug-intake/use, while 23.5%respondents reported on family's financial condition and 20.2% respondents reported on parental counterbalanceas major reasons for their drug use. Dhaka was the highest (34.5%) respondents and Chattogramwas the lowest (4.2%) respondents reported parental conflict responsible for their drug use.

In the category of " Social Problem", A majority of drug-users confessed that the underline causes to take drugs are peer or classmate pressure and to express themselves among others.A small percentage of respondents reported to face bookingon long time as reason for drug use, while failed to arrange a job incated by respondents. A four-fifth (79.6%) respondents reported on peer pressure while 18.3% respondents reported on desire 'to express themselves among other'. A one in ten (9.1%) respondents reported to face booking on long time and 10.7% reported on lack of capacity to find a job.

In the category of " Personal Problem", three in five (60.5%) respondentsreported on depression as a cause for drug use, whereas 33.6% reported on relationship breakdown. Around one-third (32.2%) respondents reported on "suppressing sadness", while 32.1% reported on "to become healthy /strong" as reasons for drug-use. It should be noted that one in three respondents reported to use drugs for long duration of ejakulation, whereas 29.8% use drug to seek happiness.

Figure-7: Underlying causes to get involve with drug

Family problems
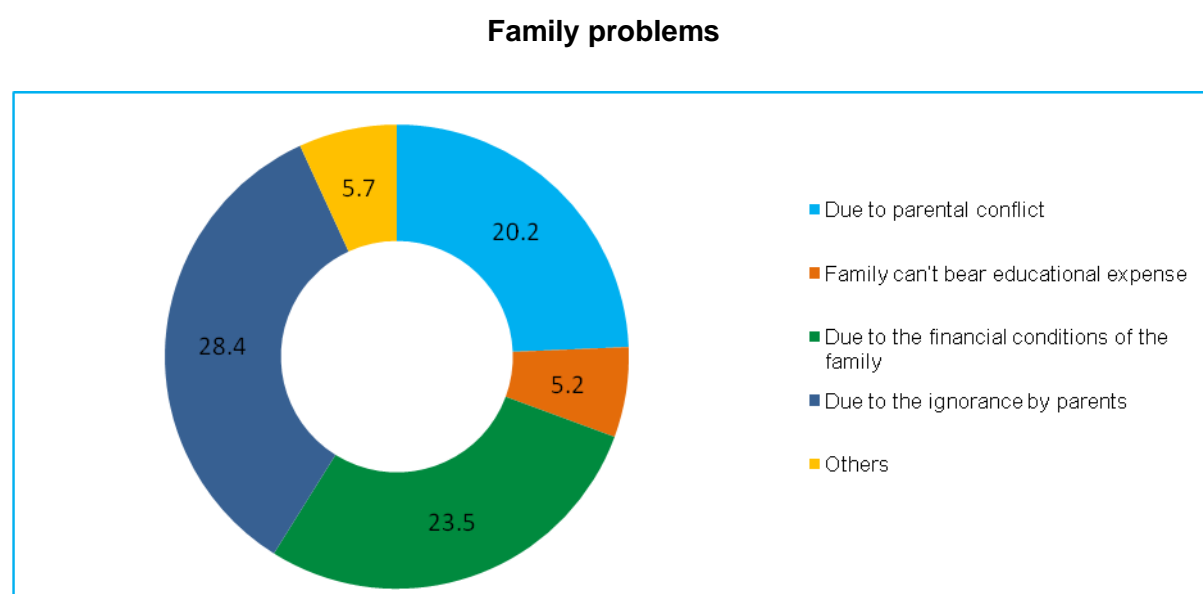
Personal Problems
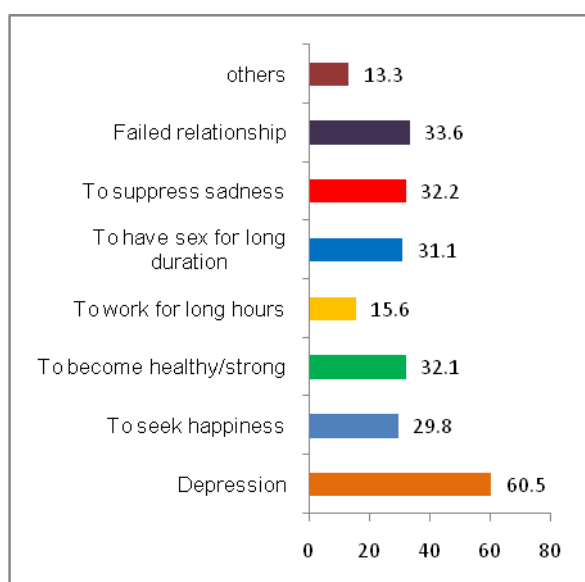
Social problems

3.2.12 Source of Getting Drug

Drug users get drugs from multiple sources. Majority of them (58.8%) reported that they get drugs from their drug users'friends/classmate. Khulna has the highest (82.2%) respondents and Chattogram has the lowest (31.8%) respondents who get drugs from drug user friends/classmates. By and large 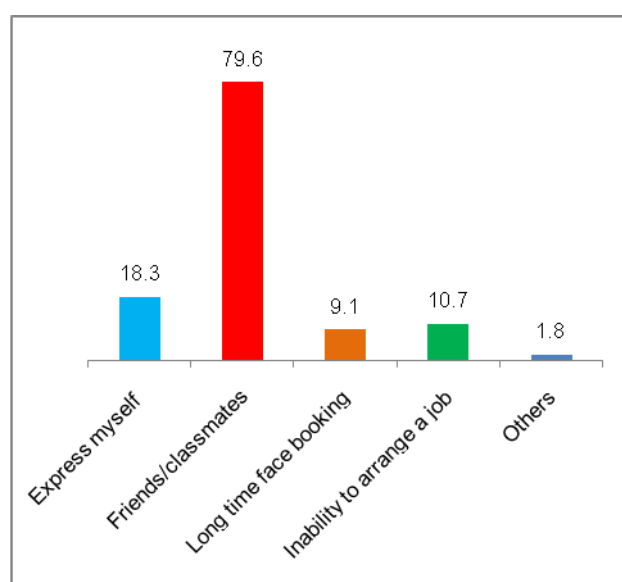39.5% respondents reported on drug suppliers, while 38.6% respondents reported on drug trader/smugglers as sources of drugs. A large number (67.0%) respondent said that they collect drugs by themselves. A small number (12.2%) respondents collect drugs through street children/Toka, while 7.4% respondents get drugs through domistic helps (servent, security guard etc.).

Table 3.24: Percentage distribution of drug users regarding use of different sources to collect drug by divisions

Indicators	Name of the Divisions								
Sources	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	All Divisions
Drug Trader	37.1	34.4	57.8	49.6	63.4	28.7	41.7	14.0	38.6
Friends/class mates	65.1	58.8	80.0	82.6	58.6	62.2	43.9	31.8	58.8
Tokai	8.9	.8	16.5	27.4	9.3	.4	19.1	15.3	12.2
Drug Supplier	39.1	50.4	73.0	35.6	52.1	46.5	27.4	13.8	39.5
Domestic help	5.6	5.6	14.8	13.3	2.4	4.8	2.6	10.4	7.4
Buy myself	65.5	41.6	73.9	81.1	62.8	92.6	63.0	62.4	67.0
Others	0.0	0.0	.9	1.9	0.0	0.0	0.0	3.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Percentage are based on multiple responses

3.2.13 Place Where use for Intake Drug

In the survey, respondents were asked about the place they use for drug-use. Majority (42.2%) respondents take drugs at home, among which,respondents in Khulna division constitute the highest percentage (59.3%)and respondents in Rangpur constitute the lowest percentage (22.6%). Overall, 35.5% respondents reportedon taking drugs in other

places i.e. Rail/bus stand, playground, park, silent place, unused old building etc. One in ten (9.7%) respondents admitted that they take drugs at School/college/university campus,among which, Rangpur division constitute the highestpercentage (16.5%) in all divisions.Around 12.6% respondents reported on using drugs in both places i.e. School/college/university campus and home.

Table 3.25: Percentage distribution of the respondents regarding place used for drug use by divisions

Indicators	Name of the Divisions								
Places where use for drug	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	All Divisions
School/college/ university campus	13.6	6.4	12.2	7.8	6.6	16.5	5.2	7.3	9.7
At home	48.0	43.2	41.7	59.3	41.0	22.6	31.3	41.1	42.2
In both places	12.4	3.6	24.3	6.7	22.4	13.0	14.3	8.0	12.6
Others*	26.0	46.8	21.7	26.3	30.0	47.8	49.1	43.6	35.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Others: Rail/bus stand, playground, park, silent place, -----building, roof top of the

3.2.14 Category of People involved directly with drugs

In the survey,respondents were asked about the types of people using drug directly or having link to drug. By and large 79.9% respondents reported on car drivers/helpers being directly linked to drug use, while 63.9% respondents reported on unemployment youth. Three in five respondents (61.5%) reported on students being directly linked to drug use, of which92.6% respondents in Barishal division reported on students being directly getting involve to drug-use and the percentage is alarming. Around a half of the respondents (45.7%) mentioned on politically influential person/mastan/big brother's direct link with drug use.Participants in FGD and Key Informant Interview (KII), mentioned about the involvement of all types of people with drugs directly across community and society. Figure-8 and Table 3.26 are reffered for enhanced understanding**.**

Figure-8: Varity of people use drugs (directly)

Table 3.26: Percentage distribution of the respondents regarding variety of people use drug (directly) by Divisions

Indicators	Name of the Divisions								
Varity of people	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	All Divisions
Students	72.4	82.0	92.6	34.1	57.2	63.0	64.3	38.0	61.5
Service-holders	48.4	27.2	58.3	48.1	27.9	11.7	29.1	24.2	35.3
Small business man	43.5	45.6	47.8	53.7	21.7	56.5	17.4	18.7	37.0
Big business man	36.7	41.6	68.7	77.0	23.1	18.3	15.2	20.2	36.3
Day labor	58.9	39.2	34.3	68.5	34.8	40.9	40.9	32.2	44.8
Rickshaw/van driver	82.9	69.6	73.9	66.3	54.8	54.3	48.7	50.2	64
Car driver/helper	86.5	76.0	90.0	88.1	74.1	75.2	55.2	71.3	77.9
Unemployed youth	60.2	66.8	71.3	93.0	48.6	62.2	42.2	67.3	63.9
Street children	70.7	37.2	59.6	85.2	24.5	45.7	27.4	50.7	52.6
Small indigenous group	36.9	9.2	26.1	26.3	16.2	26.5	15.2	30.0	25,4
Teachers	29.1	14.0	30.4	23.0	7.9	4.3	6.1	8.7	16.5
Politically influential person/Mastan	41.3	34.8	81.7	83.0	50.3	22.6	42.6	26.7	45.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

3.2.15 Category of People Use Drugs (Indirectly)

The people, who are indirectly involved in drug use, are mentioned as roofs over the head for drug users or drug smuggler/paddler. Nearly three in four (70.1%) respondents reported that Politically influential persons/Mastans or so called Big brothers are indirectly involved with drugs, while 67.2% respondents reported on drug traders/smugglers as indirectly involved with drug use.Followed by this, 58.2% respondents mentioned on unemployment youth, 44.8% respondents mentioned on street children/Tokai, 43.8% respondents mentioned on car driver and helpers as indirectly involved with drug use. Surprisingly, two in five (39.4%) respondents reported on students being indirectly involved with drug use, too. In Mymensingh 55.6% respondents admitted that student are indirectly involved in drug use followed by 53.9% inBarishal and 44.8% in Rangpur. It is to be noted that Rickshaw/Van puller, business man, indigenous people are also indirectly involved in the drug use.
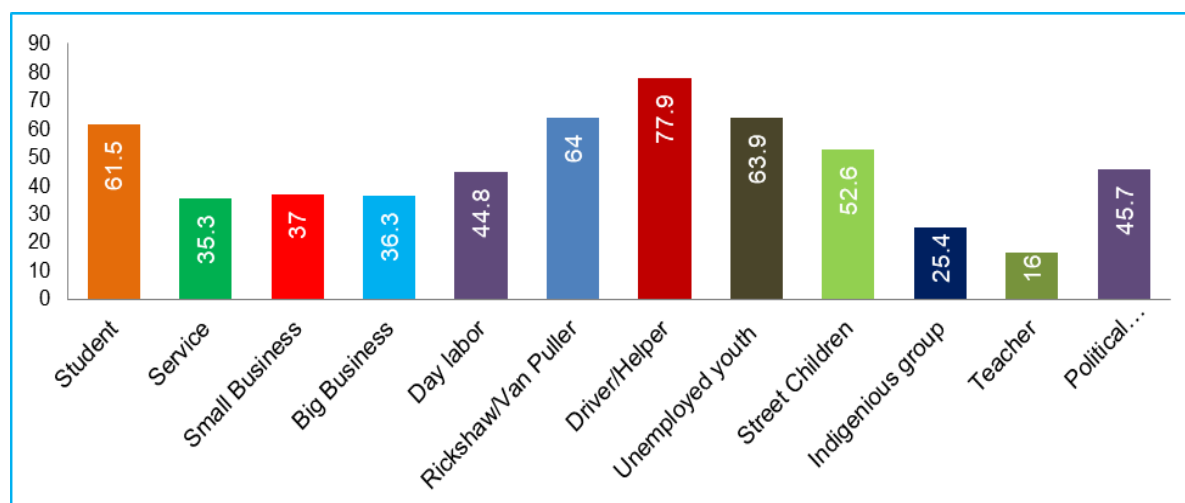
Table 3.27: Percentage distribution of the respondents regarding variety of people use drug (Indirectly) by Divisions

Indicators	Name of the Divisions								All Divisions
Varity of people	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Drug trader	64.2	52.0	92.6	71.9	69.7	69.6	75.7	56.4	67.2
Street children	39.1	36.8	65.2	76.3	30.0	26.1	22.2	57.6	44.8
Unemployed youth	56.5	66.4	66.5	83.7	58.3	39.6	51.3	48.9	58.2
Car driver/helper	28.7	33.2	71.3	86.3	50.7	37.8	36.5	30.7	43.8
Rickshaw/van driver	33.5	40.8	59.1	62.6	35.5	26.5	43.9	15.1	37
Students	40.2	55.6	53.9	26.3	39.0	44.8	37.4	28.4	39.4
Service-holders	29.6	30.8	39.1	31.5	14.5	46.1	15.2	18.7	27.3
Small business owner	33.3	44.0	41.3	33.7	14.5	49.6	10.0	16.2	29.2
Big business owner	52.0	36.4	52.6	65.9	21.7	46.1	9.6	26.7	39.5
Small indigenous group	21.3	4.4	30.9	21.9	15.2	22.6	9.6	23.8	19.3
Politically influential person/Mustan/big brother	78.7	44.4	87.0	81.1	59.0	79.6	53.5	69.3	70.1
Others	1.1	0.0	.4	2.2	1.7	0.0	.9	2.7	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Percentage is based on multiple responses.

3.2.16 Places of Drug Availability

The survey data furnished below depicts the places of availablility of drug as reported by the respondents. A majority (76.8%) respondent reported on drug trader's home or his instructed location, of which, Khulna has the highest percentage of respondents reporting on drug trader's home or his instructed location and it is nearly100%, followed by Rangpur (93.9%). Close to some three in five (63.3%) respondents mentioned that local drug peddler provides home delivery upon a phone call, while 60.4% respondents mentioned of local slum. One in four (25.8%) respondents reported on school/college/university campus as the place where they collect drugs from. Khulna constitutes the highest respondents and Mymensingh constitutes the lowest respondents reporting on school/college/university campus. A good numberof respondents (14.6%) collect drugs from Pharmacies.

Table 3.28: Percentage distribution of the respondents regarding place of drug availability by Divisions

Indicators	Name of the Divisions								All Divisions
Place where available of drug	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Local market	25.1	29.6	37.8	2.6	29.7	35.2	39.6	16.2	25.5
Local slum	73.8	51.6	47.0	78.5	75.9	53.5	55.7	40.9	60.4
Local drug seller provides home delivery upon a phone call	66.2	62.4	81.7	97.8	62.1	58.7	37.4	52.2	64.3
From drug traders home or his instructed location	72.2	77.6	77.4	98.5	69.7	93.9	61.3	72.7	76.8
Available at university campus	34.9	4.4	23.0	63.3	15.5	8.3	5.7	31.1	25.8
Pharmacies	6.2	16.4	34.8	35.6	17.2	.9	7.8	10.0	14.6
Others	2.0	0.0	.4	3.0	4.1	0.0	.4	.7	1.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

3.2.17 Kind of Problems arise after Drug Use

Drug-use is often associated with relationship breakdown, disrupted study, crime, illness or reduced productivity. One of the aims of the questionnaire was to find out the perceptionsof the respondents on the problems drug-users have over the behaviour.

In the category of " Personal Problem",majority (74.2%) respondents reported on financial damage as a consequence of drug-use, while64.7% respondents reported oncranky mood. More than half (52.6%) respondents reported on sleeping problems, whereas 50.5% reported on fatigueness in this regard. Followed by this, 41.8% respondents mentioned ofdepression, while 40.3% indicated of sickness,37.3% mentioned of decreased working capacity and33.8% respondents mentionedof worries/fear as consequences of drug-use. It should be noted that 29.0% respondents reported on poor performance in study/ workplace.

In the category of "Family Problem",majority (74.6%) respondents reported onbreached relationship, while 59.7% respondents reported on getting humiliatd, and 35.6% respondents reported on worries/fear and 30.4% reportedonloosing trust on kids.

In the category of "Social Problem", more than three-fourth (65.1%) respondents reported on crime increases, followed by63.0% respondents reported on breached relationship, 62.3% respondents reported on poor social acceptance, 52.1% respondents reported on cruelty increases and 45.6% respondents reported increase accidents in the society.

Figure-9: Problems arise after drug use
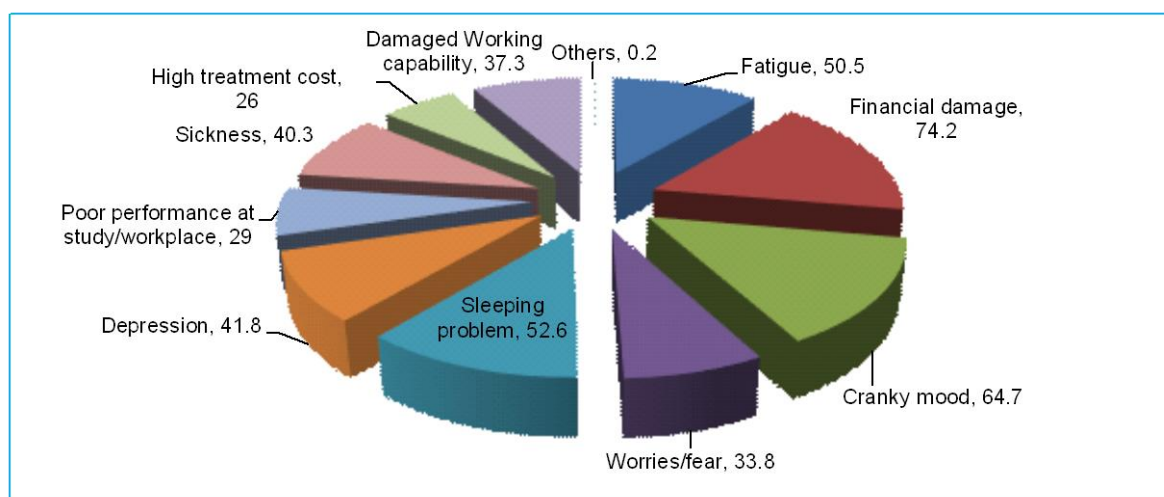
Social Problems
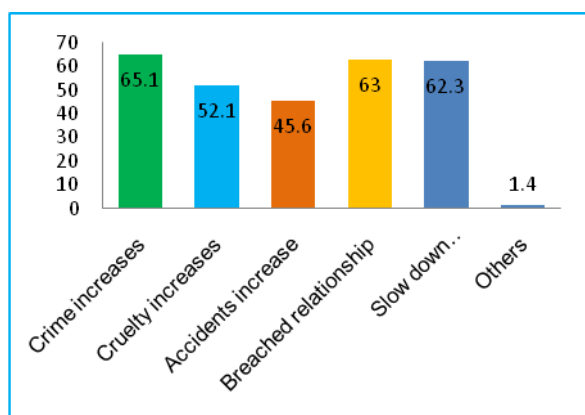
Family Problems
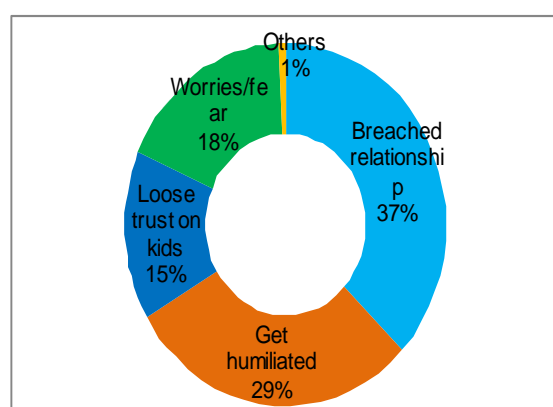
3.2.18 Consequence of Drug Use

Respondents were asked in the survey about positive and negative impacts of drug use on them   For positive impacts, majority of the respondents (84.7%) agreed on that finally 'it bears no good result', while 21.1% reported of 'feeling happiness/feeling self as superior/ high level mood', followed by another 7.5% who claimed that it helps prolonging ejaculation during the sexual intercourse'.

 For Negative impacts,42.3% respondents agreed on'society/family have no trust/having conflict/having fear/crime', while 41.6% respondents agreed on 'damage of life/become sick/mental disorder'. A two in four (39.0%) respondents reported on 'financial problems/losing money', wheras 22.3% respondents agreed on'increase stealing in the society/increase social unrest/crime'.Only 6.5% respondents agreed on 'Have no education/loss of life'while 3.8 respondents agreed on 'feeling bad/ill temper'.

Figure-10: Positive impact of drug use

Take more time for ejaculation 6%

Feel happiness/feel myself superior/ feel pinic 19%

Have no good result 75%
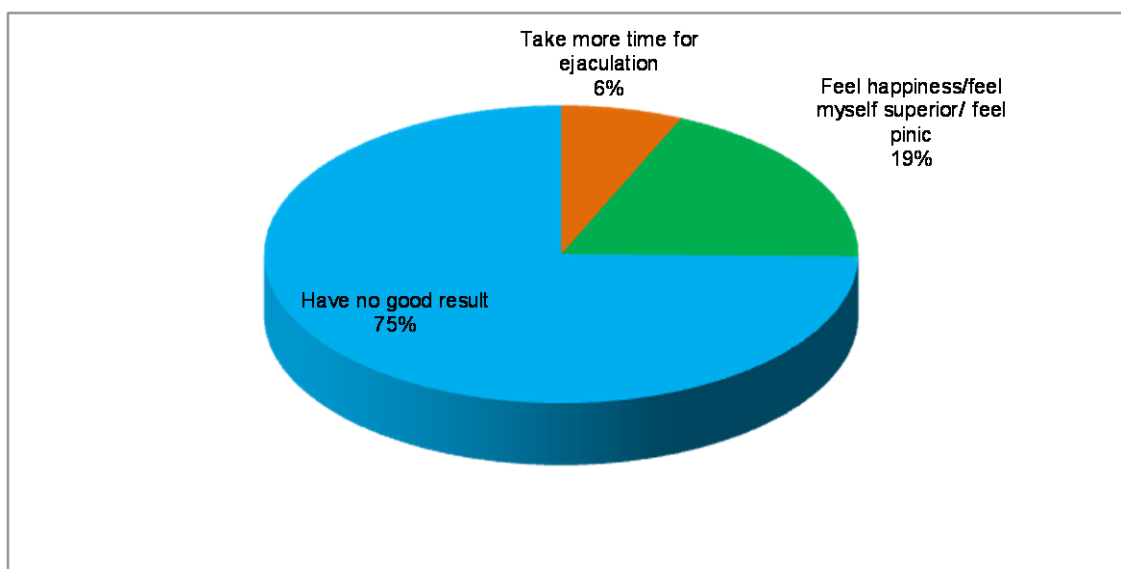
Figure-11: Negative impact of drug use
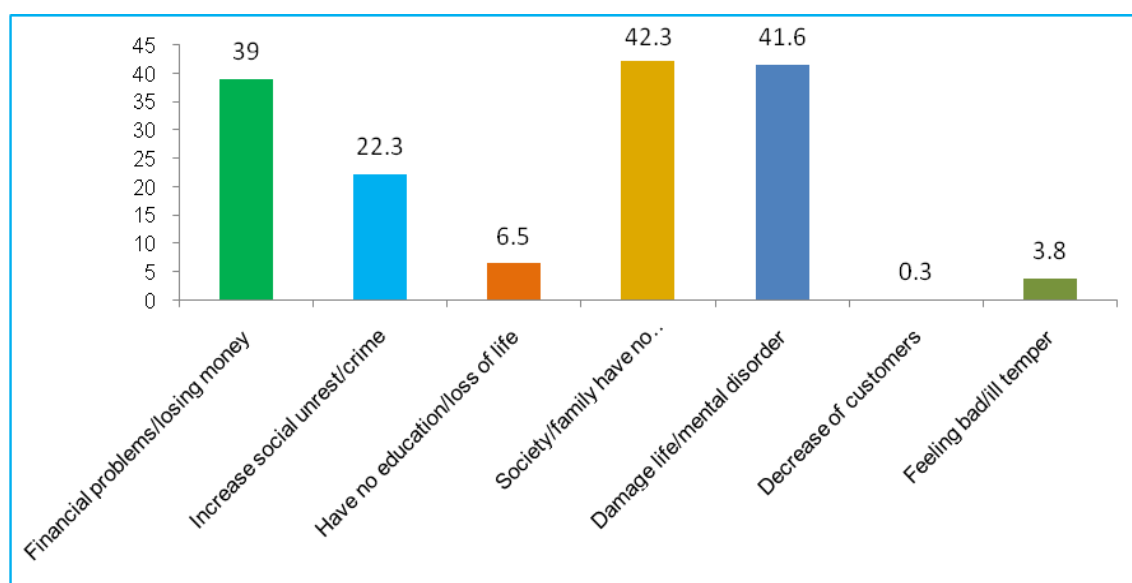
Table 3.29 : Percentage distribution of the respondents regarding impact after drug use by divisions

a. Positive and negative impact

Indicators	Name of the Divisions								All Divisions
Consequence	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Positive consequence of drug use									
Take more time for ejaculation	15.3	6.8	4.0	7.2	7.3	5.0	4.9	9.6	7.5
Feel happiness/feel myself superior/ feel pinic	33.6	20.0	8.5	21.5	26.6	7.7	10.0	20.4	21.1
Have no good result	73.3	74.0	96.5	96.3	71.0	98.3	89.1	78.7	84.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Negative consequence of drug use									
Financial problems/losing money	32.7	54.4	25.2	32.6	37.6	61.3	55.2	30.2	39.0
Increase stealing in the society/Increase social unrest/crime	24.0	17.4	22.6	32.6	12.1	21.0	17.9	21.8	22.3
Have no education/loss of life	13.1	2.8	.9	4.4	.3	0.0	12.6	8.9	6.5
Society/family have no trust/having conflict/having fear	30.0	31.6	49.6	55.9	57.9	47.8	39.6	39.8	42.3
Damage of life/become sick/mental disorder	52.0	46.0	35.7	34.4	38.6	43.9	27.8	41.8	41.6
Decrease of customers	.7	0.0	0.0	0.0	0.0	0.0	.4	0.0	0.3
Feeling bad/ill temper	4.4	2.8	2.6	7.8	3.1	.9	1.7	4.7	3.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.2.19 Main source of drug supply

The survey data analyses the supply of drug and availability in the country, as reported by the respondents Table-3.31. The survey reveals that India is the main supply country of drugs according to the majority of the respondents (52.9%) reported, while 48.2% it to be Myanmar. Surprisingly, some 12.0% respondents said that it is Bangladesh that has produced drugs, only a few of the respondents mentioned that drugs ae supplied from Pakistan and Nepal.

Table 3.30: Percentage distribution of the respondents regarding main source of drug supply by divisions

Indicators	Name of the Divisions								All Divisions
Drug supply from	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
India	46.5	36.4	36.1	60.7	79.0	67.4	47.8	52.0	52.9
Myanmar	52.9	42.0	38.7	59.6	48.3	32.2	43.5	54.7	48.2
Bangladesh	27.8	13.2	10.0	4.1	3.8	3.0	14.8	5.7	12.0
Imported from foreign country	7.3	18.0	32.6	11.1	4.5	1.7	5.2	4.7	9.6
Pakistan	.9	.8	0.0	0.0	0.0	0.0	2.2	1.3	0.7
Nepal	0.0	0.0	0.0	0.0	1.4	0.0	0.0	.2	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.2.20 Youth Group is getting more involve with Drugs

Respondents were asked in the survey if youth group is getting more involved with drugs.More than two-thirds (89.8%) respondents replied in the affirmatively while 10.2% replied negatively. Subsequently, who response affirmatively, were also asked why they think young group is getting more involved with drugs.

A majority (33.7%) respondents reported on peer presaure/curiosity as responsible for youth group's involvement with drugs, while 18.8% mentioned on availability of drugs. By and large 18.1% respondents identified unemployment as a significant reason for the youth group's involvement with drugs, while a good number of respondents (14.2%) reported on "adolescence" as a factor for drug use. Nevertheless, only small numbers (9.9%) respondents reported on failure of love, followed by 9.2% mentioned on negliectful parenting, 2.4% indicated on earning money.

Table 3.31: Percentage distribution of the respondents regarding the underline causes the youth group is getting more involved with drugs

Indicators	Name of the Divisions								All Divisions
Present situation after getting involve with drugs	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Yes	85.3	96.8	93.5	99.3	86.6	80.0	90.0	91.1	89.8
No	14.7	3.2	6.5	.7	13.4	20.0	10.0	8.9	10.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Denominator is who said yes, N=2246									
Peer pressure/	27.6	30.0	31.8	11.4	14.1	15.4	13.2	25.8	22.5
Curiosity	13.3	15.5	12.9	8.7	7.0	7.7	8.1	12.9	11.2
Availability of drug	21.7	10.7	18.1	13.4	23.1	7.6	13.0	29.5	18.8
Unemployment	14.9	6.6	1.4	57.5	5.6	20.1	10.1	22.4	18.1
Long sexual intercourse	12.1	11.3	9.7	10.0	21.9	13.3	17.1	19.2	14.5
Adolescent factor	7.7	26.9	25.1	11.2	15.5	34.2	5.8	5.1	14.2

Indicators	Name of the Divisions								All Divisions
Present situation after getting involve with drugs	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Failure of love	19.8	11.1	9.9	4.5	3.0	26.1	2.9	6.1	9.9
Ineffective parental care	4.4	9.0	5.6	4.1	15.9	15.2	36.8	6.8	9.2
Earn money	.2	1.2	.9	0.0	0.0	0.0	22.2	.2	2.4
Drug peddler involve in drug use	.9	0.0	0.0	1.1	2.4	0.0	9.2	.5	1.5
Family conflict/loose family bonding	1.1	2.9	1.9	.4	1.2	0.0	1.4	.2	1.1
No religious rules in the society	2.4	0.4	1.4	.4	0.0	0.0	.5	.2	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

3.2.21 How can Youth be Protected from Drugs

Based on the data reported by the respondents on how can youth are protected from drugs. The majority (56.7%) respondents reported "create good rapport between parents and children", while 41.0% mentioned "parents being well informed on chidrens friends". More than half of the respondents said "publicity at the national level", whereas 40.2% reported "religious and moral education". A good number (45.1%) respondent mentioned "extra curricular activities" should be initiated by the educational institution, conversely, 38.2% respondents indicated "incorporate the topic of drugs in school syllabus". One in four respondents identified "arrange treatment for drug users".

Fig-12: How can youth be protected from drugs
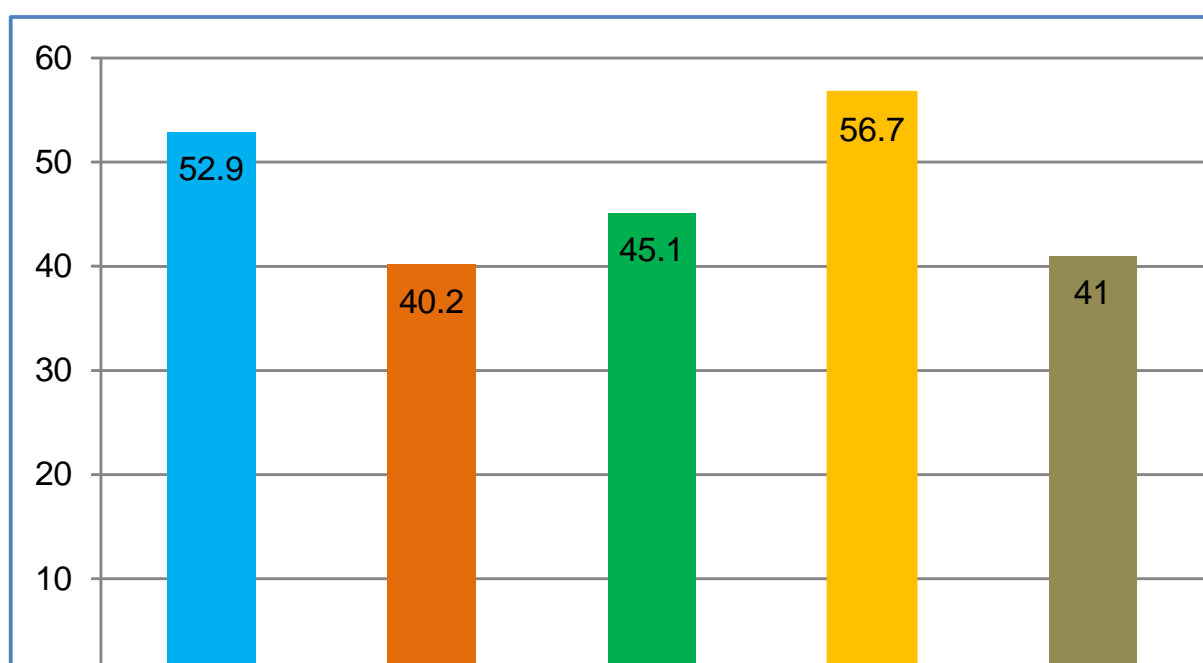
3.2.22 People Involved in Drug Trade

According to the majority (65.9%) respondents, by and large, Local goons or gangstars/terrorists/big brothers are the main actor in the field of drug trade, while 59.8% respondents mentioned politically influential persons/public representatives are involved on drug trading. More than one in two (56.2%) respondents mentioned unemployed youth, while 49.8% indicated socially influencial person. It should be noted that significant number (of respondents (21.2%) said students are involved on drug trade/ smagulling.

Table 3.32: Percentage distribution of the respondents regarding types of people involved in drug trade by Divisions

Indicators Suggestions	Name of the Divisions								All Divisions
	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Local goons/terrorists	76.4	56.4	67.4	53.3	68.6	84.8	62.6	55.3	65.9
Politically influential	53.1	42.0	57.0	76.7	57.2	51.7	53.9	78.2	59.8
Unemployed youth	51.1	42.4	55.2	79.3	64.5	72.6	37.0	52.9	56.2
Financially influential	46.0	53.2	55.2	71.1	54.1	43.5	52.6	36.0	49.8
Socially influential	51.1	44.4	44.8	49.6	33.8	24.3	43.9	59.8	46.1
Business person	33.6	53.2	50.4	29.3	29.0	34.8	17.4	21.8	32.6
Students(m/f)	22.5	22.0	37.8	23.0	19.3	15.2	13.9	17.6	21.2
Others	2.4	0.0	.4	2.2	3.4	0.0	0.0	3.1	1.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

Fig-13: Tyoe of people involve in drug trade
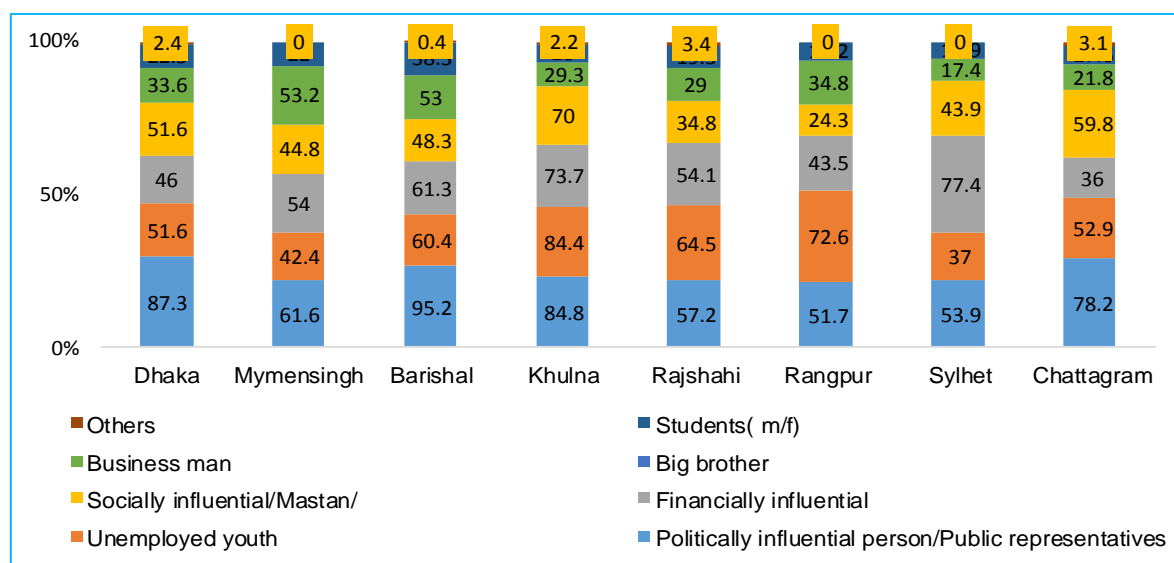
3.3   Drug Treatment Information

The chapter (3.3) presents drug treatment and rehabilitation related information.

3.3.1 Respondents Admitted to a Drug Rehabilitation Center

When asked whether they are getting admitted to a drug rehabilitation center for treatment, on average, more than two-thirds (66.8%) replied in the negative, while 33.2% replied in the affirmative.

Subsequently, respondents were asked who insisted them to get admission in the drug rehabilitation center for drug treatment. Majority (65.2%) respondents replied "parents' wish", while 29.8% mentioned voluntarily got admitted in the rehabilitation center. A minimum number of respondents said friend advice and social pressure influence them to get admission in rehabilitation center.

Table 3.33: Percentage distribution of the respondents regarding information on admitted to a drug rehabilitation centre

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Yes	17.5	72.0	28.7	43.3	52.4	28.3	23.5	22.0	33.2
No	82.5	28.0	71.3	56.7	47.6	71.7	76.5	78.0	66.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Voluntarily	29.2	16.7	15.2	31.6	64.5	7.7	18.5	29.3	29.8
Parents wish	64.6	81.1	80.3	57.3	34.2	92.3	66.7	67.7	65.5
Friends advice	2.1	1.1	0.0	2.6	1.3	0.0	7.4	1.0	1.7
Social pressure	2.1	1.1	4.5	8.5	0.0	0.0	7.4	2.0	2.8
Others	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

3.3.2 Present Role of Law Enfoecing Agencies on Stop Drug Use

Survey data reveals that majority of the respondents (73.7%) evaluated the role of the Law Enfoecing Agencies as "Good initiative" and recommended for continuation of the same at enehaanced scale", followed by 66.5% respondents who called for decreased drug paddler. By and large, 64.3% respondents reported "Decrese drug in the market", while 39.5% respondents said "Criminals gone to hide/safe place". It should be noticed that around one-fourth of the respondents mentioned that "law enforcing agencies didn't find out the main creiminals who involve in drug paddling/smuggling.

Fig-14: Current role of law enforcing agencies on stop drug use

Bar chart:
- Decreased drug paddling: 66.5
- Good initiatives, should be continued: 73.7
- They do not find out main criminals: 25.5
- Decresed drug in the market: 64.3
- Criminals gone to hide: 39.5

Table 3.34: Percentage distribution of the respondents regarding present role of law enforcing agencies by dividions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Decreased drug paddling	52.5	72.8	77.8	87.8	51.7	91.7	79.6	51.6	66.5
Good initiatives, should be continued	87.3	61.6	95.2	84.8	57.2	51.7	53.9	78.2	73.7
They do not find out main criminals	25.1	29.6	37.8	2.6	29.7	35.2	39.6	16.2	25.5
Decresed drug in the market	66.2	62.4	81.7	97.8	62.1	58.7	37.4	52.2	64.3
Criminals gone to hide	52.0	36.4	52.6	65.9	21.7	46.1	9.6	26.7	39.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

3.3.3 What should be the role of law enforcing agencies to stop drug use?

Respondents were asked in the survey what should be the role of law enforcing agencies to stop drug use in Bangladesh. Majority of the respondents (78.2%) suggested "Increase public awareness" while 48.1% respondents suggested "Conduct raid regularly" to stop drug use in the community. Around half of the respondents (47.9%) proposed "Should more stick on the issue", whereas, 39.1% said "Killing of drug peddler by shoot out" and followed by 43.6% respondenst reported "ensure punishment". A significant number of respondents (23.4%) shared "Ensure treatment and rehabilitation of drug users" and 22.6% said "Should be honest of law enforcing agencies".

Fig-15: What would be the role of law enforcing agencies on stop drug use
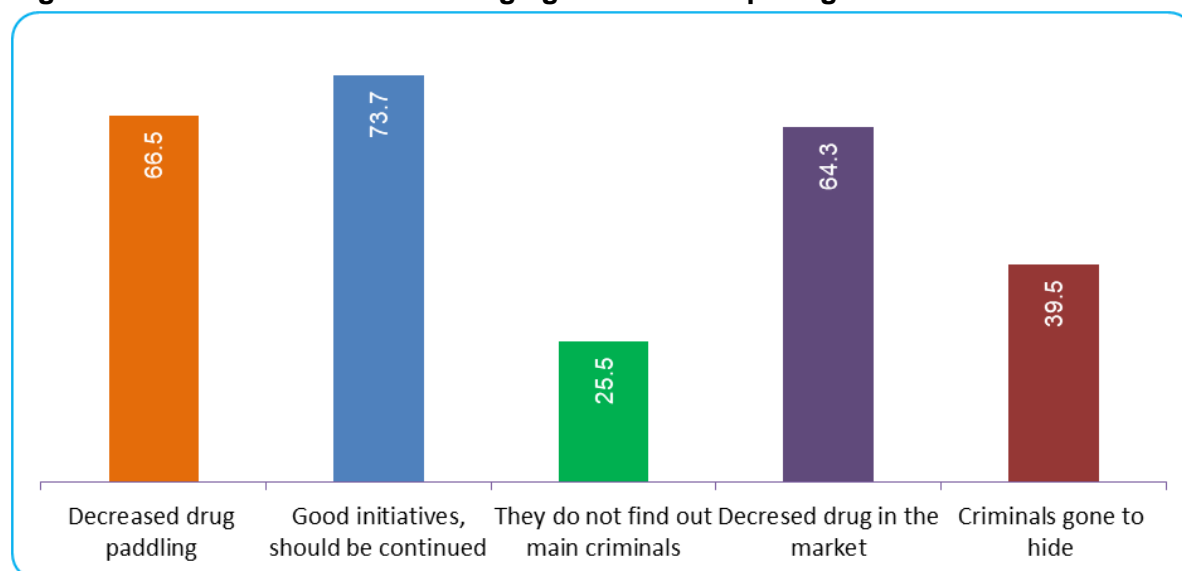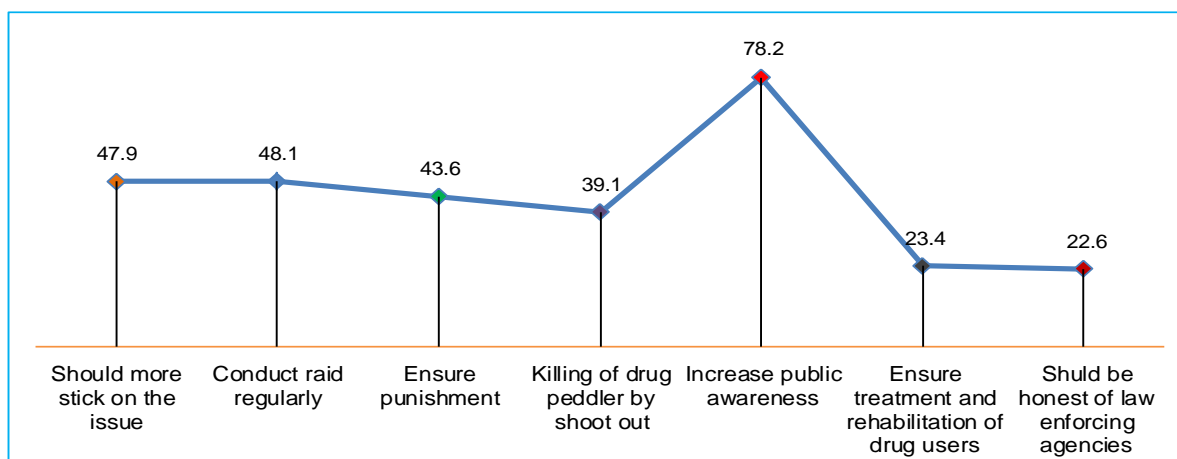

Table 3.35: Percentage distribution of the respondents regarding what should be the role of law enforcing agencies by divisions.

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Should more stick on the issue	35.3	37.2	40.9	62.6	63.8	62.6	52.2	44.0	47.9
Conduct raid regularly	42.5	74.8	71.3	42.6	34.5	55.7	37.4	42.0	48.1
Ensure punishment	36.9	47.6	53.9	24.4	35.5	59.6	40.4	54.7	43.6
Killing of drug peddler by shoot out	24.9	31.0	63.9	39.6	46.4	30.4	55.0	39.7	39.1
Increase public awareness	80.7	80.0	79.6	93.0	72.4	56.1	69.6	83.8	78.2
Ensure treatment and rehabilitation of drug users	24.9	18.4	11.3	9.6	50.0	53.0	16.1	10.2	23.4
Shuld be honest of law enforcing agencies	32.5	31.2	25.7	16.7	12.1	16.1	13.9	22.2	22.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

CHAPTER-4
OTHERS ISSUES

4.1   Information on the Prices of the Drugs

The survey data shows that the value of narcotics drugs has increased significantly. Excepeting Hashish and cocain, the drugs price changes from 10% to 150% depending on items. For expalple price of Phensedyl increases by about 80% (i.e. increased by BDT 416/per syrup), TD/Bono /Lubo (BDT 131/vial), big Yaba (BDT 101/tablet), small Yaba (BDT 80.0/tablet), Heroin (BDT 109/dose), Pethidine (BDT 90.0/vial) and Imported Alcohol (BDT 76.0/peg). Information on the prices of the drugs listed in thefollowing column[52].

Table 3.4.1: Distribution of price of the drug available in the market

Name of the drug	Example	Previous Price (BDT)	Current Price (BDT)	Price Increase (BDT)	Price Increase ((%)
Yaba (tablet) big	Red/pink tablet	254.00	355.00	101.00	39.76%
Yaba (tablet) small	Red/pink tablet	133.0	213.00	80.0	60.15%
Phensedyl (syrup)	Caugh syrup	521.0	937.0	416.0	79.85%
Heroin	Brown powder	280.00	389.0	109.0	38.93%
TD/Bono /Lubo	Injectable white liquid	138.00	269.0	131.0	94.93%
Cannabis	Cannabis	44.0	90.0	46.0	104.55%
Pethidine	Painkiller injection	148.0	238.0	90.0	60.81%
Cocain	White powder	0.00	0.00	0.00	0%
Sleeping pills	Tablets	27.0	48.0	21.0	77.78%
Rectified spirit	white liquid	0.04	0.10	0.06	150.00%
Keru & co	Bottled white drink	70.30	84.65	14.36	20.43%
Hashish	Brown	0.00	0.00	0.00	0%
Desi (local) alcohol	Bottled/kept in a plastic jar	60.89	101.98	41.09	67.48%
Imported Alcohol	Bottled/peg	298.96	375.89	76.93	25.73%
Bhang (an edible form of cannabis)		0.00	0.00	0.00	0%
Cigarette/tobacco	555/Benson	10.46	15.77	5.32	50.86%
Smokeless tobacco	*Zarda and Gul*	0.68	0.75	0.07	10.29%

Note: Percentage is based on multiple responses.

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[52] Previous price considered the value of drugs in December 2017 and Current prise of drugs in considered in June, 2018.

CHAPTER-5
FGD Summary

FGD Questionnaires:

- As per your information, why do youth get involved with illicit drug use?
- What kind of illicit drugs are widely used by young male and female?
- What measures should be taken to prevent young male and female from drug use?
- In your opinion, who are involved with drug smuggling?
- What steps should Government and Law enforcement agency take to eradicate illicit drug abuse from society?

Causes for Drug use:

In FGDs, all respondents held depression, curiosity,bad companion, excitement, recreation, family discord and break-up etc. are responsible for pushing youth group towards addiction. Respondents at Swapno Drug Treatment Centre said,"few young males get drawn to addiction due to peer pressure".They further said,"Proximity or association with political party draws many youth into illicit drugs. Drug suppliers deliver drugs to client's destination and make them available and accessible. Availability and accessibility to drugs create additional temptation for youth to try out illicit drug use. They do not need to go elsewhere to buy drugs".

Types of illicit drugs used by youth:

Yaba, local alcohol, sleeping pills, cannabis, phensedyl, heroin and solutions are widely used illigal drugs. In FGDs, Yaba was identified as the most popular drug among youth. In this regard, respondents from Sneha Drug Treatment Centre said, "The trend of drug-use changes in time. Yaba is the most popular drug these days as it contains high level of caffeine. Yaba is called 'baba' in local lingo. Few call it 'Bichi' or 'Golden Chaka'.In the language of Narcotics Anonymous Program,itis also called 'Golden Chaka'". Respondents from Swapno Drug Treatment Centre, Rangpur said," Female yaba users are increasing alongwith males. Phensedyl is the second popular drug".

Preventive measures to combat drug-use:

Respondents came up with number of suggestions to prevent drug-use. Theyopined on increasing employment opportunities, recreation facilities and sports; uprooting drug trading spots, enhaning family bondling& effective parenting and increasing awareness on demerits of drug-abuse. Regarding uprooting drug supply spots, respondents from Notun Bhubon Drug rehabilitation Centre, Dinajpur said,"All drug trafficking routes must be abolished. When routes will be abolished, we will have no access to drugs and we will eventually stop using drugs.These days things are like drugs are delivered at home. It is crucially important to uproot drug trafficking routes." Respondents from Swapno Drug Treatment Centre, Rangpur said, "Unemployment must be eradicated. If unemployment rate is eradicated, drug use rate will be reduced by 50% if not 100%. Unemployed youth should be linked with Government or Non-Government job training centres. Rehabilitation centres offer many useful and interesting trainings. If we had such training opportunities

outside rehabs, we would have been benefitted. If Government had extended free service or training for poor students, drug abuse would have been reduced extensively."

People involved in drug trafficking:

Respondents in the FGDs said that influencial people in the society, political goons, policy makers, law enforcers, unemployed & poor youth,and local mastans are involved in drug trafficking. Respondents at Sneha Treatment centre, Rangpur added, "Local goons and policy makers are collectively involved in drug supply." As respondents from Notun Bhubon Drug Rehabilitation Centre, Dinajpur added, "Youth from rich to poor socio-economical background are involved in drug trafficking.High unemployment rate leads many youngsters to get engaged in drug trade."

Recommendations for Goverment:

Government should facilitate media campaign and social awarenessprogram on demerits of drug-abuse. Government should identify the Government staff, Policy makers and Law enforcers who are involved in drug trading and take actions against them as per law. They also suggested to tighten the security and enhance police patroling in border areas which are drugs trafficking routes. Respondents from Notun Bhubon Drug Treatment Centre, Dinajpur urged to enhance security system in Hilly Border of Dinajpur area, is a major drug trafficking route of Bangladesh. Respondents from Swapno Drug Treatment Centre, Rangpur said, " It is not impossible for police to stop drug trafficking if they check the travellers at the border strictly, stop influx of drug traffickers and take immediate needful actions.Unfortunately, our law enforcers cease drugs from drug sellers and sell them elsewhere. One OC in our area ceased 700 pieces of Yaba and sold them elsewhere. I witnessed that event by myself."

CHAPTER-6
Report on Drug Treatment and Rehabilitation Center

Introduction:

The use of drugs has been around since time immemorial for various purposes depending on social tradition or culture, amusement and activities at hand. At most drugs have been known to bring euphoric feelings that change moods of people to pleasurable feelings especially in social celebrations and when people are operating under tension.[53]Because of their ability to relief tension, drugs are consumed by increasing number of people to get rid of stresses in life associated with challenges in contemporary society and personal problems. This apparent so-called benefit pulls new ones to initiate drugs and retain ones already addicted to continue the consumption.

The rapidly rising number of drug users has become a matter of greatest concern in many countries of world. According to the World Drug Report[54] and Sacks[55], the total number of drug users in the world is now estimated at some 200 million people, equivalent to about 5 percent of the global population[56]. The UNODC estimates that between 155 and 250 million people (3.5% - 5.7% of the population aged 15-64) use illicit substances at least once in life. It is estimated that there are between 16 and 38 million people drug users' every year. In Bangladesh, as per the National Institute of Mental Health (NIMH) there are around 34.38 lakh people are taking of drugs. [57]

Rehabilitation programs refer mainly to techniques for increasing adaptive behavior through reinforcement and also decreasing maladaptive behavior through extinction or punishment. The others including Meltenberger (2008) describe rehabilitation as behavioral interventions designed to influence the behavior change of people or individuals in a way that benefits them and the society at large.[58]According to Higgins[59], drug rehabilitation, is the process of medical or psychotherapeutic treatment, for dependency on psychoactive substances such as alcohol, prescription drugs, and so-called street drugs such as cocaine, heroin or amphetamines. Dependency in this case refers to a situation where a rehabilitee is unable to do without a specific drug. Therefore, the main intention of drug rehabilitation is to help addicted individuals to stop compulsive drug seeking and use. In addition to stopping drug abuse, the goal of treatment is to return people to productive functioning in the family, workplace, and community. The ultimate goal of drug rehabilitation centers is therefore to create opportunity for behavior change through helping the drug addicts to curb psychological, physical and emotional problems brought about by the drugs.

Findings of the study:

The data analysis reveals that the drug addiction treatment and rehabilitation centers were established in 1997 and continued functioning in 2017. All the 25drug addiction treatment

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[53] Hubbard RL, Craddock SG, Flynn PM, Anderson J, Etheridge RM (1998) Overview of 1-year follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). Psychology of Addictive Behaviors 11:291-298.
[54]World Drug Report (2007) UNODC
[55] Sacks S, Banks S, Mc Kendrick K, Sacks JY (2008) Modified therapeutic community for co-occurring disorders: A summary of four studies. J Subst Abuse Treat 34: 112-122.
[56]World Drug Report (2009) UNODC.
[57] The daily Star, 21 December 2018
[58] Raymond GM (2008) Behavior Modification: Principles and Procedures. (5th Edn) Cengage learning.
[59] Higgins JP, Thompson SG, Deeks JJ, Altman DG (2003) Measuring inconsistency in meta-analyses. BMJ 327: 557-560.

and rehabilitation centers had legal documents and were registered under the district DNC office. The size of these centers varies from one to another by areas and rooms. While the largest center was found of 10,400 sq feet, the smallest one's size was 1800 sq ft. The two centers were found to have 11 rooms (highest by number)) as against two centers having fewest rooms (i.e. each had 4 rooms). The rooms are for different purposes-namely for the admitted patients, doctors/medical services, session/training room, office room, dormitory, laboratory, counselor, day-care, community/common, reception, kitchen, dining, prayer, store, corridor and garage. Again, in few centers withdrawal and recovery room were also found.

As evident from the Figure-1, all the drug addiction treatment and rehabilitation centers under the study, have full time doctor. Among those centers, 80% have one doctor, 16% have two doctors and only 4% have three and more doctors. Regarding the part-time doctors-80% were part-time doctor, among them 70% have one doctor, 20 have two doctors and only 10% have three or more doctors.

Figure 1: Distribution of full time and part-time doctors in the private treatment center
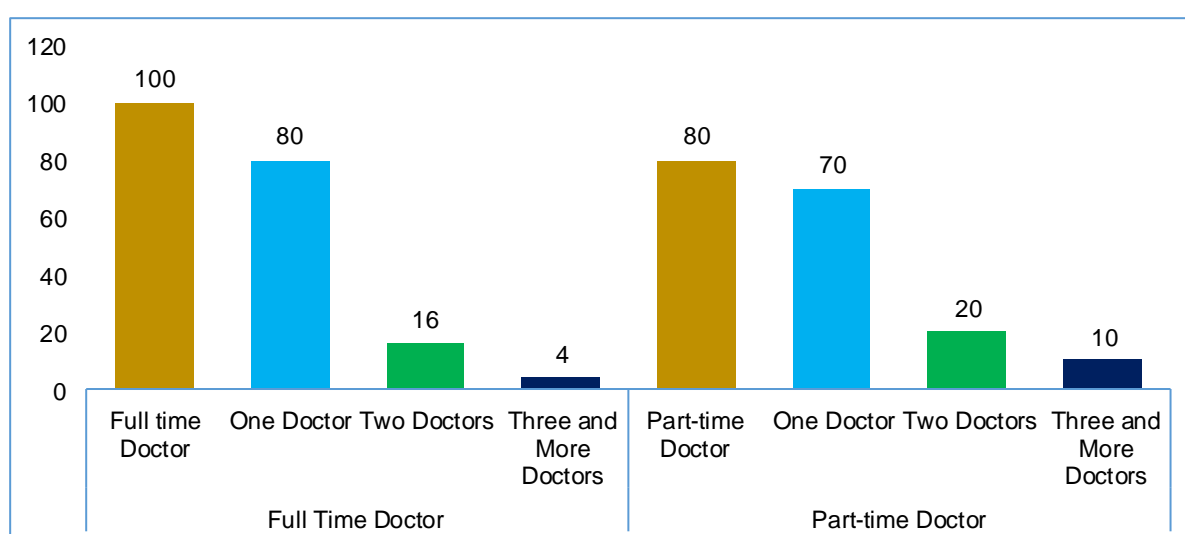
The figure-2 provides evidence that majority of the centers are under supported by relevant service resources. For example, 5% of centers were found to have no nurse, while 64% have 1-2 nurses. Some 19% of the centers have 3-4 nurses, 8% have 5-6 nurses and 4% have 7 and more nurses. Although 96% centers recruited Aya/Supervisor, more than three-fifth acknowledged that they had 1-2 no. of Aya/Supervisors. The scenario is better for fewer; for example, 16% centers have 3-4 no. of Aya/Supervisors and only 4% have 7 or more.

Instead of direct health resource staff, better prevalence is for the other support staff (administrative, finance and messengers etc.), Close to half (48%) of the centers have 6-10 no. of others staff, and some 16% centers have others staff 11 or even more.

Figure 2: Distribution of Nurse, Aya and others staff in the private treatment center
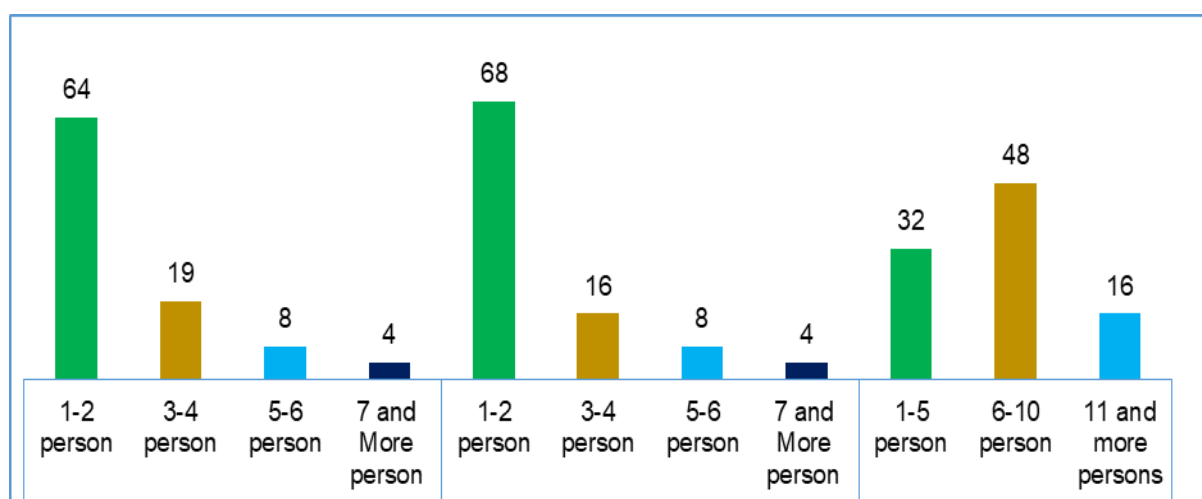
The figure 3 represents the distribution of psychologist in the surveyed private drug treatment and rehabilitation centers. It is seen that 100% treatment centers have psychologist, of which 88% centers have one, 8% have two and 4% have three and more psychologists.

Figure 3: Distribution of Psychologist in the private treatment center Psychologist
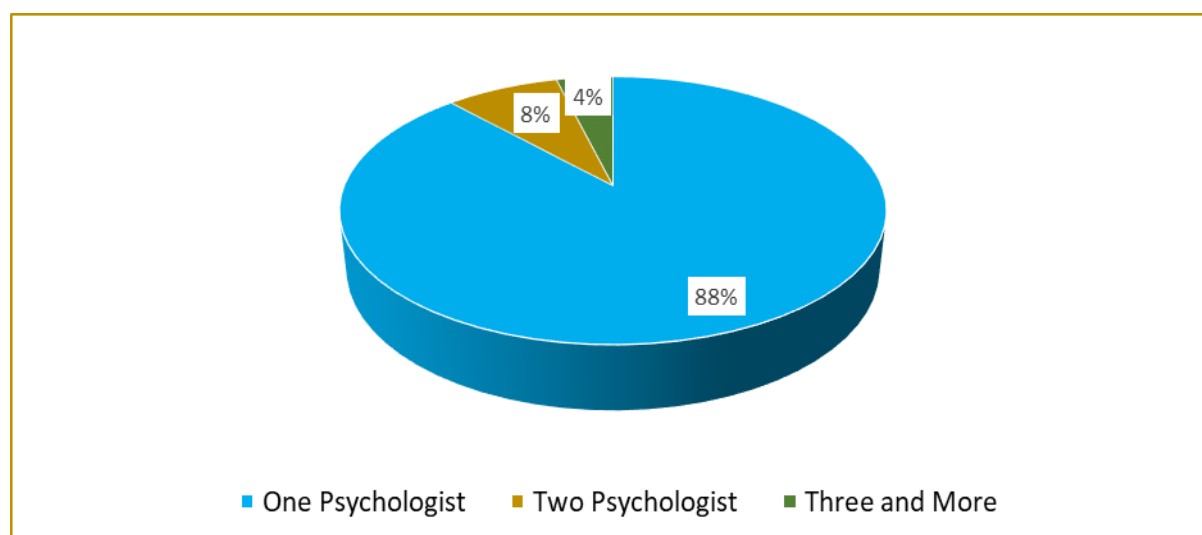
The figure 4, shows that about 80% private drug treatment and rehabilitation centers have an agreement with pathological lab for different type of pathological tests for the patient before got admission in the treatment centers. Conversely, only 20% have no agreement with any pathological lab; for the purpose of physical condition assessment, they usually refer the patients (i.e., drug users) to the GoB hospital for pathological testing

Figure 4: Distribution of Agreement with pathological lab of private treatment center
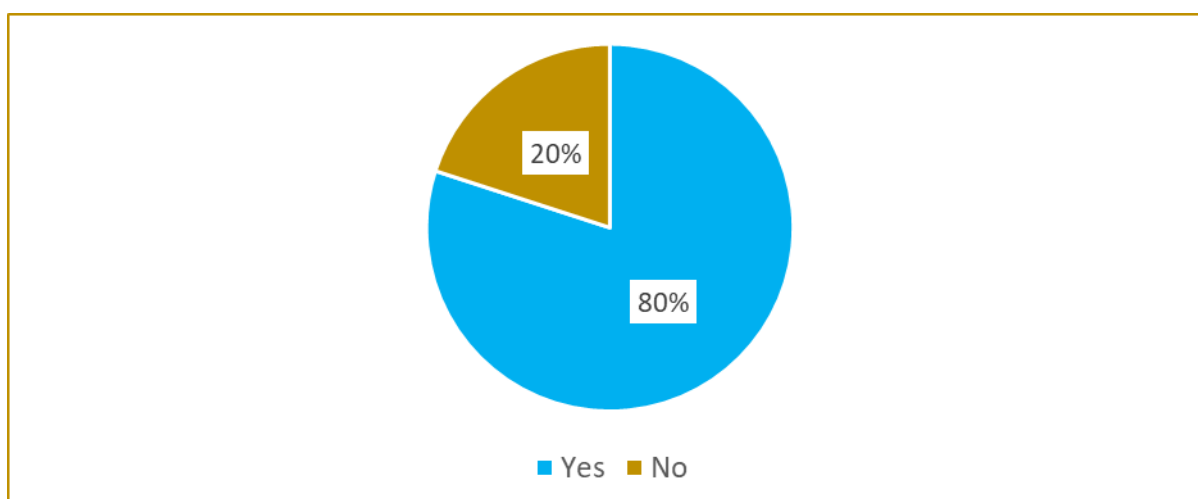
Recreational Facilities

Exercise is a proven way to alleviate both physical and psychological stress. Tension builds in human bodies while at work, during everyday interactions, and even on watching television. This tension can develop from poor sedentary style, wrong work posture or due to a bad interaction with a co-worker. Moving one's body relieves this tension, and allows to get rid of any negative emotions have been keeping in. The focused exercises uses up both physical and emotional energy, which might otherwise find unhealthy ways of escaping.

All the centers under the study had recreational facilities i.e. watching TV and reading newspapers and magazines etc. Besides, the centers had indoor gaming facilities on their center premises.

Major services provide by the centers

From the Figure-5, it is observed that 100% private centers conducted drug treatment. Around 88% centers provided drug counseling/psycho-social counseling, while 64% centers provided family counseling. At the time of visiting the treatment center and discussion with the management, it was disclosed they don't have female counselor who provide family counseling in particular couple counseling to the married drug users.
Near about one-fourth (24%) centers provide psychiatric treatment to the drug users who are mentally very depressed while 16% conducted mediation as an activities for drug treatment. Near about one-third followed up the ex-drug users, whereas only 4% conducted vocational training to the drug users to enable them to accessing job/livelihood after treatment.

During discussion with the management of the private treatment centers on the issue relating to vocational training, they shared they don't have enough opportunity to provide vocational training to the ex-drug users. They also desire that the government should ensure vocational training under the umbrella of the Department of Narcotics Control (DNC) like Department of Youth and Sports. DNC also donate money to the NGOs/Training institute (like UCEP) to establish vocational training facilities, however, drug

treatment centers refer the ex-drug users to the training institute. Providing micro credit to the ex-drug users after successful completion of the training will, enable them to initiate business at own capacity, which will help them off from drug (relapse).

Figure 5: Distribution of major services providing by the private treatment center
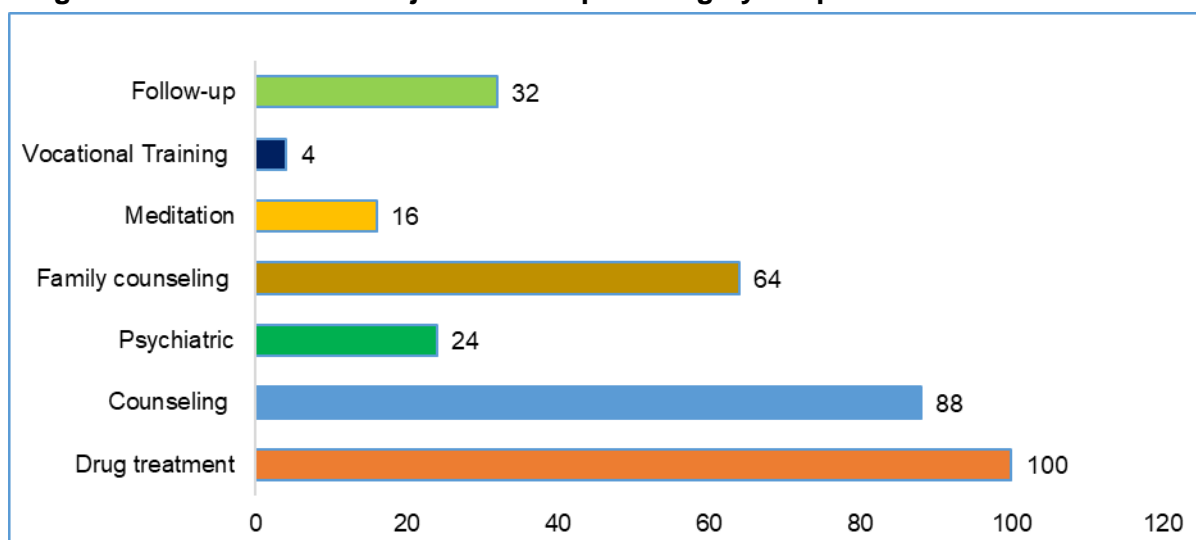
The respondents of private centers have a very hazy concept about management structure or management staff. The response of the respondents regarding the management staff of the centers are reflected in in the Figure-6, which is highly pessimistic. More than one-forth indicated managers are the management staff of the centers, while 68% mentioned program assistance are the management staff. Less than half (48%) respondent specified doctors, 40% mentioned medical assistance, whereas 52% also mentioned counselors. Only 28% mentioned nurse as a management staff.

Figure 6: Distribution of management staff in the private treatment center
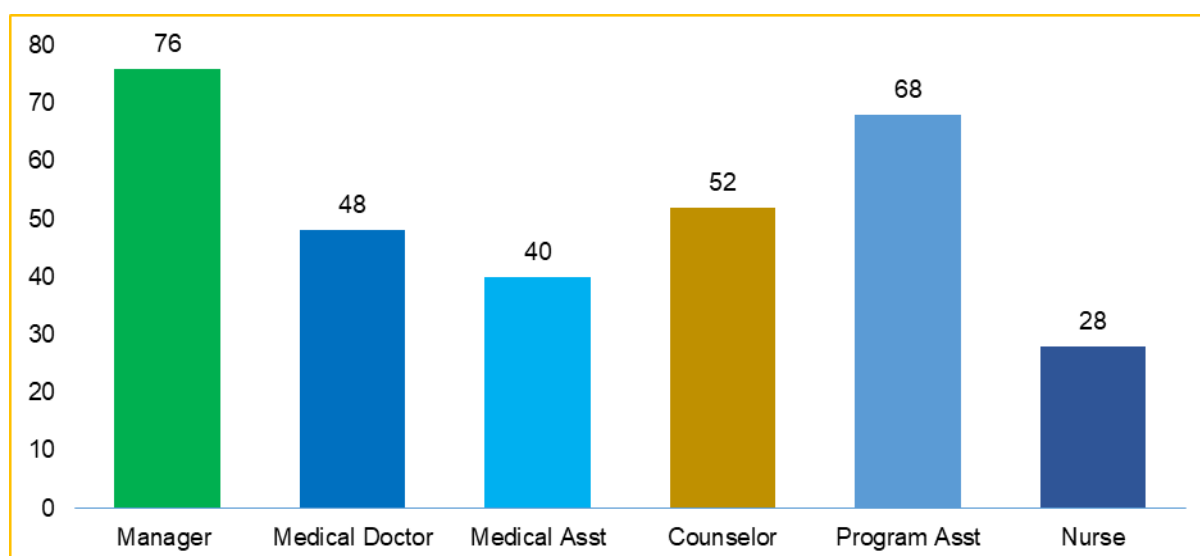
From the Figure-7, it is found the highest number of respondents (60%) received two types of training; one is Colombo plan which is provided by DNC and other is detoxification and treatment which is provided by Baraka, DAM, FHI etc. Less than half (40%) respondents received psychological counseling training, while 28% received drug dependency counseling and psychiatric client management training. 28% respondents also admitted

their staff participated training on legal education and mediation, whereas 36% attended training on HIV/AIDS.

Figure 7: Distribution of training received by the private treatment centers' Staff/Mgt
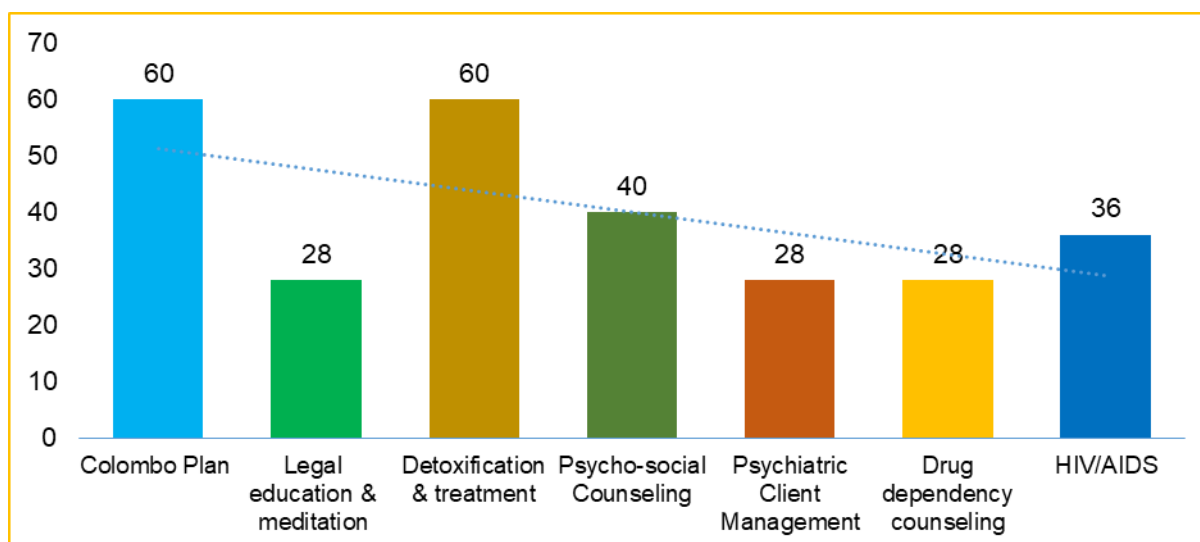
Different policy/manual data shows in the Figure 8, less than half (48%) of the respondents have Standard Operation Procedures (SOP). But while they were requested to show the SOP, none could show. The SOP should be included minimum standard of a private treatment centers physical infrastructure, staff structure, responsibilities of all staffs, specified services, mode of services delivery, necessary training for concern staff including all forms and formats maintain during admission, session plan, daily schedule, screening the development of the drug users etc. More and less one-third of the respondents have HR and Financial policy.

Figure 8: Distribution of different policy/manual following by the private treatment center
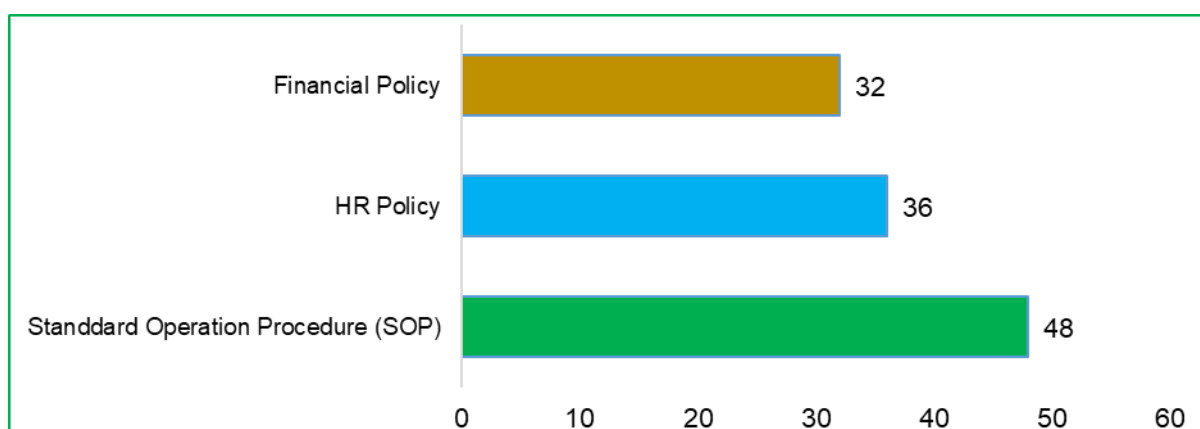
The figure 9 represents the most commonly used medicine in the private treatment centers. Almot all of the centers used Tab. Neotack (group of drugs called histamine-2 blockers.), while 36% used Cap. Seclo. Data also express 92% centers used Tab. Metro, whereas 84% used Tab. Paracitamol. Near about half (48%) used Tab. Perkinil, whereas 44% used ORS and 20% used Tab. Catapress. Around three-fifth (60%) respondents used Histamin,

however, 44% used Tab. Clofenac and 20% used Tab. Profen. Around one-fifth of the respondents used Tab. Sedil, although 28% used Tab. Multivit Plus.

The name of the pharmacies-Square, Beximco Pharma, Opsonin, General Pharma, Incepta, Sanofi, SK+F, Sun Pharma etc.

Figure 9: Distribution of most commonly use medicine in the private treatment center
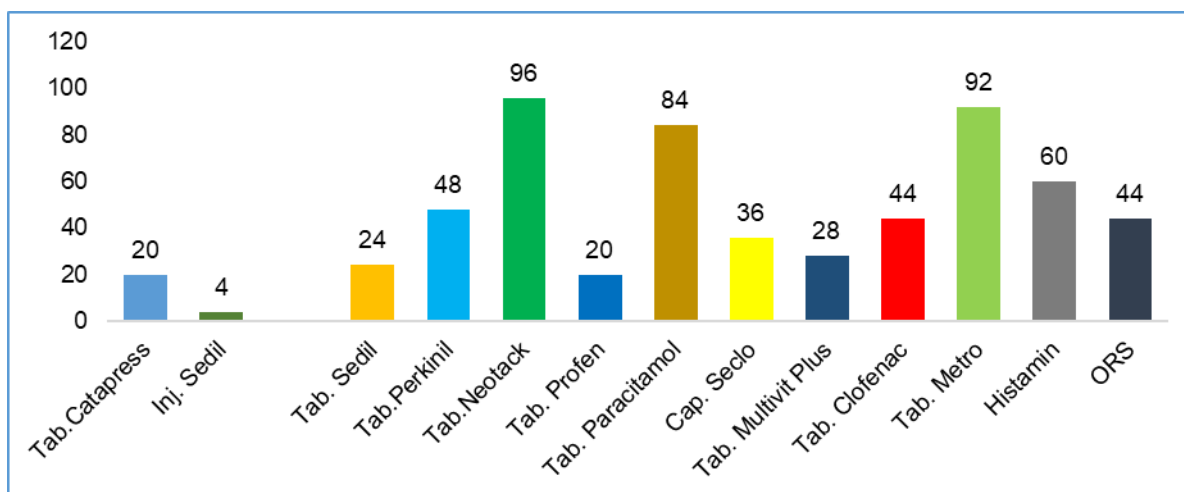
Most of the centers had necessary furniture and equipment used for delivery of treatment among the drug dependent patients that include patient beds with bedside, locker, table, general instrument set, catheter Ryles tubes, stomach tube, fetus feeding tube, patient trolley, stretcher, bedpan, urinal, Dutch can, oxygen cylinder with flow meter & mask, Ambu bag, transfusion set, electric sucker, sterilizer, generator, surgical scissors & blade, refrigerator.

The management of the private treatment centers shared that the following instrument is not necessary for the treatment centers rather it is needed for the clinic. They also shared following instruments is very difficult to maintain in view of shortage of space and also available use of mentioned materials. So, DNC may be suggested to procure/supply some instruments which is more fesiable for treatment centers.

Figure 10: Distribution of Life savings instruments and emergency medicine for 10 beds private treatment centers:
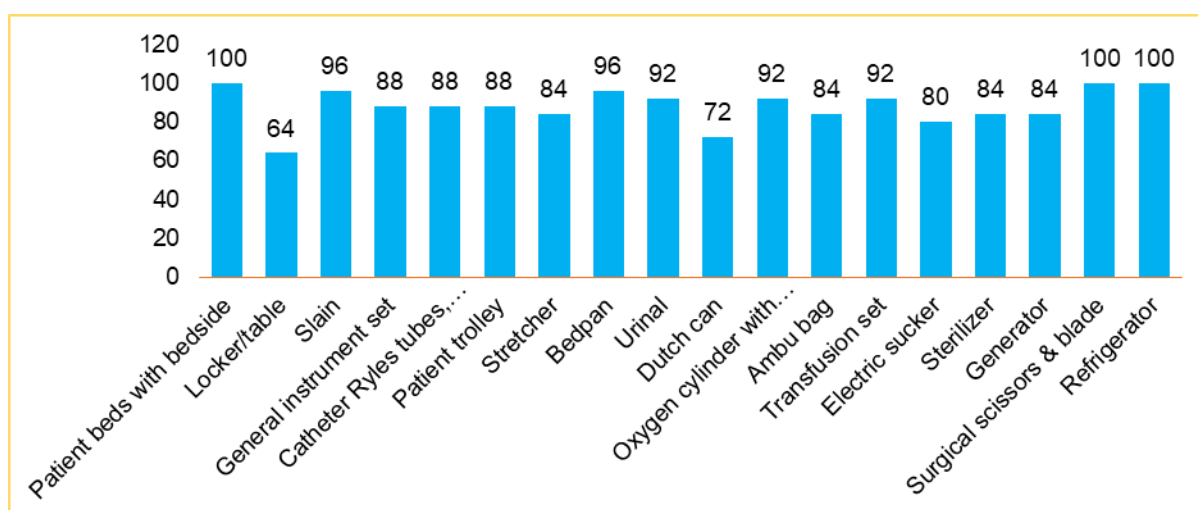
Recommendation

- DNC should ensure capacity building training to the staff members regarding treatment and rehabilitation procedure, psycho-social counseling, drug counseling, family counseling, psychiatric client management, SBCC session, legal education and mediation physical exercise and also develop individual plan for individual objects;

- Some of the treatment centers have no counselor, conversely, who have counselors do not provide family counseling because counselor is male, feeing hesitate to provide family/couple counseling. DNC may develop a mechanism to provide regular training to the private treatment center on counseling and provide on the job training by the divisional level counselors;

- DNC should develop a counseling module and distribute among the treatment center which will be guided them to provide quality counseling for better effectiveness of the services;

- All the centers had used a number of emergency medicines to treat the patient medically. But nobody checks it authentically. So, the government (DNC) should continuously monitor whether these medicines are applicable to the drug patients or not. In addition, government should increase the monitoring and controlling mechanism over the treatment and rehabilitation centers particularly medication purpose. *DNC should provide responsibilities to the divisional level doctors who will regularly visit the treatment centers and follow-up and guide them in this regards, if needed on the job training should be provided.*

- For smooth operation, ensured quality of services, documentation, and uniformity under the umbrella of DNC, SOP is essential and that should include minimum standard of a private treatment centers physical infrastructure, staff structure, staff responsibilities ll, specified services, mode of service delivery, necessary training for concerned staff, and development of the drug users' screening, etc.
- There is no similarity among the treatment centres on patient assessment and administration form. DNC may develop different forms and formats for maintaining uniformity among the treatment centres. However, it would be help to monitoring to the treatment centre.

- DNC may recruit some doctors and counselors at divisional level who will regularly visit treatment and rehabilitation centers and provide hands on training to doctors and counselors for ensuring quality of services.
- DNC may initiate vocational training for ex-drug users at divisional level at their own arrangement or by hiring a vocational expert NGO likeUCEP. DNC/Ministry of Home Affairs (MoHA) may develop a MoU with the ministry of industries and BGMEA/BKMEA for job placement at RMG sector for the ex-drug users who successfully complete relevant training courses.

Way forward of the treatment center:

- The management of treatment centers demanded annual financial support/grants from the Government to ensure quality services for the drug users belonging to poor family, street drug users, street children;

- Government (DNC) should establish linkage with different organizations, particularly with the Industry sector including export oriented RMG manufacturing enterprises to have a access to their Corporate Social Responsibility (CSR) funds, which can be a sustainable fund for the treatment centers;

- The treatment centers provide annual subscription to the Government at rate given by profit oriented private clinics. They requested to reduce the annual subscription to the treatment centers as it is a social service center;

- Family usually does not acknowledge own member involved in drug addiction due to social barriers. So, family sensitization program will be imitative through different channel/media for ensuring treatment by the family member;

- Community based awareness session should be continued for raising awareness more effectively, which ultimately will pull more drug users towards treatment;

- For a better capacity building motivation, DNC may undertake more learning visit to best practicing treatment centers in different countries for exchange of knowledge and sharing skills;

- SOP and counseling module for the private treatment centers should be developed;

- Vocational training center should be established at divisional levels to train up the ex-drug users and develop linkage with different job market namely industrial sectors (including /RMG sector) for job placement; and

- A tripartite agreement among DNC/ MoHA, MGMEA/BKMEA/MoHA and vocational training centers should be developed for ensuring job placement.

CHAPTER-7
Route of smuggling drugs:

Al most all the 32 border districts are vulnerable for drug trafficking. On analysis of recent years data on drug abusers, it reveals that the most drug-prone areas in Bangladesh are district wise mainly: Dhaka, Narayanganj, Gazipur, Mymensingh, Chattogram, Cumilla, Sylhet, Bramhanbaria,Cox's Bazar, Rajshahi, Pabna, Bogura, Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barishal, Sathkira, Jashore.

Borders of Jashore, Satkhira, Rajshahi, Bramhanbaria and Cumilla Districts at Bangladesh side and borders of North 24 Pargonas, Murshidabad and Maldah Districts of Paschimbanga and borders of West Tripura Districts of Tripura States are mostly used for trafficking of Phensedyl and other codeine preparations, heroin and Buprenorphine.

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

District	Vulnerable points of trafficking in Bangladesh	Counter areas at Indian sides
Rajshahi	Monigram, Bagha, Charghat, Shardha, Yusufpur, Kajala, Belpukuria, Rajshahi town, Haripur, Godagari and adjacent & adjacent areas	Champapukur, Bongaon, Petrapol, Helencha, Bhawanipur, Ranaghat, Amritabazar, Nonchapota & adjacent areas of North 24 Pargana, Paschimbanga
Chanpai Nowabganj	Bholahat, Shabajpur, Binodpur, Kansat	Roghunathganj, Aurangabad, Kaliachak of Maldah, Paschimbanga
Joypurhat	Panchbibi	Krishnapura, Raghunathganj, Balurghat, Aurangabad, Nimtita, Bamongola of South Dinajpur, Paschimbanga
Dinajpur	Ghoraghat, Phulbari, Birampur, Hilli, Hakimpur, Kamalpur, Akashkarpur, Biral	English Bazaar, Balurghat, Nimtita, Gangarampur, Banshibazar, Patiram and adjacent area of South Dinajpur, Paschimbanga, Balurghat

Rajshahi Areas of Bangladesh part and India border areas

সার্কেলের নাম	পাচারকৃত মাদকদ্রব্য	ভারত অংশের সীমান্তবর্তী রাজ্য, স্থান ও জেলার নাম	বাংলাদেশ অংশে সীমান্তবর্তী স্থান, থানা ও জেলার নাম	মাদক পাচারের স্থান ও রুট
রাজশাহী 'ক' সার্কেল	ফেনসিডিল	স্থান-রাজানগর, জেলা-মুর্শিদাবাদ, রাজ্য-পশ্চিমবঙ্গ	স্থান- শাহাপুর, টাঙ্গন, থানা-মতিহার, জেলা-রাজশাহী	মুর্শিদাবাদ জেলার রাজানগর হয়ে মতিহার থানাধীনশাহাপুর-টাঙ্গন-রাজশাহী হয়ে ঢাকা।
ঐ	ফেনসিডিল	কৃষ্ণ রামচন্দ্রপুর, থানা-লালগোলা, জেলা-মুর্শিদাবাদ, রাজ্য-পশ্চিমবঙ্গ	সোনাকান্দি, হরিপুর,থানা-পবা, জেলা- রাজশাহী	মুর্শিদাবাদ জেলার লালগোলা থানাধীন আশারিয়াদহ চর হয়ে বাংলাদেশের পবা থঅনার সোনাকান্দি, হরিপুর,পবা হয়ে রাজশাহী - ঢাকা।
ঐ	হেরোইন	স্থান- লালগোলা, আশঅরিয়াদহ, থানা-লালগোলা, জেলা মুর্শিদাবাদ, রাজ্য-পশ্চিম বঙ্গ	স্থান বকচর, পোলাডাঙ্গা, দিয়ার মানিকচর, মহিষালবাড়ী ঘাট, বিদিরপুর, প্রেমতলি, থানা- গোদাগাড়ী, জেলা-রাজশাহী	মুর্শিদাবাদ জেলার লালগোলা থানাধীন আশারিয়াদহ চর হয়ে বাংলাদেশের চাপাইনবাবগঞ্জের সদরথানারবকচর, পোলাডাঙ্গা, গোদাগাড়ী থানার দিয়ার মানিকচর হয়ে গোদাগাড়ী রাজশাহী - ঢাকা।
রাজশাহী 'খ' সার্কেল	ফেনসিডিল	স্থান: আজিমপুর, সিংপাড়া,উদয়নগর, রঘুনাথপুর, চকমাথরা, থানা-সগরপাড়া, জেলা	স্থান আলাইপুর ঘাট, পাকুড়িয়া, ভানুকর, মীরগঞ্জ, রাওথা, থানা-বাঘা, জেলা-রাজশাহী	মুর্শিদাবাদ জেলার সাগরপাড়া থানার আজিমপুর, সিংপাড়া, উদয়নগর, রঘুনাথপুর চকমথরা এলাকার সীমান্ত দিয়ে বাংলাদেশের বাঘা থানাধীন আলাইপুর ঘাট,

সার্কেলের নাম	পাচারকৃত মাদকদ্রব্য	ভারত অংশের সীমান্তবর্তী রাজ্য, স্থান ও জেলার নাম	বাংলাদেশ অংশে সীমান্তবর্তী স্থান, থানা ও জেলার নাম	মাদক পাচারের স্থান ও রুট
		মুর্শিদাবাদ, রাজ্য-পশ্চিমবঙ্গ		পাকুড়িয়া, মীরগঞ্জ রাওথা হয়ে লালপুর-নাটোর-ঢাকা।
ঐ	ফেনসিডিল	স্থান তহলিবিল, জাগিরপাড়া, খয়েরপাড়া, বাগমারী, রামচন্দ্রপুর, থানা-জলঙ্গি, জেলা-মুর্শিদাবাদ, রাজ্য- পশ্চিমবঙ্গ	স্থান-ইউসুফপুর, মুক্তারপুর, রাওথা, থানা-চারঘাট, জেলা রাজশাহী	মুর্শিদাবাদ জেলার খয়েরপাড়া, জগিরপাড়া, সাগরপাড়া, কাগমারী, রামচন্দ্রপুর এলাকা দিয়ে বাংলাদেশের রাজশাহী জেলার চারঘাট থানাধীন ইউসুফপুর, মুক্তারপুর,নাটোর হয়ে ঢাকা।

Others drug smuggling route

উত্তরাঞ্চলীয় যত রুট: পঞ্চগড় সদরের মিরগর, ফুটকিবাড়ী, কহরুর হাট, চাকলাহাট (রঙ্গিবাড়ী) ,বোদা উপজেলার বড়শশী, আটোয়ারী উপজেলার গাড়িয়ানপাড়া/গোয়ালপাড়া, গিরাগাও, তেতুলিয়া উপজেলার কাজীপাড়া, দর্জিপাড়া, শরিয়ালজোত, কানকাটা, ভজনপুর, গোয়ালগাছ, নারায়নজোত ও বাংলাবান্দা রুট দিয়ে চোরাকারবারীরা মাদকদ্রব্য আনছে।

এদিকে নওগার সাপাহার উপজেলার আগ্রদ্বিগুন, শিমুলতলী, চকচুন্ডী, চকিলাম কালুপাড়া, পিড়লডাঙ্গা-বিহারীনগর ব্রিজ, মহাদেবপুর উপজেলার মাতাজী রোড, পত্নীতলা উপজেলার কৃষ্নগর ইউনিয়নের গোপীনগর-চকমলি-পত্নতলা বাজার রোড, পোরশা উপজেলার দোয়ারপাল-কানাইবাড়ী-সরাইগাছি রোড, সাপাহার উপজেলার আইহাই-পাতাড়ি-সাপাহার ও হাপানিয়া-দিঘিরহা-সাপাহার রুটমাদক পাচারে ব্যবহৃত হচ্ছে।

South and south western part in Bangladesh part and india border areas

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

দক্ষিণ-পশ্চিমাঞ্চলীয় রুট: সাতক্ষীরা সদরের কুশখালী, ঘোনা, বৈকার, কেড়াগাছি, পদ্মশাখরা, ভোমরা, গাজীপুর, হাড়দ্দাহ, দেবহাটা থানার কুলিয়া, শাখরা, বহেরা, তাতশালা, টাউনশ্রীপুর, কলারোয়া থানার চান্দুড়িয়া, হিজলদী, বড়ালী, গোয়ালপাড়া, ভাদিয়ালী, সুলতানপুর, কাকডাঙ্গা, কালীগঞ্জ থানার নলতা, খানজিয়া হয়ে সাতক্ষীরায় মাদক প্রবেশ করে।

এদিকে যশোরের শার্শা উপজেলার রুদ্রপুর, গোগা, অগ্রভুলট ও বাগআচড়ার মধ্য দিয়ে নাভারণ বাজার হয়ে অথবা বাআচড়ার মধ্য দিয়ে ঝিকরগাছা হয়ে যশোরের পুলেরহাটে মাদকদ্রব্য আসছে। বেনাপোল বন্দর থানার পুটখালী দৌলতপুর,গাতিপাড়া,সাদীপুর, রঘুনাথপুর থেকে শার্শা-নাভারণের দিকে যাচ্ছে মাদক। এ ছাড়া চুয়াডাঙ্গার জীবননগর উপজেলার বেনীপুর, হরিহরনগর, রাজাপুর, চুয়াডাঙ্গা সদরের শিংনগর, দামুড়হুদা উপজেলার নিমতলা, জয়নগর, সুলতানপুর, কামারপাড়া, হুদোপাড়া, ফলবাড়ী, ঠাকুরপুর,মুন্সীপুর ও পীরকুল্যা সীমান্ত এলাকা দিয়ে আসছে মাদকের চালান।

ঝিনাইদহের মহেশপুর সীমান্ত থেকে কুসুমপুর, গোপালপুর, লেবুতলামগদাসপুর, পলিয়ানপুর, খোসালপুর, বাগডাঙ্গা, জিঞ্জিরাপাড়া,মালবাড়িয়া,নড়াইহাট,শ্রীনাথপুর, গুড়দাহ,পদ্মপুকুর,সোজিয়া, শ্যামকুড়, নোপ,জলুলি, কাজীরবেড় ও যাদবপুর দিয়ে কোটচাদপুর হয়ে কালীগঞ্জেআসছে নানা মাদক।

Northern Border (Indian States of Assam and Meghalaya)

District	Vulnerable points of trafficking in Bangladesh	Counter areas at Indian sides
Kurigram	Roumari, Nageshari	Gouripur, Golakganj, Dhubri, Singrimari, Mankarchar of Dhubri, Assam.
Sherpur	Jhinaigati, Nalitabari	Dalu, Barengapara of South Garo Hills, Meghalaya
Mymensingh	Haluaghat, Dhobaura	Baghmara of South Garo Hills, Meghalaya
Netrokona	Durgapur, Kamalkanda	Baghmara of South Garo Hills,

Eastern Border of Bangladesh and India

District	Vulnerable points of trafficking in Bangladesh	Counter areas at Indian sides
Sylhet	Zakiganj, Chunarughat, Madhabpur	Hilara, Bilanga, Karimganj, Mohanpur, Bamufia, Pachem, Bhubanban of Assam.

সিলেট অঞ্চল: সিলেটের কোম্পানীগঞ্জ উপজেলার উৎমা, কালাইরাগ, টিকাডহর, বড়পুঞ্জি বাজার; গোয়াইনঘাট উপজেলার বিছনাকান্দি, মাদ্রাসাবাজার, জাফলং জিরোপয়েন্ট, সংগ্রামপুঞ্জি; জৈন্তাপুর উপজেলার চানঘাট, হেওয়াই, যশপুর, আসামপাড়া, তামাবিল রোড; কানাইঘাট উপজেলার চোরারঘাট, কানাইঘাট বাজার, বড় চতুল, ছোট চতুল, গোলাগুল; জকিগঞ্জ উপজেলার মুইয়াখালী, বড় পাথর, লোহারপুর, গঙ্গাজল; বিয়ানীবাজার উপজেলার সুতারকান্দি ও শ্যাওলা রোড ধরে সিলেটে আসছে মাদকদ্রব্যের চালান।

এদিকে হবেগঞ্জের চুনারুঘাট উপজেলার বাল্লা ও মাদবপুর উপজেলার মনতলা; মোলভীবাজারের বড়লেখা উপজেলার লাতু-শাহাদাতপুর, জুড়ী উপজেলার ফুলতলা, কুরাউরা উপজেলার চাতলাপুর, শরিফপুর, কমলগঞ্জ উপজেলার ইসলামপুর; সুনামগঞ্জের ছাতক উপজেলার কালারুকা,বনগাও, রামপুর; দোয়ারাবাজার উপজেলার আমবাড়িঘাট, বাংলাবাজার; সদর উপজেলার আনাওরা, হালুয়াঘাট; বিশ্বম্ভরপুর উপজেলার চিনাকান্দি, গুচ্ছগ্রাম; তাহিরপুর উপজেলার বড়ছাতা, বাগড়া,কাউকান্দি এবং ধর্মপাশা উপজেলার কলদাকোনা ও উত্তরবংশী কুন্ডা হয়েও মাদক আসছে।

Drug trafficking route in Chottogram

District	Vulnerable points of trafficking in Bangladesh	Counter areas at Indian sides
Bramhanbaria	Karimganj, Karimpur, Kashba, Akhaura, Singerbil, Paharpur, Bijoynagar.	Ramnagar, Narayanpur, Sonapura, Bishalghor, Joynagar, Agartola, halhali, Ranir Bazar of West Tripura, Tripura.
Cumilla	Jagannathdighi, Chowddagram, Golpasa, Kalikapur, Jagannathpur, Rajapur, Burichong, Brahmanpara Bibirbazar	Camper Bazaar, Bibir Bazaar, Khadala, Hapania Takariala, Barjala, Melaghar, Kathalia, Sonamura, of West Tripura, Tripura.
Feni	Sagalnaiya, Phulgazi, Porshuram	Belonia, Rajnagar of South Tripura, Tripura

চট্টগ্রামের মীরসরাই ও ফটিকছড়িউপজেলার ভূজপুর থানার সঙ্গে ভারতের ত্রিপুরা রাজ্যের ১১ কিলোমিটার সীমান্ত রয়েছে।উচু পাহাড় ও বন-জঙ্গলঘেরা এ সীমান্ত দিয়ে এস ফেনসিডিলের চালান। ব্রাম্মণবাড়িয়া-কুমিল্লা-ফেনী-পাহাড়তলী রেলপথেও মাদক আসে।

পার্বত্য চট্টগ্রাম, রাঙ্গুনীয়া, রাউজান, চন্দনাইশ,পটিয়া হয়ে এবং টেকনাফ-উখিয়া-কক্সবাজার থেকে সড়ক ও সমুদ্রপথে ইয়াবা আসে চট্টগ্রাম মহানগরীতে। বন্দরবানের নাইক্ষ্যংছড়ি উপজেলার সোনাইছড়ি ইউনিয়ন, ঘুমধুম ইউনিয়নের রেজু আমতলী,তমব্রু,বেতবুনিয়া,

আশারতলী, চাকঢালী, ফুলতলী, দোছাড়ি ইউনিয়নের লেবুছড়ি, নাইক্ষ্যংছড়ি সদরের রেস্টহাউস রোড, উপজেলার প্রধান সড়ক সংলগ্ন বার্মাপাড়া হয়ে মাদক পাচার হচ্ছে। এছাড়া কক্সবাজারের উখিয়া সীমান্তের পালংখালী বালুখালী, ঘুমধুম রেজুপাড়া,তম্বু ও আশেপাশের কয়েকটি পয়েন্ট দিয়ে ইয়াবা আসে। ফেনীর ছাগলনাইয়া উপজেলার মধুগ্রাম-জঙ্গলমিয়া বাজার শুভপুর-উত্তর দারোগার হাট-বারইয়ার হাট এবং উত্তর যশপুর-মটুয়া-ছাগলনাইয়া বাজার -মুহুরীগঞ্জ রোড হয়েও চট্টগ্রামে মাদক প্রবেশ করে।এদিকে রাঙামাটির বাঘাইছড়ি উপজেলার সাজেক ইউনিয়নে ওল্ড লঙ্গর, নিউ লঙ্গর ও শ্রীনগর: বরকল উপজেলার ভুষণছড়া ইউনিয়নের খেগামুখ, বড়হরিণা ইউনিয়নের হরিণা ও তেতংপাড়া গ্রামহয়ে আসছে মাদক। খাগড়াছড়ির লাচারী পাড়া, শশীগড়, মন্দিরটিলা, রামগড় গফুর সরদারের চর, দারোগাপাড়া, মহামুণি, বাগানবাজার, নলুয়া,আধারমানিক, বসুন্ধরা, ফেনীর কুল ও জমিরছড়া এলাকা থেকেও ফেনী-চট্টগ্রামসহ দেশের বিভিন্ন স্থানে মাদক পাচার হচ্ছে।

Some New Routes of Phensedyl Trafficking

Vulnerable points of trafficking in Bangladesh	Counter areas at Indian sides
Shimultoli,Chakmolidanga para, Potnitola, Radhanagar, Hatpara, Shitolmath, Chalander of Naogaon	Balurghat, South Dinajpur, Paschimbanga

CHAPTER-8
Recommendation for way forward

While most of the drug users' onset smoking at the age of 7 years, about 40% initiate consuming drug at the age of before 18. To the young, Yaba and Cannabis drugs appear to be the drug of their choice if looked at the consumption pattern.   The major push factors are pressure from peer or classmate and depression,   avialibility of drugs and prolonged sexual ejaculation appear to be the major pull factors. A significant number of drug users reported that they are getting drugs through drug user friends and 46.5% respondents reported on the providers of drug seller/paddler and nearly one-third respondents reported on drug suppliers/traffickers. In view of the foregoing, for overcoming drug problems and challenges, the major recommendations include the following:

- Controlling supply of drugs by giving the prime attention to Mymenmar and Indian boarder where trafficking routes are active and drug mobility is highest
- Advocacy with the ministry of education for inclusion of the underlying causes and consequence of drug use in the text books;
- Initiating school and community based campaign program to prevent young community particularly students from being involved with drugs;
- Developing sensitization plan for the parents to make them responsive and develop friendly relation with their children particularly adolescent;
- Reviewing, updating and amendment of DNC policy and ensuring accountability of law enforcing agencies;
- Developing an effective network with private sector treatment and rehabilitation center lead by DNC, however, make them accountable to DNC;
- Framing up a standard operation procedure (SOP) manual for all treatment center flagship by DNC and providing training to them for delivering quality treatment services;
- Regularly visiting private treatment center, organizing and conducting meeting with them, and providing specific feedback for further development of plan of action;

মাদক সেবনের কারণ এবং মাদকের শিকার
সম্পর্কিত জরিপ প্রশ্নপত্র

পরিচিতি: আমার নাম------------------------ । আমি এসএ কনসাল্ট ইন্টারন্যাশাল এর পক্ষে মাদক দ্রব্য নিয়ন্ত্রন অধিদপ্তর, সুরক্ষা সেবা বিভাগ, স্বরাষ্ট্র মন্ত্রণালয়ের অধীনে একটি জরীপ কার্যক্রম পরিচালনা করছে। আপনারা অবগত আছেন যে, বর্তমানে বাংলাদেশে মাদকের অপব্যবহার প্রতিনিয়ত বেড়েই চলেছে। যা দেশের জন্য এক ভয়াবহ আকার ধারণ করছে। ফলে, বর্তমান সরকার মাদকের অপব্যবহারকে "শূন্য সহনশীলতা" ঘোষনা করেছে। সুতরাং, মাদকের অপব্যবহার এবং মাদকের শিকার হওয়ার কারণ সমূহ জানার জন্য আমরা এই জরিপ কাজের জন্য এসেছি।

গোপনীয়তা এবং সম্মতি : আমরা এই সাক্ষাৎকারে আপনার আর্থ-সামাজিক তথ্য, মাদকে সম্পৃক্ততার কারণ, কী কী ধরণের মাদক ব্যবহার করছেন ইত্যাদি সম্পর্কে কিছু জানতে চাইব। এই জরীপ সম্পর্কে আরো কিছু জানতে চাইলে মো: সাইদুর রহমান (গবেষণা কর্মকর্তা) এর সাথে ০১৭১২১০০৫৫৯ এই নম্বরে ফোন করে জানতে পারবেন।

আপনার প্রদত্ত তথ্য সম্পূর্ণ গোপন রাখা হবে এবং এই তথ্য সংগ্রহ করতে আমাদের আনুমানিক এক ঘন্টা সময় লাগবে। এই জরীপে অংশগ্রহণের জন্য আপনাকে কোন রকম জোর করা হবে না এবং আমরা আশা করছি আপনি স্বেচ্ছায় প্রশ্নোত্তর দিতে সম্মত হবেন, কেননা এই বিষয়ে আপনার মতামত আমাদের কাছে খুবই গুরুত্বপূর্ণ। আপনি কোন প্রশ্নের উত্তর না দিতে চাইলে আমাদেরকে বলবেন আমরা পরবর্তী প্রশ্নে চলে যাব। এই জরীপে আমাদেরকে সহায়তা করার জন্য আমরা আপনাকে বিশেষ ধন্যবাদ জানাচ্ছি।

আপনার কি এই জরিপ সম্পর্কে কোন প্রশ্ন আছে? আমরা কি তাহলে শুরু করতে পারি?

উত্তরদাতা উত্তর দিতে সম্মত আছেন: ☐

উত্তরদাতা উত্তর দিতে সম্মত নন: ☐ ➔ বন্ধ করুন

১	ইউনিয়ন:		উপজেলা/থানা:	
২	জেলা:		বিভাগ:	
৩	সাক্ষাতকারের সময়:			
৪	সাক্ষাতকার গ্রহনকারীর নাম:			স্বাক্ষর:
৫	তদারক কারীর নাম:			স্বাক্ষর:

চিহ্নিতকরণ (**IDENTIFICATION**):

ক্রমিক নং	প্রশ্ন	কোডের ধরন	
100	উত্তরদাতার ধরন	পুরুষ	1
		মহিলা	2
		হিজড়া	3

সেকশন ১ ঃ আর্থ-সামাজিক তথ্যাবলী

ক্রমিক নং	প্রশ্ন	কোডের ধরন	নির্দেশ
101	আপনার বয়স কত? [সম্ভব হলে জাতীয় পরিচয় পত্র দেখে নিশ্চিত হোন]	বয়স (পূর্ণ বছর) ☐☐	
102	বর্তমানে আপনি কি লেখাপড়া করেছেন?	হ্যাঁ -----------------------------------1 না -----------------------------------2	➤104
103	বর্তমানে কোন শ্রেনীতে পড়াশুনা করছেন?	-----------------------------শ্রেনী	➤105
104	আপনি কোন শ্রেণী পর্যন্ত লেখাপড়া করেছেন?	প্রাইমারী স্কুল পাশ-----------------------1 অষ্টম শ্রেনী পাশ-----------------------2 এস এস সি পাশ-----------------------3 এইচ এচ সি পাশ-----------------------4 বি এ পাস/ মাস্টার্স পাশ-----------------4 কখনো স্কুলে যায় নাই--------------------5	
105	আপনার বাবা কোন শ্রেণী পাশ করেছেন?	প্রাইমারী স্কুল পাশ-----------------------1 অষ্টম শ্রেনী পাশ-----------------------2 এস এস সি পাশ-----------------------3 এইচ এচ সি পাশ-----------------------4 বি এ পাস/ মাস্টার্স পাশ-----------------4 কখনো স্কুলে যায় নাই--------------------5	
106	আপনার মা কোন শ্রেণী পাশ করেছেন?	প্রাইমারী স্কুল পাশ-----------------------1 অষ্টম শ্রেনা পাশ-----------------------2 এস এস সি পাশ-----------------------3 এইচ এচ সি পাশ-----------------------4 বি এ পাস/ মাস্টার্স পাশ-----------------4 কখনো স্কুলে যায় নাই--------------------5	
107	বর্তমানে আপনার বৈবাহিক অবস্থা কি?	অবিবাহিত--------------------------1 বর্তমানে বিবাহিত-----------------------2 আলাদা বসবাস-------------------------3 তালাকপ্রাপ্তা----------------------------4 বিধবা/বিপত্নীক-------------------------5 অন্যান্য (সুনির্দিষ্ট করুন)-------------------	
108	আপনার আয়ের প্রধান উৎস/ পেশা কী?	চাকুরি ----------------------------------1 ব্যবসা ----------------------------------2 কৃষি-------------------------------------3 দিন মজুর-------------------------------4 রিক্সা/ভ্যান/গাড়ী চালক--------------------5 গাড়ী/টেম্পুর হেলপার---------------------6 বেকার--------------------------------- 7 টিউশনি------------------------------- 8 মাদক পাচারকারী/বহনকারী---------------9 মাদক বিক্রি-----------------------------10 অন্যান্য (নির্দিষ্ট করুণ)--------------------	
109	আপনার মাসিক আয় কত টাকা? (সকলের আয় এক সাথে যোগ করতে হবে)	---------------------টাকা	

ক্রমিক নং	প্রশ্ন	কোডের ধরন	নির্দেশ
110	আপনার বাবার আয়ের প্রধান উৎস/ পেশা কী? [যেখান থেকে বেশী আয় হয়]	চাকুরি ----------------------------------1 ব্যবসা ----------------------------------2 কৃষি--3 দিন মজুর-------------------------------4 রিক্সা/ভ্যান/গাড়ী চালক--------------------5 অন্যান্য (নির্দিষ্ট করুণ)--------------------	
111	আপনার মায়ের আয়ের প্রধান উৎস/ পেশা কী? [যেখান থেকে বেশী আয় হয়]	চাকুরি ----------------------------------1 ব্যবসা ----------------------------------2 গৃহিনী--3 অন্যান্য (সুনির্দিষ্ট করুন)------------------	
112	আপনার পরিবারের মাসিক আয় কত টাকা? (সকলের আয় এক সাথে যোগ করতে হবে)	---------------------টাকা	
113	আপনি বর্তমানে কোথায় থাকেন?	বাবা-মায়ের সাথে-------------------------1 শুধু মায়ের সাথে ------------------------2 শুধু বাবার সাথে -----------------------3 সৎ মায়ের সাথে -----------------------4 সৎ বাবার সাথে ------------------------5 মেসে/হোস্টেলে (একা/বন্ধুদের সাথে)------6 বস্তিতে/রাস্তায়----------------------------7 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
114	দিনের বেশীরভাগ সময় আপনি কাদের সাথে থাকেন?	একা থাকি------------------------------1 বন্ধুদের সাথে ----------------------------2 পরিবারের সাথে থাকি--------------------- 3 আত্নীয়দের সাথে------------------------4 স্কুল/কলেজ/বিশ্ববিদ্যালয় ক্যাম্পাসে--------5 কর্মস্থলে---------------------------------6 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	

সেকশন ২: মাদক ও মাদকগ্রহণ সংক্রান্ত তথ্য

ক্রমিক নং	প্রশ্ন	কোডের ধরন	নির্দেশ
201	আপনি যখন প্রথম সিগারেট/টোবাকো খেয়েছেন তখন আপনার বয়স কত ছিল?	বছর (পূর্ণ বছর) ☐☐	
202	সিগারেট/টোবাকো খাওয়ার জন্য কে আপনাকে প্রভাবিত করেছে ?	বন্ধু/সহপাঠি----------------------------1 বাবার খাওয়া দেখে------------------------2 সামাজিক----------------------------------3 সিগারেট/টোবাকোর সহজ লভ্যতা----------4 কৌতুহল বসত-----------------------------5 কেউ প্রভাবিত করে নাই-------------------6 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
203	বর্তমানে আপনি প্রতিদিন কতটি টোবাকো/সিগারেট খান?	----------------টি	
204	আপনি কতদিন যাবৎ যে কোন ধরনের মাদকদ্রব্য (সিগারেট ব্যতীত) ব্যবহার/গ্রহণ করছেন?	বছর (পূর্ণ বছর) ☐☐	
205	আপনি প্রথম যখন (চিকিৎসা ব্যতীত) মাদক গ্রহণ শুরু করেন , তখন আপনার বয়স কত ছিল?	বয়স (পূর্ণ বছর) ☐☐	

ক্রমিক নং	প্রশ্ন	কোডের ধরন	নির্দেশ
206	মাদক খাওয়ার জন্য কে আপনাকে প্রভাবিত করেছিলো ?	বন্ধু/সহপাঠি----------------------------1 কৌতুহল বসত ----------------------------2 বিষন্নতা----------------------------------3 আত্মীয় স্বজন----------------------------4 বাবা খাওয়া দেখে----------------------5 মাদকের সহজ লভ্যতা--------------------6 মাদক বিক্রেতা----------------------------7 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
207	আপনি বর্তমানে কী কী ধরনের মাদক গ্রহণ করছেন? (একাধিক উত্তর হতে পারে)	হ্যা না ইয়াবা (বড়ি)--------------------- 1 2 হিরোইন (বাদামি পাউডার)-------1 2 ফেনসিডিল----------------------1 2 গাজা-------------------------1 2 টিডি/বেনো /লুবো জেসিক---------1 2 প্যাথেডিন-----------------------1 2 সিডেটিভ/ঘুমের বড়ি--------------1 2 রেক্টিফাইড স্পিরিট------ -------- 1 2 দেশী মদ----------------------1 2 বিদেশী মদ---------------------1 2 পচুই/তাড়ি---------------------1 2 গু/ড্যান্ডি--------------------------1 2 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
208	বর্তমানে আপনি প্রতিদিন কতবার মাদক গ্রহন করেন?	--------------------বার	
209	মাদকের জন্য প্রতি মাসে আপনার কত টাকা খরচ হয়?	--------------------টাকা	
210	আপনি কেন মাদক গ্রহন করছেন? (একাধিক উত্তর সম্ভব)	হ্যাঁ না **পারিবারিক কারণ** বাবা মায়ের দন্ধের কারণে----------1 2 পরিবার পড়ার খরচ দিতে পারে না----1 2 পরিবারের আর্থিক কারণে------------1 2 বাবা-মায়ের অবহেলার কারণে--------1 2 অন্যান্য (সুনির্দিষ্ট করুন)-------------------- *সামাজিক কারণ* সবার মাঝে নিজেকে প্রকাশের জন্য-- 1 2 বন্ধু/সহপাঠি----------------------1 2 দীর্ঘ সময় ফেসবুকে করা যায়-------- 1 2 চাকুরি না পাওয়া-------------------- 1 2 অন্যান্য (সুনির্দিষ্ট করুন)-------------------- *ব্যক্তিগত কারণ* বিষন্নতার জন্য----------------------1 2 সুখী হওয়ার জন্য -------------------1 2 স্বাস্থ্যবান/শক্তিশালী হওয়ার জন্য------1 2 দীর্ঘ সময় কাজ করার জন্য-----------1 2 যৌন কাজে দীর্ঘ সময় থাকা যায়------1 2 দুঃখ ভুলে থাকার জন্য --------------1 2 প্রেমে ব্যর্থ হয়ে ---------------------1 2 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	

ক্রমিক নং	প্রশ্ন	কোডের ধরন	নির্দেশ
211	আপনার জন্য কে মাদক সরবরাহ করে? (একাধিক উত্তর হতে পারে)	**হ্যাঁ** **না** মাদক ব্যবসায়ী--------------------1 2 বন্ধু/সহপাঠি ---- -----------------1 2 পথশিশু/টোকাই--------------------1 2 আত্মীয় স্বজন --------------------1 2 বাবা -------------------------- 1 2 মাদক সরবরাহকারী ----------------1 2 বাসার কাজের লোক-----------------1 2 নিজে নিজে কিনে নেই--------------1 2 অন্যান্য (সুনির্দিষ্ট করুন)---------------------	
212	আপনার জানা মতে এ সমস্ত মাদকদ্রব্য সরবরাহের মূল উৎস কী ?	--------------------------------------1 --------------------------------------2 --------------------------------------3	
213	আপনি সাধারণত কোথায়/স্থানে বসে মাদক গ্রহন করেন?	স্কুল/কলেজ/বিশ্ববিদ্যালয় ক্যাম্পাস----------1 বাড়িতে বসে----------------------------2 উভয় স্থানে (১ও ২) ----------------------3 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
214	আপনার মতে কোন কোন ধরণের মানুষ/লোক মাদক সেবন করে (সরাসরি মাদকের সাথে যুক্ত) (একাধিক উত্তর হতে পারে)	**হ্যাঁ** **না** ছাত্র/ছাত্রী------------------------1 2 চাকুরি জীবি----------------------1 2 ক্ষুদ্র ব্যবসায়ী---------------------1 2 বড় ব্যবসায়ী---------------------1 2 দিন মজুর-----------------------1 2 রিক্সা/ভ্যান চালক-------------------1 2 গাড়ী চালক/হেলপার--------------- 1 2 বেকার যুবক/যুবতি-----------------1 2 পথশিশু/টোকাই--------------------1 2 ক্ষুদ্র নৃগোষ্ঠী----------------------1 2 শিক্ষক/শিক্ষিকা--------------------1 2 রাজনৈতিক প্রভাবশালী ব্যক্তি---------1 2 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
215	আপনার মতে কোন কোন ধরণের মানুষ/লোক পরোক্ষভাবে মাদক সেবনের সাথে যুক্ত (পরোক্ষভাবে মাদকের সাথে যুক্ত) (একাধিক উত্তর হতে পারে)	**হ্যাঁ** **না** মাদক ব্যবসায়ী--------------------1 2 পথশিশু/টোকাই--------------------1 2 বেকার যুবক/যুবতি---------------- 1 2 গাড়ী চালক/হেলপার--------------- 1 2 রিক্সা/ভ্যান চালক-------------------1 2 ছাত্র/ছাত্রী------------------------1 2 চাকুরি জীবি----------------------1 2 ক্ষুদ্র ব্যবসায়ী---------------------1 2 বড় ব্যবসায়ী---------------------1 2 ক্ষুদ্র নৃগোষ্ঠী--------------------- 1 2 রাজনৈতিক প্রভাবশালী ব্যক্তি--------1 2 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	

ক্রমিক নং	প্রশ্ন	কোডের ধরন	নির্দেশ
216	এই সকল মাদক সাধারণত কোথায় পাওয়া যায়? (একাধিক উত্তর হতে পারে)	**হ্যাঁ** **না** স্থানীয় বাজারে---------------------1 2 স্থানীয় বস্তিতে---------------------1 2 এলাকার মাদক বিক্রেতাকে ফোন করলে পৌছে দিয়ে যায়--------------------1 2 মাদক বিক্রেতার বাড়ি থেকে অথবা তার নিদের্শিত স্থান থেকে----------------1 2 বিদ্যালয়ের ক্যাম্পাসে পাওয়া যায়-----1 2 ঔষধের দোকান---------------------1 2 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
217	মাদক নেয়ার ফলে কি কি সমস্যা হতে পারে বলে আপনি মনে করেন? (একাধিক উত্তর হতে পারে)	**হ্যাঁ** **না** *ব্যক্তিগত সমস্যা* ক্লান্তি বোধ করা----------------------1 2 আর্থিক ক্ষতি হয়--------------------1 2 বাজে/খিটখিটে মেজাজ--------------1 2 দুশ্চিন্তা /ভয়----------------------1 2 ঘুমে সমস্যা-----------------------1 2 বিষন্নতা -------------------------1 2 পড়াশুনা/কর্ম ক্ষেত্রে খারাপ করা-----1 2 অসুস্থতা-------------------------1 2 চিকিৎসায় বেশী খরচ হয়-----------1 2 কাজ করার ক্ষমতা নষ্ট হয়----------1 2 অন্যান্য (সুনির্দিষ্ট করুন)-------------------- *পারিবারিক সমস্যা* সম্পর্ক নষ্ট/ছিন্ন হওয়া-------------1 2 অপদস্থ হওয়া --------------------1 2 শিশুদেও প্রতি আস্থা নষ্ট হওয়া ------1 2 দুশ্চিন্তা /ভয়----------------------1 2 অন্যান্য (সুনির্দিষ্ট করুন)-------------------- *সামাজিক সমস্যা* অপরাধ বেড়ে যায়------------------1 2 হিংস্রতা বেড়ে যায়----------------- 1 2 দুর্ঘটনা বেড়ে যায়-------------------1 2 সম্পর্ক নষ্ট হয়---------------------1 2 সমাজে গ্রহনযোগ্যতা নষ্ট হয়-------- 1 2 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
218	মাদক গ্রহনের ফলে বর্তমানে আপনার অবস্থা কী? (ভালো মন্দ ফলাফল)	**ভালো ফলাফল:** -------------------------------------1 -------------------------------------2 **মন্দ ফলাফল:** -------------------------------------1 -------------------------------------2 -------------------------------------3	
219	এই সকল মাদক সাধারণত কোথায় থেকে আসে/সরবরাহ করা হয় ?	_____	

ক্রমিক নং	প্রশ্ন	কোডের ধরন	নির্দেশ
220	আপনার কি মনে হয় যে যুবক শ্রেণী মাদকের সাথে বেশী জড়িয়ে/সম্পৃক্ত হচ্ছে?	হ্যাঁ--------------------------------------1 না--------------------------------------2	➜ 222
221	হ্যাঁ হলে কেন মনে হয়?		
222	আপনার মতে যুবকদেরকে কিভাবে মাদক থেকে রক্ষা করা যায়? (একাধিক উত্তর হতে পারে)	জাতীয়ভাবে প্রচারণা করা----------------------1 বিদ্যালয়ে সেলফ হেলফ দল তৈরী---------------2 পিতা-মাতা সন্তানদের সাথে সু-সম্পর্ক তৈরী-----3 পিতা-মাতা সন্তানদের বন্ধু সম্পর্কে জানা--------4 মাদক বিষয়ে পাঠ্যপুস্তকে অন্তভূক্ত করা----------5 মাদক সেবীদের চিকিৎসার ব্যবস্থা করা----------6 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
223	আপনার মতে সমাজে কোন শ্রেনীর লোক মাদক ব্যবসার সাথে জড়িত আছে? (একাধিক উত্তর হতে পারে)	হ্যাঁ না আর্থিক প্রভাবশালী------------------1 2 রাজৈনতিক প্রভাবশালী-------------1 2 সামাজিক প্রভাবশালী----------------1 2 ব্যবসায়ী------------------------ 1 2 বেকার যুবক----------------------1 2 ছাত্র/ছাত্রী------------------------1 2 এলাকার মাস্তান/সন্ত্রাসী------------- 1 2 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	

সেকশন-৩: মাদক নিরাময় ও আইনশৃঙ্খলা বাহীনির ভূমিকা বিষয়ে তথ্য

301	আপনি কি কখনো মাদক মাদক নিরাময় কেন্দ্রে ভর্তি হয়েছিলেন?	হ্যাঁ -------------------------------------1 না -------------------------------------2	➜ 303
302	হ্যা হলে কার ইচ্ছায় ভর্তি হয়েছিলেন?	নিজে ইচ্ছায়-----------------------------1 অভিভাবকের ইচ্ছায়-----------------------2 বন্ধু বান্ধবের পরামর্শে----------------------3 সামাজিক চাপে---------------------------4 অন্যান্য (সুনির্দিষ্ট করুন)--------------------	
303	মাদক সেবন প্রতিরোধে আইন শৃঙ্খলা বাহিনীর ভূমিক সম্পর্কে আপনার মতামত?	-------------------------------------1 -------------------------------------2 -------------------------------------3	

সেকশন-৪: অন্যান্য বিষয়

৪. ১. বিভিন্ন ধরণের মাদক ও তার ব্যবহার

মাদকের নাম	স্থানীয় নাম	কিভাবে/কোন পদ্ধতিতে সেবন করা হয়	আপনি কি কখনো ব্যবহার করেছেন (হ্যাঁ/না)	হ্যাঁ হলে তখন আপনার বয়স কত ছিল

৪. ২. আপনার জানা মতে নিম্নের সারনীর মাদকে মূল্য সম্পর্কে তথ্য

মাদকের নাম	উদাহরণ	পূর্ব মূল্য	বর্তমান মূল্য
ইয়াবা (বড়ি) বড়	লাল/গোলাপী রঙের ট্যাবলেট		
ইয়াবা (বড়ি) ছোট	লাল/গোলাপী রঙের ট্যাবলেট		
ফেনসিডিল (সিরাপ)	কাশির সিরাপ		
হিরোইন	বাদামি পাউডার		
টিডি/বনো /লুবো জেসিক	ইঞ্জেকশন সাদা পানির মত		
গাঁজা	গাঞ্জা		
প্যাথেডিন ইঞ্জেকশন	ব্যথার ইঞ্জেকশন		
কোকেন	সাদা পাউডার		
ঘুমের বড়ি	ট্যাবলেট		
রেকটিফাইড স্পিরিট	সাদা পানির মত		
কেরু এন্ড কোং	সাদা বোতলজাত পানিয়		
চরস	বাদামি		
বাংলা মদ	প্লাস্টিক জারে/বোতল		
বিদেশী মদ	বোতল জাত		
ভাঙ্গ			
সিগারেট/টোবাকো	৫৫৫/বেনসন	১টির:	১ টির:
ই-সিগারেট			
ধোয়া বিহিন তামাক	গুল ও জর্দা (কৌটা)		

বিদ্রঃ প্রশ্নপত্রটি ভালো ভাবে চেক করুন এবং নিশ্চিত হোন কোথাও কোন প্রশ্ন ভুলে বাদ পড়ে গেল কি না অথবা আপনি ঠিক মত উত্তর সমূহ ◯ করেছেন কি না। প্রশ্ন পত্রটি চেক করার পর উত্তর দাতাকে ধন্যবাদ দিয়ে সাক্ষাত শেষ করুন।

সাক্ষাত গ্রহনের তারিখ--------/---------/---------

সাক্ষর করুন:

DATA SET
SECTION-3

Table 3.1: Percentage distribution of the respondents regarding age distribution by divisions

Indicators	Name of the Divisions								
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	All Divisions
≥18 years	10.5	10.4	9.1	0.0	4.5	1.3	5.7	8.0	6.8
19-23 years	18.9	27.6	22.6	5.2	6.9	9.1	20.0	12.7	15.3
24-28 years	31.1	34.0	29.6	23.7	19.0	23.9	32.2	21.1	26.7
29-33 years	21.3	12.4	26.1	37.4	8.3	23.0	23.0	13.3	20.0
34-38 years	10.0	8.8	10.4	24.1	13.8	20.9	10.9	12.4	13.4
39-43 years	6.5	3.6	1.7	9.6	10.3	10.9	6.1	10.7	7.7
44+ years	1.6	3.2	.4	0.0	37.2	10.9	2.2	21.8	10.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average	**27.6**	**26.5**	**26.7**	**31.3**	**37.4**	**32.8**	**28.1**	**32.8**	**30.4**

Table 3.2: Percentage distribution of drug users on education status by divisions

Indicators	Name of the Divisions								
Education status	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	All Divisions
Yes	21.6	18.4	28.7	3.0	13.1	17.8	13.0	18.9	17.3
No	78.4	81.6	71.3	97.0	86.9	82.2	87.0	81.1	82.7
Denominator is who currently in education									
Up to Class 10	7.6	17.4	18.2	12.5	15.8	9.8	13.3	12.9	12.7
HSC	31.9	39.1	45.5	87.5	36.8	29.3	60.0	16.5	34.9
Degree and above	60.5	43.5	36.4	0.0	47.4	61.0	26.7	70.6	52.4
Denominator is who ever attained school									
PSC	26.7	17.2	19.5	18.7	44.0	1.1	30.0	34.9	25.7
JSC	25.8	24.1	15.9	43.5	15.9	14.3	17.5	20.6	23.1
S.S.C	10.0	25.1	12.2	27.5	7.1	23.3	10.0	15.9	15.8
H.S.C	26.7	25.6	26.2	8.8	11.9	33.9	5.0	13.5	18.7
BA/Masters	8.4	5.9	23.2	.8	12.7	24.9	3.0	2.2	8.8
Never been to school	2.6	2.0	3.0	.8	8.3	2.6	34.5	12.9	7.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.3: Percentage distribution of the respondents regarding educational status of fathers of drug users by divisions

Indicators	Name of the Divisions								All Divisions
Education level	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
PEC	24.5	25.2	12.2	33.7	29.3	16.5	30.9	30.4	25.9
JSC	12.9	16.4	13.9	20.4	19.3	21.7	10.9	9.6	14.9
S.S.C	14.7	14.4	13.0	10.0	6.9	20.9	8.3	8.7	12.0
H.S.C	18.5	22.4	24.3	17.4	4.1	16.1	4.3	11.1	14.8
BA/Masters	23.3	16.4	26.5	5.9	14.5	8.3	2.2	12.4	14.7
Never been to school	6.0	4.4	9.6	11.9	20.3	16.5	39.1	27.8	16.4
Dont know	0.0	.8	.4	.7	5.5	0.0	4.3	0.0	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.4: Percentage distribution regarding educational status of Mothers of drug users by divisions

Indicators	Name of the Divisions								All Divisions
Education status	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
PEC	22.0	31.2	22.6	37.8	34.8	37.0	33.9	24.2	29.0
JSC	16.2	14.0	19.1	15.2	13.8	22.2	9.1	7.1	14.1
S.S.C	16.4	18.4	20.9	14.8	9.0	13.0	4.3	15.8	14.4
H.S.C	15.1	22.8	13.9	.4	6.2	4.8	1.3	8.0	9.6
BA/Masters	10.7	4.0	7.0	.7	2.1	.9	0.0	1.8	4.1
Never been to school	19.6	8.8	16.5	31.1	29.0	22.2	48.3	43.1	27.7
Don't know	.8	0.0	0.0	5.2	0.0	3.0	0.0	1.0	.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.5: Percentage distribution of respondents regarding marital status by divisions

Indicators	Name of the Divisions								All Divisions
Marital status	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chattog ram	
Never married	45.5	56.8	46.1	23.3	24.5	35.7	38.3	36.4	38.6
Currently married	35.3	37.2	40.9	63.0	64.1	62.6	52.6	44.2	48.1
Separated	4.2	4.4	10.4	4.8	5.9	.9	1.7	9.1	5.4
Divorced	9.6	.8	1.7	7.0	3.1	.4	7.0	2.9	4.7
Widow/widowed	5.5	.8	.9	1.9	2.4	.4	.4	7.3	3.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.6: Percentage distribution of the respondents regarding main source of income by divisions

Indicators	Name of the Divisions								All Divisions
Occupation	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Service	5.3	9.2	15.2	6.7	11.4	25.2	13.5	10.7	11.0
Business	22.4	38.4	33.9	44.1	38.3	32.2	26.1	23.6	30.7
Agriculture	0.7	2.4	0.4	0.0	2.1	0.4	1.7	0.0	0.9
Day laboer	4.5	2.4	3.0	8.5	15.2	16.1	13.0	8.7	8.4
Rickshaw/van/ car driver	16.7	11.2	10.0	22.2	17.6	6.5	13.5	16.0	14.9
Car/tempo helper	4.9	8.8	5.2	10.4	4.8	3.5	3.9	2.2	5.2
Unemployed-	8.5	19.6	18.7	0.0	4.5	11.3	3.9	4.7	8.3
Tutoring	20.2	4.4	7.4	1.1	3.1	4.3	10.9	14.7	10.1
Drug trafficker/ career	0.4	0.0	0.9	0.4	0.7	0.0	3.0	2.7	1.0
Drug trade	0.7	0.8	4.3	2.6	0.0	0.4	0.4	1.1	1.2
Others(Graze Misteri, Technicianetc)	15.6	2.8	0.9	4.1	2.4	0.0	10.0	15.8	8.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.7: Percentage distribution of the respondents regarding the monthly income by divisions

Indicators	Name of the Divisions								All Divisions
Monthly Income	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
≥10000	15.8	15.8	30.6	32.2	28.1	17.8	64.6	11.3	24.5
11001-15000	20.6	22.2	32.7	47	31.4	31.7	15	28.6	28.5
15001-20000	39.7	38.4	25.8	20.4	21.8	41.3	20.0	37.9	31.7
20001-25000	4.2	10	7	0.4	9.7	5.3	0	9.1	5.5
25001-30000	9.3	5.2	0	0	2.1	1.7	0	3.8	3.6
30001+	10.4	8.4	3.9	0	6.9	2.2	0.4	9.3	6.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average income	**21033.27**	**19052.0**	**14811.30**	**13377.78**	**18136.21**	**15902.17**	**10522.61**	**20822.44**	**17622.88**

3.1.8 Main source of income of fathers of drug users

Table 3.8: Percentage distribution of drug users' fathers' occupational status by divisions

Indicators	Name of the Divisions								All Divisions
Fathers' Occupation	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Service	16.2	12.0	27.0	3.0	14.8	17.4	7.0	11.1	13.5
Business	20.9	45.2	36.5	27.4	23.4	29.6	28.3	25.8	28.1
Agriculture	3.3	9.2	6.5	8.1	15.9	1.7	7.0	2.7	6.2
Day labor	12.5	10.4	10.9	12.6	3.8	14.8	25.2	5.8	11.3
Rickshaw/van /car driver	4.7	5.6	6.1	3.7	2.8	3.5	3.9	4.7	4.4
Others (Retired, aging, etc)	29.3	9.6	5.2	16.7	26.2	32.6	11.7	10.0	18.6
Died	13.1	8.0	7.8	28.5	13.1	.4	17.0	40.0	17.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.9: Percentage distribution of drug users mothers on occupational status by divisions

Indicators	Name of the Divisions								All Divisions
Mothers' occupation	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Service	9.3	8.4	6.5	4.1	7.6	1.7	5.2	6.0	6.5
Business	.4	1.6	.4	4.1	3.4	.4	0.0	2.2	1.6
Home-maker	64.2	83.2	86.5	68.1	66.6	83.0	70.9	64.0	71.2
Others(Aging, retired etc)	18.9	5.6	3.9	13.7	11.4	12.6	10.4	6.4	11.2
Died	7.3	1.2	2.6	10.0	11.0	2.2	13.5	21.3	9.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.10: Percentage distribution of the respondents regarding their family income by divisions

Indicators	Name of the Divisions								All Divisions
Monthly family Incom	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
10000-15000	11.3	11.2	11.7	31.5	36.7	12.2	44.3	10.2	19.4
16000-20000	16.4	13.6	15.2	30.4	19.0	15.2	27.0	14.7	18.4
21000-25000	6.0	13.2	10.0	19.6	10.7	17.4	17.0	11.8	12.2
26000-30000	17.5	22.4	25.7	11.1	12.8	17.0	8.3	13.1	15.8
31000-35000	16.2	7.2	5.7	3.3	5.2	15.2	1.7	9.1	9.0
36000+	32.7	32.4	31.7	4.1	15.6	23.0	1.7	41.1	25.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average income	39797.82	34788.00	32847.83	20677.78	25415.52	31508.72	18404.57	36525.11	31604.26

Table 3.11: Percentage distribution of the respondents on their living arrangement by divisions

Indicators	Name of the Divisions								All Divisions
Living arrangement	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
With parents	42.5	77.2	71.7	53.7	42.1	56.1	43.0	46.0	51.7
Only with mother	12.7	4.8	2.2	11.9	9.0	2.2	4.8	4.7	7.3
Only with father	0.0	0.8	0.9	0.0	0.3	0.0	1.3	0.0	0.3
With step parents	0.5	0.4	0.9	0.0	0.7	0.0	0.0	0.0	0.3
Wife-children	21.6	3.2	10.4	18.5	27.6	37.4	37.4	31.8	23.8
Mass/Hostel(by Myself/with friends)	15.5	3.2	7.0	5.9	4.1	4.3	3.5	7.3	7.5
slum/street	7.1	10.4	7.0	10.0	16.2	0.0	10.0	10.2	9.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.12: Percentage distribution regarding most of the time passing with whom by the drug users

Indicators	Name of the Divisions								All Divisions
Places	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Workplace	42.0	48.8	56.1	25.6	37.6	59.6	45.2	55.6	46.0
With friends	32.9	30.8	29.6	58.9	44.5	22.2	27.4	26.4	33.9
By myself	11.5	7.6	6.5	11.5	11.0	2.2	9.6	10.2	9.3
With family	10.2	8.4	3.9	4.1	4.5	13.9	17.8	2.0	7.7
At school/ college/univer sity campus	3.5	3.6	3.9	0.0	2.1	1.7	0.0	5.8	2.9
With relatives	0.0	.8	0.0	0.0	.3	.4	0.0	0.0	.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.13: Percentage distribution regarding age at first smoking cigarette/tobacco by the drug users

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
≥10	11.5	4.8	3.5	0.0	12.2	.4	13.5	1.8	6.4
11-15	25.0	31.0	63.9	39.6	46.7	30.4	54.6	39.7	39.2
16-20	47.3	51.2	31.7	57.4	35.2	57.4	24.5	52.2	45.7
21-25	10.8	10.1	.9	1.9	5.2	11.3	6.1	5.6	6.9
26+	5.3	2.8	0.0	1.1	.7	.4	1.3	.7	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average age	**17.7**	**17.02**	**14.68**	**16.50**	**15.37**	**17.39**	**14.90**	**16.81**	**16.37**

Table 3.14: Percentage distribution regarding to influence to intake cigarette/tobacco at first time by drug users

Indicators	Name of the Divisions								All Divisions
Influencing factors	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Friend/class mate	58.7	59.2	60.0	55.6	51.0	48.3	53.9	53.1	55.2
Watched father smoking/chewing tobacco	6.2	5.2	5.7	3.3	3.8	5.7	6.1	5.1	5.2
Social availability of cigarettes/tobaccos	0.0	0.0	1.7	0.0	2.4	6.5	4.8	.2	1.5
	7.3	6.4	6.1	3.3	21.7	5.7	7.4	6.0	8.0
Out of curiosity	23.3	25.2	19.1	34.8	19.7	27.0	23.0	28.2	25.1
Nobody influenced	4.5	4.0	7.4	3.0	1.4	7.0	4.8	7.3	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.15: Percentage distribution of respondents regarding frequency of cigarette/tobacco taken per day by divisions

Indicators	Name of the Divisions								All Divisions
Times	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
≥10	24.6	74.3	41.9	32.2	28.0	49.3	60.8	16.6	36.8
11-15	29.7	10.0	29.3	56.3	20.0	38.0	20.7	20.7	27.8
16-20	27.3	12.4	26.2	11.5	36.0	10.4	15.4	37.3	24.0
21-25	8.1	.4	.4	0.0	9.6	.5	1.3	11.8	5.2
26+	10.2	2.8	2.2	0.0	6.4	1.8	1.8	13.6	6.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average	16.02	8.54	13.48	12.44	14.29	11.51	11.90	18.46	14.10

Table 3.16 Percentage distribution of respondents regarding length of cigarette/tobacco taken by divisions

Indicators	Name of the Divisions								All Divisions
Duration	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
≥3 years	22.7	22.4	7.8	1.9	4.8	4.8	7.0	17.3	12.9
4-7 years	36.4	34.8	30.4	24.1	14.8	25.7	19.1	24.0	27.0
8-11 years	18.5	8.8	30.9	43.3	17.2	34.3	27.0	27.6	25.1
12-15 years	17.1	8.8	12.6	20.4	7.9	27.8	33.0	16.9	17.6
16+ years	5.3	25.2	18.3	10.4	55.2	7.4	13.9	14.2	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average	6.95	8.76	9.46	9.51	16.59	9.15	10.20	9.16	9.66

Table 3.17: Percentage distribution of the respondents regarding age at first drug intake by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
≥10	3.6	.4	0.0	0.0	0.0	0.0	3.0	.7	1.2
11-15	12.0	10.0	19.1	4.8	9.3	2.2	37.0	9.8	12.4
16-20	38.0	49.6	52.2	44.8	62.1	34.8	39.1	26.0	41.6
21-25	31.8	27.2	21.3	29.6	15.2	33.0	13.0	35.8	27.3
26+	14.5	12.8	7.4	20.7	13.4	30.0	7.8	27.8	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average	20.62	20.55	18.98	21.85	20.36	23.80	17.67	23.12	21.04

Table 3.18: Percentage distribution of the respondents regarding influence to intake drug by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatto-gram	
Friend/ classmate	62.5	60.8	69.6	59.3	52.8	39.1	58.3	54.0	57.4
Out of curiosity	22.5	18.4	15.2	21.9	22.8	29.6	16.5	30.4	22.9
Depression	2.5	3.6	3.9	0.0	1.0	4.8	5.2	1.1	2.5
Relatives	.9	0.0	1.3	0.0	0.0	.4	1.3	0.0	.5
Watched father drug intake	.5	1.2	2.2	0.0	.3	2.2	2.2	0.0	.9
Availability of drug	10.9	16.0	7.8	18.9	23.1	23.9	16.5	14.4	15.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.19: Percentage distribution of the respondents regarding type of drug intake by divisions

Indicators	Name of the Divisions								All Divisions
Types of drugs	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Yaba	81.3	54.8	23.9	25.6	19.0	22.2	42.6	65.1	48.2
Heroin	8.0	29.6	1.3	45.6	63.8	17.0	5.2	11.1	21.2
Phensedyl	24.9	18.4	11.3	9.6	50.0	53.0	16.1	10.2	23.4
Cannabis	67.5	45.6	84.8	81.1	80.0	80.4	66.5	52.7	68.2
TD/Bono /Lubo	15.3	2.4	4.8	2.2	43.8	0.0	.9	18.4	12.8
Pathidine	4.0	9.2	15.2	0.0	12.4	.9	0.0	.4	4.8
Sedative/ Sleeping pill	20.0	14.8	20.4	15.2	12.8	9.6	7.8	3.8	13.2
Rectified Spirit	.5	2.8	.9	.7	2.8	0.0	0.0	0.0	0.9
Desi (Local) Alcohol	15.3	19.2	37.4	22.6	28.3	48.7	25.7	9.8	23
Imported Alcohol	8.0	14.8	9.6	4.8	12.1	26.1	8.7	3.3	9.8
Po Chu-i/Tari	.9	4.0	1.3	.7	12.1	3.5	7.0	.7	3.3
Glue/Dandy	4.5	4.8	7.0	.7	.3	.4	.4	1.6	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.20: Percentage distribution of the respondents regarding use more than one drug by divisions

Indicators	Name of the Divisions								All Divisions
Use different type of drug	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
1 type	19.6	41.2	29.6	25.2	9.0	21.3	44.8	39.3	28.1
2 types	32.9	30.0	37.0	44.4	25.9	33.0	33.0	42.7	35.2
3 types	35.8	12.8	23.9	26.7	25.9	21.7	17.8	15.6	23.7
4 and more	11.6	16.6	9.6	3.7	39.4	23.9	4.3	2.5	13.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.21: Percentage distribution of respondents regarding frequency of drug intake by divisions

Indicators	Name of the Divisions								All Divisions
Times	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
1 -2 time	42.2	72.4	93.2	76.0	52.9	71.0	66.2	63.0	63.4
3 -4 times	37.8	23.9	5.8	22.9	42.7	25.4	21.8	21.9	27.0
5 + times	20.0	3.7	1.0	1.1	4.3	3.6	12.0	15.2	9.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average	3.26	2.02	1.46	2.28	2.34	2.17	2.41	2.51	2.44

Table 3.22: Percentage distribution of the respondents regarding monthly expenditure by divisions

Indicators	Name of the Divisions								All Divisions
	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
0-1000	5.5	9.2	3.5	1.1	15.9	1.7	20.0	7.3	7.7
1001-5000	26.0	30.0	36.5	24.1	20.0	30.9	56.1	10.9	27.0
5001-7000	10.9	10.8	20.4	29.3	15.5	18.3	11.3	11.8	15.2
7001-10000	11.1	14.4	25.7	43.0	26.2	30.4	4.8	39.1	24.2
10001-15000	27.1	20.0	10.4	2.6	15.9	18.3	6.1	19.8	16.8
15001+	19.5	15.6	3.5	0.0	6.6	.4	1.7	11.1	9.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Average	**11334.0**	**9028.0**	**7051.0**	**6947.0**	**7803.0**	**7698.0**	**3854.0**	**10082.0**	**8578.0**

Table 3.23: Percentage distribution of the respondents regarding underlying causes for drug intake by divisions

Indicators	Name of the Divisions								All Divisions
Reasons	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
FAMILY PROBLEMS									
Due to parental friction	34.5	14.8	22.6	22.2	13.1	26.5	20.4	4.2	20.2
Family can't bear educational expense	3.3	3.2	4.3	8.9	4.1	18.7	4.8	1.1	5.2
Due to the financial conditions of the family	19.5	10.4	15.7	23.3	11.7	39.1	20.4	40.9	23.5
Due to the ignorance by parents	40.0	23.2	19.6	37.8	24.1	50.9	12.2	15.6	28.4
Others	1.1	4.8	5.2	4.4	33.1	0.0	0.0	1.1	5.7
SOCIAL PROBLEMS									
To express myself among others	21.3	6.8	37.8	5.2	14.8	52.2	21.3	2.4	18.3
Friends/classmates	78.0	75.2	69.6	88.9	76.2	90.9	67.4	86.4	79.6
Long time face booking	15.6	4.8	8.7	20.4	3.4	6.1	4.8	4.4	9.1
Inability to arrange a job	12.0	8.0	9.1	15.6	4.5	27.0	5.2	6.9	10.7
Others	1.3	0.0	0.0	4.1	3.1	0.0	1.7	3.1	1.8
PERSONAL PROBLEMS									
Depression	55.1	60.0	39.1	78.9	65.5	78.7	60.0	55.1	60.5
To seek happiness	30.0	17.6	62.6	17.4	24.8	53.9	17.0	24.7	29.8
To become healthy/strong	28.7	6.4	19.6	44.8	27.2	73.9	24.3	35.1	32.1
To work for long hours	22.0	7.6	9.6	28.9	11.4	23.9	9.6	9.1	15.6
To have sex for long duration	45.5	14.4	17.0	57.4	21.0	49.1	30.0	12.2	31.1
To suppress sadness	43.6	24.0	35.7	71.1	39.0	3.5	20.0	14.0	32.2
Failed relationship	30.2	15.2	44.8	42.6	17.9	53.5	32.6	37.1	33.6
others	13.6	5.2	19.1	13.3	14.1	17.8	15.2	10.4	13.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.24: Percentage distribution of drug users regarding use of different sources to collect drug by divisions

Indicators	Name of the Divisions								All Divisions
Sources	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Drug Trader	37.1	34.4	57.8	49.6	63.4	28.7	41.7	14.0	38.6
Friends/class mates	65.1	58.8	80.0	82.6	58.6	62.2	43.9	31.8	58.8
Tokai	8.9	.8	16.5	27.4	9.3	.4	19.1	15.3	12.2
Drug Supplier	39.1	50.4	73.0	35.6	52.1	46.5	27.4	13.8	39.5
Domestic help	5.6	5.6	14.8	13.3	2.4	4.8	2.6	10.4	7.4
Buy myself	65.5	41.6	73.9	81.1	62.8	92.6	63.0	62.4	67.0
Others	0.0	0.0	.9	1.9	0.0	0.0	0.0	3.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3.25: Percentage distribution of the respondents regarding place used for drug use by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
School/college/ university campus	13.6	6.4	12.2	7.8	6.6	16.5	5.2	7.3	9.7
At home	48.0	43.2	41.7	59.3	41.0	22.6	31.3	41.1	42.2
In both places	12.4	3.6	24.3	6.7	22.4	13.0	14.3	8.0	12.6
Others*	26.0	46.8	21.7	26.3	30.0	47.8	49.1	43.6	35.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Others: Rail/bus stand, playground, park, silent place, -----building, roof top of the

Table 3.26: Percentage distribution of the respondents regarding variety of people use drug (directly) by divisions

Indicators	Name of the Divisions								All Divisions
Varity of people	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Students	72.4	82.0	92.6	34.1	57.2	63.0	64.3	38.0	61.5
Service-holders	48.4	27.2	58.3	48.1	27.9	11.7	29.1	24.2	35.3
Small business man	43.5	45.6	47.8	53.7	21.7	56.5	17.4	18.7	37.0
Big business man	36.7	41.6	68.7	77.0	23.1	18.3	15.2	20.2	36.3
Day labor	58.9	39.2	34.3	68.5	34.8	40.9	40.9	32.2	44.8
Rickshaw/van driver	82.9	69.6	73.9	66.3	54.8	54.3	48.7	50.2	64
Car driver/helper	86.5	76.0	90.0	88.1	74.1	75.2	55.2	71.3	77.9
Unemployed youth	60.2	66.8	71.3	93.0	48.6	62.2	42.2	67.3	63.9
Street children	70.7	37.2	59.6	85.2	24.5	45.7	27.4	50.7	52.6
Small indigenous group	36.9	9.2	26.1	26.3	16.2	26.5	15.2	30.0	25,4
Teachers	29.1	14.0	30.4	23.0	7.9	4.3	6.1	8.7	16.5
Politically influential person/Mastan	41.3	34.8	81.7	83.0	50.3	22.6	42.6	26.7	45.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Percentage is based on multiple responses.

Table 3.27: Percentage distribution of the respondents regarding variety of people use drug (Indirectly) by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Drug trader	64.2	52.0	92.6	71.9	69.7	69.6	75.7	56.4	67.2
Street children	39.1	36.8	65.2	76.3	30.0	26.1	22.2	57.6	44.8
Unemployed youth	56.5	66.4	66.5	83.7	58.3	39.6	51.3	48.9	58.2
Car driver/helper	28.7	33.2	71.3	86.3	50.7	37.8	36.5	30.7	43.8
Rickshaw/van driver	33.5	40.8	59.1	62.6	35.5	26.5	43.9	15.1	37
Students	40.2	55.6	53.9	26.3	39.0	44.8	37.4	28.4	39.4
Service-holders	29.6	30.8	39.1	31.5	14.5	46.1	15.2	18.7	27.3
Small business owner	33.3	44.0	41.3	33.7	14.5	49.6	10.0	16.2	29.2
Big business owner	52.0	36.4	52.6	65.9	21.7	46.1	9.6	26.7	39.5
Small indigenous group	21.3	4.4	30.9	21.9	15.2	22.6	9.6	23.8	19.3
Politically influential person/Mustan/big brother	78.7	44.4	87.0	81.1	59.0	79.6	53.5	69.3	70.1
Others	1.1	0.0	.4	2.2	1.7	0.0	.9	2.7	1.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

Table 3.28: Percentage distribution of the respondents regarding place of drug availability by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Local market	25.1	29.6	37.8	2.6	29.7	35.2	39.6	16.2	25.5
Local slum	73.8	51.6	47.0	78.5	75.9	53.5	55.7	40.9	60.4
Local drug seller provides home delivery upon a phone call	66.2	62.4	81.7	97.8	62.1	58.7	37.4	52.2	64.3
From drug traders home or his instructed location	72.2	77.6	77.4	98.5	69.7	93.9	61.3	72.7	76.8
Available at university campus	34.9	4.4	23.0	63.3	15.5	8.3	5.7	31.1	25.8
Pharmacies	6.2	16.4	34.8	35.6	17.2	.9	7.8	10.0	14.6
Others	2.0	0.0	.4	3.0	4.1	0.0	.4	.7	1.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

Table 3.29: Percentage distribution of the respondents regarding various types of problems arise after Drug Use by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Personal Problems									
Fatigue	54.0	60.8	65.2	61.9	59.7	71.7	38.3	15.8	50.5
Financial damage	79.6	71.6	85.7	94.4	77.9	89.6	48.3	54.0	74.2
Cranky mood	67.6	80.0	83.0	80.0	41.4	84.8	42.6	50.2	64.7
Worries/fear	28.2	23.2	23.0	77.0	28.3	43.5	23.5	29.8	33.8
Sleeping problem	49.8	39.6	53.9	84.4	49.7	64.3	56.5	37.3	52.6
Depression	34.7	44.0	33.0	78.1	34.8	39.6	25.2	45.8	41.8
Poor performance at study/workplace	28.2	30.0	37.4	55.2	15.2	23.5	7.0	32.7	29.0
Sickness	47.3	35.2	68.7	69.6	27.9	37.4	18.7	22.9	40.3
High treatment cost	39.8	4.8	32.6	57.8	10.3	34.3	3.5	15.6	26
Damaged Working capability	34.0	50.4	47.8	77.0	35.2	28.7	4.8	27.1	37.3
Others	0.0	0.0	1.3	.4	0.0	0.0	0.0	.4	0.2
Family Problems									
Breached relationship	80.4	73.6	89.1	76.7	86.6	92.6	77.4	41.3	74.6
Get humiliated	70.7	45.2	70.0	93.0	39.3	44.3	41.7	59.3	59.7
Loose trust on kids	32.7	19.2	16.5	60.0	20.3	32.2	6.1	40.9	30.4
Worries/fear	39.6	12.4	20.9	73.7	27.9	57.0	32.6	23.6	35.6
Others	3.8	1.2	0.0	.7	0.0	0.0	0.0	2.2	1.4
Social Problems									
Crime increases	68.5	86.8	65.2	75.2	55.5	87.4	66.5	36.9	65.1
Cruelty increases	58.9	48.4	53.0	94.4	24.1	44.3	49.1	43.3	52.1
Accidents increase	59.1	67.6	31.3	91.5	20.0	57.8	6.5	27.1	45.6
Breached relationship	63.3	65.6	73.5	93.3	67.6	81.3	27.8	43.6	63.0
Slow down acceptance in the society	67.3	69.6	68.7	93.7	40.3	46.5	33.9	66.9	62.3
Others	0.0	0.0	.4	2.2	3.8	0.0	.4	3.8	1.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

Table 3.30 : Percentage distribution of the respondents regarding impact after drug use by divisions

a. Positive and negative impact

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Positive consequence of drug use									
Take more time for ejaculation	15.3	6.8	4.0	7.2	7.3	5.0	4.9	9.6	7.5
Feel happiness/feel myself superior/ feel pinic	33.6	20.0	8.5	21.5	26.6	7.7	10.0	20.4	21.1
Have no good result	73.3	74.0	96.5	96.3	71.0	98.3	89.1	78.7	84.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Negative consequence of drug use									
Financial problems/losing money	32.7	54.4	25.2	32.6	37.6	61.3	55.2	30.2	39.0
Increase stealing in the society/Increase social unrest/crime	24.0	17.4	22.6	32.6	12.1	21.0	17.9	21.8	22.3
Have no education/loss of life	13.1	2.8	.9	4.4	.3	0.0	12.6	8.9	6.5
Society/family have no trust/having conflict/having fear	30.0	31.6	49.6	55.9	57.9	47.8	39.6	39.8	42.3
Damage of life/become sick/mental disorder	52.0	46.0	35.7	34.4	38.6	43.9	27.8	41.8	41.6
Decrease of customers	.7	0.0	0.0	0.0	0.0	0.0	.4	0.0	0.3
Feeling bad/ill temper	4.4	2.8	2.6	7.8	3.1	.9	1.7	4.7	3.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.31: Percentage distribution of the respondents regarding main source of drug supply by divisions

Indicators	Name of the Divisions								All Divisions
Drug supply from	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
India	46.5	36.4	36.1	60.7	79.0	67.4	47.8	52.0	52.9
Myanmar	52.9	42.0	38.7	59.6	48.3	32.2	43.5	54.7	48.2
Bangladesh	27.8	13.2	10.0	4.1	3.8	3.0	14.8	5.7	12.0
Imported from foreign country	7.3	18.0	32.6	11.1	4.5	1.7	5.2	4.7	9.6
Pakistan	.9	.8	0.0	0.0	0.0	0.0	2.2	1.3	0.7
Nepal	0.0	0.0	0.0	0.0	1.4	0.0	0.0	.2	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.32: Percentage distribution of the respondents regarding the underline causes the youth group is getting more involved with drugs

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Yes	85.3	96.8	93.5	99.3	86.6	80.0	90.0	91.1	89.8
No	14.7	3.2	6.5	.7	13.4	20.0	10.0	8.9	10.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Denominator is who said yes, N=2246									
Peer pressure/ curiosity	40.9	45.5	44.7	20.1	21.1	26.1	21.3	38.8	33.7
Availability of drug	21.7	10.7	18.1	13.4	23.1	7.6	13.0	29.5	18.8
Unemployment	14.9	6.6	1.4	57.5	5.6	20.1	10.1	22.4	18.1
Long sexual intercourse	12.1	11.3	9.7	10.0	21.9	13.3	17.1	19.2	14.5
aadolescent factor	7.7	26.9	25.1	11.2	15.5	34.2	5.8	5.1	14.2
Failure of love	19.8	11.1	9.9	4.5	3.0	26.1	2.9	6.1	9.9
Ineffective parental care	4.4	9.0	5.6	4.1	15.9	15.2	36.8	6.8	9.2
Earn money	.2	1.2	.9	0.0	0.0	0.0	22.2	.2	2.4
Drug peddler involve in drug use	.9	0.0	0.0	1.1	2.4	0.0	9.2	.5	1.5
Family conflict/loose family bonding	1.1	2.9	1.9	.4	1.2	0.0	1.4	.2	1.1
No religious rules in the society	2.4	0.4	1.4	.4	0.0	0.0	.5	.2	0.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.33: Percentage distribution of respondents regarding campaign program to protect youth from drugs by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Publicity at national level	57.6	54.8	55.7	35.2	45.5	61.7	47.4	58.2	52.9
Religious and moral education	40.0	34.4	40.9	48.9	41.7	48.7	36.5	34.9	40.2
Extra Curricular activities	53.6	47.6	57.0	34.4	25.9	25.2	50.9	53.1	45.1
Create good rapport between parents and children	52.5	72.8	67.4	53.0	47.2	46.1	75.2	51.6	56.7
Parents being well informed on children friends	35.5	34.8	41.7	41.9	39.3	40.9	39.6	52.4	41.0
Incorporate the topic of drugs in school syllabus	35.3	42.0	47.0	40.7	36.9	32.2	37.8	38.0	38.2
Arrange treatment for drug users	18.4	12.0	25.2	26.7	39.0	27.0	21.3	32.9	25.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentage is based on multiple responses.

Table 3.34: Percentage distribution of the respondents regarding types of people involved in drug trade by divisions

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Local goons/terrorists	76.4	56.4	67.4	53.3	68.6	84.8	62.6	55.3	65.9
Politically influential	53.1	42.0	57.0	76.7	57.2	51.7	53.9	78.2	59.8
Unemployed youth	51.1	42.4	55.2	79.3	64.5	72.6	37.0	52.9	56.2
Financially influential	46.0	53.2	55.2	71.1	54.1	43.5	52.6	36.0	49.8
Socially influential	51.1	44.4	44.8	49.6	33.8	24.3	43.9	59.8	46.1
Business person	33.6	53.2	50.4	29.3	29.0	34.8	17.4	21.8	32.6
Students(m/f)	22.5	22.0	37.8	23.0	19.3	15.2	13.9	17.6	21.2
Others	2.4	0.0	.4	2.2	3.4	0.0	0.0	3.1	1.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.35: Percentage distribution of the respondents regarding information on admitted to a drug rehabilitation centre

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Yes	17.5	72.0	28.7	43.3	52.4	28.3	23.5	22.0	33.2
No	82.5	28.0	71.3	56.7	47.6	71.7	76.5	78.0	66.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Voluntarily	29.2	16.7	15.2	31.6	64.5	7.7	18.5	29.3	29.8
Parents wish	64.6	81.1	80.3	57.3	34.2	92.3	66.7	67.7	65.5
Friends advice	2.1	1.1	0.0	2.6	1.3	0.0	7.4	1.0	1.7
Social pressure	2.1	1.1	4.5	8.5	0.0	0.0	7.4	2.0	2.8
Others	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.36: Percentage distribution of the respondents regarding the present role of law enforcing agencies to stop drug use by division

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Decreased drug paddling	52.5	72.8	77.8	87.8	51.7	91.7	79.6	51.6	66.5
Good initiatives, should be continued	87.3	61.6	95.2	84.8	57.2	51.7	53.9	78.2	73.7
They do not find out main criminals	25.1	29.6	37.8	2.6	29.7	35.2	39.6	16.2	25.5
Decresed drug in the market	66.2	62.4	81.7	97.8	62.1	58.7	37.4	52.2	64.3
Criminals gone to hide	52.0	36.4	52.6	65.9	21.7	46.1	9.6	26.7	39.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.37: Percentage distribution of the respondents regarding what should be the role of law enforcing agencies to stop drug use by division

Indicators	Name of the Divisions								All Divisions
Age	Dhaka	Mymen-singh	Barishal	Khulna	Rajshahi	Rangpur	Sylhet	Chatta-gram	
Should more stick on the issue	35.3	37.2	40.9	62.6	63.8	62.6	52.2	44.0	47.9
Conduct raid regularly	42.5	74.8	71.3	42.6	34.5	55.7	37.4	42.0	48.1
Ensure punishment	36.9	47.6	53.9	24.4	35.5	59.6	40.4	54.7	43.6
Killing of drug peddler by shoot out	24.9	31.0	63.9	39.6	46.4	30.4	55.0	39.7	39.1
Increase public awareness	80.7	80.0	79.6	93.0	72.4	56.1	69.6	83.8	78.2
Ensure treatment and rehabilitation of drug users	24.9	18.4	11.3	9.6	50.0	53.0	16.1	10.2	23.4
Shuld be honest of law enforcing agencies	32.5	31.2	25.7	16.7	12.1	16.1	13.9	22.2	22.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.4.1: Distribution of price of the drug available in the market

Name of the drug	Example	Previous Price (BDT)	Current Price (BDT)	**Price Increase (BDT)**
Yaba (tablet) big	Red/pink tablet	254.00	355.00	101.00
Yaba (tablet) small	Red/pink tablet	133.0	213.00	80.0
Phensedyl (syrup)	Caugh syrup	521.0	937.0	416.0
Heroin	Brown powder	280.00	389.0	109.0
TD/Bono /Lubo	Injectable white liquid	138.00	269.0	131.0
Cannabis	Cannabis	44.0	90.0	46.0
Pethidine	Painkiller injection	148.0	238.0	90.0
Cocain	White powder	0.00	0.00	0.00
Sleeping pills	Tablets	27.0	48.0	21.0
Rectified spirit	white liquid	0.04	0.10	0.06
Keru & co	Bottled white drink	70.30	84.65	14.36
Hashish	Brown	0.00	0.00	0.00
Desi (local) alcohol	Bottled/kept in a plastic jar	60.89	101.98	41.09
Imported Alcohol	Bottled/peg	298.96	375.89	76.93
Bhang (an edible form of cannabis)		0.00	0.00	0.00
Cigarette/tobacco	555/Benson	10.46	15.77	5.32
Smokeless tobacco	*Zarda and Gul*	0.68	0.75	0.07

Cause and victim of drug addiction and way forward for establishment of adequate treatment and rehabilitation facilities at private sector in Bangladesh

Checklist for Drug Treatment and Rehab Center

১. প্রতিষ্ঠানের নাম ও ঠিকানা:

২. স্থাপনের সন ও তারিখ:

৩. যে সকল কার্যক্রম পরিচালনার অনুমতি আছে: (টিক দিন)
   ক. মাদকাসক্তি পরামর্শ কেন্দ্র

   খ. মাদকাসক্তি নিরাময় কেন্দ্র

   গ. মাদকাসক্ত পুর্নবাসন কেন্দ্র

   ঘ. একাধিক কার্যক্রম পরিচালনার অনুমতি (উপরে টিক দিন)

৪. নিবন্ধন/লাইসেন্স নং--------------------প্রদানকারী কর্তৃপক্ষ-------------------তারিখ----------------
   মেয়াদকাল-------------------------(প্রযোজ্য ক্ষেত্রে)

৫. বেসরকারি হিসাবে নিবন্ধিত কি না ? হ্যা ☐ না ☐

৬. হ্যা হলে-বেসরকারি সংস্থা/সমাজসেবা নিবন্ধন/লাইসেন্স নং--------------------প্রদানকারী কর্তৃপক্ষ---------
   -----------তারিখ------------------মেয়াদকাল------------------------(প্রযোজ্য ক্ষেত্রে)

৭. অবকাঠামোগত বর্ণনা:

কক্ষের নং	পরিমান (আনুমানিক-বর্গমিটার)	কি কাজে ব্যবহার করা হচ্ছে	মন্তব্য

বিদ্রঃ মোট রুগীর সংখ্যা এবং কেন্দ্রের পরিমান দ্বারা ভাগ দিন এবং জন প্রতি গড় মেঝের পরিমান বের করুন এবং মন্তব্য লিখুন:

৮. চিকিৎসকের সংখ্যা:

 ক. সার্বক্ষণিক চিকিৎসক:----------------জন

 খ. খণ্ডকালীন চিকিৎসক: ----------------জন

 গ. মনোচিকিৎসক:--------------------জন

 ঘ. নার্স/বয়--------------------------জন

 ঙ. সুপারভাইজার/আয়া----------------জন

 ঘ. অন্যান্য কর্মকর্তা ও কর্মচারীর সংখ্যা:----------------জন

 (নাম ও ঠিকানাসহ তালিকা সংগ্রহ করুন)

৯. বিদেশী কোন চিকিৎসক আছে কি না ? হ্যাঁ ☐ না ☐

১০. চিকিৎসার জন্য কোন মাদকদ্রব্য ব্যবহার করা হয় কি না? হলে যথাযথ কর্তৃপক্ষের অনুমতি আছে কি না ? হ্যাঁ
না ☐ ☐

 (অনুমতিপত্র দেখে নিন এবং সম্ভব হলে ফটোকপি সংগ্রহ করুন)

১১. প্যাথোলজিক্যাল পরীক্ষার জন্য কোন ল্যাবরেটরির সাথে চুক্তি পত্র আছে কি না?
 হ্যাঁ ☐ না ☐
(চুক্তিপত্র দেখে নিন এবং সম্ভব হলে ফটোকপি সংগ্রহ করুন)

১২. আনন্দ-বিনোদনের ব্যবস্থা:

 ক. খেলাধুলা করার জন্য পৃথক কক্ষ: ☐ হ্যাঁ ☐ না ?

 খ. টেলিভিশন: না ? হ্যাঁ ☐ না ☐

 গ. পত্রিকা-ম্যাগাজিন: না ? হ্যাঁ ☐ না ☐

১৩. এই কেন্দ্র থেকে কি কি সেবা প্রদান করা হয়:

ক্রমিক নং	সেবার নাম	সপ্তাহে কত দিন	দায়িত্বপ্রাপ্ত ব্যক্তি	মন্তব্য

১৪. এই কেন্দ্রের কর্মকর্তাদের সম্পর্কে তথ্য :

ক্রমিক নং	পদবি	শিক্ষাগত যোগ্যতা	সংশ্লিষ্ট কাজের অভিজ্ঞতা (বছর)	মন্তব্য

১৫. দক্ষতা উন্নয়ন প্রশিক্ষণ সম্পর্কে তথ্য:

পদবি	প্রাপ্ত প্রশিক্ষণের নাম	সময়কাল	কে/কোন সংস্থা পরিচালনা করেছে	কি কি বিষয়ে আলোচনা হয়েছে

১৬. বিভিন্ন প্রকার পলিসি/গাইডলাইন/মডিউল: (হ্যাঁ হলে টিক দিন)

    ক. কেন্দ্র পরিচালনা গাইডলাইন
    খ. মানব সম্পদ উন্নয়ণ ম্যানুয়াল
    গ. ফাইনান্স পলিসি

১৭. যে সকল অত্যাবশ্যক ঔষধ কেন্দ্রে ব্যবহার করা হয় এর তালিকা:

ঔষধের নাম	প্রতিষ্ঠানের নাম	উৎপাদনের তারিখ	মেয়াদ উত্তীর্ণের তারিখ	মন্তব্য

১৮. প্রতি ১০ বেডের জন্য জীবনরক্ষাকারী উপকরণাদি ও অত্যাবশ্যক ঔষধের তালিকা

ক্রমিক নং	অত্যাবশ্যক ঔষধ পত্র ও উপকরণ ইত্যাদির বিবরণ	অত্যাবশ্যক ঔষধপত্র ও উপকরণ ইত্যাদির জন প্রতি বিবরণ	কার্যকর অবস্থায় পাওয়া গেছে কি না?		মন্তব্য
			হ্যাঁ	না	
১	বিছানাপত্র সহ খাট	প্রতিজনের জন্য পৃথক			
২	খাটের পাশে লকার/টেবিল	প্রতিজনের জন্য পৃথক			
৩	স্যালাইন	১ প্যাকেট/সেট			
৪	জেনারেল ইন্সস্টুমেন্ট সেট	১ সেট			
৫	ক্যাথিটারস রাইলসটিউব, স্টমাক টিউব, ফেটাস টিউব	১ সেট			
৬	প্যাশেন্ট ট্রলি	১ টা			
৭	স্ট্রেচার	১ টা			
৮	বেড প্যান	২ টা			
৯	ইউরিনাল	৪ টা			
১০	ডুচ ক্যান	২ টা			
১১	ফ্লো মিটার ও মাস্ক সহ অক্সিজেন সিলিন্ডার	২ টা			
১২	এম্বু ব্যাগ	২ টা			
১৩	ট্রন্সফিউশন সেট	২ টা			
১৪	ইলেকট্রিক সাকার	১ টা			
১৫	স্টেরিলাইজার	১ টা			
১৬	জেনারেটর	১ টা			
১৭	সার্জিকাল কাঁচি ও ব্লেড ইত্যাদি	১ সেট			
১৮	রেফ্রিজারেটর	১ টা			

বিগত পাঁচ বছরে যে সকল মাদকআসক্তদের চিকিৎসা দেয়া হয়েছে তাদের তথ্য:

বয়স	প্রধানত কি মাদক ব্যবহার করত	জুলাই-১৭-জুন-১৮	জুলাই-১৬-জুন-১৭	জুলাই-১৫-জুন-১৬	জুলাই-১৪-জুন-১৫	জুলাই-১৩-জুন-১৪