



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

ANNUAL DRUG REPORT BANGLADESH, 2019



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



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

MESSAGE

I am really glad to know that the Department of Narcotics Control has been publishing Annual Drug Report of Bangladesh for the last ten years consistently. The Report covers overall current drug scenario of our country such as drug trends, nature, routes of trafficking drugs, drug prone areas, treatment facilities and other drug related issues.

Drug abuse and trafficking is one of the major problems across the world. That is why it is considered to be a global problem by the world leaders. Just as the development of information technology with the advancement of science has simplified and improved the quality of life of the people, similarly, due to changes in the production, marketing and supply of drugs in a multi-faceted way globally, drugs are becoming more and more accessible to the people. And the main victim of this is the vital youth society in the country.

The present government has declared Zero Tolerance against drug abuse. The government has also taken strict action against drug dealers, traffickers and patronizers across the country. And already a significant portion of drug traffickers has been brought under the law. To consider the current drug situation presently the Narcotics Control Act, 2018 has been promulgated and enacted on 27 December, 2018. In addition to the crackdown on drug abuse, the patrols of the law enforcement agencies have been intensified in the border and coastal areas of the country to curb drug smuggling.

I hope that by conducting regular anti-drug campaigns, it will be possible to prevent the spread of drugs in the country and to save our young generation from destruction.

I thank to all the DNC officials as well as the effort makers who have worked hard and spent their valuable time in publishing this Annual Drug Report, 2019.

Joy Bangla, Joy Bangabandhu
Long Live Bangladesh


Asaduzzaman Khan MP



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

MESSAGE

It is a matter of pleasure to know that the Department of Narcotics Control (DNC) is going to publish the Annual drug Report of Bangladesh, 2019 which upholds an entire image of drug problems in Bangladesh.

Drug problem is now one of the major concerns because of its abuse and illicit trafficking which is playing a heinous role to paralyze our whole system of society. The effect of drug is so much damned it can destroy a young generation, break the national economy, and make chaos in the law system and also create a crippled society.

To realize and overcome these horrible figures of drugs, our Government has declared a "Zero tolerance policy" against the wrong cycle of drug users and drug dealers and also the drug traffickers to prevent the spread of drugs throughout the whole country.

I think, the report portrays the current drug scenario of Bangladesh to make concern the mass people about the adverse effects of drug and to identify the substances as well as the drug prone areas. It will be supportive document for drug specialists, journalists, researchers, teachers and so on in various aspects to learn the bad impact of drugs including unintentional injuries, domestic violence, physical and mental health hazard, lack of moral values and premature death.

I cordially welcome DNC for publishing the Annual Drug Report, 2019 and give specially thanks to the members who worked hard to make the report effective and successful.

Md. Shahiduzzaman
Secretary



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

FOREWORD

Yearly basis Annual Drug Report of Bangladesh published by the Department of Narcotics Control (DNC) is the reflection of overall its activities. This is a regular publication of the DNC. It is my firm belief that it will be possible to gain overall idea of the DNC's activities as well as drug abuse scenario across the country through this report.

The Department of Narcotics Control (DNC) has been publishing the Annual Drug Report of Bangladesh since 2010. The report is mainly prepared on the basis of data collecting from different wings of this department and concerned NGOs. Basically, we tried to address the overall drug scenario of our country like drug trends, nature, drug trafficking routes, drug-prone areas, treatment facilities and other related issues in this report from analytical point of view.

Abuse and illicit trafficking of drug creates multi-disciplinary and multi-dimensional problems across the world. As a member of global community, Bangladesh is also facing this grievous problem. Drug abuse hampers the entire wheel of socio-economic development of the country. The young generation is the main victim of drug abuse. To save our vital youth, the Honorable Prime Minister has already declared zero tolerance against drug abuse and drug offences to curb down all the discomforts.

In line with the zero tolerance against drug abuse, the Government of the People's Republic of Bangladesh, Bangladesh parliament on October 27th passed the Narcotics Control Bill, 2018 and The Narcotics Control Act, 2018 (Act Number 63 of 2018) has been enacted by replacing all the earlier legislation. This new act is enacted in pursuance of the principles of the article 18(1) provides that "the state shall regard the raising of the level of nutrition and the improvement of public health as its primary duties and in particular shall adopt effective measures to prevent the consumption, except for medical purposes or such other purposes as may be prescribed by law, of alcoholic and other intoxicating drinks and drugs which are injurious to health"

It is no secret that Bangladesh is neither a drug producing nor an



exporting country. But unfortunately Bangladesh is strategically located between the Golden Triangle (covering Laos, Myanmar and Thailand) and the Golden Crescent (covering Pakistan, Afghanistan and Iran). It is surrounded on three sides by India and on one side by Myanmar -the major producer of illicit opium, yaba (methamphetamine) and cannabis; and has sea and air links with many other countries having wide demand for hard drugs. Drug trafficking through Rakhine state of Myanmar, which typically follows the route from eastern Myanmar via Maungdaw and Buthidaung to Bangladesh's Cox's Bazar, has been exponentially increasing day by day.

The Department of Narcotics Control has also been providing treatment services for the drug dependent people through Central Drug Addiction Treatment Centre (CTC) in Dhaka and three regional treatment centers Chattogram, Rajshahi and Khulna. The capacity of CTC is a total of 124 beds, among 90 beds for adult male patient, 10 for children and adolescents and 24 beds for female. The government has planned to establish more six treatment and rehabilitation centers with facilities of 200 beds in each divisional headquarters ensuring the treatment facilities for men, women and children.

Our young generation is the future hope of Bangladesh. But, they are the main target and victim of drugs. Now, more than 65 percent of the population is of working age between 15 and 64. If we want to achieve the benefits of demographic dividend, we have to keep our generation free from illicit drug. In this context, our civil society, intellectuals, politicians, literates, GO and NGOs can play a vital role in arranging anti-drug awareness program and harm reduction activities throughout the country. Community clubs and Civil Society Organizations (CSO) can work together with utmost seriousness in order to protect our young generation from this horrible disorder. There is no alternative to create massive awareness campaign against drugs in every sphere of society alongside with the operational activities.

Our vision is "to build a drug free nation". To achieve this goal, the Department of Narcotics Control adopted three strategies, namely Supply Reduction, Demand Reduction and Harm Reduction prescribed and guided by International Narcotics Control Board (INCB) and United Nations Office on Drugs and Crime (UNODC). It is to be noted that multi-dimensional steps are being undertaken to strengthen the organizational capacity of DNC and modernize it with latest technology and equipment. Besides, massive awareness campaign is being organized across the country to sensitize the students and the teachers, the parents and the guardians, the public representatives and the local elders, the journalists and the social workers , the doctors and the law enforcement agencies and so on. With active support from all such stakeholders as well as the law enforcement agencies like Bangladesh Police, Border Guard Bangladesh (BGB), Coast Guard and Rapid Action Battalion (RAB), the DNC must succeed in the battle against the trafficking and abuse of drugs.

I believe, the Annual Drug Report of Bangladesh, 2019 will be useful in undertaking the nature and extent of drug problem of the country and thus contribute to further policymaking in this regard.

In fine, I would like to extend my heartfelt thanks and appreciations to all who made the gigantic effort to publish the Annual Drug Report, 2019 successfully.

Muhammed Ahsanul Jabbar

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Editorial

Drug aggression is one of the major social problems in our country. It is considered to be a global problem as well. To visualize the drug related issues nationally and internationally, there is a badly need for an Annual Drug Report. So, The Department of Narcotics Control (DNC) has been publishing the Annual Drug Report of Bangladesh since 2010.

Every year we try to address the overall drug scenario of our country like drug trends, nature, and route of trafficking, drug prone areas, treatment facilities and other related issues in this report. But it is really a hard task to compile up all drug related issues in a little book like this. Though this year, we cannot publish it on time due to Corona Pandemic (COVID-19). Finally we made it without any sort of complexities.

To enrich this Annual Drug Report of Bangladesh 2019, the DNC data base and the data from field - level offices helped us a lot. We highlighted the role of the Department of Narcotics Control and the role of other government agencies of the country like the Bangladesh Police, the Border Guard Bangladesh, the Coast Guard, the Customs Intelligence, the Ministry of Education, the Ministry of Information and the role of NGOs also to fight against drug menace.

Hopefully, this report will help to find out the way of overcoming drug related issues. At the same time, any corrective advice and suggestion would be praiseworthy to our future progress.

Finally, I would like to give my gratitude and cordial thanks to the Director General for his all out support and cooperation to make this Annual Drug Report of Bangladesh 2019 complete successfully. I would like to extend my sincere gratitude to Additional Director General for monitoring, guiding and observing the entire activities regarding Annual Drug Report of Bangladesh 2019. I would like to thank also all directors and all other DNC officials including concerned members of the editorial board paid necessary assistance to bring to light this Annual Drug Report through the current situation of COVID -19.

Md. Nuruzzaman Sharif *etc*



Executive Summary

Beautiful Bangladesh, as an emerging economic tiger in South-East Asia, when it is dreaming to celebrate the 50th anniversary of its independence with the pride of entering toward a middle income generating country, on the eve of this golden time, it is facing a growing challenge of drug addiction of its young generation of age group between 15 to 35 years. Perceiving the phenomenon, Hon'ble Prime Minister Sheikh Hasina, the praiseworthy competent daughter of the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, declared the "Zero-Tolerance" principle against Drug. Her government enacted a new Narcotics Control Act-2018. In the "Election Manifesto", she announced very promising and firm steps, anyhow to control the drug addiction problem. And after being elected, her government already has taken necessary steps to tackle this "Drug Menace", The main vision of the government is "To make drug addiction free Bangladesh". All the law enforcing agencies of Bangladesh e.g. DNC, Police, RAB, BGB & Coast Guards are working together to attain three major objectives. These include Harm Reduction, Supply Reduction and Demand Reduction- internationally accepted modus operandi in order to combat drug addiction problem.

The publication of Annual Drug Report, Bangladesh-2019 presents the prevailing situation of drug abuse of Bangladesh in 2019. It prevailed that the major drug of abuse in Bangladesh is Yaba now. Though as per seizure statistics, it is in a decreasing trend in 2019, the practical scenario of Yaba addiction among young generation is alarming. In 2018 the percentage of Yaba addiction was 42.03% which increased to 43.5% in 2019. Bangladesh is facing this challenge as the neighboring country-Myanmar is producing huge quantities of Yaba using amphetamine and pushing toward Bangladesh. Naaf River, South-east part of the Bay of Bengal and even deep sea are also being used by the Drug peddler of Myanmar. Sometimes they are using south-eastern hilly region of Bangladesh, Teknaf, Cox's Bazar, some part of Sylhet and Brahmanbaria districts.

Phensedyl abuse is now in a decreasing trend. Other drugs abused are Heroin, Cannabis, injection drugs, codeine (Phensedyl), Buprenorphine, Ketamine etc. Polydrug use i.e. cocktail of injecting drugs like buprenorphine in combination with diazepam and phenergan is noticed amongst the abusers. Polydrug abuse in form of a cocktail of diazepam and other anti-depressants with non-codeine base cough syrups known as jhakki is also reported. The NPS problem in Bangladesh is not severe but as an early control measure regarding NPS, DNC has rectified the Narcotics Control Act.

To utilize Demographic Dividend, government is in the hard line to control drug addiction at any cost. Government is working to achieve SDG goals

saving the Young generation from the curse of drug addiction. And with the stopping of the ongoing trend of drug addiction among young generation, Bangladesh is aiming to attain the Goals of vision 2021 and 2041 and 'Delta Plan' targets combating drug addiction and trafficking. As a Nodal Agency, DNC has taken all-outpossible effort needed to tackle drug menace. Dope Test is imposed before entering Government service. GO and NGOs together with media are working closely to create massive awareness among people against drug. DNC is complying the guidelines of UN, INCB and UNODC to control drug menace. 350 non-government de-addiction centers along with CTC of DNC are delivering treatment services to drug users. As drug trafficking is a Transnational Organized Crime (TOC), Bangladesh Government is negotiating with other neighboring countries regarding drug issue and carrying on dialogue with them through bi-lateral agreements. Very soon Bangladesh will hopefully be a middle income generating country controlling drug addiction and drug trafficking.

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মাদককে রুখবো,
বঙ্গবন্ধুর সোনার
বাংলা গড়বো



জীবনকে ভালবাসুন
মাদক থেকে দূরে থাকুন



Country Overview: Bangladesh Perspective

1. Introduction

In Bangladesh, drug abuse is a growing challenge. It directly influences the economic and social aspects of the country. Bangladesh is going to be transformed into a potential user of drugs with the rapid increase in the number of addicts. Bangladesh is situated in the crucial point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. Bangladesh is a land surrounded by India from three corners. The four thousand one hundred fifty six kilometer land border of India by three sides and two hundred fifty kilometer land border of Myanmar at the south east corner work as the geographical factor. The Northern and Eastern sides are surrounded with hills and mountains. And the Western corner is mainly plain land. The hilly regions are suitable for illicit drug trafficking. The traffickers can easily hide themselves in these hilly forests, and transfer the drugs safely.

1.1 Current Drug Scenario:

The drug scenario in Bangladesh has changed with time. Drug has spread from the cities to the villages, from high society to middle and low class. Drug abuse is prevalent everywhere: in the houses, streets, in the workplaces, parks, slums, markets and even in educational institutions both in rural and urban areas. All segments of society are severely affected by this problem. According to the recent seizure statistics and reliable data, the major drug markets are in Dhaka. The districts located on the drug-smuggling routes have more prevalence of drug abuse than other places of the country. From this point of view, Rajshahi, Natore, Pabna, Sirajgong, Bogura, Joypurhat, Satkhira, Jashore, Khulna, Faridpur, Cumilla, Bramhanbaria, Narshingdi, Gazipur, Narayanganj, Savar, Tangail and Mymensingh district are drug prone areas.

Table 1 : Statistics on District & Divisional wise Number of Cases and Seizure of Drugs by the DNC in 2019 (Source DNC Database)

Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Amponle)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Dhaka Metro Region	49	0.308	26	1382	2	1701	159.845	51	1588	755	218051
District Narcotics Control Office, Dhaka	41	0.254	1	6	0	224	30.155	0	0	209	11120
District Narcotics Control Office, Narayanganj	58	0.307	1	15	0	223	54.82	8	50	58	2447



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Gazipur	4	0.015	2	6	0	118	78.46	47	3005	130	20611
District Narcotics Control Office, Narsingdi	0	0	0	0	0	46	38.15	0	0	64	1266
District Narcotics Control Office, Munshiganj	15	0.118	0	0	0	56	13.118	0	0	67	2206
District Narcotics Control Office, Manikganj	75	0.299	0	0	0	22	13.4	19	1391	37	2591
District Narcotics Control Office, Kishoreganj	0	0	4	48	0	184	29.911	1	2	66	1660
District Narcotics Control Office, Tangail	40	0.064	0	0	0	16	2.56	0	0	148	2195
District Narcotics Control Office, Faridpur	0	0	3	19	0	102	26.68	0	0	81	4912
District Narcotics Control Office, Gopalganj	0	0	2	3	0	54	1.406	0	0	68	1167
District Narcotics Control Office, Madaripur	0	0	1	2	0	80	28.845	0	0	13	200
District Narcotics Control Office, Shariatpur	0	0	1	11	0	76	5.516	0	0	31	1653
District Narcotics Control Office, Rajbari	10	0.083	5	125	0	20	19.705	0	0	42	2155
Divisional Narcotics Control Office, Dhaka	292	1.448	46	1617	2	2922	502.571	126	6036	1769	272234
District Narcotics Control Office, Mymensingh	70	0.556	0	0	0	95	14.747	2	281	34	2255
District Narcotics Control Office, Jamalpur	0	0	0	0	0	104	12.905	0	0	7	295
District Narcotics Control Office, Shepur	11	0.019	0	0	0	64	6.902	0	0	21	288
District Narcotics Control Office, Netrokona	4	0.009	0	0	0	69	6.185	1	3	8	210
Divisional Narcotics Control Office, Mymensingh	85	0.584	0	0	0	332	40.739	3	284	70	3048
Chattoogram Metro Region, chattogram	0	0	4	254	0	709	116.781	0	0	323	215612
District Narcotics Control Office, chattogram	0	0	2	17	0	51	12.345	0	0	141	86678
District Narcotics Control Office, Cox's Bazar	0	0	2	34	0	29	18.168	0	0	318	250834
District Narcotics Control Office, Noakhali	0	0	0	0	0	78	22.759	1	47	62	880
District Narcotics Control Office, Feni	0	0	3	62	0	83	14.88	0	0	37	12523



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Lakshmipur	0	0	2	6	0	18	2.77	0	0	65	2583
District Narcotics Control Office, Cumilla	0	0	13	229	0	203	136.57	0	0	53	3543
District Narcotics Control Office, Chandpur	1	0.7	0	10	0	36	2.06	1	7	87	2955
District Narcotics Control Office, Brahmanbaria	0	0	6	204	0	54	47.525	0	0	67	14320
District Narcotics Control Office, Bandarban	0	0	0	0	0	2	0.1	1	1	0	0
District Narcotics Control Office, Rangamati	0	0	0	0	0	7	0.59	0	0	4	72
District Narcotics Control Office, Khagrachari	0	0	1	5	0	20	3.81	0	0	6	45
Divisional Narcotics Control Office, chattogram	1	0.7	33	821	0	1290	378.358	3	55	1163	590045
District Narcotics Control Office, Rajshahi	218	1,379	59	2015	1.45	113	15.023	1	4	67	21470
District Narcotics Control Office, Naogaon	8	0.066	17	491	0	82	8.075	5	75	34	2281
District Narcotics Control Office, Chapai Nawabganj	33	2.907	39	3484	0	148	10.36	3	25	288	11688
District Narcotics Control Office, Naore	43	0.123	30	937	2	192	9.412	0	0	64	2206
District Narcotics Control Office, Pabna	148	0.248	16	782	0	207	30.04	0	0	133	4379
District Narcotics Control Office, Sirajganj	19	0.098	19	1109	0	90	25.375	4	2027	18	832
District Narcotics Control Office, Bogura	10	0.117	81	3458	0	93	28.82	14	2626	216	5207
District Narcotics Control Office, Joypurhat	5	0.009	21	282	0	67	9.225	1	60	43	2288
Divisional Narcotics Control Office, Rajshahi	484	4.947	282	12558	3.45	992	136.33	28	4817	863	50351
District Narcotics Control Office, Rangpur	31	0.206	4	33	0	123	42.48	0	0	25	2464
District Narcotics Control Office, Kurigram	1	0.001	20	669	0	94	127.45	0	0	14	4364
District Narcotics Control Office, Dinajpur	1	0.01	46	1378	0	469	37.225	4	132	36	7832
District Narcotics Control Office, Gaibandha	2	0.025	2	67	0	145	42.67	0	0	18	1386
District Narcotics Control Office, Lalmonirhat	1	0.001	6	97	0	97	58.305	0	0	21	3261



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Nilphamari	24	0.055	1	10	0	80	13.425	0	0	28	384
District Narcotics Control Office, Thakurgaon	0	0	2	180	0	87	6.115	3	13	8	69
District Narcotics Control Office, Panchagarh	2	0.009	5	52	0	82	9.27	27	501	13	425
Divisional Narcotics Control Office, Rangpur	62	0.307	86	2486	0	1177	336.94	34	646	163	20185
District Narcotics Control Office, Khulna	1	0.03	18	212	0	136	11.928	4	49	112	1838
District Narcotics Control Office, Satkhira	0	0	33	349	0	106	11.455	0	0	19	655
District Narcotics Control Office, Bagerhat	0	0	0	0	0	48	1.298	0	0	34	1256
District Narcotics Control Office, Jashore	4	0.014	36	2960	0	94	68.056	1	24	68	1589
District Narcotics Control Office, Narail	0	0	0	0	0.4	86	4.17	0	0	7	45
District Narcotics Control Office, Magura	0	0	9	49	0	49	3.145	0	0	53	1305
District Narcotics Control Office, Kushtia	21	0.074	7	108	0	76	18.09	0	0	26	2602
District Narcotics Control Office, Meherpur	14	0.011	7	74	0	32	1.294	0	0	4	38
District Narcotics Control Office, Chuadanga	1	0.016	31	762	5	72	16.75	14	881	7	207
District Narcotics Control Office, Jhenaidah	1	0.78	7	175	0	89	6.817	0	0	21	639
Divisional Narcotics Control Office, Khulna	42	0.925	148	4689	5.4	788	143.003	19	954	351	10174
District Narcotics Control Office, Barishal	0	0	0	0	0	64	5.96	0	0	14	184
District Narcotics Control Office, Jhalokati	0	0	1	1	0	14	0.144	0	0	6	324
District Narcotics Control Office, Pirojpur	0	0	0	0	0	29	3.455	0	0	29	4632
District Narcotics Control Office, Barguna	0	0	1	2	0	16	2.45	0	0	21	959
District Narcotics Control Office, Patuakhali	0	0	0	0	0	35	4.225	0	0	49	4179
District Narcotics Control Office, Bhola	0	0	0	0	0	9	0.21	0	0	25	548



Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Divisional Narcotics Control Office, Barisal	0	0	2	3	0	167	16.444	0	0	144	10826
District Narcotics Control Office, Sylhet	0	0	1	88	0	140	13.146	0	0	98	4445
District Narcotics Control Office, Sunamganj	0	0	0	0	0	71	89.08	1	10	14	2341
District Narcotics Control Office, Moulvibazar	0	0	0	35	0	85	8.475	0	0	19	2874
District Narcotics Control Office, Habiganj	0	0	2	65	0	103	64.83	0	0	63	3297
Divisional Narcotics Control Office, Sylhet	0	0	3	188	0	399	175.531	1	10	194	12957
Divisional Narcotics Control Intelligence Office, Dhaka	4	0.032	1	100	0	27	11.388	0	0	96	41380
Divisional Narcotics Control Intelligence Office, chattogram	0	0	0	0	0	14	0.455	0	0	86	119470
Divisional Narcotics Control Intelligence Office, Rajshahi	25	0.991	27	1681	0	25	3.57	1	800	19	7684
Divisional Narcotics Control Intelligence Office, Khulna	0	0	14	473	6.2	36	14.63	1	10	25	373
Divisional Narcotics Control Intelligence Office, Barisal	0	0	0	0	0	14	0.82	0	0	7	166
Divisional Narcotics Control Intelligence Office, Sylhet	0	0	2	158	0	30	64.75	0	0	50	9606
Intelligence Wing	29	1.023	44	2412	6.2	146	95.613	2	810	283	178679
Total	995	9.934	644	24774	17.05	8213	1825.529	216	13612	5000	1148499

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

Name of Drugs	Name of The Year				
	2015	2016	2017	2018	2019
Heroin (in kg)	107.539	266.785	401.633	451.506	323.279
Codeine preparation (Bottle)	870210	566525	720843	715529	976663
Codeine (loose) (in liter)	5104.75	275.68	338.72	539.95	1831.05
Cannabis (in kg)	39967.594	47104.655	69989.508	60295.124	32657.699
Cannabis plant	761	894	538	272	81
Buprenorphine (Ampoule)	85946	152740	109063	128708	41236
ATS (Yaba) (Tablet)	20177581	29450178	40079443	53048548	30446328
Total No. of Cases	57134	69739	106546	119878	124098
Total Number of Accused	70159	87014	132893	161323	162847



Name of Article Seized	2015	2016	2017	2018	2019
Sale Proceeds of Drugs (BDT)	1997047	2265804	5115565	9019095	8513832
Car (Number)	3	16	14	23	14
Truck/Covered Van (Number)	9	12	13	11	5
Auto Rickshaw (Number)	8	8	23	15	11
Bus (Number)	1	0	0	3	1
Arms (Number)	5	6	8	9	7
Bullet (number)	47	102	26	34	42
Mobile Phone (Number)	36	69	162	308	332

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

1.1.1 Yaba Tablet (ATS)

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

In Bangladesh, the detection of cases and seizure of Yaba decreased during 2019. During 2019 & 2018, the seizure of Yaba was 30446328 & 53048548 tablets respectively. The percentage of decrease in 2019 is 42.61 in comparison with last year. According to the case filed by the DNC, 35.38% cases are detected at Dhaka Zone, 1.40% at Mymensing Zone, 23.26% at chattogram Zone, 17.26% at Rajshahi Zone, 3.26% at Rangpur Zone, 7.02% at Khulna Zone, 2.28% at Barishal Zone, 3.38% at Sylhet Zone 5.66 % of case was detected by intelligence wing of DNC in all over the country.

The seizures of Yaba were made 23.70% at Dhaka Zone, 0.27% at Mymensing Zone, 51.38% at chattogram Zone, 4.38% at Rajshahi Zone, 1.76% at Rangpur Zone, 0.89% at Khulna Zone, 0.94% at Barishal Zone & 1.13% at Sylhet Zone. 15.58 % of seizure was made by intelligence wing of DNC in across the country. More than 51% of the seizure of Yaba was made at Chattogram because border of Cox's Bazar of chattogram Zone is the route of smuggling Yaba into Bangladesh.



Figure 1 : Seizure of ATS (Yaba) by all agencies in Bangladesh

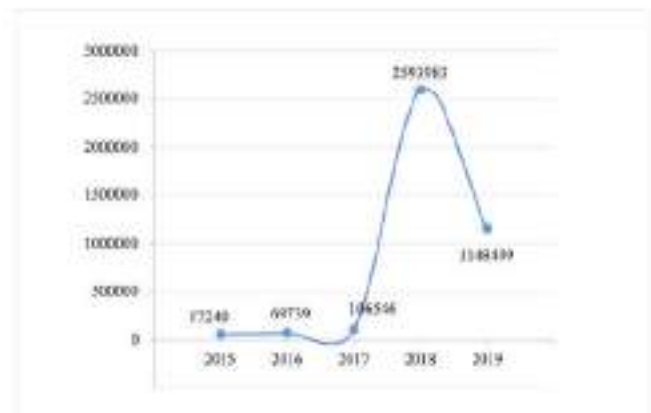


Figure 2 : Seizure of ATS (Yaba) by DNC in Bangladesh

1.1.2 Heroin

Heroin is a highly addictive drug made from morphine. Morphine which is a natural substance taken from the seed pod of the various opium poppy plants. Heroin can be a white or brown powder, or a black sticky substance. It can be mixed with water and injected with



a needle. Heroin can also be smoked or snorted up the nose. Some people mix heroin with crack cocaine, a practice called speedballing.

According to the cases of Heroin, the ratio of the detection of Heroin cases were 32.76% in Dhaka Zone, 8.54% at Mymensing Zone, 0.10% in chattogram Zone, 48.64% in Rajshahi Zone, 6.23% at Rangpur Zone & 4.22% in Khulna Zone. 2.91% of case was detected by intelligence wing of DNC in all over the country. The seizures of Heroin were 14.58% in Dhaka Zone, 5.88% at Mymensing Zone, 7.05% in chattogram Zone, 49.80% in Rajshahi Zone, 3.09% at Rangpur Zone & 9.31% in Khulna Zone. 10.30 % of seizure was made by intelligence wing of DNC in all over the country. Therefore it appears that Rajshahi Zone has the highest prevalence of detection and seizure of Heroin. The next maximum prevalence of heroin is at Dhaka Metropolitan, Narayanganj, and Pabna, Sirajgonj & Bogura of Rajshahi Zone and Kushtia of Khulna Zone.

1.1.3 Codeine (Phensedyl Syrup)

Codeine is a prescription pain medication used to treat mild to moderate pain. It is a cough suppressant that is similar to morphine and hydrocodone. Codeine is utilized as a central analgesic, sedative, hypnotic, antinociceptive, and antiperistaltic agent, and is also recommended in certain diseases with incessant coughing. Codeine is derived from the poppy plant, *Papaver somniferum*. A small amount of ingested codeine is converted to morphine in the body. Codeine increases tolerance to pain, reducing existing discomfort. In addition to decreasing pain, codeine also causes sedation, drowsiness, and respiratory depression. Recently, India has banned the marketing and production of approximately 350 fixed-combination drugs (FCDs) including cough syrups like Phensedyl and Corex widely consumed by addicts in Bangladesh.

According to the statistics of the cases and seizures of Phensedyl, 7.14% cases were detected in Dhaka zone, 5.12% in chattogram Zone, 43.79% in Rajshahi Zone, 13.35% in Rangpur Zone, 22.98% in Khulna Zone, 0.47% in Barishal Zone & 0.47% in Sylhet Zone. 6.83 % of case was detected by intelligence wing of DNC in all over the country. In case of seizure, it was 6.53% in Dhaka Zone, 3.31% in chattogram Zone, 50.69% in Rajshahi Zone, 10.03% in Rangpur Zone, 18.93% in Khulna Zone, 0.009% in Barishal Zone & 0.76% in Sylhet Zone. 9.74% of seizure was made by intelligence wing of DNC in all over the country.



Figure 3 : Seizure of Codeine based syrup (Phensedyl) from 2015 to 2019

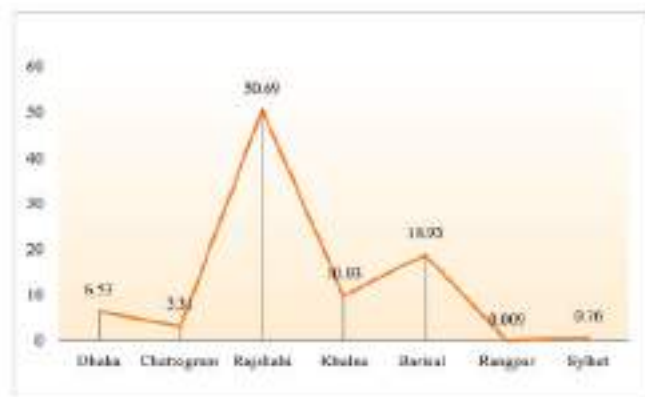


Figure 4 : Seizures of Phensedyl in 2019 (Regional percentages)

The Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka Zone, Jashore & Chuadanga of Khulna Zone, Brahmanbaria of Chattogram Zone and Rajshahi, Bogura, Noagaon, Chapai Nawabgonj and Dinajpur of Rajshahi Zone.

1.1.4 Cannabis

Cannabis (also known as marijuana, weed, pot, dope or grass) is the most widely used illegal drug. Cannabis is a psychoactive drug from the Cannabis plant used primarily for medical or recreational purposes. Cannabis is made up of more than 120 components, which are known as cannabinoids. Cannabis refers to a group of three plants with psychoactive properties, known as Cannabis sativa, Cannabis indica, and Cannabis ruderalis. It grows wild in many of the tropical and temperate areas of the world. It can be grown in almost any climate, and is increasingly



cultivated by means of indoor hydroponic technology. The main active ingredient in cannabis is called delta-9 tetrahydro-cannabinol, commonly known as THC. This is the part of the plant that gives the "high." There is a wide range of THC potency between cannabis products.

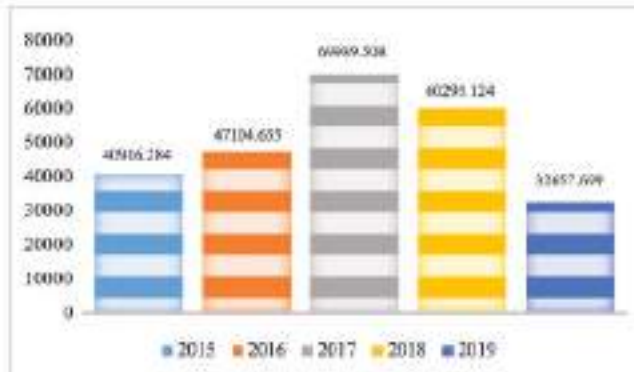


Figure 5 : Seizures of Cannabis from 2015 to 2019 (In kg)

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

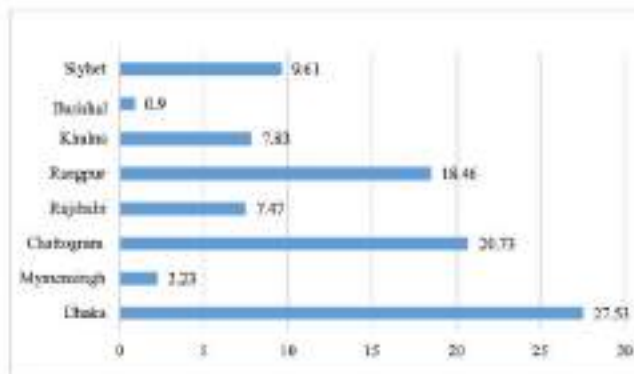


Figure 6 : Seizures of Cannabis in 2019 (Regional percentages)

Consumption of Cannabis is traditional in Bangladesh. Cannabis has been used for recreational, religious, spiritual, and medicinal purposes. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 47.46 % of all the cases detected by the DNC during 2019. In question of detection of cannabis cases Dhaka Zone comprises 35.58%, Mymensing Zone comprises 4.04%, chattogram Zone comprises 15.71%, Rajshahi Zone comprises 12.08%,

Rangpur Zone comprises 14.33%, Khulna Zone comprises 9.59%, Barishal Zone comprises 2.03% & Sylhet Zone comprises 4.86%. 1.18 % of case was detected by intelligence wing of DNC in all over the country.

The seizures of cannabis are 27.53% in Dhaka Zone, 2.23% in Mymensingh Zone, 20.73% in chattogram Zone, 7.47% in Rajshahi Zone, 18.46% in Rangpur Zone, 7.83% in Khulna Zone, 0.90% in Barishal Zone and 9.61% in Sylhet Zone. 5.24% of seizure was made by intelligence wing of DNC in all over the country. Most of the country's cannabis is smuggled through eastern border- Cumilla, Brahmanbaria and it is mainly for Dhaka.

1.1.5 Buprenorphine

Buprenorphine ($C_{20}H_{41}NO_4$) is a drug which is used for the treatment of moderate to severe pain, peri-operative analgesia, and opioid dependence. It is a semi-synthetic opioid derived from thebaine. Buprenorphine is an opioid partial agonist. Buprenorphine can produce typical opioid effects and side effects such as euphoria and respiratory depression, its maximal effects are less than those of full agonists like heroin and methadone. At low doses Buprenorphine produces sufficient agonist effect to enable opioid-addicted individuals to discontinue the misuse of opioids without experiencing withdrawal symptoms.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the Table that 58.33 of the cases of Buprenorphine are detected in Dhaka Zone, 1.39% in Mymensingh Zone, 1.39% at chattogram Zone, 12.96% in Rajshahi Zone, 15.74% in Rangpur Zone, 8.80% in Khulna Zone & 0.46% in Sylhet Zone. 0.93 % of case was detected by intelligence wing of DNC in all over the country.

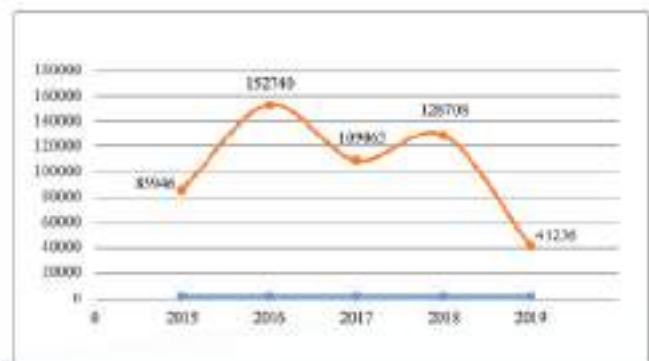


Figure 7 : Seizures of Buprenorphine by DNC from 2015 to 2019



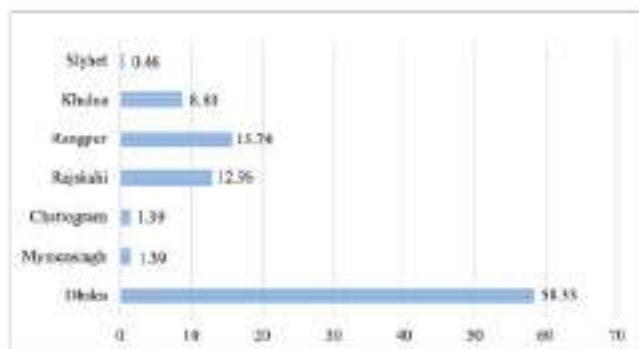


Figure 8 : Seizures of Buprenorphine in 2019 (Divisional Percentages)

According to the seizure, it has been observed that 44.34% of the Buprenorphine are seized in Dhaka Zone, 2.09% in Mymensingh Zone, 0.40% at Chattogram Zone, 35.39% in Rajshahi Zone, 4.75% in Rangpur Zone, 7.01% in Khulna Zone & 0.73% in Sylhet Zone. There was no Case & Seizure of Buprenorphine reported in Barisal zone in 2018. According to the above data of case, Dhaka is the highest prevalence area of Buprenorphine.

1.2 Recent Trends and Patterns of Drug Abuse

In recent years, the problem of drug addiction as a social problem has gradually increased. It has created many problems within the family, society and country. Due to availability of drugs, societies will be paralyzed, and the next generation will be gradually crippled. Until the 1980s, few drugs were consumed in Bangladesh except for cannabis. This was a traditional, even spiritual practice that saw government-registered shops selling pot over the counter. After banning on cannabis in the 1988, heroin flooded the drug market. As a result of the cannabis ban, Bangladeshis replaced cannabis with heroin and, latterly, yaba Heroin is still very cheap and prevalent in Bangladesh. But heroin is considered as a low-class drug. Yaba is expensive. So those who take yaba are considered as higher-class.

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

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

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

1.2.1 Yaba (ATS)

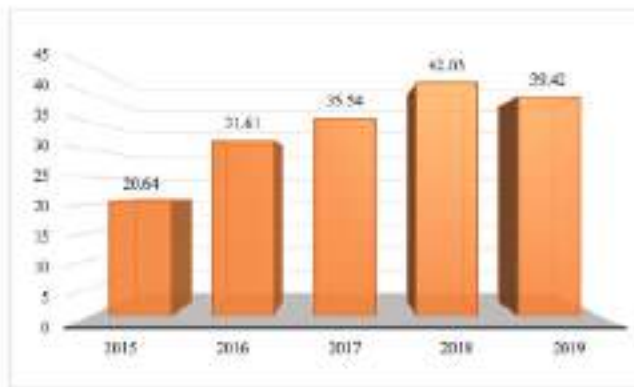
According to the data of table, the ratio of decrease of seizure in 2019 is 42.61% in comparison with last year. According to the number of patients admitted for treatment of drug, the number of treatment seekers for Yaba addiction is 39.42% & it has decreased 18.26% during 2019 in comparison with the previous year.



Source: DNC Data Base

Figure 9: Seizure of Yaba from 2015 to 2019 (pieces)



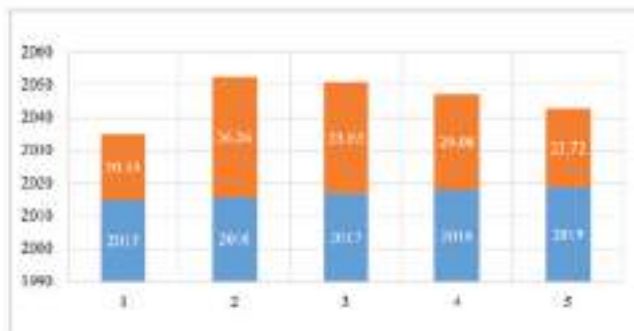


Source: DNC Data Base

Figure 10 : Patients admitted to treatment services for Yaba addiction

1.2.2 Heroin

Heroin flooded the drug market in 1980s. In early 1990s, the number of heroin users was reduced due to rise of Buprenorphine injectors among the users. According to the number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction is 23.72% & it has decreased 5.36% during 2019 in comparison with the previous year.

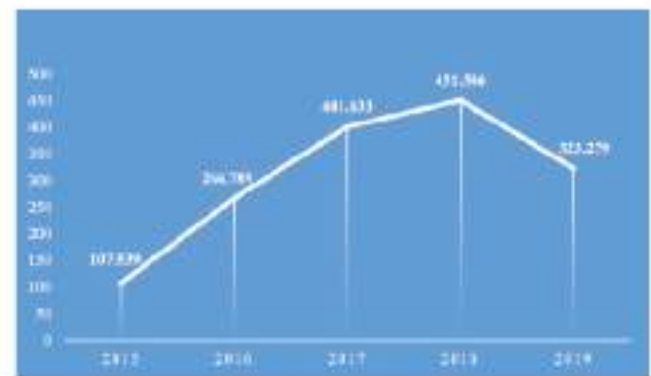


Source: DNC Data Base

Figure 11 : Patients admitted to treatment services for heroin addiction

During the year 2019 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was 323.279 kg and decreased 28.40% in comparison with the last year. In 2013, the seizure of heroin was 123.73 kg. But after that it decreased to a great extent in 2015 (20.18kg) due to young generation had been shifting

from heroin to Yaba. Since 2015, the seizure of heroin is being increased gradually again. But it has a great fall in 2019



Source: DNC Data Base,

Figure 12 : Seizure of heroin by all law enforcement agencies in Bangladesh

1.2.3 Codeine based syrup- Phensedyl

This statistics indicates that during 2015, 2017, 2018 & 2019 it is almost stable with a slight decrease in 2016. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction is decreasing gradually because young generation has been shifting from Phensedyl to Yaba due to shortage of Phensedyl & availability of yaba in any corner of the country.

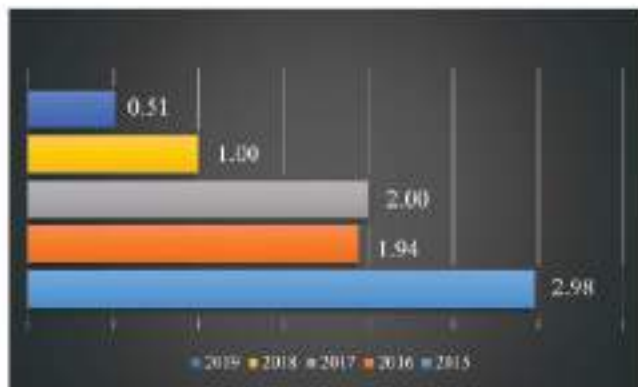
The seizures of Phensedyl by all agencies in Bangladesh from 2015 to 2019 are as following:



Source: DNC Data Base

Figure 13 : Seizure of Phensedyl (Bottles) by all law enforcement agencies in Bangladesh



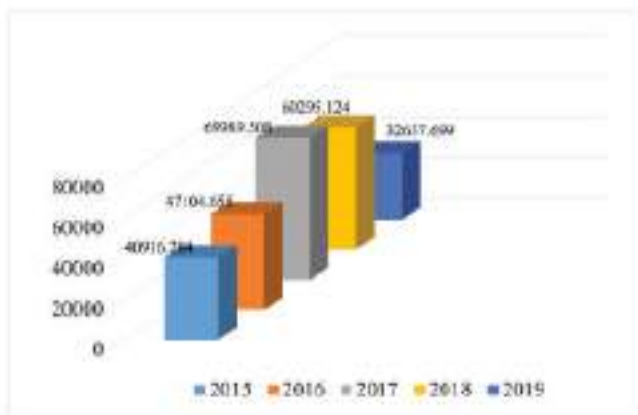


Source: DNC Data Base

Figure 14 : Patients admitted for Phensedyl addiction

1.2.4 Cannabis

Sometimes Cannabis is cultivated, particularly in the districts of Naogaon, Rajshahi, Jamalpur and Netrokona in the northwestern region, as well as the hilly districts near Cox's Bazaar, Banderban, Khagrachhari and Rangamati illegally. Cultivation in the Chattogram Hill Tract region is on the increase. Cannabis is being trafficked to Bangladesh through North eastern and eastern states of India, particularly Bihar, Uttar Pradesh, Assam, Tripura, and Manipur. A vast amount of cannabis is trafficking into Bangladesh through the borders of Comilla and Brahmanbaria districts of Bangladesh.



Source: DNC Data Base

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

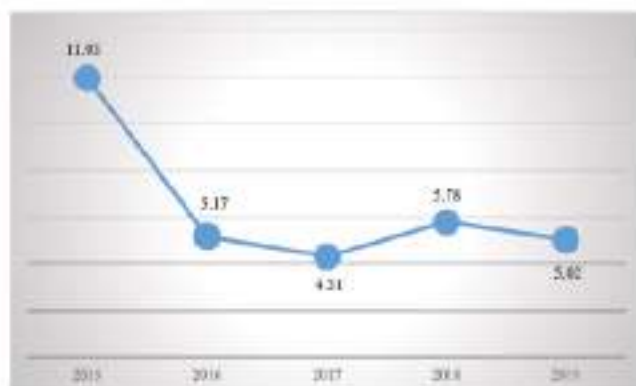


Figure 16 : Patients admitted for Cannabis addiction

According to the case statistics of the seizures of cannabis by all agencies in Bangladesh from 2015 to 2019, it was being increased though a little fall in 2018 and a great fall in 2019. According to the data from treatment services, the number of treatment seekers for Cannabis addiction is almost stable after 2015.

1.2.5 Buprenorphine

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



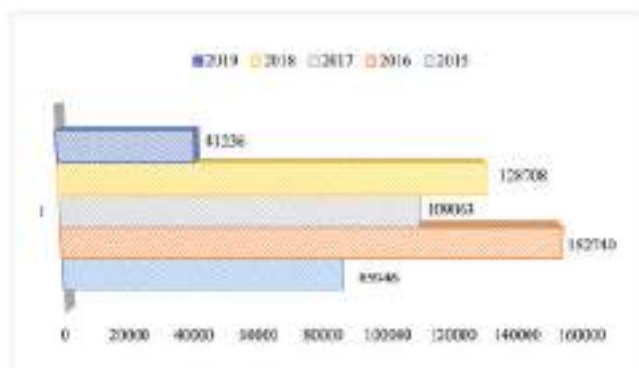
Source: DNC Database

Figure 17 : Patients admitted to treatment services for Buprenorphine addiction

According to the data from treatment services, the number of treatment seekers for Buprenorphine



addiction is decreasing gradually though a little increase in 2018. Again according to the data of seizures of Buprenorphine, in 2019, it has increased 10.03% in comparison with the previous year.



Source: DNC Data Base

Figure 18 : Seizure of Buprenorphine (Ampoule)

1.2.6 Alcohol

The production, sale, and consumption of alcoholic beverages are strictly prohibited by law. Alcohol in Bangladesh is regulated and restricted. Bangladesh has one of the lowest alcohol consumption in Asia. Under Bangladeshi law, an alcoholic beverage is defined as any liquor with an alcohol content of 0.5%. These alcoholic beverages include beer (5% alcohol in volume), wine (12% alcohol in volume), spirits (40% alcohol in volume) and locally made alcoholic beverages, which have variable alcohol content.

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

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

consumed by the lower socio-economic classes, while workers drink another distilled beverage called Bangla Mod. The tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh and the Shaontal community, the labors of tea gardens and some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dhangers and Meth are used to drink home-made alcoholic beverage regularly. Local alcoholic beverages are made usually by fermentation of boiled rice, sugar-cane, juice of date tree, molasses, and fruit juice (pineapple and jackfruits) etc. This legal company (Keru & Co) produces seven different brands of alcoholic beverages and according to them, all contain the strength (42.8%) of ethanol.

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

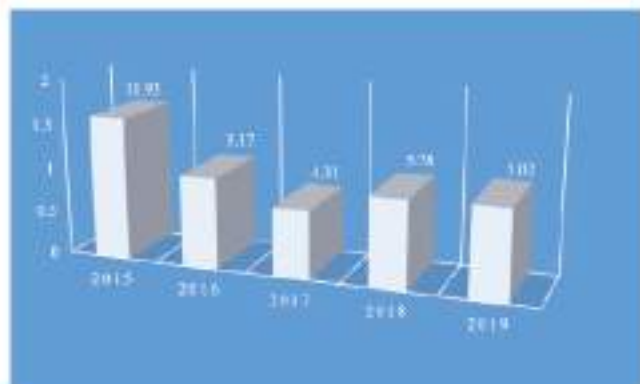
People who produce, sell as well as drink these alcoholic beverages especially the homemade products try to hide this in the family as well as in the community. The beverages Bangla mod and Tari are well known in different age groups of Bangladeshi people. Chubichi and Dochuani are well known in tribal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

The seizure of illicit country liquor & Cholai mod during the year 2019 was 12121.802 liters and the amount of foreign liquor in that period was 68.3 liters, 3546 bottles and 3513 cans of Beer. During the year 2019 the Department of Narcotics Control detected a total of 18346 cases (including cases in Mobile Court) and made 17305 arrests (including arrests in Mobile Court) of which 1583 (8.63%) cases and 1682 (9.71%) arrests were related to offences in connection with alcohol.

According to the data of drug addiction treatment



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



Source: DNC Data Base

Figure 19 : Patients admitted to treatment services for alcohol addiction

1.2.7 Sedative, Hypnotic and Tranquilizer Drugs

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

Sedative, hypnotic and tranquilizer drugs, commonly known as sleeping pills, are prescription medicines. Benzodiazepines, especially Diazepam, Phenobarbital, Clobazam, Nitrazepam, Flurazepam Alprazolam Bromazepam Camazepam, Clonazepam, Lorazepam, Midazolam, Oxazolam, Temazepam, Zolpidem, etc. are the major drugs of abuse in this group. Diazepam has got the top position of sedatives and tranquilizers abused in Bangladesh. Phenobarbital and Nitrazepam are in the second and third position.

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

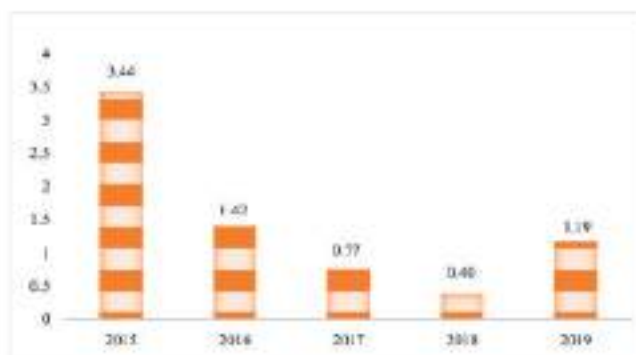


Figure 20 : Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction

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

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

The causes of drug abuse comprise individual and family characteristics, social and environmental factors. One of the individual factors is low self-confidence; some teenagers and young persons have a negative attitude toward their abilities and consider themselves worthless, in spite of their high capability. They feel failure and frustration. Parental factors are basically the



relationship patterns which exist between parents and children. Parental factors exert significant influence on the overall development of the child. Parent's use of drugs has been identified as relevant to adolescent addictive behavior. The peer group establishes the norms, standard of thought and behavior to be pursued by its members. Consequently, the peer group may exert a big influence on adolescent's substance addiction. Adolescents, especially those who are socially weak, may choose drug abuse as a means to integrate themselves into a peer group, and thereby increase self-esteem and decrease anxiety.

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

According to the following Table, influence of friends is the principal cause (49.83%) of taking drugs. The second major cause appears to be curiosity (49.49%).



Primary causes of drug abuse	2015(%)	2016(%)	2017(%)	2018(%)	2019(%)
Curiosity	11.00	32.84	24.15	17.13	49.49
Influence of friends	84.93	64.44	74.92	81.27	49.83
Desire to get easy pleasure	0.48	0.25	0.15	00	00
Psychological disorder	0.24	0.86	0.15	0.20	0.17
Adverse atmosphere in the family	1.44	0.37	0.31	00	0.17
Easy access to drugs	0.48	0.12	0.15	00	00
Unemployment	00	0.12	00	00	0.17
Frustration	0.96	0.49	00	0.80	0.17
Lack of drug awareness	0.14	0.12	0.15	0.20	00
Complication about Treatment	0.48	0.37	00	00	00

Source: DNC Data Base

Table 04: Primary causes of drug abuse of the patients under treatment programs

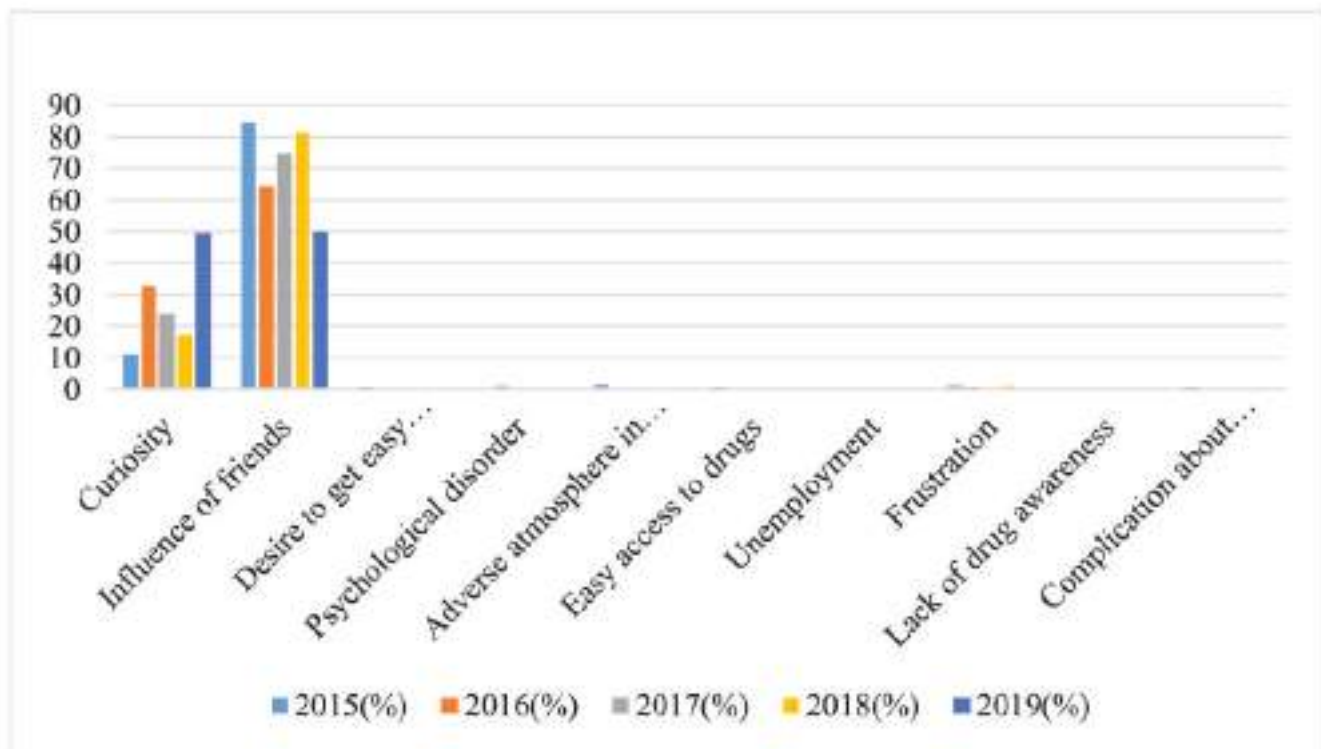


Figure 21 : Primary causes of drug abuse of the patients under treatment programs

According to the following Table, people of age group from 16 to 40 comprises 88.53% of the drug abusing population in Bangladesh. Abuse of drugs by people of age group 16-20 years is the highest, age group 26-30 years is the second highest and age group 21-25 years is the third highest. On the other hand, people of age

group over 50 years are the lowest up to 15 and 41 - 45 Years have the second & third lowest prevalence of drug abuse accordingly. But it is still very much alarming because involvement of street children in trafficking and abusing drugs have increased to a great extent recently.

Age Group	2015(%)	2016(%)	2017(%)	2018(%)	2019(%)
Up to 15 Years	3.60	2.58	2.31	3.39	4.44
16 - 20 Years	13.67	20.65	19.85	22.31	22.70
21 - 25 Years	19.42	18.97	19.23	20.72	16.72
26 - 30 Years	28.30	20.90	24.15	17.93	21.16
31 - 35 Years	14.63	16.39	16.15	16.33	12.29
36 - 40 Years	9.59	11.48	11.08	8.96	11.26
41 - 45 Years	7.19	4.90	3.69	4.58	4.10
46 - 50 Years	2.40	1.94	2.31	3.78	5.12
Over 50 Years	1.20	2.19	1.23	1.99	2.22

Source: DNC Data Base

Table 05 : Primary causes of drug abuse of the patients under treatment programs

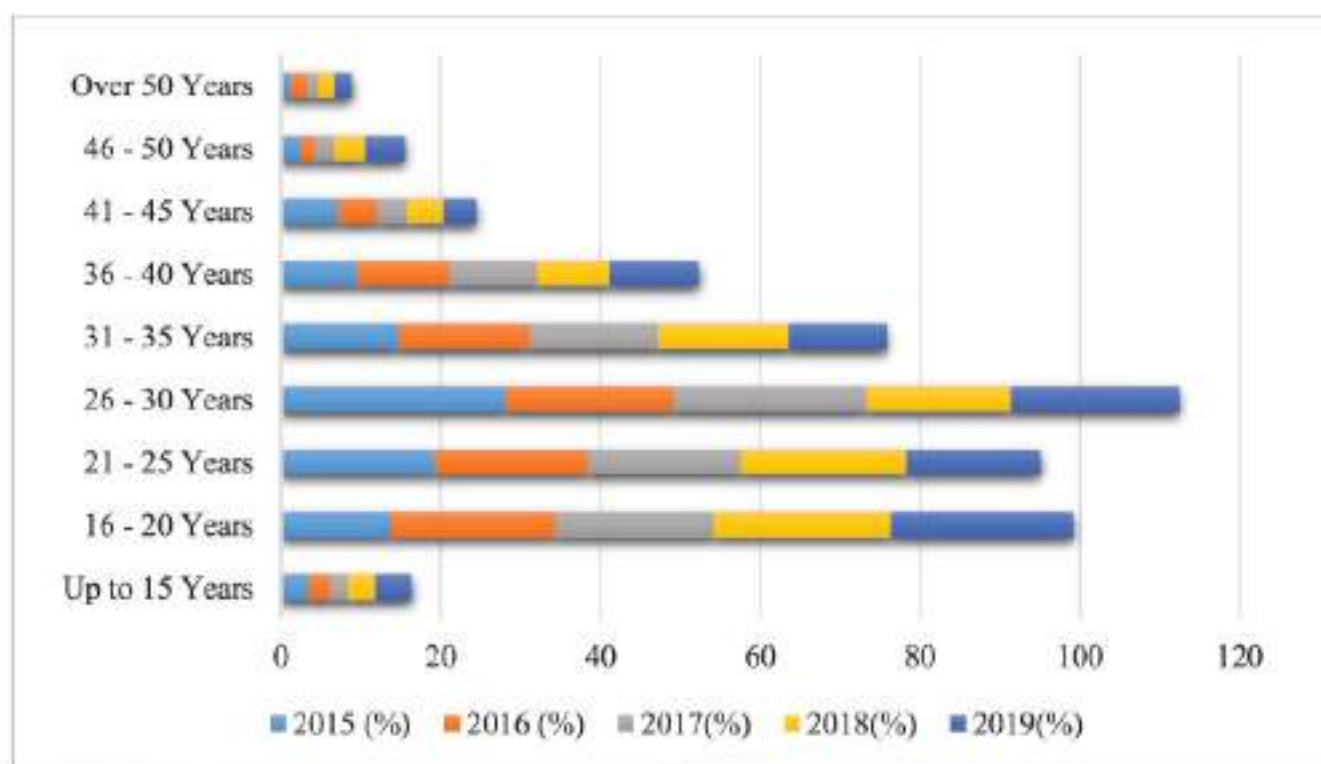


Figure 22 : Age distribution of the drug abusers



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

that 67.07% of drug addicts admitted in the treatment program are illiterate, less educated and they could not complete their secondary level of education. People with higher education are less involved in drugs.

Education Status	2015(%)	2016(%)	2017(%)	2018(%)	2019(%)
Illiterate	16.35	18.28	23.54	43.46	36.35
01 - 05 Years	18.03	19.62	20.31	14.29	14.85
06 - 09 Years	24.04	25.27	19.38	14.89	15.87
10 Years	18.03	16.13	13.85	12.27	17.58
11 - 12 Years	11.30	9.27	12.62	8.05	9.90
13 - 14 Years	5.53	8.06	5.23	3.42	1.88
15 + Years	6.25	3.23	5.08	3.62	3.58

Source: DNC Data Base

Table 06 : Educational status of the drug abusers

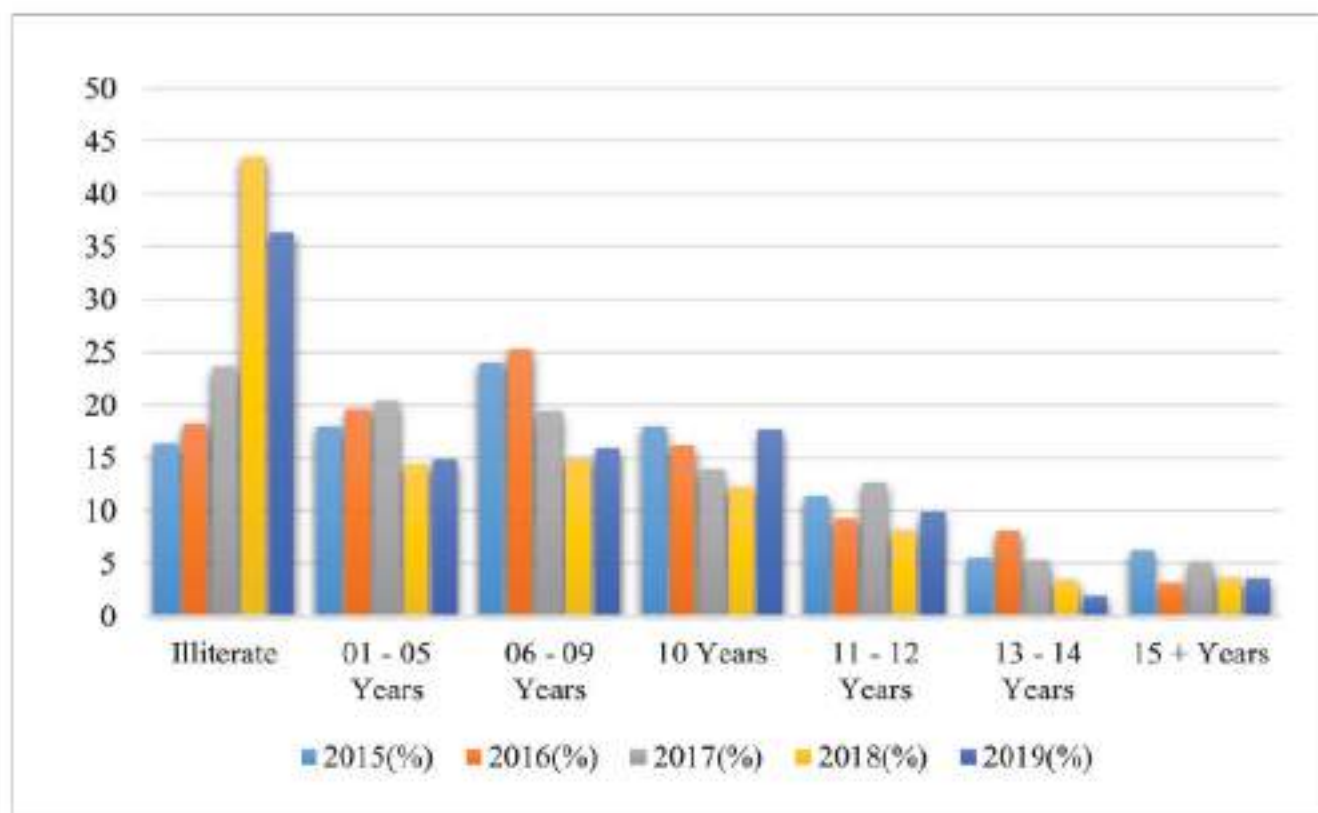


Figure 23 : Distribution of patients by self- income



According to the data from the treatment services during 2019, people with income Tk.5001 - Tk.10000 is the 2nd highest group (22.82%) and income Tk.15001 - Tk.20000 is the third highest group (14.08%) for addiction to drugs. But the person with no income

group is the highest group (36.54%) for addiction to drugs who are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes.

Self - Income Group	2015(%)	2016(%)	2017(%)	2018(%)	2019(%)
No Income	60.34	11.13	31.62	53.69	36.54
Up to Tk.1000	0.00	3.34	0.86	0.45	0.71
Tk.1001 - Tk.2000	0.00	5.98	1.37	0.45	0.53
Tk.2001 - Tk.3000	0.72	5.15	1.03	1.12	1.43
Tk.3001 - Tk.4000	0.00	0.28	0.34	0.22	0.36
Tk.4001 - Tk.5000	4.33	5.84	5.33	3.80	5.35
Tk.5001 - Tk.10000	17.07	28.09	19.93	14.77	22.82
Tk.10001 - Tk.15000	7.45	22.53	10.65	7.83	7.84
Tk.15001 - Tk.20000	5.05	6.82	14.78	8.28	14.08
Tk.20001 - Tk.25000	1.20	3.48	4.64	1.57	2.32
Tk.25001 - Tk.30000	1.61	3.20	3.61	4.25	4.10
Tk.30001 and Above	2.16	4.17	20.92	3.58	3.92

Source: DNC Data Base

Table 07 : Distribution of patients by self- income

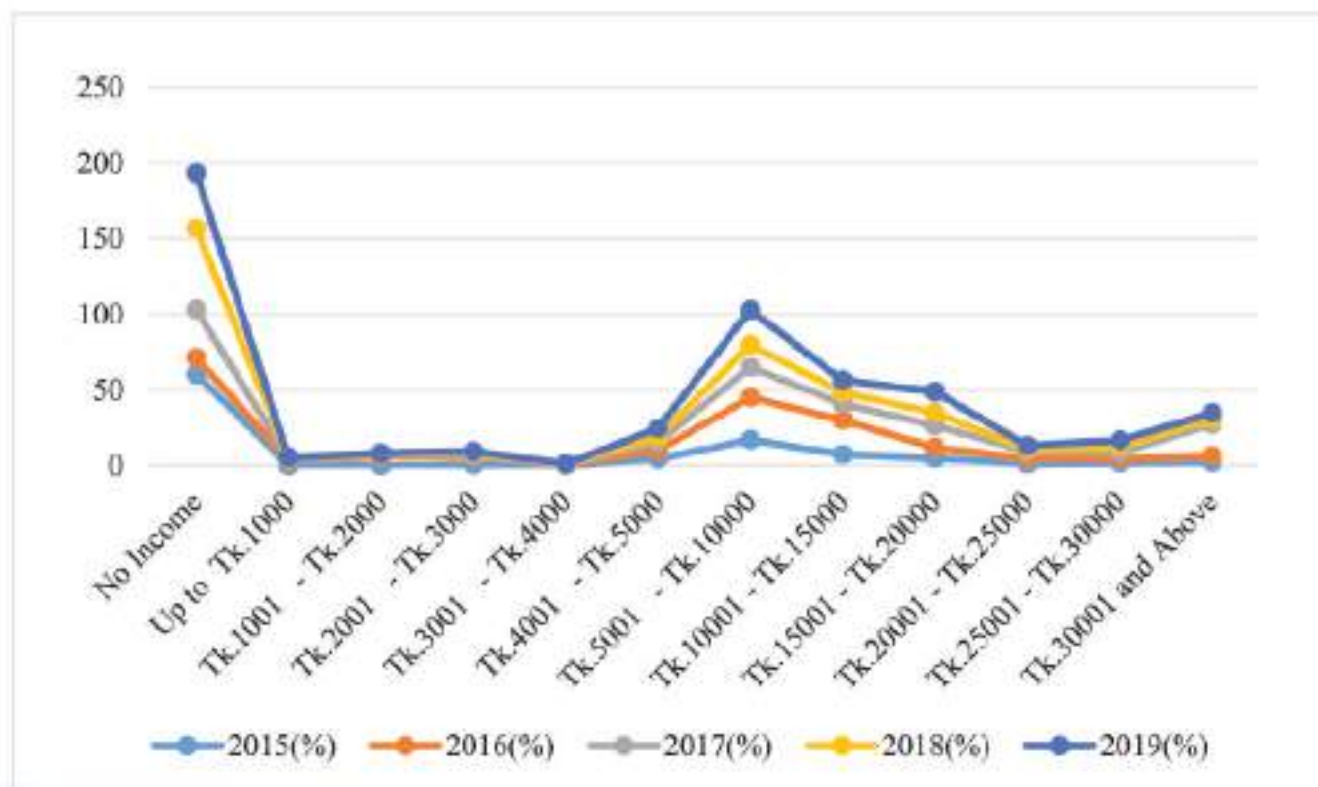


Figure 24 : Distribution of patients by self- income



From the Table of self income of the drug abusers, it has been observed that the lower middle class population is the 2nd largest group (22.82%) and middle class population is the 3rd largest group (14.08%) to abuse

drug. Therefore the drug problem in Bangladesh prevails mainly within poor and middle class of population.

Occupational Group	2015(%)	2016(%)	2017(%)	2018(%)	2019(%)
Unemployed	41.83	44.22	47.23	53.92	41.30
Small Business	17.31	16.80	12.62	16.90	21.84
Service (Private/Public)	9.38	10.08	9.23	5.84	4.78
Laborer	6.97	7.93	7.85	10.26	11.43
Vehicle Driver	4.09	5.78	5.69	4.02	3.75
Student	13.46	8.60	11.23	5.23	10.24
Agriculture profession	0.48	1.08	0.77	0.60	1.19
Others	6.49	5.51	5.38	3.22	5.46

Source: DNC Data Base

Table 08 : Distribution of patients by self-occupation

On reviewing the Table of professional distribution of drug abusers under treatment services during 2019, it has been observed that majority (41.30%) of them is unemployed and they have no specific profession. The other major professional groups are small businessmen,

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

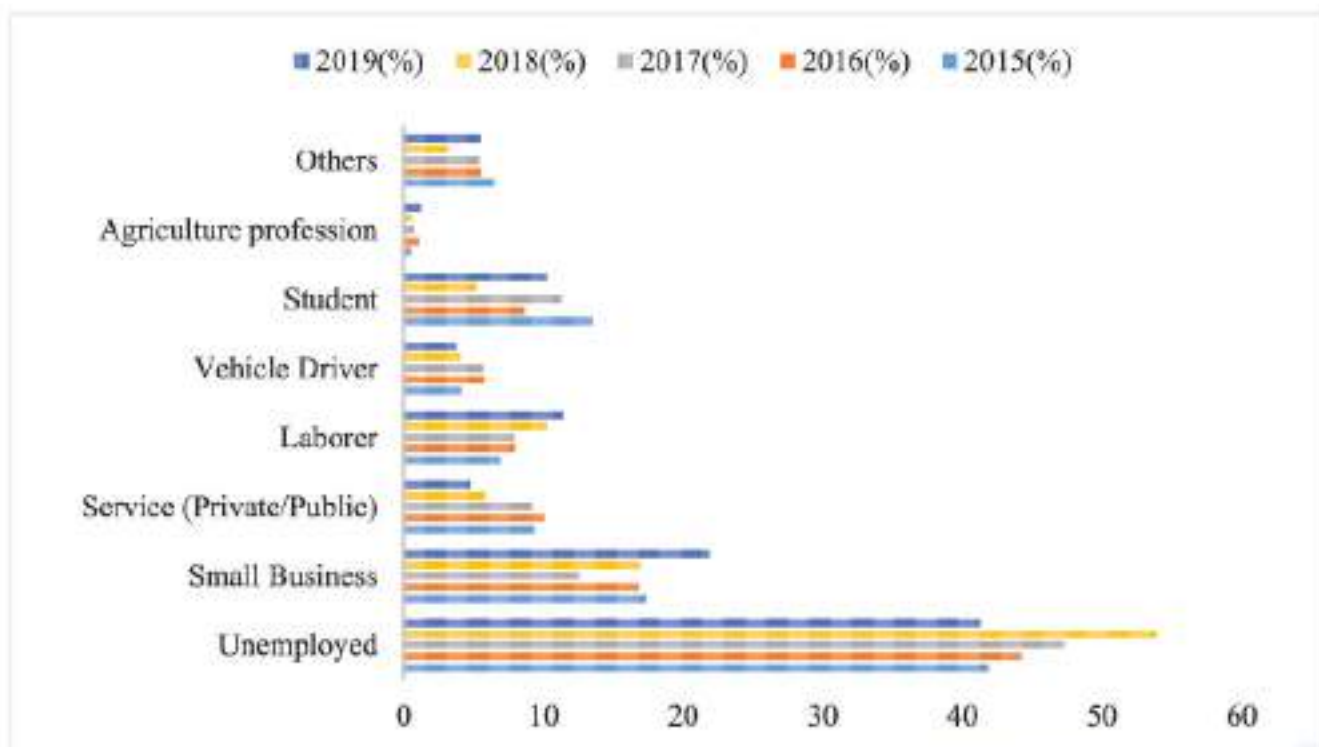


Figure 25 : Distribution of patients by self-occupation



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

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

Drug Name	2015(%)	2016(%)	2017(%)	2018(%)	2019(%)
Heroin	20.18	36.26	33.85	29.08	23.72
Phensedyl	2.98	1.94	2.00	1.00	0.51
Cannabis	32.11	18.32	19.23	18.53	19.28
Injecting Drug	12.16	5.17	4.31	5.98	5.02
Poly drugs	0.23	0.26	0.15	00	00
Alcohol	1.61	1.03	0.77	1.00	1.02
Yaba	20.64	31.61	35.54	42.03	39.42
Sleeping pill	2.52	2.84	0.77	0.40	1.19
Glue	0.46	00	0.62	00	0.51
Others	1.83	2.84	2.15	1.39	7.85

Source: DNC Data Base

Table 09 : Distribution of patients by principal drug of abuse

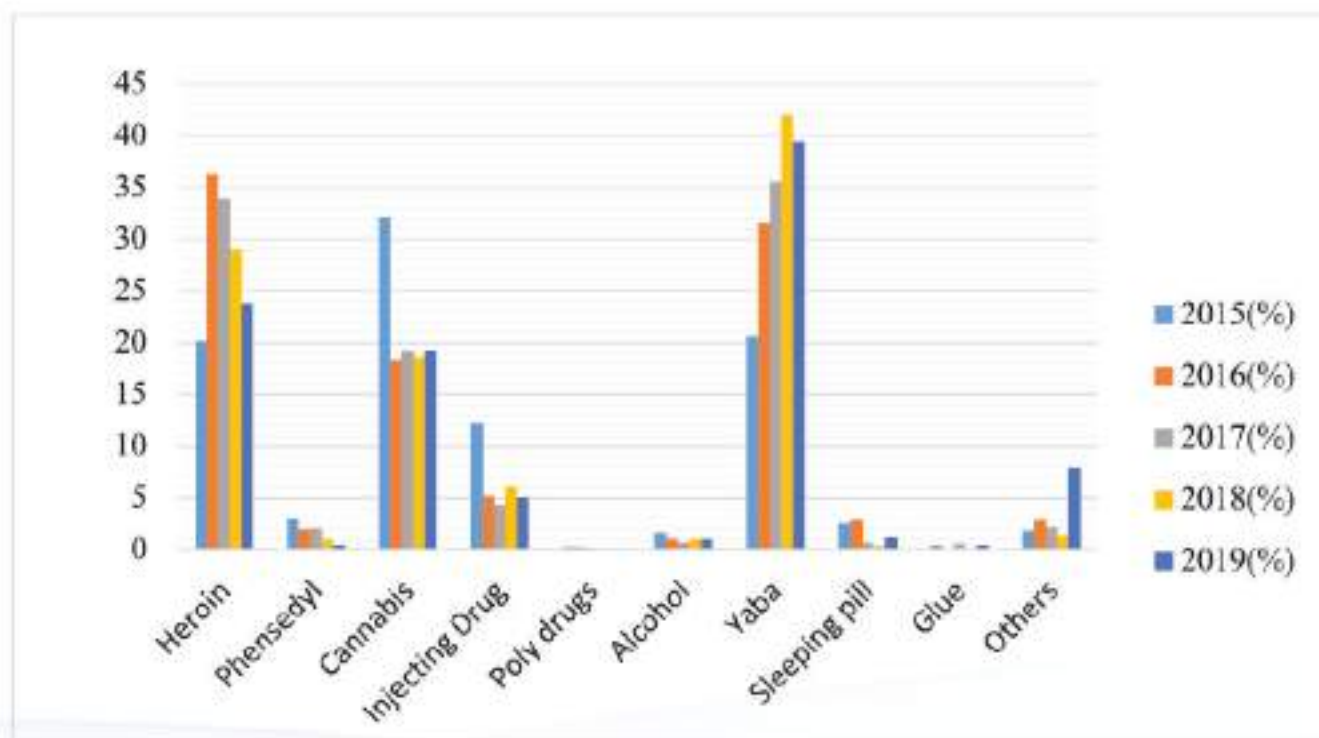


Figure 26 : Distribution of patients by principal drug of abuse



According to the data on principal drug of abuse by treatment seekers during 2019, Yaba stands first position comprising 39.42% with a decrease of 2.61% in comparison with previous year. Heroin stands second position comprising 23.72%. Cannabis stands in third position comprising 19.28% with a slight increase in comparison with previous year. Injecting drug stands fourth comprising 5.98% with a decrease of 0.96% in comparison with previous year.

1.4 Extent of Drug Supply

1.4.1 Opium

The data of the drug addiction treatment services also shows that there is no incidence of opium addiction in Bangladesh. There were seizures of 4.84 kg, 11.62 kg, 91.22 & 1 kg of Indian originated opium in Bangladesh during 2012, 2013, 2014 & 2016. But in 2015, 2017, 2018 and 2019, there were no seizure of opium in Bangladesh.

1.4.2 Morphine

Morphine is a pain medication of the opiate family which acts directly on the central nervous system (CNS) to decrease the feeling of acute pain and chronic pain. It is frequently used for pain from myocardial infarction and during labor. It can be given by mouth, by injection into a muscle, by injection under the skin, intravenously, injection into the space around the spinal cord, or rectally. Morphine is addictive and prone to abuse. If the dose is reduced after long-term use, opioid withdrawal symptoms may occur. Common side effects include drowsiness, vomiting, and constipation. The legitimate production and use of morphine have increased to a great extent during last few years. The reason is that acute pain related diseases like cancer has increased to a great extent in Bangladesh. Number of surgical operations in hospitals and use of pain management medicines in palliative care services has increased. Bangladesh has a quota of 100 kg of morphine from the INCB. In 2019-2020 fiscal, Gonoshastro Pharmaceutical Ltd imported 16.005 Kg Morphine Sulphate. Morphine is manufactured and sold through license system under strict supervision and monitoring of the DNC. There is no diversion or abuse of morphine in Bangladesh.

Year	Morphine Injection (Ampoules)	Morphine (Tablet Pcs)
2015-16	97,065	49,750
2016-17	95,960	97,530
2017-18	96,310	1,99,260
2017-18	1,82,885	1,98,670
2018-19	1,82,885	1,98,670
2019-20	2,87,085	2,63,370

Source: DNC Data Base

Table 10 : Production of morphine in Bangladesh

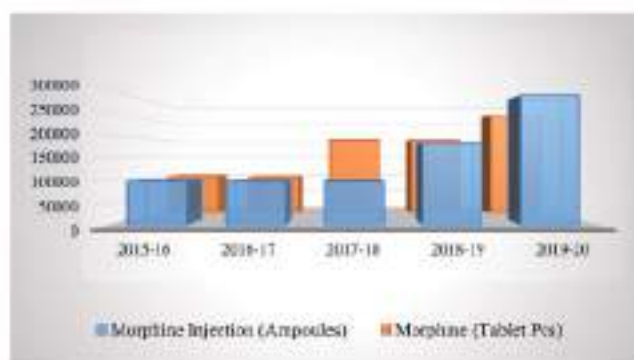


Figure 27 : Production of morphine Injection and Morphine Tablet in Bangladesh

1.4.3 Pethidine hydrochloride

Pethidine is a synthetic opioid pain medication of the phenylpiperidine class which is indicated for the treatment of moderate to severe pain. It is delivered as a hydrochloride salt in tablets, as a syrup, or by intramuscular, subcutaneous, or intravenous injection. For much of the 20th century, pethidine was the opioid of choice for many physicians. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. In 2019-2020 fiscal, Gonoshastro Pharmaceutical Ltd and Essential Drugs Company Ltd imported 160.01 Kg & 50 gram Pethidine Hydrochloride respectively. Pethidine hydrochloride is widely used as an analgesic for the relief of moderate to severe pain including: obstetric analgesia; pre-operative medication and analgesia during anesthesia; post-operative analgesia.



Year	Amount of Production (Ampoules)
2015-16	9,85,810
2016-17	5,92,950
2017-18	6,86,595
2018-19	9,71,865
2019-20	9,84,490

Source: DNC Data Base

Table 11 : Production of Pethidine in Bangladesh

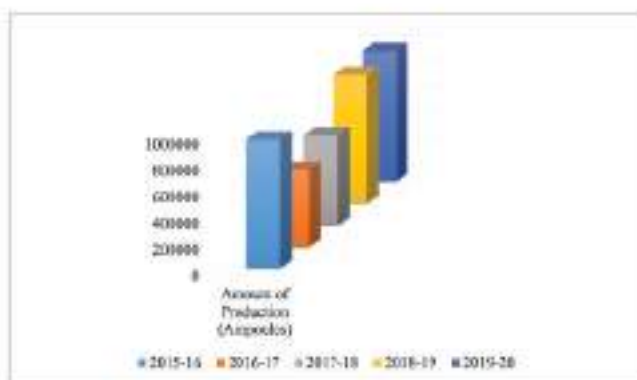


Figure 28 : Production of Pethidine in Bangladesh

According to the number of patients admitted in treatment services for Pethidine addiction, it has gradually decreased up to 2016. No patient admitted for treatment for pethidine addiction in 2013. But in 2019, 4.27% of total patients admitted in treatment services for Pethidine addiction.

Year	2015	2016	2017	2018	2019
Percentage of patients admitted	2.52	1.03	3.69	4.98	4.27

Table 12 : Patients admitted to treatment services for Pethidine addiction

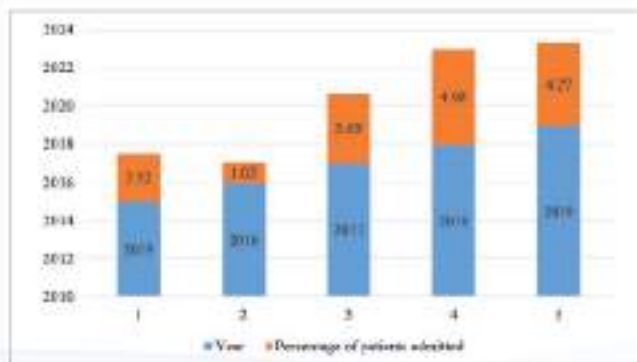


Figure 29 : Patients admitted to treatment services for Pethidine addiction

1.4.4 Drug Market Analysis

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

Dhaka as the biggest drug market in Bangladesh with 10% of the total population and almost 50% of the urban population of the country has the highest prevalence of all sorts of drugs. It comprises more than 50% of the drug market of the whole country and for this reason the movements of all the drugs smuggled from the border are Dhaka-bound.

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

More than 51.38% of the seizure of Yaba is made at Chittagong Division & 18.77% Chittagong Metropolitan area in 2019. Cox's Bazar and Chittagong Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. Though the seizure of Yaba at Dhaka is more than 18.99%, it still remains one of the biggest markets of Yaba in Bangladesh.



*Table 13: Points of entry and routes of smuggling drugs from Myanmar to Bangladesh

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

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

According to the cases and amount of seizure, the big markets of Phensedyl are big markets are Jessore, Dinajpur, Bogra, Brahmanbaria, Rajshahi, Kushtia. But the biggest Phensedyl market is at Dhaka and most of the consignments of Phensedyl seized at those area and different parts of the country were bound to Dhaka. Though Phensedyl is the main codeine-based

preparation, it is being smuggled in other trade names also- such as Corex, Codilab, ESkuf, Nelco, Codocof, Parvo-cof, Ikon-XP etc. Pharmaceutical companies are marketing their major portion of codeine preparations at the Indo-Bangla bordering areas of West Bengal and Eastern part of India.

Dhaka is the main cannabis market in Bangladesh. The other big markets are Kishoreganj, Mymensingh, Faridpur, Chattogram Metro, Cumilla, Brahmanbaria, Noskhali, Kurigram, Sunamganj, Moulvibazar and Rangpur. Most of the Cannabis seized in the country is smuggled from India and Nepal.



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

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

Table 14 : Points of entry and routes of smuggling drugs from India to Bangladesh's western border (Indian State of West Bengal)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Satkhira	Kaliganj, Debhata, Bhomra, Itinda, Kalaroa, Kakdanga, Palashpur	Hingatgar, Hasnabad, Taki, Bashirhat, Swarnpnagar, 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
Rajshahi	Monigram, Bagha, Chorghat, Sharda, Yusufpur, Kajala, Belpukuria, Rajshahi town, Haripur, Godagari and adjacent area.	Jalangi, Godagari Diar, Lalgola, Azimganj, Bharampur, Krishnapura, Raghunathganj, Aurangabad, Nimitita, English Bazaar, Ziagonj, Jigmira and adjacent areas of Mursidabad, Paschimbanga.
Charpai Nowabganj	Bholahat, Shabajpur, Binodpur, Kansat	Roghunathganj, Aurangabad, Kaliachak of Maldah, Paschimbanga
Joypurhat	Panchbibi	Krishnapura, Raghunathganj, Balurghat, Aurangabad, Nimitita, Bamongola of South Dinajpur, Paschimbanga
Dinajpur	Ghoraghat, Phulbari, Birampur, Hilli, Hakimpur, Kamalpur, Akashkarpur, Biral	English Bazaar, Balurghat, Nimitita, Gangarampur, Banshibazar, Patiram and adjacent area of South Dinajpur, Paschimbanga, Balurghat



Table 15: Northern border (Indian States of Assam and Meghalaya)

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

Table 16: Eastern border (Indian States of Assam, Tripura and Mizoram)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Sylhet	Zakiganj, Chunarughat, Madhabpur	Hilara, Bilanga, Karinganj, Mohanpur, Bamutia, Pachem, Bhubanban of Karinganj, Assam.
Bramhanbaria	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

Table 17: Some New Routes of Phensedyl Trafficking

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

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

female drug abusers are involved in illegal sex work for buying their daily doses of drugs.

1.5 New Challenges and measures taken:

The new principles of restriction, control, monitoring, supervision, prevention, education, public welfare, public awareness campaign, social mobilization,



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

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

- Taking instant preventive measures along with increasing surveillance on the traffickers of drugs by boat at the river Naaf and the coastal areas.
- Exchange of information for identifying and destroying illegal drug processing sites, clandestine laboratories and illicit cultivation of cannabis and opium poppy with the neighboring countries.

1.6 Measures Taken:

DNC acts as a nodal agency of the government to combat the abuse and trafficking of drugs. Huge amount of money are exchanged from our country to the others countries due to the abuse and illegal trafficking of drugs. Illegal drug is the main hindrance for the development of intellect young generation of the country. There is a close connection between the whole process of the planning for the development of the country and the eradication of illegal drugs. There are different aspects and multi-dimensions of drug problem. It is crying need to take participation of the non-government and volunteer organizations along with the government organizations and authorities which are concerned with anti-drug activities. Expected achievement would not get if we fail to expand the anti-drug campaign in the family and individuals. Department of Narcotics Control acts with firm determination to implement the "Zero Tolerance" aprocs to drug related crimes which adopted and declared by the honorable Prime Minister and to make the young generation of this country free from drug addiction.

To implement the vision 2021 and 2041 set by the government and to build the Department of Narcotics Control as experienced and skillful in all fields of drugs, the manpower from 1706 to 3059 has been increased . The office of the narcotics Control has been set up in every district. Besides, it has been set up divisional office and divisional intelligence office in 7 divisions, office in 01 land Ports, 02 Sea Ports and 02 Air Ports.

In the last 05 Years, 63031 cases have been filed and 67878 accused have been arrested by conducting 217144 raids. Along with, 9595891 pieces Yaba, 134152 bottle Phensedyl, 62.402 kg Heroin, 16724.476 kg Cannabis, 127299 ampoule injection with huge amount of other illegal narcotics items have been seized. Month-long anti-drug awareness programs have been arranged countrywide in January-2017 which was continuing the success of year as per ellection menifusto of the government.



There are four treatment and rehabilitation centers under DNC in four divisional cities- Dhaka, Chattogram, Khulna and Rajshahi. It is a 124-bed capacity treatment and rehabilitation center at Dhaka and rest of those are 25-bed capacity, 200-bed capacity treatment and rehabilitation centers will be installed in all divisional cities in future. There are some 350 anti-drug treatment and rehabilitation centers are in operation under private sector in all districts. Aiming to enhance skills of those rehab centers, from 2015 to 2019, 1526 people were provided ECHO training, 89103 & 53720 people were provided treatment in government and non-government organization respectively.

The construction works of 05 divisional office building of Dhaka, Chattogram, Rajshahi, Sylhet and Barisal have been completed under Annual Development Project (ADP). The Construction works of 14 storied building designed for the headquarters of the department has been finished in 2018 with the cost of 23.77 crore under development project.

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

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

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

34 double Cabin pick-ups have been purchased to strengthen the activities of the department. Besides, in this fiscal, the proposal of purchasing 6 new vehicles as replacement has been sent to the Ministry. Computer and other logistics have been supplied in every district office with internet connection. The Corporate SIM of Grameen Phone (GP) has been supplied for providing mobile networking to the all enforcement officials of the department.

According to the bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, the two countries are sharing information with Bangladesh on drug trafficking on a real-time basis and assisting one another on investigative techniques for interdicting all narcotic, synthetic & medicinal drugs. DNC is closely working with DEA of USA and SPO of Korea Republic. DEA of USA shared Information with DNC at regular basis and as a result, huge amount of Cocaine was seized several times at Hazrat Shahjalal international airport in Dhaka. Bangladesh has signed MOU with South Korea to implement a project covering strengthening of DNC through the development of ICT, forensic lab and providing training for DNC official.

02 Ramon Spectrometer have been bought for Dhaka & Chattogram Chemical Laboratories. A total of 66500 glossy PVC posters marking adverse effect of drugs in human body have been distributed in every educational institution across the country. 2,00,000 pcs Ruler Scale marking adverse effect of drugs have been purchased. 04 Led televisions have been set up in important places. 03 Kiosks for anti drug campaign have been allocated in every district for setting up in public places. 8 CC Cameras with a monitor & one biometric attendance has been set up in every district office.

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

1.7 Achievement in 2019:

DNC filed important cases in 2019:

5200 pcs Yaba (Amphetamine based Tablet) seized with 02 notorious accused arrested from Hazrat Hhajalal International airport, Dhaka on 5 January, 2019. The raid conducted by DNC, Dhaka metropolitan.

29 gm ICE (Methyl Amphetamine), 22 gm Crystal Meth, 6400 pcs Methyl Di-oxi Methamphetamine (MDMA), 15 Litre Methanol, 5kg ingredient of MDMA, 12.5 litre Acetone, 20 litre Xylin, 200 gm



Sodium Hydroxide, 480 pcs Oradin plus Tablet , 3700 Freenose Tablet, 360 Kedil plus tablet & 900 pcs Lore plus tablet seized with 2 accused arrested from 62, Jigatoala of Hazaribag, Dhaka on 28 February, 2019. The raid conducted by DNC, Dhaka Metropolitan

50000 pcs Yaba (Amphetamine based Tablet) seized with 18 notorious accused arrested from Hinla, Chowdhuripara of Cox'sbazar on 3 March, 2019. The raid conducted by DNC, Cox'sbazar.

4000 pcs Yaba (Amphetamine based Tablet) seized with 3 notorious accused arrested from 41/23/08, Jigatola of Hazaribag, Dhaka on 4 March, 2019. The raid conducted by DNC, Dhaka Metropolitan.

1 kg Heroin & 1000 pcs Yaba (Amphetamine based Tablet) with 3 notorious accused arrested from Charbagdanga Fatapara of Chapai Nwababganj on 9 March, 2019. The raid conducted by DNC, Chapai Nwababganj district.

7500 pcs Yaba (Amphetamine based Tablet) seized with 2 notorious accused arrested from 63, Tonji East Thana, Gazipur on 31 March, 2019. The raid conducted by DNC, Gazipur District.

10,000 pcs Yaba (Amphetamine based Tablet) seized from arrested from Kulal para, Teknaf of Cox'sbazar on 17 June, 2019. The raid conducted by DNC, Cox'sbazar.

5000 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from 9/B, Sector-8, North-East thana, Dhaka on 17 August, 2019. The raid conducted by Dhaka Metropolitan of DNC.

18,00,000 Taka & 120 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from 10, khilgaon, Dhaka on 10 September, 2019. The raid conducted by Dhaka Metropolitan of DNC.

1.05 kg Heroin seized with 1 notorious accused arrested from Malbagdanga of Chapai Nwababganj on 18 September, 2019. The raid conducted by DNC, Chapai Nwababganj district.

4400 pcs Yaba (Amphetamine based Tablet) seized with 2 notorious accused arrested from 164, Rupali Garden, Dakkhin khan, Dhaka on 13 October, 2019. The raid conducted by Dhaka Metropolitan of DNC.

100 gm Heroin & 150 pcs Yaba (Amphetamine based Tablet) seized with 2 notorious accused arrested from Bajitpur, Shibganj of Chapai Nwababganj on 28 October, 2019. The raid conducted by Chapai Nwababganj district of DNC.

5000 pcs Yaba (Amphetamine based Tablet) & 1 Motor cycle seized with 1 notorious accused arrested from 2/3, Block-c, Mohammadpur, Dhaka on 2 November, 2019. The raid conducted by Dhaka Metropolitan of DNC.

11000 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from 29/20, Block-c, Tajmahal road, Mohammadpur, Dhaka on 2 November, 2019. The raid conducted by Dhaka Metropolitan of DNC.

100 gm Heroin seized with 1 notorious accused arrested from Ramchandrapur hat of Chapai Nwababganj on 6 November, 2019. The raid conducted by Chapai Nwababganj district of DNC.

18000 pcs Yaba (Amphetamine based Tablet) with 1 notorious accused arrested from Alkoron of kotowali thana, Chattogram on 10 November, 2019. The raid conducted by Chattogram Metropolitan of DNC.

94 gm Heroin & 105000/- taka seized with 1 notorious accused arrested from Dakkhin Medini Mandol, Lawhuojang of Munshiganj 28 November, 2019. The raid conducted by DNC, Munshiganj District.

31500 pcs Yaba (Amphetamine based Tablet) with 4 notorious accused arrested from Kushiara, House-01, Block-G, Chiriakhana road, Mirpur-1 on 16 December, 2019. The raid conducted by Chattogram Metropolitan of DNC.



Drug Law Enforcement

2.1 Legal Status

2.1.1 The Narcotics Control Act of 2018

In line with the 'zero-tolerance' approach of the government of the People's Republic of Bangladesh, the Narcotics Control Act of 2018 (Act Number 63 of 2018) has been enacted on 27 December, 2018. The act covers the control of narcotic drugs and psychotropic substances, including provision for the treatment and rehabilitation of drug dependent people. This Act has a total of 7 Chapters, 70 sections and two schedules. It has supremacy over any other laws in Bangladesh regarding drugs. It deals with any issue drug-offence prevention and control of drugs and precursor chemicals including treatment and rehabilitation of the addicts. It defines all the technical terms, describes the power and functions of various concern agencies, narrates the scope of control, jurisdiction, contraventions, and procedures and prescribes the penalties and schedules the drugs and punishments. It provides legal coverage for establishment of the Department of Narcotics Control (DNC) as the Nodal Agency of the government to fulfill the objectives of the law in question. It also provides the legal basis for formation of the National Narcotics Advisory Committee (NNAC) as the highest apex body of the government for formulating necessary policies and strategies to combat drug problem in the country.

This Act has a very significant view that the Government of Bangladesh enacted the Narcotics Control Act, 2018 by replacing all the earlier legislation. This new act is enacted in pursuance of the principles of the Article 18(1) of the Constitution of the People's Republic of Bangladesh. Article 18(1) provides that: "the State shall regard the raising of the level of

nutrition and the improvement of public health as its primary duties, and in particular shall adopt effective measures to prevent the consumption, except for medical purposes or for such other purposes as may be prescribed by law, of alcoholic and other intoxicating drinks and of drugs which are injurious to health."

Bangladesh is a signatory to all the three UN Conventions of 1961, 1971, 1988 and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. In view of its obligations under these conventions and the potential for diversion of precursors due to its close proximity to Heroin & Amphetamine -producing localities in South East Asia, the country has imposed restrictions on the import of precursors. 22 precursor chemicals, as stated in Tables I and II of the 1988 Convention, were included in this act. Sections 36 and 37 of the Act prohibit any kind of illegal operations regarding narcotic drugs, psychotropic substances as well as precursor chemicals. Further, rules relating to the licensing of precursor chemicals were framed and adopted earlier.

The Narcotics Control Act, 2018 prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass (section 9). DNC issues licenses, permits or passes. However, they cannot be issued to persons with criminal record (sections 13 & 14). Handling precursors without the requisite license permit or pass awards rigorous imprisonment of 1 to 5 years and a fine (Up to 10 kg/lt precursor); 05 to 10 years (Up to 50 kg/lt precursor) and a fine; 10 years to life imprisonment and a fine (above 50kg/lt precursor) while violation of any condition of



license awards a fine of 1 Lakh taka (sections 15). Importers require an import license and an import authorization from the Department of Narcotics Control to import precursors. On arrival of the consignment, DNC verifies the physical stock and use of the precursor. Bangladesh does not export any precursors. Most imports are from India, Malaysia, Singapore, China, Japan, the UK and Italy.

Bangladesh does not manufacture any substance listed in Table I and Table II of the 1988 Convention other than Sulphuric Acid and Acetic Acid. It imports a number of precursors for use in domestic industry. There is no record misuse of precursors for illicit manufacture of drugs in the country. Ephedrine, pseudoephedrine, ergometrine and potassium permanganate are imported by the country for industrial, scientific and research purposes.

The main focus of this law is on defining various crimes, imposing prohibition, control and regulations of legal and illegal drug related activities, issue, inspection and cancellation of licenses, permits and passes, treatment of drug addicts, penal provisions for various drug offences, search, seizure, arrests, investigation, prosecution, forfeiture of property, prevention of money laundering, application of controlled delivery techniques, financial investigation, revenue collection and control of precursor chemicals. The Narcotics Control Act, 2018 provides legal sanctions and punishment for narcotic crime in Bangladesh. The sections related to offences and punishments are: 9, 10, 11, 12, 15, 36, 37, 38, 39, 40, 41, 42, 43, 46, 47 and 55. This law classifies all drugs falling under the UN conventions into three major classes, viz. A class drug, B class drug and C class drug according to their harmful effects and criminality involved.

The Narcotics Control Act, 2018 also provides a table of punishment for different offences related to different drugs according to the gravity and nature of the offence and the quantity of drugs involved in it. The highest penalty for an offence related to and 'A' class drug is death sentence or life term imprisonment and a fine, whereas the lowest penalty is imprisonment for one year and a fine. In case of an offence related to 'B' class drug, the highest penalty is 10 years imprisonment and a fine and the lowest penalty is imprisonment for three months and a fine. In case of 'C' class drugs the highest penalty is 07 years imprisonment and a fine. The law also provides penalty for offences related to abetment and conspiracy in drug offences. It also imposes restrictions of issuing driving license and license for fire arms to drug dependent persons.

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

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

2.1.2 Other Related Laws and Rules

The Narcotics Control Act, 2018 is the principal law for drug abuse prevention and control in Bangladesh. The other legislations related to drugs are:

- A. The special Power Act, 1975: This law particularly deals with prevention and control of smuggling. As drug is one of the major items of smuggling in Bangladesh, this law also addresses issues related to drugs. The main jurisdiction of this law is within five kilometers of the border. It is also applicable in other areas of the country in respect of drugs which are smuggled from other countries.
- B. Customs Act: Though the Customs Act deals with collection of Customs Duty on import and



export of various commodities and prevention of smuggling, it also covers the issues related to import and export of narcotic drugs, psychotropic substances and precursor chemicals.

- C. Prevention of Money Laundering Act, 2002
- D. Coast Guard Act, 1995
- E. The code of criminal Procedure, 1898.
- F. The Evidence Act, 1872.
- G. The narcotics Control Rules, 1999.
- H. The National Narcotics Control Board Fund Rules, 2001.
- I. The Private Treatment and Rehabilitation Center Rules 2005.

2.2 Search, Seizure And Arrest

The operations of search, seizures and arrests are guided mainly by Section 23 of the Narcotics Control Act, 2018. The other relevant Sections are:-Sections 20,21,24,25,26,and 35. The enforcement Officials of the Department of Narcotics Controls, the Police, RAB, Customs, BGB and Coast Guard are empowered to conduct search, seizures and arrests. The law provides for mutual cooperation among the different law

enforcement agencies as and when required for conduct of search, seizure and arrests. It is the requirement of the Law to draw a search list in Presence of independent witnesses with description of the place of occurrence, name and addresses of the accused, description of the seized articles along with the description of the quantity of article seized, signatories of the eyewitnesses of seizures and comments of the officer in-charge of the search and seizure. The drugs or any article related to commitment of a drug offence is liable for seizure under section 26 of the Narcotics Control Act, 2018. It is mandatory for every officer conducting any search, seizure or arrest to send a report regarding the search , seizure or arrest to his/her controlling officer immediately and lodge Ezahar (complain) in the concurrent Police Station. The Executive Magistrates are also empowered to conduct search, seizures and arrests under the provisions of the Mobile Court Act, 2009. The Master Law for the procedures of search, seizures and arrests is the Code of Criminal Procedure, 1898.

2.3 Investigation

Only DNC and Bangladesh Police are empowered to investigate offences under the Narcotics Control Act, 2018. The enforcement officers of the rank of Sub-Inspector or above of these departments can investigate



Year	2015	2016	2017	2018	2019
Raid	34073	33024	39585	47407	63055
Case	10548	9773	11612	13793	17305
Case Arrests	11300	10465	12651	15116	18346

Table 18 : Statistics of the raids, cases and arrests by DNC

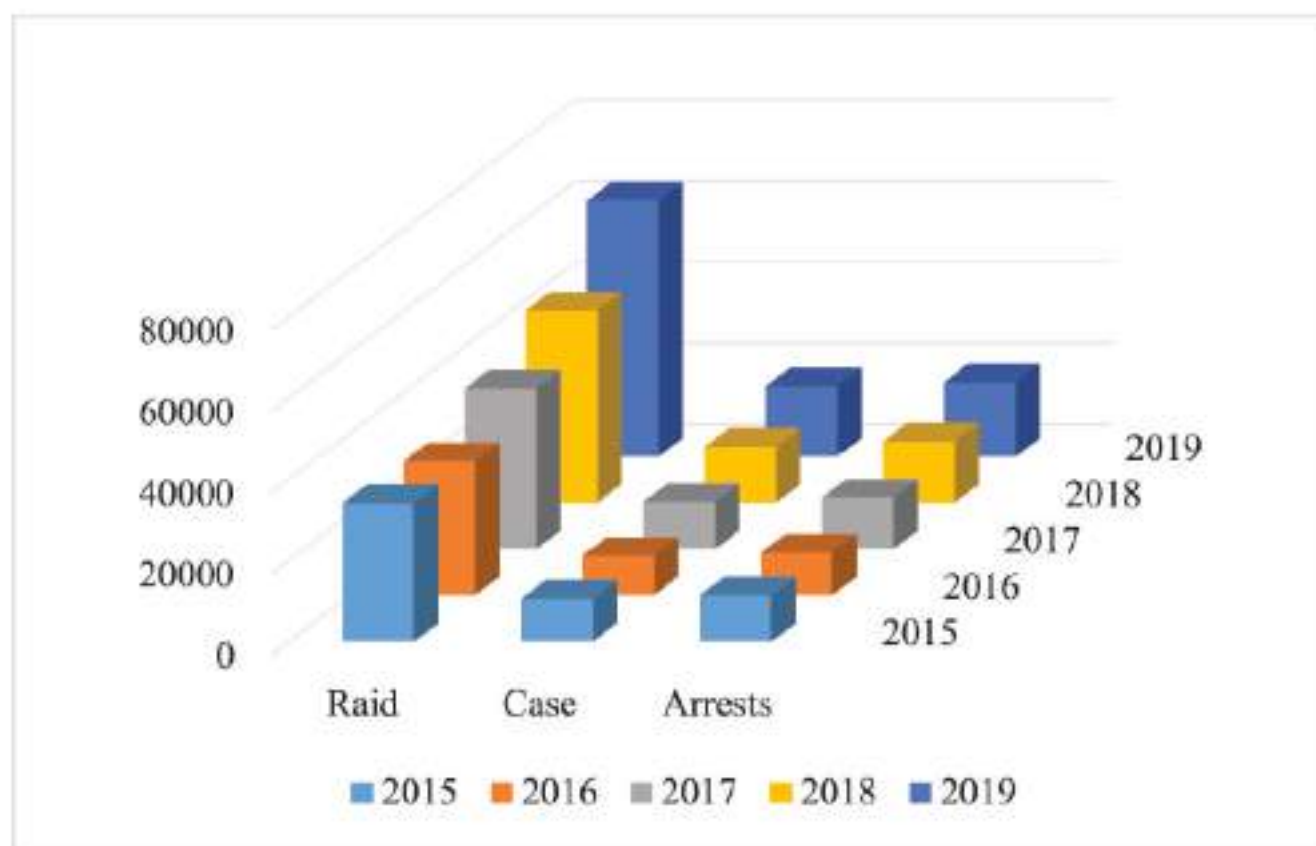


Figure 30 : Statistics of the raids, cases and arrests by DNC

drug offences. The main purposes of the investigation are gathering evidence on crime and clarify the motives and other relevant issues of an offence. In Bangladesh the investigation is generally followed by search, seizures and arrests. But pre-arrest investigation is also possible as per requirement of particular situation. The investigation officer generally visits the place of occurrence, draws sketch map with detailed description of the place of occurrence, takes photographs, examines

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



Year	Case	Arrests
2015	57134	70159
2016	69739	87014
2017	106546	132893
2018	119878	161323
2019	124098	162847

Table 19 : Statistics of the cases and arrests by all law enforcement agencies

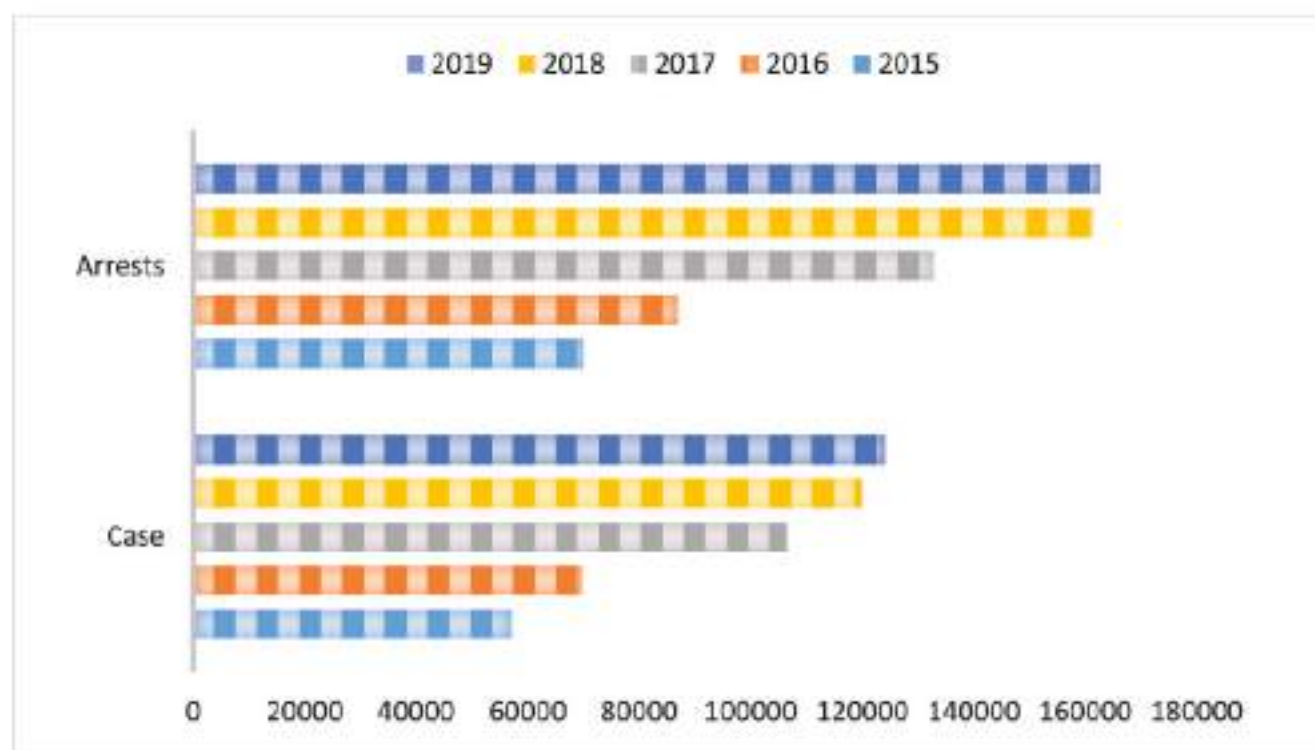


Figure 31 : Statistics of the cases and arrests by all law enforcement agencies

2.4 Prosecution and trial

As there is no special or separate dedicated Court, the trial of drug offences is done in the general judiciary system in Bangladesh. The Department of Narcotics Control (DNC) has their own prosecutors to prosecute cases in Courts. The manpower in DNC's prosecution section is very much inadequate in comparison with the number of Courts. Bangladesh Police generally conduct maximum the drug cases in all Courts in assistance with DNC's prosecution personnel where they are available. The initiation of a case is done in the Judicial Magistrate's Court. When a case is ready for trial, then it goes to the appropriate and empowered Court for trial.

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



Year	Disposal of Cases					Conviction/Acquittal of Accused					Pending Cases
	Conviction	Rate	Acquittal	Rate	Total	Convicted	Rate	Acquitted	Rate	Total	
2015	892	47.63%	981	52.37%	1873	971	48.2%	1042	52%	2013	
2016	2356	44%	2992	56%	5348	2927	41%	4206	59%	7133	59165
2017	1016	40%	1528	60%	2544	1065	(40%)	1615	60%	2680	
2018	592	42%	843	58%	1435	631	41%	911	59%	1542	
2019	642	39%	1012	61%	1654	678	39%	1078	61%	1765	

Table 20 : Statistics on Disposal of Cases under Trial

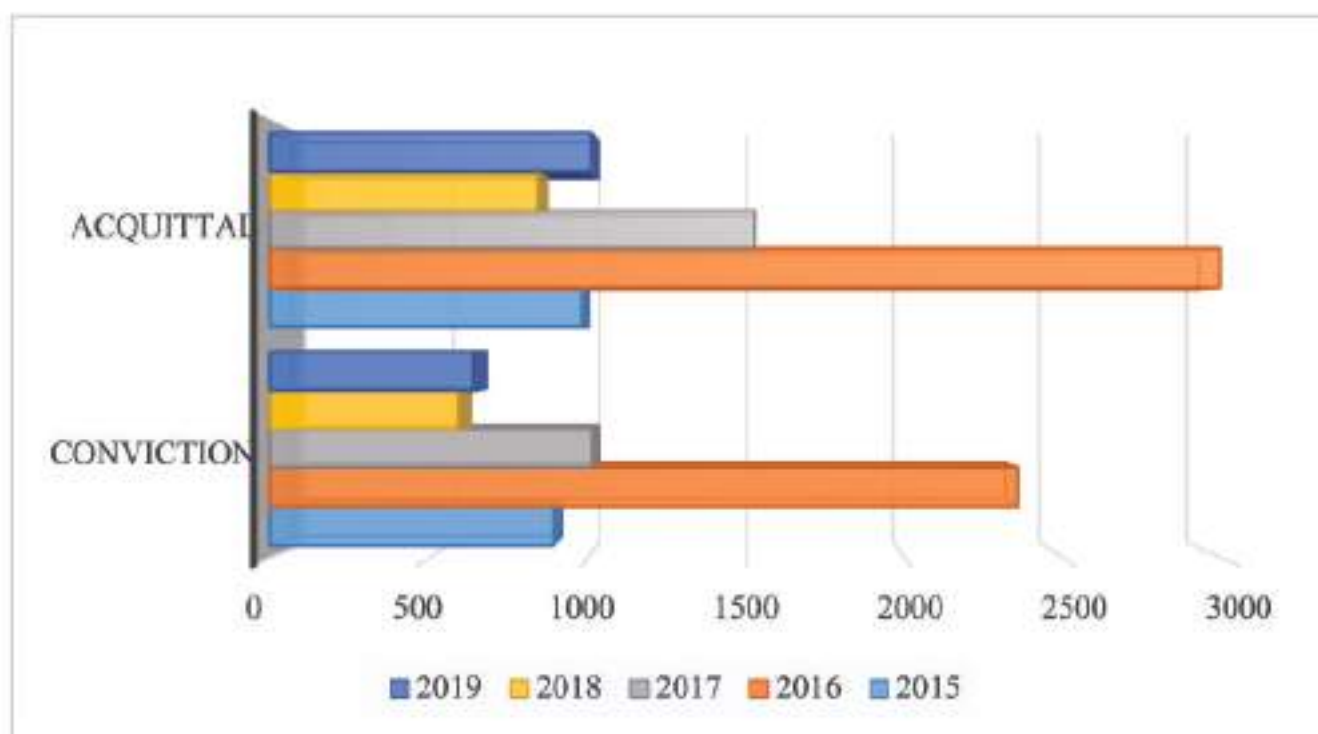


Figure 32 : Disposal of Cases

2.5 Operation of mobile court on drugs

The trial of drug offences are generally conducted in the general judiciary system. The judiciary is over burdened with thousands of cases.

To overcome this situation, the Government has recently introduced Mobile Court for drug offences under the Mobile Court Act, 2009. The Mobile courts apprehend criminals, prosecute them on the spot, and impose punishment of short term imprisonment. There is no provision of bail in Mobile Court. The confession

and sends the criminals to jail. These sorts of summary trial have been found very effective to control crime, speed up trial system and enhance people's consciousness on drugs and related offences.

2.6 Organizational set up:

The Department of Narcotics Control (DNC) is a multifunctional agency under the administrative control of the Security Services Division, Ministry of Home Affairs. It came into operation in January 1990 with a total of the different kinds of manpower of 1274. After



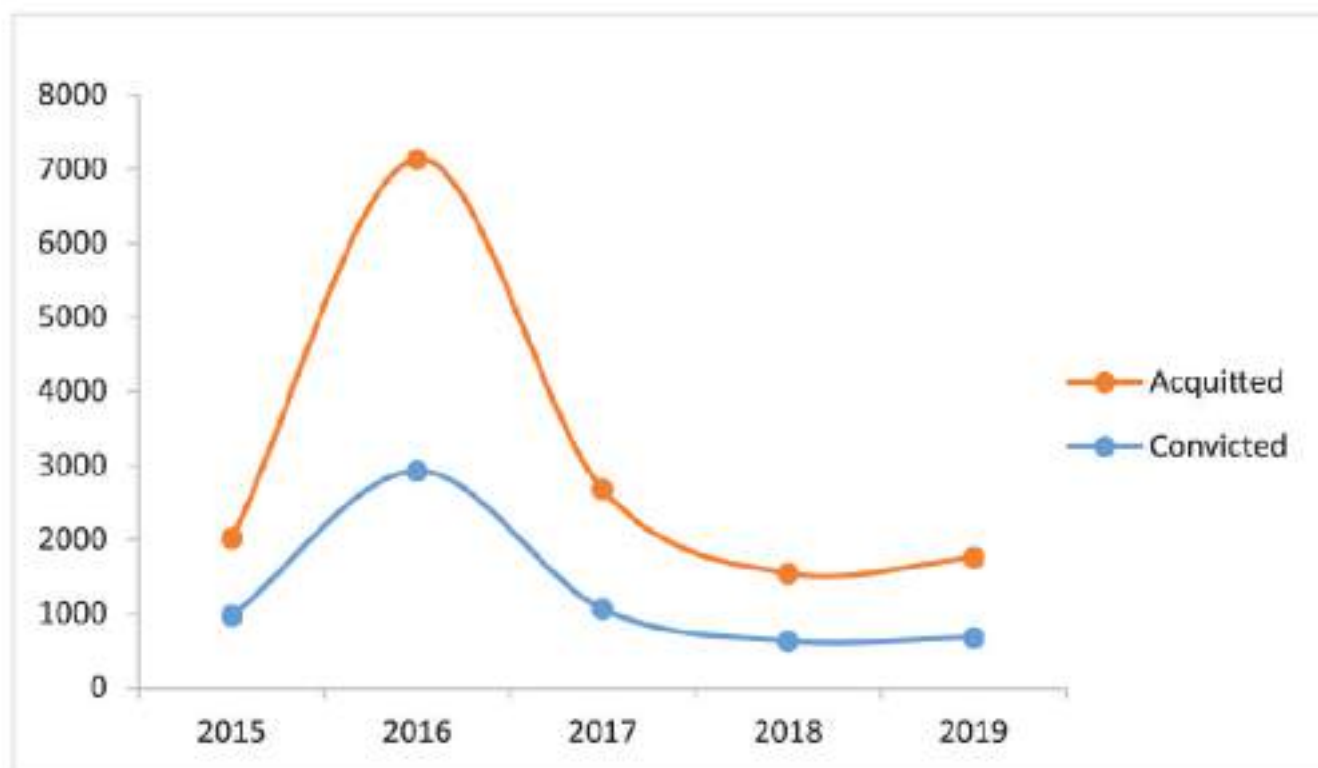


Figure 33 : Conviction/Acquittal of Accused

that, its manpower became 1706 in 2015 and 3059 in 2018. The DNC is the nodal agency for prevention and control of drug abuse and their illicit trafficking in Bangladesh. It is headed by Director General. All the activities of this Department is run through its four main wings (a). Administration and Finances, (b). Operations and Intelligence, (c). Preventive Education, Research and Publication, and (d). Treatment and Rehabilitation. Out of headquarters, this Department runs its entire administration through its 8 Zonal office, 8 Zonal Intelligence offices, 64 district office and 68 prosecution unit. Besides this Department collect revenue and supervises the production, marketing, distribution and sale of alcohol, spirits, liquor and beer through 5 distilleries, 1 brewery and 13 warehouses. The Department runs its drug addiction treatment programs through Central Drug Addiction Treatment Centre (CTC) at Dhaka and regional drug addiction treatment centers at Chittagong, Rajshahi and Khulna. The Central Drug Testing Laboratory of the department for chemical tests of seized drugs is located at Gendaria, Dhaka. There are 64 prosecution units at 64 district

headquarters of the Department to assist trial of drug offences in criminal Courts. The Department came into operation in under-staff condition with the manpower of the erstwhile Narcotics and Liquor Directorate and a few surplus manpower of different government organizations absorbed in this Department through the Ministry Public Administration since its establishment. 206 employees of different categories have been newly appointed during 2019. Enhancement of the manpower of the DNC through reorganizing of the organizational set up is under process in the Ministry of Home Affairs. This reorganization suggests for expansion of the programs of treatment and rehabilitation, increases of the manpower of Circle Offices, Empowerment of the prosecution, intelligence and preventive education wing and enhances the overall capacity and capability of the DNC. Out of 3032 sanctioned manpower the DNC is currently working with its existing manpower of total 1317 and 1715 posts are vacant. It means that almost 56% of the posts are vacant at present. Among this 3032 sanctioned manpower, only 1688 persons are for the purpose of law enforcement and control of crimes



Year	Raids	Cases	Arrested	Conviction	Acquittal
2015	14937	7487	7823	7821	02
2016	13541	6430	6592	6591	01
2017	12212	5991	6044	6044	00
2018	13821	6776	6866	6866	00
2019	18424	9444	9484	9484	0

Table 21 : Statistics on Mobile Court Operation by DNC

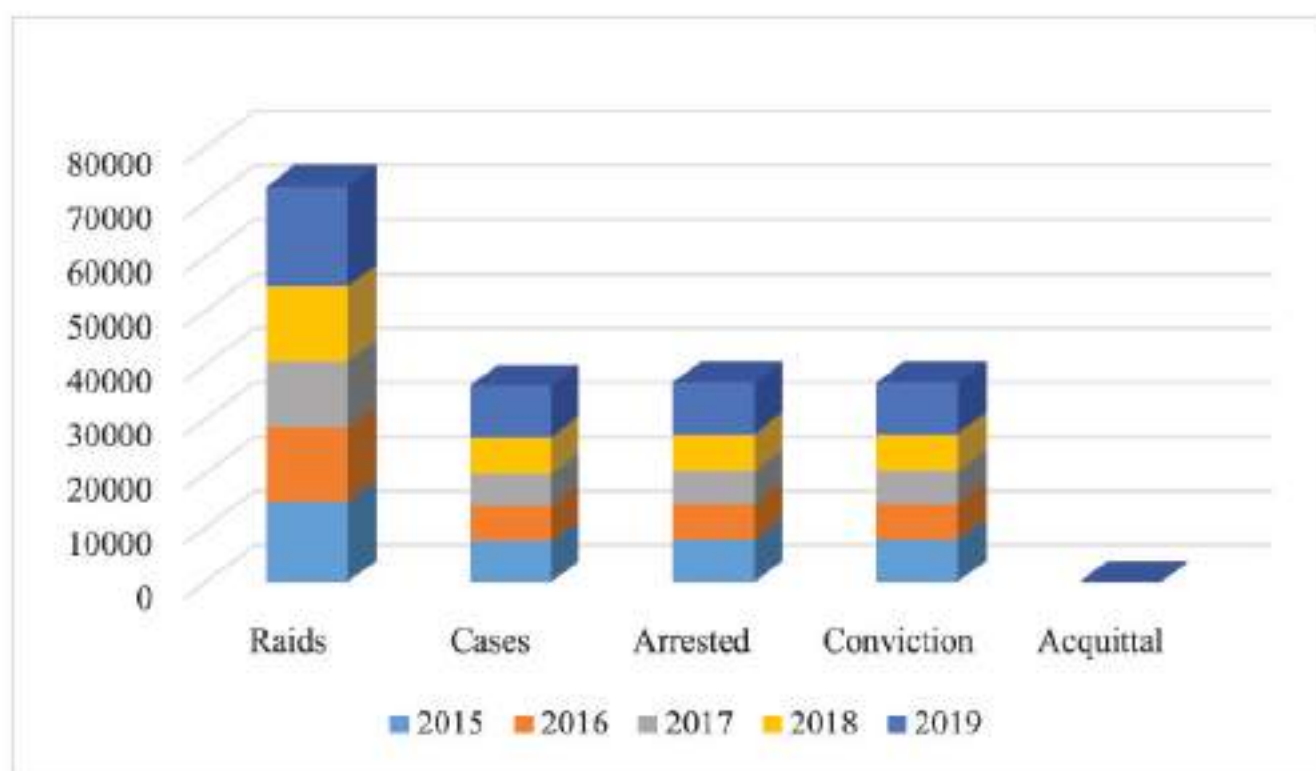


Figure 34 : Statistics on Mobile Court Operation by DNC

related to drugs. But due to shortage of manpower, only around 759 people are currently working in the whole country for law enforcement and control of crimes related to drugs.

2.7 Inter agency Coordination:

There is a forum of coordination on drug related issues

at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO), at the District level called the District Drug Control Committee (DDCC) is headed by the Deputy Commissioner and at the national level called the National Anti Drug Committee (NADC) & National Drug Control Advisory Committee (NDCAC).



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

Police, RAB, Customs, Coast Guard and BGB empowers to conduct raid, search, seizure and arrest in respect of drug offenses as per Narcotics Control Act, 2018. DNC exchanges information about new trends and modus operandi of cross border and internal drug trafficking and shares operational intelligence with the above law enforcement agencies. DNC officials usually get support from any of the relevant agencies like Police, RAB, BGB, Coast Guard, Ansar-VDP while conducting any operation against illicit drug offenders in the country. The taskforce operation against drug trafficking is conducted by the three or more organizations of administration, customs, police, DNC, RAB & BGB. The Mobile court against drug trafficking is conducted in presence of the executive magistrate and criminals are apprehended, prosecuted them on the spot by the official of law enforcing agencies including DNC and awarded short term imprisonment. All law enforcement agencies give monthly statement of the operations against drug trafficking to the DNC. DNC and other law enforcing agencies arrange training program aimed to promote and enhance knowledge and understanding of the participating officials on drug related offences.

The Department of Prison provides treatment services to drug dependent jail mates at Comilla, Jessore and Rajshahi Central Jail. DNC arranges anti drug awareness program for drug dependant jail mates in the prisons with the help of the jail officials. There is an anti drug committee in every educational institutions except Primary schools. DNC arranges anti drug

campaign in the educational institutions with the help of anti drug committee and education officials. Police, RAB, BGB, Coast Guard, Ansar-VDP also perform anti drug awareness campaign against drugs.

2.7 MODUS-OPERANDI OF DRUG TRAFFICKING IN BANGLADESH

The traffickers are always ever changing about their modus-operandi in carrying, possessing, concealment, storing, and selling drugs. In transportation of drugs, there are two kind of concealment. Body concealment and concealment in transport vehicles. Under-privileged women and children are commonly employed for carrying and peddling drugs. Women carriers are largely engaged for body concealment of drugs. Small amounts of heroin and yaba are trafficked in body fitting, under concealment in the undergarments of the women carriers, in costumes, in luggage and in other belongings of the carriers. Phensedyl and cannabis are concealed in special type of jackets and in belts fastened at waist, thigh and legs. The women carriers wear these special types of belts and jackets under their garments and cover their whole body with Borkha. Men are also found to wear this special type of belts for carrying drugs. Shoes, anklets, corset belts, under wears, etc. are also used for carrying heroin and small amounts of cannabis.

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

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



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

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



Demand Reduction

The widespread of drug abuse and smuggling is a great threat to our next young generation. For that, the Government has declared the Zero Tolerance against drug abuse. According to the Government's directive; the Department of Narcotics Control is working relentlessly with the help of other ministries to reduce the demand for illicit drugs from the society through creating public awareness against drugs, awakening moral and religious values and social upliftment.

The Newly enacted The Narcotics Control Act, 2018 mandates preventive education and anti-drug campaign by its section 6 to generate public awareness against harmful effects of drugs. The above mentioned Act also mandates to attach the label bearing anti-drug precautions message in case of legal use. Basically, The Preventive Education, Research and Publication wing of the DNC conducts demand reduction of all kind of drugs related activities throughout the year. It is responsible for the activities of the reduction of demand for drugs in the country. It performs the following activities for demand reduction:

- Community mobilization against abuse and illicit trafficking of drugs ;
- Generating public awareness against illicit drugs;
- Dissemination of anti-drug messages ;
- Conducting various preventive education programs;
- Formation of community intervention teams against drug abuse;
- Conducting campaign against drug abuse and illicit trafficking;

- Formation of policies and programs for prevention and control of drugs ;
- Monitoring and evaluation of programs for prevention and control of drugs ;
- Assessment of the drug problems through conducting survey and collecting data ;
- Conducting research on various aspect of drugs;
- Networking with NGOs and voluntaries engaged in various activities of drug abuse prevention and treatment ;
- Guiding and monitoring the anti-drug activities of the NGOs ;
- Preparing periodical reports on the situation of drug abuse and illicit trafficking;
- Preparing audio-visual materials for anti-drug campaign over last a decade;
- Distributing scales bearing anti-drug slogan.
- Placing LED Billboard and KIOSK in different important aware about adverse effects of drug.

2. Anti-drug awareness activities in Mass Media Sector & Social Network:

There is no doubt that mass media is playing a major role for making awareness and educating mass people about drug abuse by airing through BTV and private TV channels in Bangladesh. So, the DNC accompanied by media works following activities for awareness building against drug abuse. These are as follow:



The preventive activities of the DNC which are as following: (chart)

Preventive Education and Publication					
Task	2015	2016	2017	2018	2019
Production & Distribution of anti-narcotics posters	34500	157785	164236	-----	-----
Distribution of anti-narcotics leaflets	104000	974570	870548	1420000	265000
Distribution of anti-narcotics Stickers	15500	75031	8000	-----	9500
Distribution of Souvenir, Bulletin	9000	20000	20600	3100	6000
Anti-narcotics discussion meetings	4247	6607	4801	8898	7967
Anti-narcotics class speech at schools and colleges	826	1469	2460	5447	5533
Forming of Anti-drug committee in Educational institute	809	8335	1325	1941	2200

- Making anti-drug short film;
- Creating TV spot/TVC on drug abuse;
- Preparing anti-drug theme song by renowned singer;
- Three dramas on drug abuse made through DFP (Directorate of Film & Publication) for awareness building of adverse effects of drug;
- Uploading everyday drug related crime and anti-drug awareness activities across the country on Face book page & Face book live page;
- "Jibonke Valobasun, Madok Theke Dure Thakun" has been aired in connection with all TV channels and radio on 1st March, 2018 at 8.50pm.
- Forming anti-drug voluntary committee in every upazilla to create awareness regarding the adverse effect of drugs among the mass people.

1. National Narcotics Control Adviser Committee: This committee consists of 21 members. Honorable Home ministry of the government is the chairman of the committee and Director General; Department of Narcotics Control is the member Secretary of this committee. This committee formulate anti-drug related work plan and implement this issue. This committee sits together at least once in a year.

2. National Anti-Drug committee: This committee comprises of 47 members. Honorable Home minister and Honorable Head, Parliamentary standing committee, Ministry of Home Affairs are the advisors of the committee. Secretary, Security Services Division,

Ministry of Home Affairs is the head of this committee and Director General; Department of Narcotics Control is the member secretary of this committee. This committee coordinates drug abuse, prevention and public awareness campaign and policies. This committee sits together two times in a year.

3. District Narcotics Control and Publicity Committee: This committee consists of 30 members. Honorable Member of Parliament of district and chairman of Zilla Parishad are the advisors of the committee. District commissioner is the head of this committee. Deputy Director/Assistant Director is the member Secretary of the committee. This committee coordinates anti-drug activities and reviews the overall narcotics control situation of district in every month.

4. Upazilla Narcotics Control and Publicity Committee: This committee comprises of 18 members. The Honorable Member of Parliament and upazilla Parishad chairman are the advisors of the committee. Upazilla Nirbahi Officer is the head of the committee. Upazilla Secondary Education officer is the member Secretary of the committee. This committee undertakes and implements drug abuse prevention and public awareness activities at upazilla level.

Role of the Civil Society in Anti-Drug Activities :

In order to eradicate the drug-related harms from our society, combined effort of Government and non-government sectors is very necessary. A wide range of civil society organizations are getting involved in the prevention and reduction of the problem. While



combating it, the civil society undertook numerous activities. Substantive achievements reflect their commitment and involvement with the Government initiatives in promoting care for the affected people in need to ensure quality of life. Civil society organizations in our country have been playing pivotal role for drug demand reduction through awareness activities, advocating and mainstreaming anti-drug activities, and providing rehabilitation supports to the unfortunate drug dependents.



Multiple activities that the Civil Society Organizations (CSOs) are doing to prevent and treat drug dependence and related issue in Bangladesh

Massive awareness on the harmful effects of drug use is required urgently. Keeping the adverse situations in mind, institutions are organizing mass awareness programs and implementing the following activities in this regard.

1. Establishing Drug Awareness Centers

Bangladeshi CSOs have been actively establishing drug addiction treatment and rehabilitation centers all around Bangladesh. Not only in the cities, many CSOs have gone through the rural level to provide aids to fight against drug addiction. Bangladesh Youth First Concern (BYFC) is one such organization that runs five Drug Awareness Centers in rural areas. They prioritize the patients who belong to lower income groups. However,

2. Organizing Courtyard Meetings

In order to let the grassroot people know about the issues related with initiating drug use, consequences and their harmful effects through using comprehensible materials, many CSOs are organizing courtyard meetings on regular basis.

3. Organizing Educational Institution Based Programs

In order to disseminate information about drug use, its harmful consequences and treatment programs, CSOs

organize school/college and university based programs with the participation of students and their guardians. Dhaka Ahsania Mission, a significant civil society organization in Bangladesh, has been frequently organizing such events, where students get to know about how they can participate in addiction prevention and how to provide scientific and evidence-based support for a person who has become dependent on drugs. It provides useful traditional preventive methods as well as a means for early intervention in the context of Bangladeshi society. More than 5000 students and their family members took part in such events organized by Dhaka Ahsania Mission in last year.



4. Celebrating Recovery

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. It is a constant battle for those who are trying their best to overcome addiction. Dhaka Ahsania Mission comprehends the significance of the willpower needed for this and to motivate the people on recovery, it celebrates the recovery life through arranging various events. DAM's important entity Addiction Management and Integrated Care (AMIC) directs Drug Treatment Centers for male patients in Gazipur and Jashore and for female in Dhaka. All the centers organize "Recovery Get-together" programs where the patients gather together to share their journey, struggles, challenges and how they overcame those. Parents also share their stories to provide a ray of hope to the family members of current patients.



The centers also celebrated "Recovery Month" in September 2019. They planned month-long events, sharing meetings, support group meetings and special family sessions to celebrate drug-free lives of the patients on recovery. These fighters were also awarded with symbols of appreciation highlighting their success in overcoming drug addiction.

5. Observing Significant Days

International days are observed focusing on ensuring the rights of target groups. Bangladeshi CSOs also observe significant international days to express their solidarity with the cause. Ahsania Mission Female Drug Treatment and Rehabilitation Center regularly observes International Women's Day highlighting the importance of female drug addiction treatment in our society.

International Mental Health Day is observed to signify the importance of sound mental health in drug addiction treatment. National days such as Independence Day, Victory Day and International Mother Language Day are also observed in all the centers with due importance.

6. Involving Families in the Treatment Process

To reintegrate the drug dependents into the society, drug treatment and rehabilitation centers organize family meetings where the members of the patients take part. Seminars, workshops and discussion meetings are also organized to let the family members know about how they can contribute to the recovery process of a patient. They get to know about recovery capital, challenges of recovery process, high risk situations and different psychosocial skills required for the treatment of drug dependence.





7. Running Anti-Drug Activities for Treatment and Rehabilitation of High Risk Population

According to Justice Audit data, in 2016, 32% of the inmates were detained for drug-related offences in Bangladesh. Drug referral services are one of the most important activities in Improvement of the Real Situation of Overcrowding in Prisons (IRSOP) project which is being implemented by Dhaka Ahsania Mission from 2014 through Ministry of Home Affairs and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Through this Drug Referral activities, DAM has been providing group counseling to the prisoners inside the prison; referring prisoners to drug treatment and rehabilitation centers after being released; capacity building initiatives; and awareness raising activities against drug addiction. Leaflets, brochures, flip charts, posters and counseling modules were developed for awareness activities. Prisoners also receive training on different trades and they are given equipment for smooth and self-reliant reintegration into the society.

8. Promoting Mental Health

Drug addiction associated with mental health issues are

one of the emerging social problems in Bangladesh. According to WHO report, 16.1% adults and 18% children and adolescents have been suffering from mental ailments in Bangladesh.

The number of mental health professionals in our country is insufficient. There is only one National Institute of Mental Health. The capacity of the institute is 200 beds. There is only one mental hospital at Pabna. The capacity is 500 beds, which is only 0.4% for every one lac population. Considering the country situation, and to contribute by playing a significant role in creating a mentally healthy and drug-free society, MONOBIKASH Foundation and MONOJOTNO Centers provides psychotherapy and drug addiction counseling; organize awareness raising activities against drug addiction; and offers support for mental health issues.

9. Capacity Development on the Issues Related with Drug Addiction

DAM has become an approved center for providing training on the Universal Treatment Curriculum on substance use disorder in 2016. It successfully completed the training for three batches. Receiving the



training, drug addiction professionals are implementing the knowledge in the treatment and rehabilitation programs for drug users.

10. Media Awareness Programs

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

Alongside the TV programs, Facebook live sessions and Youtube channels are becoming more popular these days on raising awareness on anti-drug issues.

11. Drug Demand Reduction Activities

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

Recommendations

Although the CSOs in Bangladesh are contributing to the eradication of drug addiction, however, the efforts are still not sufficient. As we experience the emergence of newer drugs every day that are harming our society, we need to take drastic actions to fight it. Apart from

expanding the existing activities, local CSOs should implement evidence-based newer activities to combat drug addiction.

- Prevention science should be included for addiction professionals in order to enable them transferring the anti-drug messages to policy makers, decision makers and general public for informing them about the scientific guideline to fight drug addiction
- Evidence-based prevention programs should be adopted and implemented
- Addiction professionals and policy makers should brainstorm for sustainability of evidence-based programs dedicated to prevent drug addiction
- More rehabilitation programs should be introduced in collaboration of CSOs and national level decision makers
- Government level initiatives should be implemented for proper monitoring and evaluation of CSO-based treatment, rehabilitation and prevention program. Monitoring tools should be developed according to international standards
- CSOs should introduce ethical and professional evidence-based practices at their anti-drug activities
- Country and community level plans should be prepared as guidelines and ideal implementation of developed guidelines should be introduced as soon as possible



HARM REDUCTION

INTRODUCTION:

Harm reduction aims social integration of people into society (normalization) who use drugs with a goal of maximizing their contact with social, treatment, health, and other community services. People who use substances often shared needles that may spread the human immunodeficiency virus (HIV) possess a greater threat to public and individual health than drug misuse.

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

In the context of Bangladesh where moral model of addiction dominates over disease model of addiction restricts investments of resources and intellects both. To some extent currently harm reduction constitutes treatment facilities (inpatient and outpatient based detoxification; outpatient service), echo training to develop service provider in substance use disorder management, technical assistance, psycho-education for family member's, opioid substitution therapy (OST), drop in centers and needle exchange program. However, overall harm reduction activities in Bangladesh will be described below under the title of treatment facilities, echo training, technical assistance, psycho education for family members and opioid substitution therapy (OST) in Bangladesh.

TREATMENT FACILITIES:

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

In addition, the government has planned to establish more six treatment and rehabilitation centers with facilities of 200 beds in each divisional headquarters. Furthermore, under Ministry of Health, for treatment of substance use disorder there are 25 beds in Mental hospital, Pabna and 50 beds at National Institute of Mental Health, Dhaka, Bangladesh.

Beside the services provided by the government there are NGO's and private treatment services for the people with substance use disorder. Under the "Rules for establishment and running non-government level drug addiction counseling, treatment and rehabilitation center-2005", Department of Narcotics Control, Bangladesh, issued licenses to 73 NGO and 324 private treatment centers till December 2019, where 51 was new license. By decreasing amount of license fee DNC facilitates opening of new treatment centre throughout the country with a view to cover treatment facilities in every district of the country for substance use disorder patients.



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

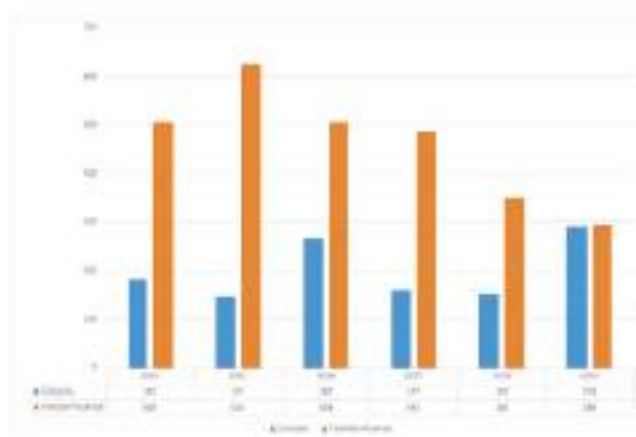


Figure - I : The graphical presentation of distribution of patients by most frequent primary reason for substance use in central drug addiction treatment center, Dhaka, Bangladesh

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

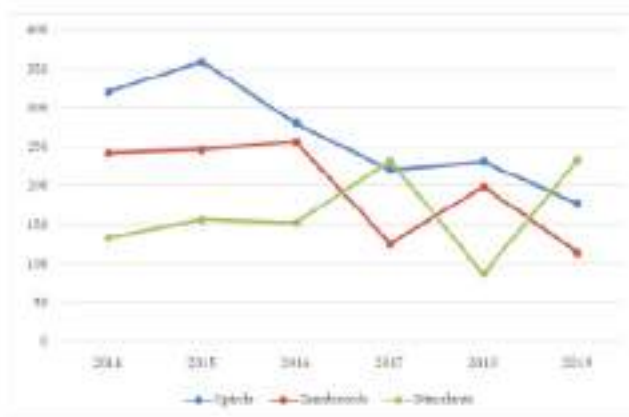


Figure - II : The graphical presentation of three main substances of use in central drug addiction treatment center, Dhaka, Bangladesh

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

Table-I Distribution of patients by age group in central drug addiction treatment center, Dhaka, Bangladesh

Age (Years)	Number of Patients (%)				
	2015	2016	2017	2018	2019
Up to 15	47(5.76%)	20 (2.52%)	15 (2.31%)	17 (3.39%)	26 (4.44%)
16-20	78(9.57%)	169 (21.26%)	129 (19.85%)	113(22.51%)	134 (22.70%)
21-30	158(19.38%)	147 (18.49%)	125 (19.23%)	100 (19.92%)	98 (16.72%)
26-30	247(30.30%)	166 (20.88%)	157 (24.15%)	93 (18.53%)	125 (21.16%)
31-35	125 (15.38%)	130 (16.35%)	105 (16.15%)	83 (16.53%)	72 (12.29%)
36-40	83 (10.18%)	89 (11.19%)	72 (11.08%)	44 (8.77%)	66 (11.26%)
41-45	51(6.25%)	39 (4.91%)	24 (3.69%)	23 (4.58%)	24 (4.10%)
46-50	16(1.96%)	18 (2.26%)	15 (3.69%)	19 (3.78%)	30 (5.12%)
51>	11(1.35%)	17 (2.14%)	8 (1.23%)	10 (1.99%)	13 (2.22%)
Total	741(100%)	815(100%)	795(100%)	502 (100%)	589 (100%)



Table I shows that in central drug addiction treatment center, Dhaka, Bangladesh 16-40 year age group includes most of the sample where 16-20 year age group shares highest.

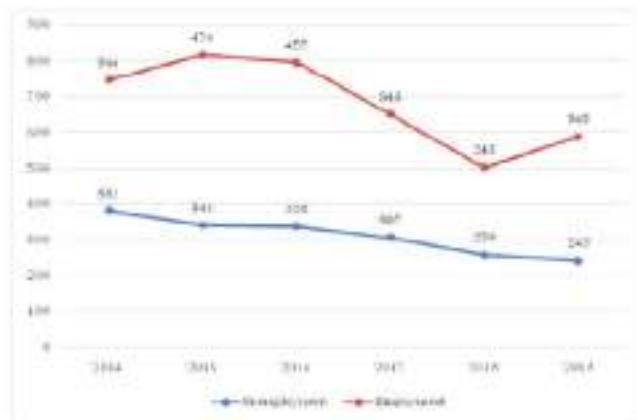


Figure - III : The graphical presentation of Distribution of Patients by Occupation in central drug addiction treatment center, Dhaka, Bangladesh on 2019

Figure -III shows that among the respondent employment was higher than unemployment in 2019, which was nearly same on 2018.

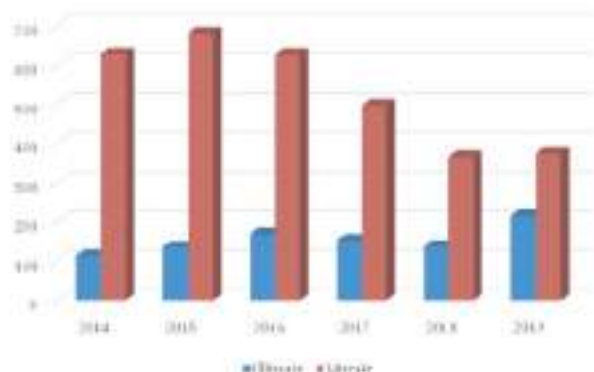


Figure-IV Distribution of Patients by literacy in central drug addiction treatment center, Dhaka, Bangladesh

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

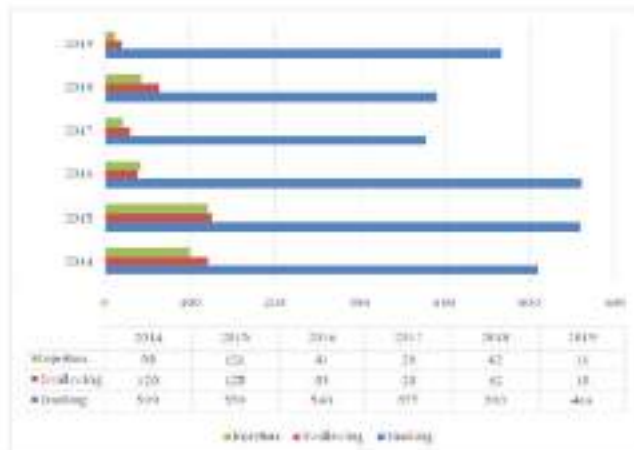


Figure-V Distribution of Patients by Route of Administration of Drugs in central drug addiction treatment center, Dhaka, Bangladesh

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

ECHO TRAINING:

Central Drug Addiction Treatment Centre supported by Department of Narcotic Control, Bangladesh conducted ten echo training programme on universal treatment curriculum 1, 2, 4, 4a, 6, 7 and 8 from January, 2019 to December, 2019 was also conducted. In total 410 participants from a different background (doctor, clinical psychologist, psychologist, nurse, recovery addict, clinic owner, etc.) were trained on the above-mentioned curricula.



Director General, Department of Narcotics Control with the participants of to participants of 41th UTC training programme held on December 2019 in Dhaka, Bangladesh.





Director General, Department of Narcotics Control giving certificates to participants after completing 41thUTC training programme held on December 2019 in Dhaka, Bangladesh.



Director General, Department of Narcotics Control with the participants of Bangladesh in the 41th UTC training programme held on December 2019 in Dhaka, Bangladesh.

PSYCHO EDUCATION FOR FAMILY MEMBERS:

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

structured outline to achieve and maintain recovery for both patient and their caregiver, delivered as 4 week programme where anyone who missed a session could catch up if s/he just joined the missed session which will be repeated on next month. Each session conducted by chief consultant, resident psychiatrist, rehabilitation officer, occupational therapist, matron (junior) with support from social welfare department. From January 2019 to December 2019, 49 family psycho-education classes have been conducted. This initiative is highly appreciated by both from patient and their family.



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

OPIOID SUBSTITUTION THERAPY (OST) IN BANGLADESH

Opioid Substitution Therapy (OST) programme has been continuing its journey in Bangladesh for more than ten years under the supervision of Central Drug Addiction Treatment Centre (CTC) and Department of Narcotics Control (DNC). The major stakeholders in programme implementation are icddr,b, Save the Children and CARE. A total of nine OST clinics are operational, seven within Dhaka and two are outside of Dhaka. Among the nine, three OST clinics are being operated by icddr,b (CTC, Dholpur and Narayanganj), four by CARE Bangladesh (Chankharpool, Swamibag, Aganagar and Nayabazar) and Save the Children (Khilgaon and Cumilla). As of 2019, a total of 950 OST clients (ex-PWID) were receiving methadone in the above-mentioned clinics. These OST clinics were community-based, located in residential areas and have similar service facilities except Tejgaon clinic, which is a hospital-based OST clinic with drug detoxification treatment facilities.





Clients receiving methadone from a MMT clinic in Dhaka



PWID resting in the recreation room of a Drop In Centre (D/C) in Dhaka

The main service provision in the OST clinics is to provide methadone to opioid dependent individuals in a medically supervised condition where doctor, nurse, counselor and consultant psychiatrists are available. In addition to methadone provision, the clinic provided free general medical services with lab investigations and medicines, urine testing for illicit substance use (opioids, sedatives, methamphetamine), counseling sessions among individuals, group or family, complicated case referral to hospitals, NGOs, etc. Tejgaon OST clinic, which was an ancillary part of the original 124 bedded government treatment center for

drug addiction, provided treatment services and specialist psychiatric consultations whenever necessary. There is significant improvement in quality of life among the OST clients in all four measures of physical, psychological, social and environmental aspects of health.

Accepting and understanding substance use as a health issue instead of viewing as phenomena caused by individual psychological (or moral) deficiencies or legal situation, harm reduction views patterns of drug use collectively. Existing criminalization of the substance user undermines his/her ability to control his/her own drug use, sets the stage for collateral damages and worked as barrier to pathway of care.

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



Intelligence sharing to combat Transnational Organized Crime (TOC)

8.1 Introduction:

Today the threat from Transnational Organized Crimes (TOC) is more complicated because criminal networks are more fluid and are using increasingly sophisticated tactics. TOC can develop the consistent nature of our modern trading, transportation, and transactional systems that move people and commerce throughout the global economy any across our borders. Now drug is not individually hazardous for mental or physical health but also a threat for peaceful society by committing organized crimes relates to drugs i. e. Transnational Organized Crimes (TOC) which is related to illegal financial flows. To combat money laundering or illegal flows of finance different law enforcing agencies (LEAs) including intelligence organizations of Bangladesh are working on their respective ground. DNC is empowered to resolve any cases related to Money Laundering (ML) as well as transnational organized crime (TOC). So sharing of individual LEA's and intelligence organization's information among the agencies is very much important to combat the organized crime.

Intelligence sharing history combat TOC :

Prior to World War I, several organizations were created to formalize international police cooperation, but most quickly failed, primarily because public police institutions were not sufficiently detached from the political centers of their respective states to function autonomously as expert bureaucracies.

In 1914, the First International Criminal Police Congress was held in Monaco, which saw police

officers, lawyers and magistrates from 24 countries meeting to discuss arrest procedures, identification techniques, centralized international criminal records and extradition proceedings. This organization appeared poised to avoid the political forces that ended earlier organizations, but the outbreak of World War I disorganized the Congress. In 1923, a second International Criminal Police Congress was held in Vienna, on the initiative of Mr. Hans Schober, President of the Austrian police. Schober, eager to avoid the politics that doomed previous international police efforts, noted that "ours is not a political but a cultural goal. It only concerns the fight against the common enemy of humankind: the ordinary criminal." This second Congress created the International Criminal Police Commission (ICPC), which served as the direct forerunner of Interpol. Founding members included police officials from Russia, Austria, Germany, Belgium, Poland, China, Egypt, France, Greece, Hungary, Italy, the Netherlands, Romania, Sweden, Switzerland and Yugoslavia. In 1926, the ICPC's General Assembly, held in Berlin, proposed that each country establish a central point of contact within its police structure: the forerunner of the National Central Bureau (NCB). In 1938, the Nazis assumed control of the ICPC and most countries stop participating, effectively causing the ICPC to cease to exist as an international organization.

After World War II, Belgium led the rebuilding of the organization, with a new headquarters in Paris and a new name - Interpol. The United Nations did not recognize Interpol as an intergovernmental organization until 1971. On June 17, 1971, President Nixon declared



"America's public enemy number one in the United States is drug abuse. In order to fight and defeat this enemy, it is necessary to wage a new, all-out offensive." With this declaration, the United States began the War on Drugs. At the time, the flow of illicit narcotics into its borders was deemed a major risk to the health and safety of Americans, and as a result, enormous resources were spent in the effort to curtail both the supply of and demand for illegal drugs. In the three decades that followed President Nixon's declaration, drug trafficking served as the dominant form of what the United States and many of its allies viewed as transnational organized crime.

In recent years, that viewpoint has changed. The character of transnational organized crime has changed in three major ways since the war on drugs began. Drug trafficking has become more diversified, criminal networks have harnessed new methods of conducting business, and the structure of criminal networks has changed. Organized crime has gone global, giving way to the term transnational organized crime. Global governance has failed to keep pace with economic globalization. Antonio Maria Costa, former Executive Director of the United Nations Office on Drugs and Crime, effectively summarized the change in TOC over the last quarter century by saying, "as unprecedented openness in trade, finance, travel and communication has created economic growth and well-being, it has also given rise to massive opportunities for criminals to make their business prosper."

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

Security Threats starting from terrorism, arms and drug smuggling, human trafficking, etc to transnational organized crime that jeopardize its economy and impede social and political development.

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

It is seeking parallel cooperation with other organizations which would enhance the possibility of putting an end to the internet dissemination of violence and terrorism inciting programs from its source.

Considering the situation, these are badly needed:

- a) Strengthening existing relationship among law enforcement agencies and relevant organization's inside the country and of the world.
- b) Crafting of a regional strategy to combat violent extremism and other types of transnational crimes.
- c) Increasing the practice of exchanging real time information and sharing of best practices among law enforcement agencies.
- d) And developing a common platform to cooperate in prompt, effective and prolific manner at times of need to fight drug trafficking, illegal financial flows, terrorism and transnational crime.

It appears that these objectives may be chosen because of the need for countries within the sub-region, the region and also in the broader context to develop actionable strategies and integrated approaches that would shepherd in more professionalism and efficiency in the common fight against transnational organized crime (TOC).

Characteristics of organized crime:

1. Involves association of a group of criminals.
2. Has a hierarchical structure with grades of authority.
3. Involves advance planning of successfully committing crimes and minimizing risk.



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

8.2 Drug Trafficking in Bangladesh and TOC

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

Bangladesh long and porous borders have made the country vulnerable to trans-border smuggling. Drug trafficking mainly of ATS (Yaba), heroin, Codeine (Phensedyl), injecting drugs (Buprenorphine) or other psychotropic substances and precursor chemicals, New Psychotropic Substances (NPS) poses a real challenge to the nation. A host of factor contributed to Bangladesh becoming a lucrative narco-transit-zone for the transnational drug trader. Considering this Bangladesh is being prepared to tackle this problem by equipping the sea port, international airports and land ports. Because there is instance of trafficking different types of drugs especially ATS and Cocaine from other

destination using different entry-exit points of Bangladesh.

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

8.3 Information sharing mechanisms in Bangladesh

Internal mechanism of intelligence sharing to combat drug menace: Government of Bangladesh is committed to diminish the awful situation of illegal drugs in country. To fulfill its commitment government has formed 03 high power committee to prevent which are being discussed below.

Strategic Committee:

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

The Enforcement committee:

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



The anti drug awareness and social movement committee:

It comprised of Secretary of Ministry of Education (convener), Secretary Ministry of Information, Secretary of Ministry of Shipping, Secretary of Ministry of Female and Child Affairs, DG of Youth Development Department, DG NGO Affairs Bureau, DG Islamic Foundation and DG DNC (convener).

Core Committee:

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

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

Coordination Forum:

- 1) **Upazilla Level Forum:** There is a forum of coordination cooperation and networking on drug related issues at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO).
- 2) **District Level Forum:** There is a forum of coordination, cooperation and networking on drug related issues at the District level called the District Drug Control Committee (DDCC). The DDCC is headed by the Deputy Commissioner of the District.

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

NNAC:

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

BFIU role against TOC:

Bangladesh Financial Intelligence Unit (BFIU) is also playing a vital role to coordinate Money Laundering (ML), illegal financial flows originated from drugs and

from others sources as well as to prevent Transnational Organized Crime (TOC). All LEA's and intelligence organizations are acquiring necessary supports form BFIU to investigate financial matters relates with drug crime. BFIU has international Coordination with Asia pacific Group, Egmont Group, UNODC etc, the international supervisory and coordinating agencies working in this field.

Areas of Cooperation among LEA's:

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

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

The Department of Narcotics Control maintains liaison with international forum engaged in fighting drug menace.

DNC attends each meeting of the Commission on Narcotics Drugs (CND), the apex body to make policy and formulate regulations to gear up the anti-drug activities over the globe.

DNC follows the very principles of another vital international body which regulates and supervises the entire anti-drug activities the International Narcotics Control Board (INCB).

DNC has close connection with Drug Enforcement Administration (DEA) which contributed us to discover



sensational cases related to Cocaine and New Psychotropic Substances (NPS).

DNC personnel attend various regional meetings, seminars, symposia and workshop to ameliorate the intelligence sharing activities in the region.

We got together with India 6 times and with Myanmar 3 times. In each meeting, we placed the time responsive approaches to our counterpart to fight against drugs properly.

DNC maintains a good relation with SAARC Drug Offences Monitoring Desk (SDOMD) to exchange intelligence and other relevant offences information.

DNC combats narco offences related to Money Laundering. It maintains close connectivity with Bangladesh Financial Intelligence Unit (BFIU) in the case of conducting Money Laundering cases.

DNC participates the meetings of the Head of National Drug Law Enforcement Agencies (HONLEA) each year.

DNC follows the very principles of another vital International body named International Narcotics Control Board (INCB) which regulates and supervises the entire anti-drug activities.

8.4. Transnational Co-operation to combat Illegal Drugs:

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

Information sharing with Regional Bodies:

Colombo Plan, SAARC (SDOMD)-Bangladesh is also signatory to the SAARC convention of Narcotic drugs and Psychotropic Substances, 1990.

The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC)- is an international organization of seven nations of South Asia and South East Asia, comprising of Bangladesh, India, Myanmar, Sri Lanka, Thailand, Bhutan, and

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

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

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

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

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

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



Bangladesh has an effective and integrated joint border management approach with India.

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

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

8.5. Conclusion:

Real time intelligence sharing and best practices on it is

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



Precursor chemicals: Bangladesh perspective

Precursor chemicals

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

Precursors are substances that are specific for the production of a specific narcotic drug and during the chemical reaction; it incorporates itself in the molecule of drug and contributes a major part of the final molecular structure of the drugs. For example - Pseudoephedrine is a precursor for the production of methyl-amphetamine.

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

One of the most important reasons, to adopt the UN convention 1988 is that to sensitize the member states about the control and monitor of precursor chemicals that are frequently used in the manufacturing process of narcotic drugs. To save the people from the curse of drugs, the world community took several strategies to address the drug problem comprehensively. Clandestine laboratories continue to develop new and ever more powerful drugs. So to curb the supply reduction, the availability of drugs should be under control. Based on the origin, drugs are three types like natural, semi-synthetic, and synthetic. The most proportion of the drug market nowadays is covered by synthetic drugs which are produced through a controlled reaction

between precursor chemicals. These drugs cannot be produced without certain chemicals. If we can ensure the restrictions on the availability of the chemicals required for the illicit manufacture of drugs, the availability of the narcotics drugs and psychotropic drugs would be cutting down on society. Because there is a slogan in the drug control regime is that " No chemical, no drugs".

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

Legal and illicit use of precursor chemicals:

The UN convention 1988 listed 26 precursor chemicals that are frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. Till October 2000, there were 22 precursor chemicals in the list but in November 2000 nor-ephedrine was included. Precursor chemicals are placed in Table-I and Table-II. Table -I and Table-II contain 18 and 8 precursor chemicals respectively. On 6th October 2014, Alpha-phenyl acetoacetonitrile (APAAN) was included in the list as precursor chemicals. 4-Anilino-N-phenethylpiperidine (ANPP) and N-phenethyl-4-piperidone (NPP) were included in Table I of the 1988 Convention effective on 18 October 2017.



The licit and illicit use of precursor chemicals as follows:

Table - 1

Sl. no.	Name of precursor chemicals	Licit use	Illicit use
1	N-Acetylanthranilic acid (C ₉ H ₉ NO ₃)	Pharmaceuticals, Plastic and fine chemicals	Methaqualone and Mecloqualone
2	Acetic Anhydride (C ₄ H ₄ O ₃)	Pharmaceuticals, Plastics, paints, dyes, explosives etc.	Heroin, Methaqualone, P2P
3	Ephedrine (C ₁₀ H ₁₅ NO)	Manufacture of cough medicines	Amphetamine Type Stimulants (ATS) -Yaba
4	Ergometrine (C ₁₉ H ₂₃ N ₃ O ₂)	Treatment of migraine	Lysergic acid diethylamide(LSD)
5	Ergotamine (C ₃₃ H ₃₅ N ₅ O ₅)	Treatment of acute migraine	Lysergic acid diethylamide(LSD)
6	Isosafrole (C ₁₀ H ₁₀ O ₂)	Perfumes, fragrances, pesticides	Tenamphetamine (MDA), (MDMA)
7	Lysergic Acid (C ₁₆ H ₁₆ N ₂ O ₂)	Organic synthesis	Lysergic acid diethylamide(LSD)
8	3,4-methylenedioxyphenyl-2-Propanone (C ₁₀ H ₁₀ O ₃)	Manufacture of Piperonal	Tenamphetamine (MDA), (MDMA)
9	Norephedrine (C ₉ H ₁₃ NO)	Appetite-suppressant, nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
10	1-phenyl-2-propanone(C ₉ H ₁₀ O)	Pharmaceutical industries to manufacture amphetamine, methyl amphetamine.	Amphetamine Type Stimulants (ATS) -Yaba
11	Piperonal(C ₈ H ₆ O ₃)	Perfume, component for mosquito repellent.	Tenamphetamine (MDA), (MDMA), MDE
12	Potassium permanganate (KMnO ₄)	Anti-fungal agents, water purification, organic synthesis.	Manufacture of cocaine base
13	Pseudoephedrine (C ₁₀ H ₁₅ NO)	Bronchodilators and nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
14	Safrole (C ₁₀ H ₁₀ O ₂)	Perfume and soap manufacture.	Tenamphetamine (MDA), (MDMA), MDE
15	Alpha-phenylacetoacetonitrile	Very limited	Amphetamine Type Stimulants (ATS) -Yaba
16	Phenylacetic acid (C ₈ H ₈ O ₂)	Perfume, Penicillin, 1-phenyl-2-propanone, pharmaceuticals etc.	Amphetamine Type Stimulants (ATS).
17	4-Anilino-N-phenethylpiperidine (ANPP)	Very limited	Amphetamine Type Stimulants (ATS) -Yaba
18	N-phenethyl-4-piperidone (NPP)	Very limited	Amphetamine Type Stimulants (ATS).



Table- II

Sl. no.	Name of precursor chemicals	Licit use	Illicit use
19	Acetone(C ₃ H ₆ O)	Use as solvents, Pharmaceuticals, cosmetics, Plastics, paints, lubricants, varnish industries.	Manufacture of Heroin, synthesis of LSD, amphetamine and cocaine base to cocaine HCl.
20	Anthranilic acid (C ₇ H ₇ NO ₂)	Manufacture of dyes, pharmaceuticals, perfumes, and insect repellents.	Methaqualone and Mecloqualone
21	Ethyl ether (C ₄ H ₁₀ O)	Used as solvent in Plastics Pharmaceuticals, perfumes.	Heroin, cocaine, LSD, ATS, methadone, and methaqualone.
22	Hydrochloric acid (HCl)	As catalyst and solvent in organic synthesis.	Hydrochloric salt of narcotic drugs.
23	Methyl Ethyl Ketone (C ₄ H ₈ O)	Solvents and manufacture of coating, degreasing agents, resins	Converts cocaine base to cocaine hydrochloride.
24	Piperidine (C ₅ H ₁₁ N)	Anesthetics, analgesics etc.	Phencyclidine & tenocyclidine.
25	Sulphuric acid(H ₂ SO ₄)	Fertilizer, explosives, paper etc.	Cocaine from coca leaves.
26	Toluene (C ₇ H ₈)	Solvent, manufacture of explosives, dyes, coatings etc.	Solvent for production of ATS, fentanyl, cocaine, methadone, etc.

Precursor chemicals control in Bangladesh:

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

To comply with the 1988 UN convention, the precursor chemicals are included in the Narcotics Control Act, 1990 as A-class drug and any operation like production,

processing, possession, import, export, purchase, sale, transportation, and storage of precursor chemicals without licenses/permit is treated as a punishable offense. Precursor chemicals related activities are controlled and supervised under section 9(3) of the Narcotics Control Act, 2018. However, few precursors have no legitimate use in Bangladesh and do not import for any purposes.

Among the precursor chemicals only eight like Acetone(C₃H₆O), Toluene (C₇H₈), Acetic Anhydride (C₄H₄O₃), Potassium permanganate (KMnO₄), Ephedrine (C₁₀H₁₅NO), Methyl Ethyl Ketone (C₄H₈O), Hydrochloric acid (HCl), and Sulphuric acid (H₂SO₄) are imported for industrial use. These are mostly used in pharmaceuticals, garments, textiles,



paints, plastics, adhesive, coating, dyeing, and agro-based industries and are mainly imported from India, China, Singapore, Italy, Germany, etc.

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

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

Acetone (C₃H₆O):

The import of Acetone in the last 4 years is as follows:

Annual quota MT	Import MT			
	2016	2017	2018	2019
8,101.49	959.040	818.56	1358.145	1400.543

Statistics show that trend of importation of acetone is increasing from 2015 to 2019 except 2017. In 2017 it decreases slightly.

Toluene (C₇H₈):

The import of Toluene in the last 4 years is as follows:

Annual quota MT	Import MT			
	2016	2017	2018	2019
15,222.207	3466.335	3281.901	3898.2984	4818.46

The import statement reveals that the import of toluene increased by 23.6% in 2019 compare to 2018 but compare to 2016 it is 39% higher.

Methyl Ethyl Ketone (C₄H₈O):

The import of Methyl Ethyl Ketone in the last 4 years is as follows:

Annual quota MT	Import MT			
	2016	2017	2018	2019
5,235	1081.045	574.789	842.561	1064.916

Statistics show that the import of MEK is in a decreasing trend from 2016 to 2017. The importation of MEK in 2019 is 26.38% higher than in 2018. It indicates that importation depends only on the use of industrial purposes.

Potassium permanganate (KMnO₄):

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

Annual quota MT	Import MT			
	2016	2017	2018	2019
3520.50	1750	1470	1402.20	797

From the above-mentioned data, we can see that from 2016 to 2018, the import of potassium permanganate is in decreasing trend, and in 2019 it was almost half of 2018.

Pseudoephedrine (C₁₀H₁₅NO):

The import of Pseudoephedrine in the last 4 years is as follows:

Annual quota kg	Import kg			
	2016	2017	2018	2019
8,101.49	--	--	--	--

The annual quota of pseudoephedrine allocated among the issued licenses was 42,105 Kg. But any operation of pseudoephedrine like import, use, distribution of pseudoephedrine based cold medicine is prohibited and dosages form of pseudoephedrine based medicine declared illegal by the government of Bangladesh from March 2017 as a cautionary step to stop the abuse of it. The registration of all dosage forms of pseudoephedrine based medicine is declared ineffective in Bangladesh by the Directorate of Drug Administration. As a result, at present permission for the import of pseudoephedrine and production of pseudoephedrine based medicine is stopped.

Ephedrine (C₁₀H₁₅NO):

Ephedrine is used as raw material to manufacture of cough suppressing medicines and cold medicine. At present import of ephedrine is discouraged by apprehending misuse of it.

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

Annual quota kg	Import kg			
	2016	2017	2018	2019
217	0.30 gm	35	--	99



Import statistics reveal that import and use of ephedrine are going to significant in Bangladesh. A permit for the importation of ephedrine was not issued from the Department of Narcotics Control in 2018.

Acetic Anhydride (C₄H₄O₃): Import of Acetic Anhydride in the last 4 years is as follows:

Annual quota MT	Import MT			
	2016	2017	2018	2019
1916.04	1707.040	1759.589	842.917	2124

Statistics indicate that the import of Acetic Anhydride in 2016 and 2017 was almost static but in 2018 it decreased sharply. In 2018 import of acetic anhydrides is 52% and 50.62 % lower compare to 2017 and 2016 respectively. On the other hand, in 2019 it is in the rising trend.

Conclusion:

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

References:

1. Department of Narcotics Control
2. Precursor Control Training manual.



Abused Pharmaceuticals Drugs and New Psychoactive Substances (NPS)

Abused Pharmaceuticals Drugs

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

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

Although there is no national survey on the nature and extent of the drug abuse in the country experts unanimously believed that the problem of drug abuse is on the rise within the country. Experts term the drug abuse scenario in the country as dynamic and believed to have changed over some time. Now, Yaba has emerged to be the major drug of abuse in the country. As per DNC statistics, the seizures of Yaba by law enforcement agencies have grown by many times from 2009 to 2019. This indeed is a matter of concern for

Bangladeshi authorities. A few years ago, codeine-based cough syrups were the main drug of abuse in the country. The persistent engagement and cooperation between agencies of Bangladesh and India and some serious measures taken by Indian agencies have led to a decline in the trafficking of Codeine based cough syrups.

Among pharmaceutical drugs, codeine-based cough syrups and injecting buprenorphine, are the main drugs of abuse. Abuse of painkillers like tapentadol, pentazocine, pethidine, and benzodiazepines class of drugs like diazepam, nitrazepam is also noticed in the society. Experts informed that pethidine, which was once the major injecting drug of abuse in the country, but with the emergence of buprenorphine, abuse of pethidine has gone down significantly and its abuse is now mainly seen as a substitute for buprenorphine.

Polydrug use i.e. cocktail of injecting drugs like buprenorphine in combination with diazepam and phenergan is noticed amongst the abusers. Polydrug abuse in form of a cocktail of diazepam and other anti-depressants with non-codeine based cough syrups known as jhakki is also reported. No information on abuse of tramadol in the country is available but cases of abuse ketamine has been noticed by the DNC.

Physicians believed that easy access, availability, and affordability and are believed to be the main reasons leading to pharmaceutical abuse in the country. They also agreed that the self-medication of pharmaceutical drugs like benzodiazepines often leads to its misuse. The female population is more likely to abuse the



sedative and tranquilizer drugs. Similarly, people with pre-existing psychiatric conditions are more likely to abuse pharmaceutical drugs. Such a segment of abusers generally do not seek any medical treatment and they remain as the hidden population of drug abusers.

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

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

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

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

Diversion of the controlled prescription drugs from

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

New psychoactive substances (NPS)

New psychoactive substances (NPS) have been known in the market by terms such as "legal highs", "bath salts" and "research chemicals". NPS is defined as "substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat". The term "new" does not necessarily refer to new inventions - several NPS were first synthesized 40 years ago - but to substances that have recently become available on the market.

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

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



policy. Often, little is known about the adverse health effects and social harms of NPS, which pose a considerable challenge for prevention and treatment. Monitoring, information sharing, and risk awareness are needed to counter this new drug problem.

NPS has become a global phenomenon with over 110 countries and territories from all regions of the world have reported one or more NPS. More than 950 substances have been reported to the UNODC Early Warning Advisory (EWA) on NPS by Governments, laboratories, and partner organizations. NPS available on the market has similar effects as substances under international control such as cannabis, cocaine, heroin, LSD, MDMA (ecstasy), or methamphetamine. Looking at the effects of NPS that have been reported the majority are stimulants, followed by synthetic cannabinoid receptor agonists and classic hallucinogens.

Since NPS is not controlled under the International

Drug Control Conventions, their legal status can differ widely from country to country. Up to 2019, over 70 countries have implemented legal responses to control NPS, with many countries having used or amended existing legislation and others having used innovative legal instruments. Several countries where a large number of different NPS has rapidly emerged, have adopted controls on entire substance groups of NPS using a so-called generic approach, or have introduced analog legislation that invokes the principle of "chemical similarity" to an already controlled substance to control substances not explicitly mentioned in the legislation. At the international level, up to 2019, the Commission on Narcotic Drugs decided to place 27 NPS under international control.

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





মানবদেহে মাদকের ক্ষতিকর প্রভাব

ইয়াবা সেবনে :

- শ্রমশক্তি ও মনোযোগ হ্রাসের ক্ষমতা নষ্ট হয়।
- আত্মহত্যার প্রবণতা দেখা দেয়।
- মৌনশক্তি নষ্ট হয় ও বক্ষয়াক্ত দেখা দেয়।
- মস্তিষ্কে রক্তসঞ্চয় হয়।
- লিভার ও কিডনী নষ্ট হয়ে যায়।
- হৃৎস্পন্দন বৃদ্ধি পায় ও হার্ট এটাক হয়।
- কলহ প্রবণতা, অস্থায়ী ও অজ্ঞানশাসিত মনোভাব পরিলক্ষিত হয়।

গাঁজা সেবনে :

- ভ্রাম-মন বিচার করার ক্ষমতা হ্রাস পায়।
- দৃষ্টিশক্তি ও শ্রুতিশক্তি হ্রাস পায়।
- মতিভ্রম হয়।



ফেনিডিন/

হেরোইন সেবনে :

- পুরুষত্বহীনতা ও বক্ষয়াক্ত দেখা দেয়।
- ফুসফুস ও হার্টে প্রদাহ হয়।

মদ্য পানে :

- গ্যাস্ট্রিক ও অন্ত্রালসার হয়।
- লিভার সিরোসিস ও ক্যান্সার হয়।

ধূমপানে :

- শ্বশে শ্বা ও ক্যান্সার হয়।
- ফুসফুসে ক্যান্সার হয়।
- হার্ট এটাক ও মস্তিষ্কে রক্তসঞ্চয় হয়।

ইনজেকশনের মাধ্যমে :

- মাদক গ্রহণ করলে এইচসি, হেপাটাইটিস বি ও হেপাটাইটিস সি হয়।



মাদকাসক্তির
পরিণতি অকাল মৃত্যু

সকল মাদক গ্রহণেই
আছের দ্রুত ক্ষতি হয়।

“ জীবনকে ভালবাসুন, মাদক থেকে দূরে থাকুন ”

মাদকদ্রব্য নিয়ন্ত্রণ অধিদপ্তর

সুরক্ষা সেবা বিভাগ

স্বরাষ্ট্র মন্ত্রণালয়।

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