



Government of the People's Republic of Bangladesh
Department of Narcotics Control (DNC)
Security Services Division, Ministry of Home Affairs
441, Tejgaon Industrial Area
Dhaka-1208

Final Report On

Baseline Study on Drug Addiction in Bangladesh

Submitted to:
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June 2017

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Abbreviation

DS	:	Denatured Spirit
DNC	:	Department of Narcotics Control
FGD	:	Focus Group Discussions
GT	:	Golden Triangle
ID	:	Illicit distillation
IRGDSL	:	IRG Development Services Limited
KII	:	Key Informants Interviews
RS	:	Rectified Spirit
SPSS	:	Statistical Package for Social Science
TOR	:	Terms of Reference

Executive Summary

Introduction: Drug addiction has already reached in an alarming situation in Bangladesh and as the days are passing, this is turning into a grave situation. By watching different media, the nation as a whole is in panic with the consequence of increasing trend of using diversified additive items. In view of the above circumstances, Narcotics Control Department has come forward to immediately undergo a series of studies for wiping out this grave evil from this soil. The present study is the beginning of the series is titled as 'Baseline study administrative divisions on Drug Addiction in Bangladesh'.

Study Location: The study was conducted in eight major cities of the country: Dhaka, Chittagong, Rajshahi, Rangpur, Khulna, Sylhet, Barisal and Mymensingh.

Objectives: The study is targeted to understand the evolution and current status of drug addiction in Bangladesh. It is expected that the study would reveal a solid understanding of both demand and supply sides of the different drugs used in Bangladesh along with remedial measures.

Methodology: The study was based on both quantitative and qualitative techniques incorporating different types of survey: direct interviews, FGD, KII and case studies etc. Data were collected from both secondary and primary sources. Quantitative Survey was done using structured questionnaire, administered by qualified and skilled Field Investigators. Focus Group Discussions (FGD) were participated by different segments of the community including local elites, local administration, religious leaders, law-enforcing agencies, teachers, women's representative, NGOs, local press, local correspondent etc. Key Informants Interviews (KII) were conducted with personnel from DNC, Police, RAB, BGB and any other related agencies etc. Case studies were undertaken with two drug users not undergoing any treatment in Rehabilitation centers. From the list provided by DNC 139 drug users were randomly selected from 27 Rehabilitation centers located in 8 administrative divisions. In addition 31 KIIs and 8 FGDs, one from each division were conducted.

Findings

Profile of drug users: Drug users are basically young with their average age at 28.7 years. Every 7 out of 10 drug users are less than 30 years. About 70% of drug users possess SSC or above education level of education. A slightly over a half of drug users are either students or unemployed, while the remaining are with some employment basically in business and service. Household income and expenditure of drug users shows that they basically belong to middle class.

Type of drug used: Different types of drug are used in Bangladesh. These are: yaba, marijuana, phensidyl, heroin, country liquor, foreign liquor, etc. Among them most frequently used drug is yaba followed by marijuana, phensidyl and heroin. Now yaba has replaced to a greater extent phensidyl and heroin. It is very popular among the young generation, media activist, actor and students. Prevalence is more alarming among the students of private universities and English medium educational institutions. It is neither produced in Bangladesh nor imported. Marijuana or cannabis is the second most common drug used in Bangladesh. In the survey about 88% drug users are found to have used cannabis, which is secretly cultivated in the districts of

Naogaon, Rajshahi, Jamalpur, Netrokona, Sherpur, Sirajgonj, Mymensingh as well as in the hill districts: Bandarban, Khagrachari, Rangamati and Cox's Bazar in the South East (Bordering Myanmar) in limited scale. It is destroyed as soon as it comes to the knowledge of law enforcing agencies. It is reported that cannabis is smuggled into Bangladesh from Nepal & India mainly from the Eastern & Northern route. Phensidyl is the third most common drug used in Bangladesh. Codeine is a narcotic drug and causes addiction when used in large quantities over a period of time. Heroin is the fourth most common drug used in Bangladesh. It is neither produced nor imported. It is totally a restricted drug mainly smuggled into Bangladesh. Since mid eighties heroin was at the top of popularity by the drug users but this place has been occupied by yaba in the last decade. Heroin plant (poppy) is extensively cultivated in South-East Asian Countries like Thailand, Myanmar and Laos (Golden Triangle), West Asian countries like Iran, Pakistan & Afghanistan (golden crescent), and Latin American countries like Mexico and Columbia.

Bangladesh has become vulnerable to heroin use because of its close proximity to heroin producing countries, most particularly India & Myanmar. Bangladesh is used as a safe transit route by the international drug traffickers.

Bangladesh has a long history of consuming alcohol over the last century. Still there is legal production of liquor in the distillery. There are three private distilleries for producing rectified spirit and denatured-Spirit (DS) and one autonomous distillery (Keru & Company in Darsana, Chuadanga) in addition of RS (Rectified Spirit and Denatured Spirit (DS). It also produces country liquor and refined liquor in the name of foreign liquor labeled as Dry zin, Whisky, Ram, Vodka, etc.

Before starting drug use, the drug users start smoking. They are using drugs for quite a long time with the average being 7.2 years. Although drug users are mostly from middle class families, yet they spend about Tk 713 per day on an average. This gives strains to their families since they use family income particularly by students and unemployed. In this case the drug users would either lie or steal or families are compelled to give money for purchase of drugs. Young people start using drugs with friends out of curiosity. They also use due to their easy availability and out of frustration.

Supply of drugs: Large proportion of drug users know about the supply source of drugs. Among the routes Myanmar-Cox's Bazar (South Eastern) is prominent, followed by India – Bangladesh (Western) border and India-Bangladesh (Eastern) border. Different groups of people are involved in drug trafficking. Most prominent among them are politically and socially influential people, retailers, and financially influential. Some lower class people mostly living in slum areas are also involved in drug trafficking. Human body is used in large majority cases, motor cycle, public transport namely train, bus, truck, covered van, pick up, rickshaw/van, etc are mostly used as means of transport. In addition private car and cycle are also used.

Treatment of Drug Users: Large majority of drug users is inspired by their guardians to receive treatment followed by self. Drug users after treatment should be kept under continuous monitoring process; otherwise they may start using drugs again after contacting with their previous friends. This is evident from the fact that some drug users get admitted into Rehabilitation centers more than once with average being 1.6.

Drug users' perception: According to drug users, extent of drug supply and drug use has increased compared to previous situation. According to them they are aware of its social, financial and psychological harm to society as well as to their family. That is why they had expressed their willingness to stop drug use. However, there are a number of hindrances on their way to stop drug use. They are allured by the easy availability of drugs. Even they could have the supply sitting at their home or desired places. The second most frequently mentioned hindrance is friends' pressure, followed by excessive physical dependence on drug, etc.

Preventive measures for spreading drug use: In order to stop drug use various preventive measures have been proposed by the drug users. Among the measures, strict law enforcement has been proposed by about three-fourths of drug users. Other important measures as proposed by them are: stopping direct and indirect involvement of influential personnel such political high ups and their followers, law enforcers, introduction of religious and moral education, operation of nationwide campaign to prevent drug addiction, mass awareness campaign against drug use and smoking, arrangement drug prevention meetings, seminars and symposium etc.

Recommendation:

- Drug Education is more effective than drug interdiction. Therefore it is recommended that the Preventive Education and Research wing of the DNC need to be provided with specialized, efficient skilled as well as professional manpower to develop materials and conduct awareness campaign throughout the year all over Bangladesh.
- As the drug abuse situation is on increase and worsening, the DNC's law enforcement activities must have to be intensified.
- Political leadership and law enforcing agencies must come forward with a very strong will force and honest commitment to eradicate drug-abuse, drug related crime and help the committees, administration and local bodies to perform their duties without any influence.
- There should be social movement against drug use, for which public meetings, seminars and symposium should be organized throughout the country. Students, particularly in private universities and English medium should be motivated for which periodic training program should be organized for teachers and guardians.
- With the passage of time both rate of drug crime detection and seizure of drugs have been increasing. So, it needs an in-depth study to evaluate the effectiveness of supply reduction activities of DNC to adopt appropriate policy measures in order to reduce the supply of drug for the users.

Chapter-1

Description of the Study

1.1 Introduction

This Final Report has been prepared for the Baseline study on Drug Addiction in Bangladesh under the Department of Narcotics Control (DNC), Security Services Division, and Ministry of Home Affairs. IRG Development Services Limited (IRGDSL) signed an agreement on 23 May 2017 with Department of Narcotics Control (DNC) vide Contract Agreement No. 44.04.0000.007 dated 29.01.17.

1.2 Study Location

The study was conducted in seven major cities of the country: Dhaka, Chittagong, Rajshahi, Rangpur, Khulna, Sylhet and Barisal.

1.3 Background of the Study

Drug addiction has already reached in an alarming situation in Bangladesh and as the days are passing, this is turning into a grave situation. By watching different media, the nation as a whole is in panic with the consequence of increasing trend of using diversified addictive items. It seems like that access to the destructing elements is so easy that once one asks for them, these reach at his/her door-step at affordable prices.

In view of the above circumstances, we need to do something drastic without any delay to come out from this evil situation. Otherwise, the whole nation may immediately start acute suffering which will go beyond recovery and repair. But before taking any policy or action plan we should know the situation factually. Under the above perspectives, Narcotics Control Department has come forward to immediately undergo a series of studies for wiping out this grave evil from this soil. The first study of the series is titled as 'Baseline study on Drug Addiction in Bangladesh'.

1.4 Objectives of the Study

The study was targeted to understand the evolution and current status of drug addiction in Bangladesh. It was expected that the study would reveal a solid understanding of both demand and supply sides of the different drugs used in Bangladesh.

1.5 Scope of the Services

In addition study design and field works plan the consultant have undertaken the following activities using various methods and instruments:

- Listing out different categories of drug (substances of abuse) with their specifications, including origin and wholesale and retail prices;
- Finding out details of the original sources of narcotic drugs supply in the country and its trend;
- Listing out details of the medias (wholesale and retail) involved in the drug supply chain up to its end-users/consumers;
- Listing out details of different types of market and marketing spots in the country engaged in handling and handing over drugs and sale of the same to the end-users;
- Finding out categories and types of people and entities directly and indirectly involve in drug trafficking in the country;
- Listing out different transports (including trafficking by walking and by Courier and other services) used in drug trafficking activities, including the mechanism adopted in these activities; and
- Suggesting remedial measures in these regards.

Chapter- 2

Methodology of the Study

2.1 Resource Mobilization

Upon signing of the agreement the Consultant mobilized the professional team as well as the necessary support services with logistics. Team Leader took his responsibility from the first day of the assignment.

2.2 Meeting and Discussion

Team of professionals met the Department of Narcotics Control (DNC) officials on 24 May 2017 and had detailed discussion on the Terms of Reference, proposed methodology and work plan as well as the expected reports.

2.3 Methodology and Work Plan for the Study

Present study was done at seven major cities of the country. Survey was conducted through random sampling. The study incorporated different types of survey: direct interviews, FGD, KII etc. Data were collected from both secondary and primary sources. The study was relied on both qualitative and quantitative techniques for collecting the required data.

2.3.1 Quantitative and Qualitative Survey Methods

Quantitative Survey was done using structured questionnaire, administered by qualified and skilled Field Investigators (to be recruited from the ethnic community who know local language). We adopted a program to quickly analyze the usefulness and effectiveness of the survey instruments and revise those. Upon satisfactory completion of the field test and review, the final survey instruments were developed.

Qualitative survey was done by:

- Studying project data sheet produced by DNC
- Focus Group Discussions (FGD) were participated by different segments of the community including local elites, local administration, religious leaders, law-enforcing agencies, teachers, women's representative, NGOs, local press, local correspondents etc. They were invited in FGDs to openly express their opinion on the survey indicators.
- Key Informants Interviews (KII) were conducted with personnel from DNC, Police, RAB, BGB and any other related agencies etc.

Detailed Methodology

The study was based on both **primary** and **secondary** data. The primary information was generated from face to face interviews, FGDs, KII; and secondary level data were collected from published and unpublished reports, etc. Apart from designing appropriate methodology, the study involved data collection, data entry and analysis, interpreting, and preparing report with conclusions and recommendations.

2.3.2 Determination of Sample

Sample Determination

Two types of analysis were made to gather information about the survey and these are quantitative and qualitative.

Quantitative Analysis

For any type of research work representativeness of collected information must have to be ensured so that valid and dependable conclusions can be drawn. Thus, in order to ensure representativeness of the data and information, we followed probabilistic sampling strategy, as delineated below.

Using 95% confidence level with 10% margin of error we have obtained a representative sample size of poor to be $n = 139$ for this study. Therefore, total sample size from seven major cities of the study was 139 drug addicted people.

Allocation of samples by 8 Divisions is presented in the following table:

Table 2.1: Summary of Project Areas and Study Sample

Division	Total center	Number of sample center	Name of District	Number of KII	Number of FGD
1. Dhaka	109	5	Dhaka Metro	5	1
		3	Tangail	3	-
		3	Gagipur, Tongi	3	-
2. Mymensingh		3	Mymensingh	3	1
3. Chittagong	23	2	Chittagong	2	1
		1	Cox's Bazar	2	1
			Teknaf	2	
4. Rajshahi	24	2	Rajshahi	2	1
		1	Naogaon	1	-
5. Rangpur	6	2	Rangpur	1	1
6. Khulna	11	3	Khulna	2	1
7. Sylhet	9	1	Sylhet	2	1
		1	Hobiganj	1	-
8. Barisal	2	1	Barisal	2	1
Total Sample	184	28		31	9

As provided the list by Department of Narcotics Officials, there are a total of 184 licensed Rehabilitation centers distributed over 8 divisions of the country. Using PPS method, the number of sample centers from Dhaka division is 10 and among 10 centers, 5 from Dhaka Metro, 3 from Tangail and 3 from Gazipur, Tongi. From Chittagong division, the number of sample centers is 3 and among 3 centers, 2 from Chittagong Metro and 1 from Cox's Bazar. From Mymensingh, there are 3 sample centers. There are also 3 sample centers from Rajshahi division and among them 2 from Rajshahi City and 1 from Naogaon. The number is 2 from Rangpur division and 3 from Khulna division. From Sylhet division, the number of sample centers would be 2, 1 from Sylhet city and 1 from Hobiganj. There are only 1 sample center from Barisal and so on (Table:2.1). From each sample center 5 drug users were selected randomly from the list provided by Rehabilitation centers.

Efforts were made to select at least one female drug user from each center. But no female drug user was found in the centre. In addition to sample survey the total number of KIs and FGDs were 30 and 8 respectively.

2.3.3 Qualitative Survey and Analysis

Qualitative methods are being increasingly used in baseline survey. They provide clear insights into people's perceptions and deeper understanding of local contexts, complex coping strategies, major priorities and solutions used by the concern parties and the people. Qualitative techniques were used primarily to collect selected indicators related to the study.

In this analysis the most appropriate qualitative tools were used as follows:

For the qualitative analysis, at least 9 Focus Group Discussions (FGD) were conducted considering one from each of the cities. The participants for each FGD were 10 people. Therefore, total respondents for 9 FGDs were around 90.

Thus, the total sample size for quantitative and qualitative analysis the respondents was $(139+90+31= 256)$.

2.4 Development of study instruments (questionnaires and checklists)

Questionnaires were developed to collect primary data from the field as per requirements of the study. Questionnaires were developed to obtain factual information from individual respondents from the selected segment of people and officials.

The following instruments were designed and used for collection of primary information and data relating to the study:

- a) Questionnaire for Drug Users
- b) Focus Group Discussion (FGD) checklist
- c) Questionnaire for Key Informants Interview (KII) with personnel from DNC, Police, RAB, BGB and any other related agencies.

2.5 Recruitment of field Supervisors and Investigators

According to our experience, we know that one Field Investigator can complete around 5 interviews a day. To complete the field survey in around 1 weeks' time, we needed to hire 7 (Seven) Field Investigators. We also engaged 3 (three) Field Supervisors for quality checking and guiding the Field Investigators.

2.5.1 Training for Field Supervisors and Investigators

Members of the field team were at least graduates with adequate experience of similar survey work.

Training for the Field Supervisors and Field Investigators were conducted in three phases : (1) 1-day training/orientation prior to field training and field test of survey instruments; (2) 1-day field training; and (3) 1-day dissemination and sharing of the outcomes of the field training and field test. They were imparted extensive training on:

- The background and objectives of the study;
- Study locations and target respondents;
- TOR of the study;
- Study methodology;
- Study instruments;
- Method of approaching the respondents;
- Collection of information and data through the instruments;
- Conducting FGDs;
- Record keeping; and
- Submission of survey report along with filled-in questionnaires.

Training (home and field) and field test of instruments were conducted in Dhaka.

2.5.2 Field Test of Study Instruments and Finalization

The draft survey instruments were tested in the field prior to the actual survey begins for assessing the usability and understandability of the respondents as well as suitability and completeness of the study objectives.

Consultants visited Bolila, Dhaka with the draft survey instruments and conducted few surveys and observed the usefulness of the structures of the questions and answers. This exercise helped to modify the questions. Consultants also noted if any addition or deletion of questions are required.

Promptness and interest of the respondents were observed and rectified if they find difficult to answer. All points identified to were noted by the Consultants for discussion with DNC to finalize the questionnaire.

2.6 Administration of Field Survey

According to our plan we conducted the field survey in 1 (one) week.

Field Investigators were responsible for collection of data from respondents. Based on our recent experience, we know that each Field Investigator collected data from around 5 respondents a day.

Following were the main responsibilities of the Field Investigators:

- visit the selected respondents and ensure their participation;

- obtaining consent to conduct the interview, if needed;
- conduct face-to-face interviews (Drug addicts and KII);
- record accurately the answers and code the questionnaires accordingly;
- ensure completeness and accuracy of answers and perform accuracy checks on the questionnaires;
- deliver completed questionnaires to the respective Field Supervisor; and
- safe-guard the confidentiality and privacy of the collected information.

The main duties of the Field Supervisors were to:

- explain clearly to each field investigator his/her duties and responsibilities;
- provide all logistical support and material to field investigator;
- supervise all activities of their assigned field investigators during the data collection process through spot checks;
- ensure that the field investigators undertake the survey at the chosen sample;
- assess the quality of the work of the field investigators and the quality of the data from each completed questionnaire;
- check completed questionnaires and approve questionnaire for data entry;
- check that the assigned field investigators did not overlook inconsistencies and skip questions;
- provide feedback to field investigators on quality assurance and methodology requirements;
- conducting the FGDs; and
- Liaise and report activities to the Team and compile and inform Team about survey progress.

2.7 Quality Control and Monitoring at Field Level

Team Leader-Baseline Survey Expert and other members of the study team visited field during the survey. Location of Field Investigators was continuously monitored through cell phone and by contacting local authorities on a regular basis. The client was supplied with the list and cell numbers of the total field team so that DNC can also monitor their work. Field Supervisors checked each of the filled-in questionnaires in the field and if necessary arranged revisit.

2.8 Data Processing

Following two activities were involved:

1. Development of a data entry program using software (e.g. Excel or FoxPro) that can check for ranges and consistency of the data and generate reports indicating missing data, data outside of the accepted ranges, inconsistent answers and the response rate.
2. Data entry, data cleaning, database management, and tabulation plans, data entry operator training, data quality checks, and guidelines for using the data. Also coding open-ended questions, and verification of the data.

Once the data entry was completed, the data were labeled with proper variable and value labels and the "data analysis plan" was shared with the DNC Project Management Team for any suggestion before writing the study report.

The collected data were analyzed by using software like SPSS. Taking into account the TOR of the study, interpretation of data was made by the consultants. Following flow diagram was followed in data organizing, entry and processing:

Chapter-3

Profile of drug users

3.1.1 Age and sex of drug users

As evident from Table 3.1, drug users are basically young. This is confirmed by the fact that every 7 out of 10 drug users interviewed as respondents in this study are less than 30 years while slightly over 7% are 40 years or above. Their average age is calculated at 28.7 years. All drug users considered in the survey are male since the treatment centers did not allow us to interview female drug users. It can be mentioned that except in two treatment centers (Dhaka and Khulna), there were no female drug users in the centers. However, two case studies with female drug users are included in the study.

Table 3.1 Age of drug users

Age group (Years)	Number	%
<20	14	10.1
20-29	83	59.6
30-39	32	23.0
40+	10	7.3
Total	139	100.0
Average age	28.7	

Table 3.2 Gender of drug users

Gender	Number	%
Male	139	100.0
Female	-	-
Total	139	100.0

3.1.2 Education of drug users

All drug users interviewed as respondents have some education. Distribution of drug users by educational attainment shows that about a half of them have passed either SSC or HSC, while one-fourth are graduates either having BA/BSc/B Com or MA/MSc/M Com. Thus, about 70% drug users have SSC or above educational level. There are also a substantial 23% who had an educational level of grades eight to ten. Thus more than 90% drug users have an education of grade eight or above.

Table 3.3 Education of drug users

Education	Number	%
Class-1 to 7	12	8.6
Class -8 to 10	32	23.0
SSC	22	15.8
HSC/Diploma	42	30.3
BA /B Com /BSc	17	12.2
MA /M Com /MSc/MBA	14	10.0
Total	139	100.0

3.1.3 Occupation of drug users

Majority of drug users are either students (25.9%) or unemployed (25.2%), while about 49% are in some employment. Among those who are employed, 26.6% are in business and 11.5% in service and 10.8% in employment other than business and service.

Table 3.4 Occupation of drug users

Occupation	Number	%
Unemployed	35	25.2
Service	16	11.5
Business	37	26.6
Students	36	25.9
Others	15	10.8
Total	139	100.0

3.1.4 Income and Expenditure

Their average monthly household income stands at Tk 51,323, while their average monthly expenditure at Tk 36,884 providing a monthly household saving of about Tk 14,440. Distribution of monthly income shows that three-fourths of the drug users have their monthly income at Tk 20,001-50,000, while about 16% more than Tk 50,000. There are, however, about 9.4% drug users who have their monthly income at Tk 10,000 or less. Thus the drug users interviewed as respondents in the survey are not from high income group.

Table 3.5 Monthly incomes of drug users

Monthly income (Tk)	Number	%
≤10,000	13	9.4
10,001-20,000	40	28.8
20,001-50,000	64	46.0
50,001-100,000	10	7.2
100,000+	12	8.6
Total	139	100.0
Average Monthly income	51,323	

Table 3.6 Monthly expenditure of drug users

Monthly income (Tk)	Number	%
≤10,000	21	15.1
10,001-20,000	43	30.9
20,001-50,000	59	42.4
50,001-100,000	6	4.3
100,000+	10	7.2
Total	139	100.0
Average Monthly expenditure	36,884	

Chapter-4

Drug Use in Bangladesh

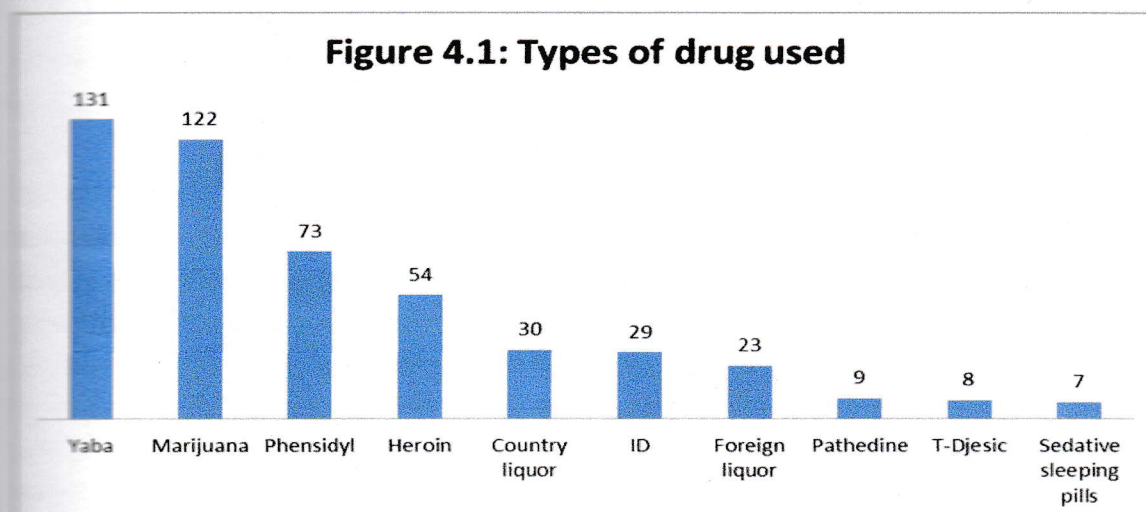
4.1 Type of drug used in Bangladesh

As appeared from Table 4.1, different types of drug are being used in Bangladesh. These are: yaba, cannabis, phensidyl, heroin, country liquor, foreign liquor, etc. Among them most frequently used drug is yaba followed by cannabis, phensidyl and heroin. About 94% respondents reported that they use yaba. It can be mentioned that yaba is a tablet prepared by methamphetamine and caffeine. It is dangerous and highly addictive stimulant that takes a serious toll on the body and mind; users can easily become agitated, confused even suicidal or may kill anybody. Previously phensidyl and heroin were most used. Now yaba has replaced to a greater extent phensidyl and heroin. Yaba is the most commonly used drug at the top of popularity of all drug users from urban to rural areas. More particularly it is very popular among the young generation, media activist, actor and students. Prevalence is more alarming among the students of private universities and English medium educational institutions. It is neither produced in Bangladesh nor imported.

Table - 4.1 Type of drugs used frequently in the locality

Name	Number	%
Yaba (Methamphetamine)	131	94.2
Cannabis	122	87.8
Phensidyl (Codeine mixed syrup)	73	52.5
Heroin	54	38.8
Country liquor	30	21.6
Illegal ingestion wine	29	20.9
Foreign liquor	23	16.5
Pathedine	9	6.5
T-Djesic	8	5.8
Sedative sleeping pills	7	5.0
Rectified Sprit	1	0.7
Others (including sniffing glue)	2	1.4
Average number of drug used	3.52	

Note: Multiple responses are considered since a drug user can use more than one drug.



Cannabis is the second most common drug used in Bangladesh. Traditionally it has been consumed in the last centuries. In the survey about 88% drug users are found to have used cannabis. Its cultivation was banned in 1987 and sale banned in 1988. The current law governing cannabis in Bangladesh is the Narcotics Control Act 1990. The Act gives the courts discretionary power to impose death sentence for possessing of cannabis over two kgs. It is secretly cultivated in the districts of Naogaon, Rajshahi, Jamalpur, Netrokona, Sherpur, Sirajgonj, Mymensingh as well as in hill districts: Bandarban, Khagrachari, Rangamati and Cox's Bazar in the South East (Bordering Myanmar) in limited scale. Data collected from DNC shows that seizure of cannabis and cannabis plant by the law enforcing agencies bear the testimony to its illicit production and cultivation. It also indicates a steady supply of cannabis for the drug users. It is reported that cannabis is smuggled into Bangladesh from Nepal & India mainly through the Eastern & Northern routes.

Phensidyl or codeine mixed syrup is the third most common drug used in Bangladesh. In the survey more than 50% drug users were found to be using phensidyl. It is one of the most commonly abused drugs in Bangladesh. Codeine is a narcotic drug and causes addiction when used in large quantities over a period of time. Once, it was a pharmaceutical product manufactured in Bangladesh. But as it was causing addiction, production was stopped by the Government in 1982.

Since the mid-eighties phensidyl found its way to reach the drug users in Bangladesh from India through different routes. Till last decade it reached to the top of popular drug resulting which a group of Indian unscrupulous drug dealers started producing phensidyl in the fake laboratories/factories close to the India-Bangladesh border mixing higher doses of 'codeine' which is 'A' class narcotic drug (Narcotics Control Act 1990) had been very increasingly trafficked and smuggled into Bangladesh through western, northern and eastern border routes and transported by railways, roadways mainly bus, truck, covered van and other available road transports.

It is learned from a report of UNODC that Phensidyl and other cough syrups, pharmaceutical abuse is alarming and serious opposite side of Bangladesh border Indian state of Tripura. Phensidyl is brought into the state of Tripura with forged documents and at times, are hidden under other commodities in trucks and buses, ultimately finds its way to Bangladesh. Eastern border with a length of 865 km running along Comilla & Brahmanbaria is more vulnerable for drug trafficking.

The drug is generally sent in its original packing. Since liquor is controlled in Bangladesh, the drug phensedyl became a popular alternative to alcohol. Phensedyl used to contain codeine phosphate along with hydrochloride ephedrine and promethazine, a unique combination for addiction. This is what made it popular drug of abuse in Bangladesh and unfortunately the trend still continues even after the chemical formulation was changed. For refilling of used bottle loose phensedyl is smuggled in poly pack and plastic container in baggage.

Heroin is the fourth most common drug used in Bangladesh. It is neither produced nor imported. It is totally a restricted drug mainly smuggled into Bangladesh. Heroin is one

of the most popular and commonly used drugs in Bangladesh for the last 3 decades. Since mid eighties heroin was at the top of popularity by the drug users but this place has been occupied by yaba for the last one decade. Still heroin is one of the most commonly drugs abused in Bangladesh.

Heroin is opium derivatives processed from morphine which is naturally available substance. Morphine is obtained from the seed pod of opium poppy plant. Heroin plant (poppy) is extensively cultivated in South-East Asian Countries like Thailand, Myanmar and Laos, (Golden Triangle), West Asian countries like Iran, Pakistan & Afghanistan (golden crescent), and Latin American countries like Mexico and Columbia.

It is reported by UNODC and US-DEA that the largest heroin producing country is Afghanistan (where 50% of the total heroin is produced) followed by Myanmar, Mexico, Turkey, Laos, Columbia, India, Pakistan, Thailand & China. Bangladesh has become vulnerable to heroin use because of its close proximity to heroin producing countries, most particularly India & Myanmar. International drug traffickers have been trying to use Bangladesh as a transit country.

India is authorized by the international community to produce licit opium poppy for pharmaceutical use. Poppy plant is cultivated in UP, MP, and Rajasthan covering about 11000 hectares of land. Low-grade heroin (dark brown) processed indigenous method is mainly smuggled into Bangladesh through Western, North-Western route. On the contrary heroin produced in Myanmar is trafficking into Bangladesh through South-Eastern route mainly by using Naff river and Southern coastal belt of Teknaf and Cox's Bazar, Thai, Myanmar and Bangladesh fishing trawlers, boats, barge and ships are being used for smuggling. Terrain areas of Hill Tracts are also safe trafficking route for trafficking drug into Bangladesh.

Illegal ingestion wine or Illicit distillation (ID) means illegally production of liquor through the process of distillation of fermented molasses indigenously. About 20% drug users are found to use ID. This wine is mainly produced by the sweeper, cobbler, tribal people, tea workers and people of the same community who cannot afford to buy country liquor from the govt. licensed liquor shop controlled by the Department of Narcotics Control (DNC) under the provision of Narcotics Control Act 1990.

Bangladesh has a long history of consuming alcohol over the last century. Still there is legal production of liquor in the distilleries. There are three private distilleries for producing rectified spirit and denatured-spirit (DS) and one autonomous distillery Keru & Company in Darsana, Chuadanga, which produces country liquor and refined liquor in the name of foreign liquor labeled as Dry zin, Whisky, Ram, Vodka etc. in addition to RS (Rectified Spirit) and Denatured Spirit (DS).

Both foreign liquor and country liquor made in "Keru & Company" is sold to the consumer who has permit to consume alcohol through the licensed liquor shop. Imported foreign liquor is allowed in the 3-5 star hotels, clubs and bars having license from the DNC. Other drugs are mentioned less frequently.

To a question regarding the most frequently used drugs in Bangladesh, the drug users mentioned 4 types of drugs such as yaba, cannabis, phensidyl and heroin.

Table-4.2 Most frequently used drugs in the locality

Name	Number	%
Yaba	133	95.7
cannabis	115	82.7
Phensidyl	59	42.4
Heroin	50	36.0
Total	139	

Note: Multiple responses are considered since a drug user can use more than one drug.

Before starting drug use, most of them were smokers. In the survey more than 95% of drug users reported that they were smokers (Table 4.3)

Table-4.3 Whether or not having smoking habit before drug use

Smoking habit	Number	%
Yes	134	96.4
No	5	3.6
Total	139	100.0

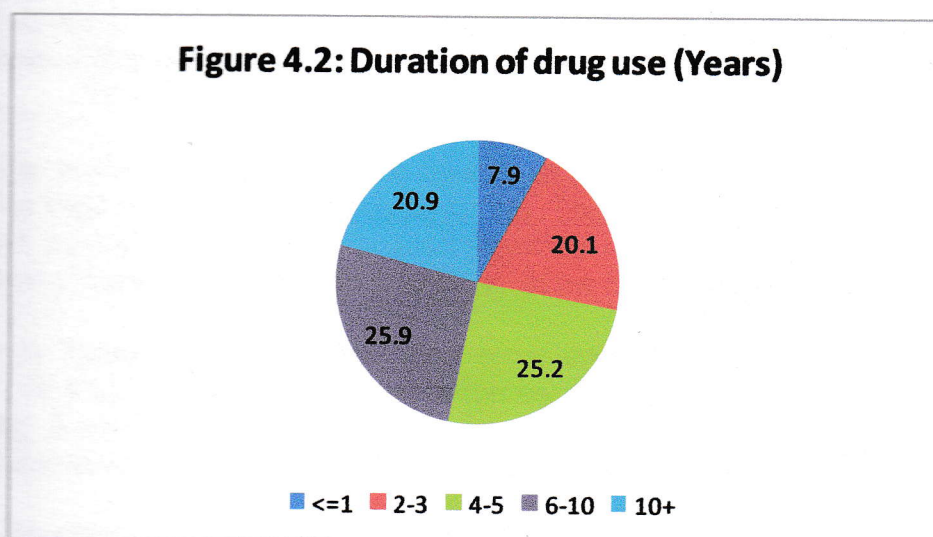
4.2 Duration of drug use

They are using drugs for quite a long time. The average duration of their drug use is 7.2 years. Distribution of the duration of their drug use shows that more than 70% of them are using drugs for a period of 4 years or more, and only 20% are using for 3 years or less.

Table-4.4 Duration of drug use in years

Years of drug use	Number	%
0-1	11	7.9
2-3	28	20.1
4-5	35	25.2
6-10	36	25.9
10+	29	20.9
Total	139	100.0
Average	7.23	

Figure 4.2: Duration of drug use (Years)



4.3 Spending on drugs and their financing

As appears from Table 4.5, the average spending on drugs per day by an user is Tk 713. This means that the average monthly expenditure on drug is Tk 21,390. This is about 41.7% of their reported household income. Distribution of their daily expenditure on drugs shows that about a half of the drug users spent more than Tk 500 per day, while only about 13% spent Tk 200 or less. Slightly less than 40% reported that they spent Tk 201- 500 per day.

Table 4.5 Cost of drug used per day (Tk)

Cost of drug used (Tk)	Number	%
<100	5	3.6
100-200	13	9.4
201-300	19	13.7
301-400	9	6.5
401-500	26	18.7
501 and above	67	48.2
Total	139	100.0
Average cost per day (Tk)	713	

There are a number of sources of money they spent on drug purchase. Frequently mentioned source is family income particularly for students and unemployed. About 80% drug users mentioned this source (Table 4.6). But in Bangladesh context no family would give money to their children for purchasing drugs. In this case the drug users would either lie or steal or families are compelled to give money. In the study one of the cases from Khulna who is a student of class XI explains his experience of using family income in the following paragraph:

I use to spend Tk 300-500 per day for buying drugs. I use to manage this money adopting various unfair means. Initially I used to meet expenses for drug from the pocket money given to me from my father telling lies about my actual needs. I have a private tutor. I did not attend his classes. I used to get tuition fees from my parents, which I spent for drug purchase. For excess money I steal money from my father's

pocket or lockers. Sometimes I steal the ornaments of his mother and household goods. Finally I find my way to meet the expenses of drug associating myself as drug peddler.

Own income is the second important source of spending for drug. About 51% drug users spend their own money for buying drugs. This source is particularly used by job holders and business persons. It is also reported in the study that for serious drug addiction many business people have to close down their business.

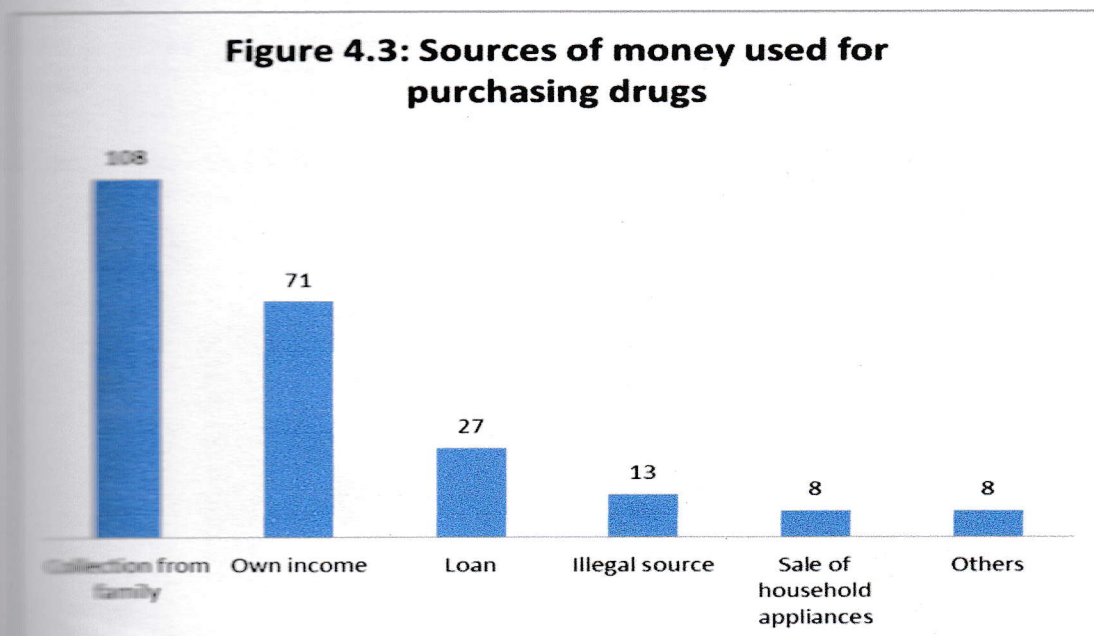
As shown in Table 4.6, loan is the third most important source of money for drug purchase (19.4%), followed by illegal sources (9.4%) such as stealing, hijacking, bluffing, etc. Even for meeting drug expenses some of them are found to sell their household appliances (6%) such as mobile phone sets, TV and ornaments.

Table-4.6 Sources of money spent on drug purchase

Sources of money	Number	%
Collection from family	108	77.7
Own income	71	51.1
Loan	27	19.4
Illegal source	13	9.4
Sale of household appliances	8	5.8
Others	8	5.8
Total	139	

Note: Multiple responses are considered since a drug user can use more than one drug.

Figure 4.3: Sources of money used for purchasing drugs



4.4 Causes of drug use

People start using drugs for various reasons. In most cases they start using it with friends. About 85% drug users mentioned this reason. Among the young stars, a friend already tasting drug influences others to take the drug. Among the friends there may be someone who is drug peddler, who influences others to use drug. For more we can provide from another case:

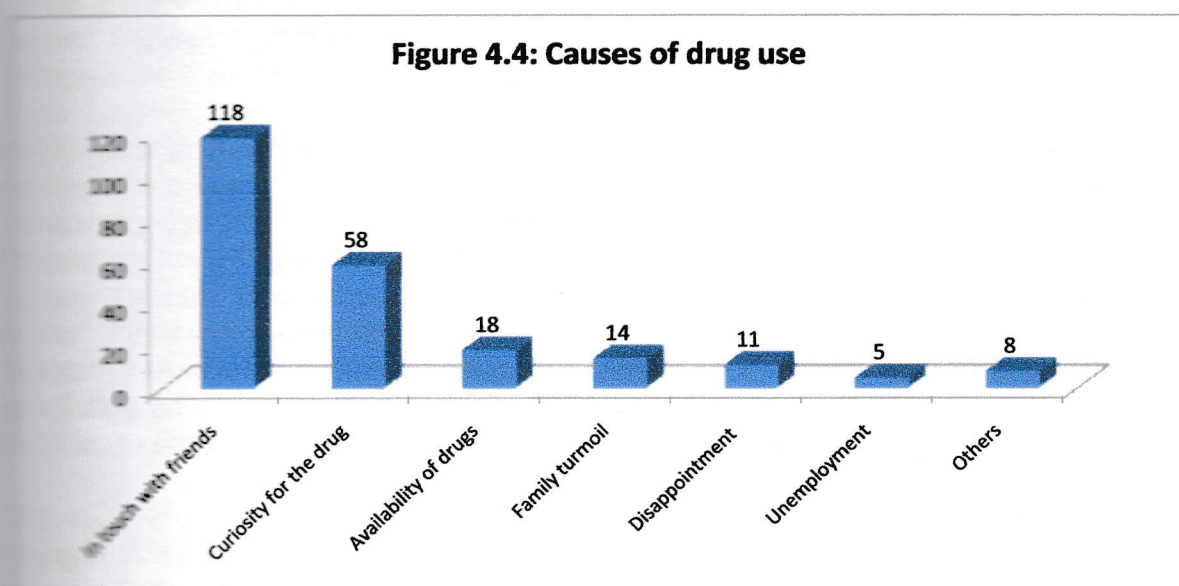
Firstly, he developed his curiosity to take yaba from his two senior friends of his locality who were yaba addict. Then he discussed about his curiosity and interest with his another friend who helped him to collect yaba and got an opportunity to take yaba in the residence of another friend. He got euphoric feelings of yaba, since that day he started taking yaba regularly. After few days, he lost his appetite and sleep which he discussed with his two senior friends who suggested him to take cannabis in order to get rid of this problem. Unfortunately, he became addicted to cannabis as well. At present, he is an addict both for yaba and cannabis for the last four years. He is to take yaba twice a day, once in the morning and again in the evening. He also takes cannabis at night'.

Curiosity is mentioned as second most important cause of starting drug use (41.7%) distantly followed by easy availability of drugs (12.9%), disappointment due to personal and family reasons (7.9%) and unemployment (3.6%).

Table 4.7 Causes of drug use

Causes of drug use	Number	%
In touch with friends	118	84.9
Curiosity for the drug	58	41.7
Availability of drugs	18	12.9
Family turmoil	14	10.1
Disappointment	11	7.9
Unemployment	5	3.6
Others	8	5.8
Total	139	

Note: Multiple responses are considered since a drug user can use more than one drug.



Chapter-5

Drug Trafficking in Bangladesh

5.1 Drug Supply Chain

Bangladesh is surrounded by India with 4,096 km borders almost in 3 sides: North, West and East, and 280 km border with Myanmar in south-eastern side. Both India and Bangladesh are the supply sources of different drugs into Bangladesh. In the website of DNC 3 border routes are mentioned. These are:

The western routes with India are – Darshana, Zibannagar of Chuadanga, Hili and Biril of Dinajpur and Moghulhat, Aditmari, Durgapur, Fulbari, Nageshwari of Kurigram and Nawabgonj, Rajshahi, Meherpur & Debhat and Kaligonj of Khulna and Benapole, Chowgacha of Jessore.

Eastern Routes are – Akhaura, Zhautala, Sadullahpur, Nawagaon, Singer bil, Col. Bazar, Gangasagar and Kasba of Brahmanbaria district, Bibirbazar, Chagalnaiya, Maharajganj and Gutuma of Feni district, Barkal and Baghaichhari of Rangamati district, Chittagong, Teknaff of Cox's Bazar district, Dighinala, Panchhari, and Matranga of Khagrachari district.

Northern Routes are–Haluaghat (Telikhali/Karaitali/Surjapur/ Bandarkata/ Munsirhat/ Munshipara) of Mymensing district and Durgapur (Bijoypur and Bhabani area) of Meherpur district and Bangla Banda, Bhurungabari, Jhenaigati, Sunamgonj, Tamabil.

On the other side of Indian borders, there are factories/industries of manufacturing cocaine based narcotics (with 'Phensidyl' as trade name) and are being trafficked into Bangladesh, where BSF and BDR are guarding borders on their respective sides.

In the survey we have divided the supply sources into 4 routes. With India we have 3 routes: India-Bangladesh Western route, India-Bangladesh Northern route and India-Bangladesh Eastern route. Myanmar-Cox's Bazar is the fourth route. It is apparent from Table 5.1, 68.3% drug users know about the routes through which drugs are trafficked into Bangladesh. And the remaining 31.8% do not have any idea about the routes. Those drug users who are aware of the routes were asked to mention the routes through which they are getting supply. Most frequently mentioned routes are Myanmar-Cox's Bazar route. About two-thirds of them reported that they obtained the supply through Myanmar-Cox's Bazar route, which is famous yaba trafficking. It is known that numerous illegal laboratories have been built in the lawless hilly regions of Myanmar where law enforcing agencies have limited access and control. Yaba tablets are being produced in these laboratories and trafficked into Bangladesh through Naffner and vast forest and terrain areas of Myanmar border.

The second most important supply source is India-Bangladesh Western border (West Bengal) through western border route. This is mentioned by about 50.5% drug users. Some of the important location of this route is Darshana, Jibanngara, Hilli, Biril, Moghulhat, Aditmari, Durgapur, Nowabganj, Rajshahi, Meherpur, Debhatta, Kaliganj, Benapole, Chowgachha, Bhomra, etc. This route is important for phencidyl trafficking into Bangladesh.

India-Bangladesh northern route is third frequently mentioned routes used for drug trafficking (4.2%). Haluaghat, Durgapur, Bhurungabari, Jhenaigati, Sunamgonj, Tamabil are some of the areas through which drug is trafficked into Bangladesh. The India-Bangladesh eastern border route is also an important route for drug trafficking. But no respondents is found to have mentioned this route. From different sources it is known that Ankhaura, Jhautola, Sadullapur, Singer beel, Cornell Bazar, Kasba, Gangasagar, Bibibazar, Chhagalnaiya, Maharajganj, Gutuma, Dighinala, Panchhari etc are important. It can be mentioned here that heroin is neither produced nor imported in Bangladesh. It is cultivated around Bangladesh: Thailand, Laos, Myanmar, India, Pakistan, Afghanistan and Iran. Although during 1980s and 1990s it was the most commonly used drug in Bangladesh, yet it is still one of the popular drugs here. Using Myanmar - Cox's bazar border, India-Bangladesh western border and India-Bangladesh eastern border heroin is trafficked into Bangladesh. It is used here and trafficked out to other countries using Bangladesh as transit country.

Table 5.1: Routes of drug trafficking into Bangladesh

Routes	Number	%
Whether or not drug users know the drug trafficking routes:		
Yes	95	68.3
No	44	31.7
Total	139	100.0
Myanmar-Cox's Bazar (South Eastern)	63	66.3
India - Bangladesh (Western)	48	50.5
India-Bangladesh (Northern)	4	4.2
India-Bangladesh (Eastern)	0	0
n	95	100.0

n: Multiple responses considered.

5.2 Persons involved in drug trafficking

Different groups of people are involved in drug trafficking. In the survey more than 7 out of 10 drug users think that politically and socially influential people are linked to drug trafficking followed by drug suppliers (61%), retailers (46%), and financially influential (40%). There are a small 15% who think that lower class people mostly living in slum areas are also involved in drug trafficking (Table 5.2). In addition key informants are of the opinion that transport workers and unemployed are involved in drug trafficking.

It is reported in the Focus group discussions, different groups of people are linked to trafficking in different stages. At retail stage young male & female, children and adolescent, hotel boys, slum dwellers, physically crippled people are involved, while at wholesale stage, socially and economically established people having political influence, are involved in drug trafficking. Some law enforcers are also linked. Mobile phone is used as means of communication between users, traders, traffickers.

Table - 5.2 Types of people involved in drug trafficking

Types of people involved	Number	%
Politically / socially influential	94	72.3
Drug Supplier	80	61.5
Retailer	60	46.2
Financially influential	56	43.1
Lower class	20	15.4
n=	130	

Multiple responses are considered since a drug user can use more than one drug.

5.3 Means of transport used in drug trafficking

In drug trafficking various means of transport are used. As shown in Table 5.3, human body is used in large majority cases. About 72% drug users reported that drug is trafficked by traffickers themselves in short distance without using any mode of transport. However among the means of transport used motor cycle (63%), public transport namely bus (42%), rickshaw/van (38%), private car (34%), train (32%), etc are mostly used. According to some users bicycle is also used in trafficking drugs.

Table 5.3 Means of transport used of drug trafficking

Transportation	Number	%
Human body	101	72.2
Motorcycle	88	63.3
Public transport	59	42.4
Rickshaw / van	53	38.1
Private car	47	33.8
Train	45	32.4
Boat	20	14.4
Others	15	10.8
n=	139	

Multiple responses are considered since a drug user can use more than one drug.

Chapter 6

Supply Reduction Measures

6.1 Introduction

Supply reduction is an approach to stop illegal supply of drugs by the drug traffickers which includes law enforcement activities like arrest, seizure, trial and prosecution by different law enforcing agencies involved in detecting drug crimes. On the contrary, drug education is an important approach to educate and motivate both users and non-users (potential users) to stay away from drugs. Department of Narcotics Control (DNC) has been found to be involved mainly in supply reduction activities since its inception in 1990. Moreover, in order to reduce the demand for drug DNC performs some activities as a part of normal routine work which covers distribution of leaflet, booklet, poster, session, sticker, publication of souvenir, monthly bulletin followed by group discussion and seminar. Both the approaches involve manpower, logistics and financial support. There is no additional and specialized manpower for motivational campaign i.e. building public awareness. Law enforcement personnel in addition to their own responsibilities try to carry out motivational activities. On the other hand, allocation of budget seems inadequate to perform required demand reduction activities. As such, impact and incidence of supply interdiction and drug education ought to be examined and evaluated carefully to measure the level of efficiency and cost effectiveness over one another to fix priority in policy measures and priority in resource allocation keeping in view the social benefit, resource constraints and effectiveness.

6.2 Incidence of case detection

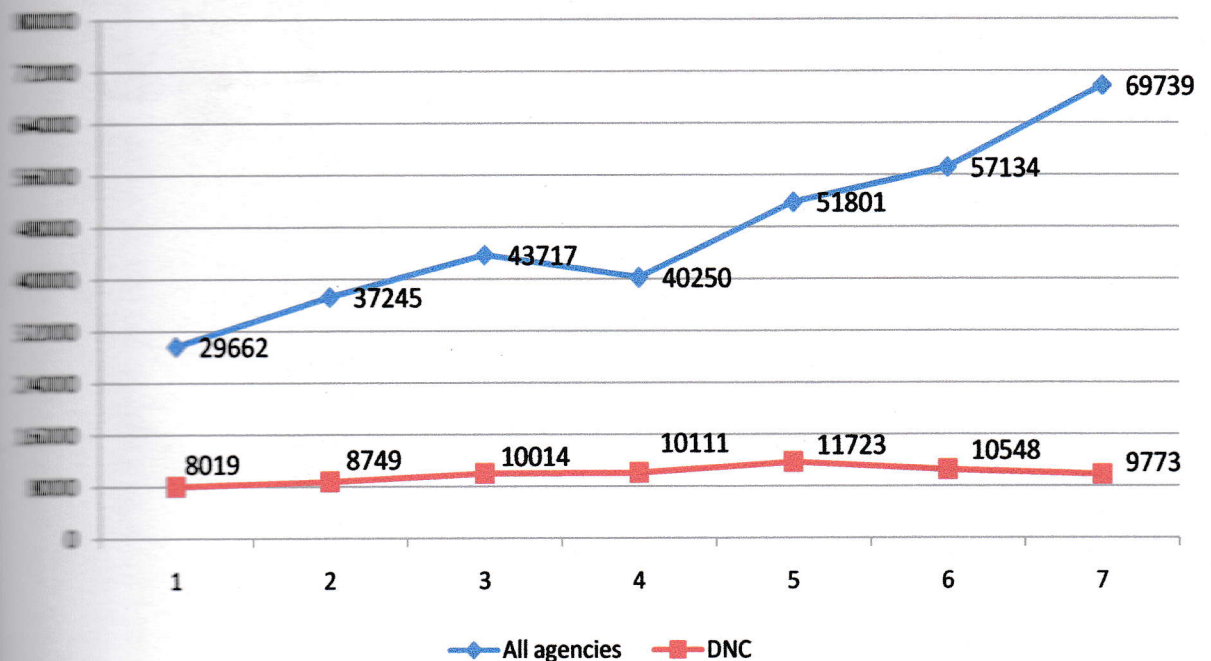
Various law enforcing agencies are involved in detecting and controlling drug related crimes. In addition to DNC, these are RAB, Police, BGB, Customs, and Coastguard. In order to identify the relative role played by different law enforcing agencies, data collected from DNC website has been analyzed and presented in Table 6.1. As seen the number of drug related cases has been increasing continuously at an alarming rate during 2010-2016. It can be noted here that only an insignificant proportion of cases of drug related incidence has been detected by the law enforcing agencies, others remain undetected due to various reasons. Data from 2010-2016 shows that during the reference period a total of 329,548 cases were detected by all the agencies, of which DNC detected only 68,937 cases. In other words DNC being the nodal agency detected only 20.9% drug related cases. Year wise (2010-2016) detection of cases by DNC shows that 27% of the total drug related cases were detected by DNC in 2010, while in 2016 DNC's share significantly declined to only 14% or by 13% points. Data on year-wise distribution of case detection shows that the average number of cases detected by all agencies has increased by 15.3% annually, while the rate calculated for DNC is only 1.4%. The relative importance is also evident from Figure 6.1.

Table E.1: Case detection by all law enforcing agencies and DNC.

Year	Cases detected by all agencies		Cases detected by DNC		Share of DNC in %
	No	%	No	%	
2010	29,662	100.0	8,019	100.0	27.03
2011	37,245	125.6	8,749	109.1	23.49
2012	43,717	147.4	10,014	124.9	22.9
2013	40,250	135.7	10,111	126.1	25.12
2014	51,801	174.6	11,723	146.2	22.63
2015	57,134	192.6	10,548	131.5	18.46
2016	69,739	235.1	9,773	121.9	14.01
All	329,548	-	68,937	-	20.9
Annual rate of increase in %	15.3	-	3.4	-	-

Source: DNC Website

Figure-6.1: Detection of cases by DNC and all agencies



DNC was established in 1990 with 1,277 employees. In spite of the fact that population has increased from 110 million in 1990 to 163 million in 2016, its manpower has decreased from 1,277 in 1990 to 953 in 2016. This means that in 1990 the ratio of DNC personnel and population was 1: 86,000, while in 2016 the ratio declined to 1: 171,000. With the multifarious increase of complexity of livelihood such a decline of DNC personnel may bring negative impact in socio-economic development of the people of the country.

6.2 Case detection by DNC

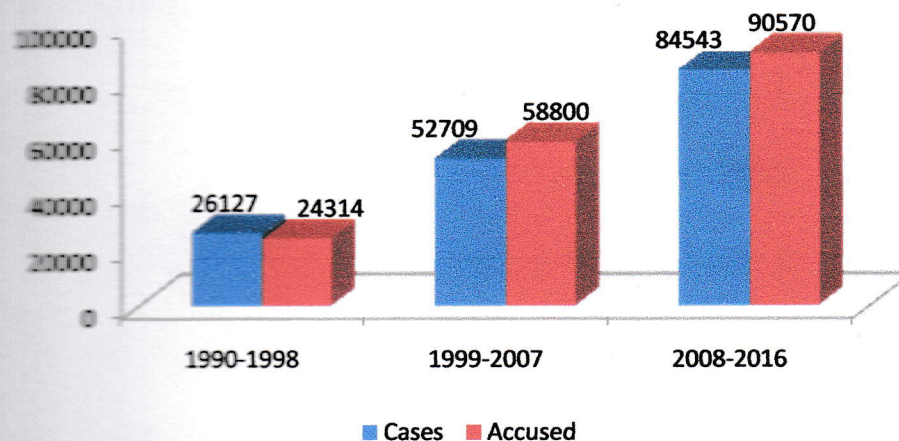
Information on cases detected by DNC is available for 27 years. This has been divided into 3 periods: first 9 years, second 9 years and third 9 years. As shown in Table 6.2, in spite of the fact that the relative role of drug detection by DNC is declining compared to other agencies, yet case detection by DNC has been continuously increasing from its inception in 1990 to 2016 (27 years). From 1990 to 2016 a total of 159,881 cases against 173,684 drug dealers were instituted by the DNC during last 27 years of which 74.2% cases were detected during first 9 years from 1990 to 1998, 33% during second 9 years (1999-2007) and 52.8% during the third 9 years i.e. from 2008 to 2016. It indicates that supply reduction measures have not been able to bring any satisfactory change in supply reduction of drugs rather drug related crimes and supply of drugs are on increase at an alarming rate with the passage of time which has been reflected from the table below:

Table 6.2: Detection of cases with the Police Station: 1990 - 2016

	Year	Cases	%	Avg #	Avg increase (%)
1st 9 years	1990	1,726	100.0		
	1991	2,100	121.7		
	1992	2,474	143.3		
	1993	2,828	163.8		
	1994	2,963	171.7	2,903	
	1995	2,812	162.9		
	1996	2,860	165.7		
	1997	3,846	222.8		
	1998	4,518	261.8		12.8
2nd 9 years	1999	4,153	240.6		
	2000	4,435	257.0		
	2001	4,648	269.3		
	2002	5,747	333.0		
	2003	5,613	325.2	6,318	
	2004	5,972	346.0		
	2005	7,197	417.0		
	2006	7,355	426.1		
	2007	7,589	439.7		5.9
3rd 9 years	2008	7,842	454.3		
	2009	7,764	449.8		
	2010	8,019	464.6		
	2011	8,749	506.9		
	2012	10,014	580.2	9,348	
	2013	10,111	585.8		
	2014	11,723	679.2		
	2015	10,548	611.1		
	2016	9,773	566.2		4.2

Source: DNC Website

Figure 6.2: Detection of drug related crimes



Seizure of drugs by all Law Enforcing agencies during the period 2010-2016. Table below indicates the seizure of drugs by the all law enforcing agencies (DNC, RAB, Police, BGB, Coast Guard, Customs). It reveals that seizure of phensedyl has been decreasing; on the contrary yaba is increasing. Supply of heroine from 2012 to 2015 was at a decreasing trend with a rise in 2016. Seizure of cannabis is also on the increase with a steady supply of injecting drugs. Phensedyl is also smuggled into the country in plastic container or drum for refilling in the used bottle; on the other hand cannabis is secretly cultivated in the country and it has not been possible to eradicate rather it is on the increase mainly in the hilly region. At present yaba, cannabis, heroine, phensedyl & injecting drugs are most commonly abused drugs and the seizure during the period under reference (2012-2016) is as shown at the Table.

Table 6.2: Seizure of Drugs by all Agencies in Bangladesh: 2010 - 2016

Name of Drugs	2010	2011	2012	2013	2014	2015	2016
Heroin (g)	-	-	-	-	-	-	-
Phensedyl (g)	11.69	8.07	4.84	11.62	91.22	-	5.10
Yaba (g)	188.19	107.50	124.92	123.73	78.30	107.54	266.79
Cannabis (g)	-	-	-	-	2.08	5.78	0.62
Injecting Drug	961,260	932,874	1,291,078	987,661	741,137	870,210	566,525
Phensedyl (Loose)	4,119.2	3228	2613	857.55	438	5105	275
Cannabis (kg)	48,749.4	54,244.0	38,702.0	35,012.5	35,988.0	39,968.0	47,104.0
Injecting Drug	1760	742	485	666	727	761	894
Injecting Drug	69,158	118,890	157,995	99,509	178,889	85,946	152,740
Total (000)	812.716	1,360.186	1,951.392	2,821.528	6,512.869	20,177.581	29,450.178

From the analysis of available data we can have an impression that deployment of enforcement personnel in order to reduce the supply of drugs which involve a major allocation of budget of DNC in different heads have not been able to bring any

...change in supply reduction. Moreover, with the passage of time both rate of ... detection and seizure of drugs have been increasing with a snowballing ... So, it needs an in-depth study to evaluate the effectiveness of supply reduction ... of DNC to adopt appropriate policy measures in order to reduce the supply of ... for the users.

Chapter-7

Treatment of Drug Users

Treatment

People after use of drugs for some times, become addicted. This means that without use drugs they can't survive. In order to get rid of this the users should have treatment. In Bangladesh there are number of drug rehabilitation centers. The drug users considered in the survey are either receiving treatment or have already received treatment in the Rehabilitation centers.

Table-7.1 Whether or not admitted into Rehabilitation centres

Whether or not admitted	Number	%
Yes	139	100.0
No	-	-
Total	139	100.0

Large majority (71.2%) of sample drug users is inspired by their guardians to receive treatment and the remaining (27.3%) are inspired by themselves. According to them friends and social pressure almost do not play any role in influencing them in getting any treatment. It can be mentioned here that only a part of drug users generally get admitted into the Rehabilitation centers for treatment. Many of them still remain without treatment. Efforts should be made to motivate and bring them to the centers.

Table-7.2 Persons giving inspiration to get admission into recovery centres

Persons giving inspiration	Number	%
Self	38	27.3
Guardian	99	71.2
Friends	-	-
Social pressure	-	-
Others	2	1.4
Total	139	100.0

Drug users after treatment should be kept under continuous monitoring process; otherwise they may start using drugs again after contacting with their previous friends. This is evident from the fact that some drug users get admitted into Rehabilitation centers more than once. In Table 6.3, it is apparent that more than one-third of drug users got admitted into Rehabilitation centers more than once including about 7.2% admitted 4 times or more. Average number of times they got admitted into Rehabilitation center is calculated at 1.6.

Table-7.3 Number of times of admitted

Number of times	Number	%
1	90	64.7
2	28	20.1
3	11	7.9
4	8	5.8
5	2	1.4
Total	139	100.0
Average time	1.6	

7.2 Drug Users' Perception

In order to know about their opinion, drug users were asked to mention their perception about the change in supply, use, willingness to stop, hindrances to drug use, etc. Their responses are provided in a number of Tables 7.4 - As shown in Table 7.4, about 95% of drug users are of the opinion that extent of drug supply has increased compared to previous situation. This means that drug is easily available. Consequently the number of drug users has increased. In the survey about 95% of them thought that drug use has increased compared to previous situation (Table 7.5).

Table-7.4 Whether or not drug supply increases compared to previous situation

Opinion	Number	%
Increase of drug supply	131	94.2
No increase	8	5.8
Total	139	100.0

Table-7.5 Whether or not the number of drug users increases compared to previous situation

Opinion	Number	%
Increase of drug use	132	95.0
No increase	7	5.0
Total	139	100.0

In spite of the fact that once upon a time they were drug users, yet they are aware of its social, financial and psychological harm to society as well as to their family (Table 7.6). That is why they had expressed their willingness to stop using drugs (Table 7.7). As reasons of stopping drug use they have mentioned 3 reasons: development of own future (73.4%), family reasons (58.3%) and return to social life (39.6%). However, there are a number of hindrances to drug use. They are allured by the easy availability of drugs. About 71% drug users mentioned this hindrance. They know the supply sources. Even they have the supply sitting at their home or desired places. The second most frequently mentioned hindrance is friends' pressure (55.4%), followed by excessive physical dependence on drug (50.4%), etc.

Table - 7.5 Awareness of social, physical, financial and psychological harm to use drug

Opinion	Number	%
Yes	139	100.0
No	-	-
Total	139	100.0

Table - 7.7 Willingness to stop using drugs

Opinion	Number	%
Yes	139	100.0
No	-	-
Total	139	100.0

Table - 7.8 Reasons of stopping drug use

Reasons	Number	%
For family reasons	81	58.3
For returning to social life	55	39.6
For the development of our own future	102	73.4
Total	139	

All multiple responses are considered since a drug user can use more than one drug.

Table - 7.9 Hindrances to stop drug use

Hindrances	Number	%
Easy availability of drugs	99	71.2
Friends' pressure	77	55.4
Excessive physical dependence / demand	70	50.4
Lack of awareness	8	5.8
Law enforcement is less	3	2.2
More income at a short time	1	0.7
Total	139	

All multiple responses are considered since a drug user can use more than one drug.

7.10 Preventive measures for spreading drug use

In order to stop drug use various preventive measures have been proposed by the drug users (Table 7.10). Among the measures, strict law enforcement has been proposed by about three-fourths of drug users. Other important measures as proposed by them are: stopping direct and indirect involvement of influential personnel such political high ups, law enforcers and other civil bureaucrats (51%), introduction of religious and moral education (48%), operation of nationwide campaign to prevent drug addiction (46%), mass awareness campaign against drug use and smoking (46%), arrangement drug prevention meetings, seminars and symposium (45%), etc.

Table - 7.10 Preventive measures for spreading drug use

Measures	Number	%
Strengthen law enforcement	99	74.4
Minimize the direct and indirect involvement of some of the influential persons and law enforcement agencies.	68	51.1
Introduction of religious and moral education	64	48.1
Operation of nationwide co-ordination campaign to prevent drug addiction	61	45.9
Arrangement of drug prevention meetings, seminars and symposium	60	45.1
Mass awareness campaign against drug, smoking, tobacco and drug addiction	61	45.9
Increase personal and social skills	57	42.9
Treatment of drug addicts and their rehabilitation	37	27.8
Strengthen drug smuggling prevention programs	45	33.8
Social movement against drug use	48	36.1
Promotion of documentary and publicity in electronic media by highlighting the harm of the drug	27	20.3
Alternatives to drugs	27	20.3
Arrangement for unemployed youth	48	36.1
Total	139	

Note: Multiple responses are considered since a drug user can use more than one drug.

Chapter-8

Recommendations

Based on the findings obtained from various components of the study: Survey, FGDs, interviews and case studies the following recommendations

1. Drug Education is more effective than drug interdiction. Therefore it is recommended that the Preventive Education and Research wing of the DNC need to be provided with specialized, efficient skilled as well as professional manpower to develop materials and conduct awareness campaign throughout the year all over Bangladesh. Effective drug education is an approach which depends on various factor like- designing suitable plan, setting a specific target or goal of different stages right message for the target group selection of appropriate channel, audiovisual aids with modern equipments, adequate manpower and budget.
2. Some drug traffickers are much involved in crime and terrorism owing to their affiliation to the local power structure. Districts Narcotics Committee members are not much interested and effective to nab those traffickers and terrorists. So, those who have commitment to the society should be included in the committee.
3. As it is alleged that drug business in any locality is run with the blessing of local leaders and their followers who drive benefit out of it. On the other hand, some unscrupulous members of law enforcing agencies are also involved with drug dealers. So it is suggested that political leadership of the area must have to come forward with a very strong will force and honest commitment to eradicate drug-abuse, drug related crime and help the committees, administration and local bodies to perform their duties without any influence.
4. There should be social movement against drug use, for which public meetings, seminars and symposium should be organized throughout the country. Students, particularly in private universities and English medium should be motivated for which periodic training program should be organized for teachers and guardians.
5. As the drug abuse situation is on increase and somewhere worsening the DNC's law enforcement activities must have to be intensified.
6. With the passage of time both the rate of case detection and seizures of drugs are on the increase therefore supply reduction measures ought to be evaluated to examine its effectiveness.

Appendix: A

Baseline Study on Drug Addiction in Bangladesh
Survey Conducted by IRG Development Services Limited (IRGDSL)
Supported by Department of Narcotics

মাদকসেবনকারী ব্যক্তির জন্য প্রশ্নপত্র

জরিপে অংশগ্রহণকারীর অনুমতি গ্রহণ পত্র

আলাইকুম/নমস্কার/আদাব,

আমি মাদকদ্রব্য নিয়ন্ত্রণ অধিদপ্তর কর্তৃক গবেষণার কাজের জন্য নিয়োগপ্রাপ্ত _____ এর সাথে কর্মরত আছি। আমরা এখানে আপনাদের কাছে বাংলাদেশে মাদকের কুফল সম্পর্কে আপনার কাছে কিছু তথ্য জানতে চাই। জরিপের প্রধান উদ্দেশ্য হচ্ছে যে, মাদকের কুফল সম্পর্কে ধারণা, সচেতনতা কেমন আছে তা যাচাই করা, এলাকায় কোন ধরণের মাদক এবং কোন মাদক বেশী সেবন করছে এবং এইগুলো কোন পথে আসছে ইত্যাদি যাচাই করা। এই প্রশ্নপত্রটির মাধ্যমে সে সকল তথ্য সংগ্রহ করতে এসেছি। সকল তথ্য একত্রিত করে একটি প্রতিবেদন তৈরী করা হবে এবং তা দেশব্যাপী, নীতি নির্ধারক, বিভিন্ন সরকারী ও বেসরকারী প্রতিষ্ঠানের নিকট তুলে ধরা হবে এবং আপনাদের কোন নাম বা তথ্যাদি প্রকাশ করা হবে না, তথ্যটি সম্পূর্ণ গোপনীয়।

Section A

- A.1 উত্তরদাতার নাম : _____
- A.2 উত্তরদাতার পিতা/মাতা/স্বামীর নাম: _____
- A.3 উত্তরদাতার টেলিফোন নাম্বার : _____
- A.4 লিঙ্গ : (1=পুরুষ 2=মহিলা)
- A.5 উত্তরদাতার বয়স : বছরে : শিক্ষাগত যোগ্যতা:
- A.6 উত্তরদাতার পেশা : (1=বেকার 2=চাকুরী 3=ব্যবসা 4=ছাত্র 5=অন্যান্য-----)
- A.7 পরিবারের মাসিক আয় : টাকায়: মাসিক ব্যয় টাকায়:
- A.8 জেলার নাম : _____
- A.10 উপজেলার নাম : _____
- A.11 ইউনিয়নের নাম : _____ A.12. গ্রামের নাম: _____

Section B

B.1 আপনি কি কারণে মাদক সেবন করতেন? (টিক চিহ্ন দিন) (✓)

- (ক) বন্ধু বান্ধবের সংস্পর্শে, (খ) পারিবারিক অশান্তি (গ) বেকারত্ব, (ঘ) হতাশা
 (ঙ) মাদকের প্রতি কৌতুহল, (চ) মাদকের সহজলভ্যতা (ছ) অন্যান্য

B.2 আপনি কোন ধরণের মাদক সেবন করেন বা করতেন?

ক্রমিক নং	মাদকের নাম	ক্রমিক নং	মাদকের নাম
১	হেরোইন	৮	রেক্সিফাইড স্পিরিট
২	ইয়াবা টেবলেট	৯	সিডেটিভ/ঘুমের ঝড়

১	কোডিনের সিক্স (কোডাল)	১০	পুই/তাড়
২	গাজ	১১	বুগেনরফিন (টি. ডি. জেসিক ইঞ্জেকশন),
৩	অবধ জেলাই মদ,	১২	পেথেডিন
৪	দেশী মদ,	১৩	আফিম
৫	বিদেশী মদ,	১৪	অন্যান্য-----

১৩. আপনি মানক গ্রহণের পূর্বে কি ধূমপান করতেন? (1=হ্যাঁ 2=না)

১৪. আপনি কত বৎসর ধরে মাদক সেবন করেছেন? বৎসর

১৫. আপনি কি চিকিৎসার জন্য মাদক নিরাময় কেন্দ্রে ভর্তি হয়েছিলেন? (1=হ্যাঁ 2=না)

১৬. উদ্ভাবিত হলে, কত ইচ্ছায়-

১. নিরাময় ইচ্ছায়, ২. অভিভাবকের ইচ্ছায়, ৩. বন্ধু বান্ধবের পরামর্শে, ৪. সামাজিক চাপে,

৫. অন্য-----

১৭. আপনি কত বার ভর্তি হয়েছেন?

১৮. আপনি যে মাদক গ্রহণ করেন স্থানীয়ভাবে এর মূল্য কত?

ক্রমিক নং	মাদকের নাম	গড় মূল্য	ক্রমিক নং	মাদকের নাম	গড় মূল্য
৮	কোডাল		৮	রেস্ট্রিকাইড স্পিরিট,	
৯	সিডেটিভ/ঘুমের বাড়		৯	সিডেটিভ/ঘুমের বাড়	
১০	কোডিনের সিক্স (কোডাল)		১০	পুই/তাড়	
১১	গাজ		১১	বুগেনরফিন (টি. ডি. জেসিক ইঞ্জেকশন),	
১২	অবধ জেলাই মদ,		১২	পেথেডিন	
১৩	দেশী মদ,		১৩	আফিম	
১৪	বিদেশী মদ,		১৪	অন্যান্য-----	

১৯. আপনি যে মাদক সেবন করেন/করতেন তাতে দৈনিক কত টাকা খরচ হয়/হত?

২০. উক্ত উৎস কি ছিল?

১. নিজস্ব অর্থ, ২. পরিবার থেকে সংগ্রহ, ৩. ধারকর্জ, ৪. পরিবারের ব্যবহার্য সরঞ্জামাদি বিক্রয়, ৫. অব্যর্থ উৎস

৬. অন্য-----

২১. আপনি যে মাদক সেবন করেন/করতেন এগুলো কোথায় পেতেন বা কার কাছ থেকে কিনতেন?

১. ফুন্সির বাজারে
 ২. ফুন্সির বস্তিতে
 ৩. এলাকার মাদক বিক্রেতাকে ফোন করলে পৌছে দিয়ে যায়
 ৪. মাদক বিক্রেতার বাড়ি থেকে অথবা তার নির্দেশিত স্থান থেকে
 ৫. অন্যান্য

৩৩২. আপনার এলাকার মাদক বিক্রয়ের স্থানগুলোর নাম বলুন?

৩৩৩. আপনি কি বলতে পারেন এ সমস্ত মাদকদ্রব্য সরবরাহের মূল উৎস কোনটি? (1=হ্যাঁ 2=না)

৩৩৪. উত্তর হ্যাঁ হলে, কোথা থেকে আসে? -----

৩৩৫. আপনি কি বলতে পারেন এই ব্যবসার সাথে প্রত্যক্ষভাবে/পরোক্ষভাবে কি ধরনের লোক জড়িত থাকে? (1=হ্যাঁ 2=না)

৩৩৬. উত্তর হ্যাঁ হলে কি ধরনের বলুন-

১. আর্থিক প্রভাবশালী, ২. রাজনৈতিকভাবে/সামাজিকভাবে প্রভাবশালী, ৩. মাদক সেবী সরবরাহকারী
৪. কুচর বিক্রেতা ৫. অন্যান্য-----

৩৩৭. আপনি কি বলতে পারেন যে কি ধরনের যানবাহন ব্যবহার করে মাদকদ্রব্য আনা নেওয়া করে?

১. মনরবদেহ, ২. সাইকেল, ৩. মটর সাইকেল
৪. বিজ্ঞান ৫. কার ৬. গণপরিবহন
৭. ট্রাক ৮. অন্যান্য-----

৩৩৮. আপনি কি মনে করেন পূর্বের তুলনায় এখন মাদকের সরবরাহ বেশী? (1=হ্যাঁ 2=না)

৩৩৯. আপনি কি মনে করেন পূর্বের তুলনায় মাদকসেবীর সংখ্যা ক্রমাগত বৃদ্ধি পাচ্ছে? (1=হ্যাঁ 2=না)

৩৪০. আপনার এলাকায় কোন প্রকার মাদকের প্রভাব বেশী?

ক্রমিক নং	মাদকের নাম	ক্রমিক নং	মাদকের নাম
১	হেরোইন	৮	রেক্সিফাইড স্পিরিট
২	ইয়াবা টেবলেট	৯	সিডেটিভ/ঘুমের বাড়ি
৩	ফেনিগাউল	১০	পচুই/তাড়ি
৪	গাজা	১১	বুথেনরাফিন (টি. ডি. জেসিক ইঞ্জেকশন),
৫	অবেধ চোলাই মদ,	১২	পেথেডিন
৬	দেশী মদ,	১৩	আফিম
৭	বিদেশী মদ,	১৪	অন্যান্য-----

৩৪১. সর্বদিক ব্যবহারের ক্রমানুসারে লিখুন?

ক্রমিক নং	মাদকের নাম
১	
২	
৩	
৪	
৫	
৬	
৭	

১২. মাদক সত্ত্বে শরীরিক, মানসিক, আর্থিক ও সামাজিক ক্ষতি সম্পর্কে আপনি জানেন কি? (1=হ্যাঁ 2=না)

১৩. আপনি কি মাদক সেবন বন্ধ করতে চান? (1=হ্যাঁ 2=না)

১৪. কি কারণে চান তবে কেন?

১৫. মাদক সেবন বন্ধে অন্তরায় কি?

- (১) অতিমাত্রায় শারীরিক নির্ভরশীলতা/চাহিদা
- (২) মাদকের সহজলভ্যতা
- (৩) বন্ধু-বান্ধবের চাপ
- (৪) অন্যান্য

১৬. আপনার মতে কি করলে মাদকের ভয়াল খাবা প্রতিরোধ করা যাবে?

- (৫) মাদক প্রতিরোধ সভা সেমিনার সিম্পোজিয়াম পুনর্বাসনের ব্যবস্থা করা
- (৬) মাদকাসক্তদের চিকিৎসা ও তাদের সামাজিকভাবে পুনর্বাসনের ব্যবস্থা করা
- (৭) মাদক প্রতিরোধ দেশব্যাপি সমন্বিত প্রচার কার্যক্রম চালানো
- (৮) ভ্রাগ, ধূমপান, তামাক ও মাদকাসক্তির বিরুদ্ধে গণসচেতনতা সৃষ্টির জন্য শিক্ষা প্রতিষ্ঠান সমূহে ব্যাপক প্রচারণা চালানো
- (৯) মাদকের কুফল তুলে ধরে প্রামাণ্য তথ্যচিত্র তৈরী ও ইলেকট্রনিক মিডিয়ায় প্রচার
- (১০) কঠোর আইনের ব্যবস্থা করা
- (১১) মাদকাসক্তিকে সামাজিক সমস্যা হিসেবে বিবেচনা করে এর প্রতিরোধ সামাজিক ভাবে করা
- (১২) মাদকদ্রব্য চোরাচালান প্রতিরোধ কর্মসূচিকে আরো জোরদার করা
- (১৩) মাদক ব্যবসা প্রসারে স্থানীয় সন্ত্রাসী/চাঁদাবাজ/দলীয় কর্মী প্রভাবশালী ব্যক্তি ও আইন প্রয়োগকারী সংস্থার কতিপয় সদস্যদের প্রত্যক্ষ ও পরোক্ষ সহযোগিতা বন্ধ করা
- (১৪) মানবিক মূল্যবোধ গঠন ও পরিবেশন করা
- (১৫) মাদকদ্রব্যের বিকল্প ব্যবহার
- (১৬) বেকার যুবকদের জন্য কর্মসংস্থানের ব্যবস্থা করা
- (১৭) পিতা মাতা কর্তৃক শিক্ষামূলক কর্মসূচি গ্রহণ
- (১৮) ব্যক্তিগত ও সামাজিক দক্ষতা বৃদ্ধি করা
- (১৯) ধর্মীয় ও নৈতিক শিক্ষার প্রচলন

সহকারীর নাম:	স্বাক্ষর:	তারিখ:
সহকারী ইজারের নাম :	স্বাক্ষর:	তারিখ:

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মাদকদ্রব্য সংক্রান্ত অপরাধ দমনে আইন প্রয়োগকারী সংস্থার
সংশ্লিষ্ট কর্মকর্তাদের জন্য প্রশ্নমালা (KII)

সংগঠন (কর্মকর্তার) নাম : ----- পদবী: -----
 ঠিকানা : -----
 মোবাইল নং : -----

১. আপনার নিয়ন্ত্রণাধীন এলাকায় কি কি ধরনের মাদকদ্রব্য বেশী উদ্ধার হচ্ছে? (টিক চিহ্ন দিন) (✓)

ক্রমিক নং	মাদকের নাম	ক্রমিক নং	মাদকের নাম
১	হেরোইন	৮	রেক্সিফাইড স্পিরিট
২	ইয়াবা টেবলেট	৯	সিডেটিভ/ঘুমের ঝড়
৩	ফেনিডিল	১০	পচুই/তাড়ি
৪	গাজা	১১	বুপ্রেনরফিন (টি. ডি. জেসিক ইন্জেকশন),
৫	অবেধ চোলাই মদ,	১২	পেথোডিন
৬	দেশী মদ,	১৩	আফিম
৭	বিদেশী মদ,	১৪	অন্যান্য-----

২. সর্বাধিক ব্যবহারের ক্রমানুসারে লিখুন?

ক্রমিক নং	মাদকের নাম
১	
২	
৩	
৪	
৫	
৬	
৭	

৩. এগুলোর উৎস কি কোন কোন পথে আসছে?

১. স্থল পথ
২. নৌ-পথ
৩. আকাশ পথ
৪. অন্যান্য

৪. মাদকদ্রব্য পরিবহণে কোন ধরনের যানবাহন ব্যবহার হয়ে থাকে? যানবাহনের কোন কোন স্থানে লুকিয়ে পাচার হয়?

১৫. ~~কোন~~ কোন কোন ধরনের লোক জড়িত?

১৬. ~~কোন~~কোন বক্তাদের ধরন ও প্রকৃতি সম্পর্কে আপনার মতামত (খুচরা বিক্রয়, পাইকারী বিক্রয়)

১৭. ~~কোন~~ কোন বিক্রেতা মাদকসেবনকারীকে মাদক পৌঁছে দিচ্ছে অথবা কিভাবে মাদকসেবনকারী মাদক বিক্রেতার নিকট গিয়ে মাদক সংগ্রহ করছে?

	খুচরা বিক্রেতা	পাইকারী বিক্রেতা	উৎপাদক/আমদানীকারক
	←	←	←
মাদকসেবী ←	১.	১.	১.
	২.	২.	২.
	৩.	৩.	৩.
	৪.	৪.	৪.

১৮. ~~কোন~~কোন জরিভিকসনে কোন কোন এলাকা মাদক প্রবণ এলাকা হিসেবে চিহ্নিত?

১৯. ~~কোন~~কোন শ্রেণী বা পেশার লোক মাদক ব্যবসায় জড়িত?
কোন কন:

২০. মহিলা মাদক ব্যবসায়ীর সংখ্যা কত?

২১. ~~কোন~~কোন শ্রেণী/ পেশার লোকজন মাদক ব্যবসার প্রসারে মাদক ব্যবসায়ীদের সহায়তা এবং নিয়ন্ত্রন করছে?

২২. কোন শ্রেণী পেশা ও বয়সের লোকজন মাদক গ্রহণ করছে ঐ প্রসঙ্গে আপনার মতামত কি?

২৩. মাদকের চাহিদা ক্রমাগত বৃদ্ধি পাওয়ার কারণ কি? আপনার মতামত দিন-

১৩. ~~আপনার~~ ~~অন্য~~ ~~ব্যব~~ ~~প্রবণ~~ এলাকায় অভিযান পরিচালনার পর পূর্ণরায় মাদক ব্যবসা পরিচালিত হবার কারণ সমূহ কি?

১৪. ~~আপনার~~ ~~অন্য~~ ~~ব্যব~~ ~~দমনে~~ কি কি অন্তরায় রয়েছে?

১৫. ~~নিম্ন~~ ~~লিখিত~~ মাদকদ্রব্যের আনুমানিক খুচরা মূল্য সম্পর্কে আপনার মতামত

ক্রমিক নং	মাদকের নাম	মূল্য (টাকা)
১	হেরোইন (এক পুড়িয়া)	
২	ইয়াবা টেবলেট (প্রতি পিছ)	
৩	কোকাইন (প্রতি বোতল)	
৪	শাঁজা (এক পুড়িয়া/প্রতি কেজি)	
৫	অবেধ চোলাই মদ (প্রতি-লিটার)	
৬	দেশী মদ (প্রতি-লিটার)	
৭	বিদেশী মদ (প্রতি-বোতল)	
৮	রেড্ডিফাইড স্পিরিট (প্রতি-লিটার)	
৯	সিডেটিভ/ঘুমের বড়ি (প্রতিটি)	
১০	পচুই/তাড়ি (প্রতি-লিটার)	
১১	ব্রেনেরফিন (টি. ডি. জেসিক ইন্জেকশন) (প্রতি- এ্যামুল)	
১২	পেথিডিন (প্রতি-এ্যামুল)	
১৩	অন্যান্য	

১৬. মাদকদ্রব্যের চাহিদা ও সরবরাহ হ্রাসে কি করণীয় সংক্ষেপে বর্ণনা করুন

সংস্করণের নাম:	স্বাক্ষর:	তারিখ:
সংস্করণের নাম :	স্বাক্ষর:	তারিখ:

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Checklist for Focus Group Discussions (FGDs)

Name of FGDs: _____

Village: _____, Union: _____, Upazila: _____

District: _____, Division: _____, Date: _____

S. No.	Name of Participants	Occupation	Mobile	Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

1. আপনারদের এলাকায় মাদক চোরাচালান সম্পর্কে জানেন কি?

2. আপনারদের এলাকায় মাদক নিরাময় কেন্দ্র আছে?

(1=হ্যাঁ 2=না)

3. কোন ধরনের মাদক বেশী সেবন করে?

ক্রমিক নং	মাদকের নাম	ক্রমিক নং	মাদকের নাম
১	হেরোইন	৯	ডিনেচার্ড স্পিরিট
২	ইয়াবা টেবলেট	১০	সিডেটভ/ঘুমের বাড়
৩	কোর্ডিনের মিশ্রণ (ফেন্সিডিল)	১১	গচুই/তাড়
৪	গাজা	১২	বুথেনরাফিন (টি. ডি. জেসিক ইন্জেকশন),
৫	অবেধ চোলাই মদ,	১৩	পেথোডিন
৬	দেশী মদ,	১৪	আফম
৭	বিদেশী মদ,	১৫	অন্যান্য-----
৮	রেসক্রিফাইড স্পিরিট		

৬. মাদক ব্যবহারের ক্রমানুসারে লিখুন?

ক্রম নং	মাদকের নাম
১	
২	
৩	
৪	
৫	
৬	
৭	

৭. মাদকসহ এলাকায় যে সকল স্থানে মাদক বিক্রয় হয় সেই স্থানগুলোর নাম কি?

৮. মাদক হুন্ডা ও পাইকারী বিক্রয়ে কোন ধরনের মানুষ জড়িত?

কৃষক

পাইকারী

৯. মাদক ও শিশু মাদক ব্যবসায়ীর আনুমানিক সংখ্যা কত? তারা কোন শ্রেণীর মহিলা ও শিশু কিশোর?

১০. মাদক ব্যবসায়ীদের ব্যবসার সহায়তায় এলাকার প্রত্যক্ষভাবে/পরোক্ষভাবে কোন ধরনের লোক জড়িত?

১. আর্থনৈতিকভাবে প্রভাবশালী

২. স্থানীয় মতবুদ্ধিসম্পন্ন

৩. সামাজিক ও সামাজিকভাবে প্রভাবশালী

৪. আনুমানিক (রাজনৈতিক প্রশ্নে)

৫. অন্যান্য

১১. মাদক বিক্রিতে পারেন কি ধরনের যানবাহন ব্যবহার করে এগুলো আনা নেওয়া করে?

১২. মাদক ব্যবসায় দমনে স্থানীয়ভাবে কি করণীয়?

১৩. মাদকসহ চিকিৎসা ও পুনর্বাসনে আমাদের কি করণীয়ঃ

- ১) মাদক ইতিমধ্যে মাদকাসক্ত হয়ে পড়েছে তাদেরকে চিহ্নিত করে চিকিৎসার জন্য উদ্বুদ্ধ করা
- ২) মাদকাসক্তদের কাউন্সিলিং করা, মাদক বর্জনে উদ্বুদ্ধ করা যাতে তারা নিজে নিজেই একসময় ছেড়ে দিতে পারে
- ৩) মাদক পরিবারকে কাউন্সিলিং করা যাতে তারা আসক্তের চিকিৎসার ব্যাপারে উদ্যোগী হয়
- ৪) মাদকাসক্ত ব্যক্তি চিকিৎসায় আগ্রহী হলে তাকে সরকারি বা বেসরকারি নিরাময় হাসপাতাল বা ক্লিনিকে ভর্তি করার ব্যাপারে সহায়তা করা
- ৫) মাদক আসক্ত ব্যক্তিকে সামাজিক ও আর্থনৈতিকভাবে পুনর্বাসন করা
- ৬) অন্যান্য করণীয়

Appendix: B
FGD Findings

Issues	Mymensingh	Dhaka	Chittagong	Cox's Bazar	Rajshahi	Rangpur	Khulna	Sylhet	Barisal
1. Awareness about drug trafficking	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Awareness about rehabilitation center	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3 Type of drug used most	No response	Marijuana Yaba, Heroin, Cannabis, ID, Phensedyl, local liquor, foreign wine, sedative	Yaba, cannabis, ID, Phensedyl, local liquor, foreign wine, sedative	Yaba, Foreign liquor, Cannabis, ID, Sedative, Pethidine	Yaba, Cannabis, Heroin, Tari, Local liquor, Phensedyl	Yaba, Heroin, Phensedyl, ID, Cannabis, Local liquor, Tari,	Yaba, Cannabis, Phensedyl, Local liquor, Heroin, Sedative, T. D Jesic injection	Yaba, Cannabis, Phensedyl, Heroin, ID, Local liquor, Foreign liquor	Yaba, Cannabis, Phensedyl, Sedative, Local liquor, Rectified Spirit, T. D Jesic injection
4 Most used drugs	Yaba, Heroin, Cannabis Fencidil Illicit Distillation, Injecting drug, Country liqor	Yaba, Heroin, Cannabis Fencidil Illicit Distillation, Injecting drug, Country liqor	Yaba, cannabis, ID, fencidil, local liquor, foreign liquor, sedative	Yaba, Foreign liquor, Cannabis, ID, Sedative, Pethidine	Yaba, Cannabis, Heroin, Tari, Local liquor, Phensedyl	Yaba, Heroin, Phensedyl, ID, Cannabis, Local liquor, Tari,	Yaba, Cannabis, Phensedyl, Local liquor, Heroin, Sedative, T. D Jesic injection	Yaba, Cannabis, Phensedyl, Heroin, ID, Local liquor, Foreign liquor	Yaba, Cannabis, Phensedyl, Sedative, Local liquor, Rectified Spirit, T. D Jesic injection
5 Places where sold	Keothhali. Railway bridge. Sambhuganj Bashbari colony	Guilistan, Jurain, Shympur, Postogola Bridge, Saidabad, Badda, Kuril, Md. Pur, BNP Bosti, Mirpur, Guilshan, New Market, Kamlepur Rail station,	Railway station, New market, Sadarghat, Agrabad, Bayezid, Foyez lake, Bohodarhat, Barisal colony, Rajkhali, Brickfield, Khorompara, Rahatpul, Madarbari.	Rakhain para, Central bus stand, Noliya chora, Boro bazar, Lahara para, Kolatoli, Khurushkul, Baharchora, Burmese market, hotels	Panchanir Math, Khurir par, Rail station, Bus station, Tarninal border hat, Chormanikdia, Chormaroria, Chat ghat and Bagha border areas, Potnitola, panchbibi Joypurhat, Hilly, Shantahar ghoraghat.	Rangpur zoo area, Central hospital area, Rangpur DC club, Nearby education office, nearby Rangpur zilla high school, slums and footpaths.	Khalishpur, Noyabati, Housing bazaar, Peoples Rail line slum, Kashipur, Dowlatpur rail gate, Mohibari borokhalpar, Shilpo bank slum area, 1 & 2 Customs port	Kanch ghor, Rail station, Tilagor, Saluti, Kodomtoli, Sweeper colony, Slums, King bridge, Osmani medical area, Tea garden	KDC area, Rasoolpur chor, Bakergonj shibpur potti, Palashpur Barisal, Launch ghat, Rupatoli bus stand, Nothullabad stand.
6 People linked in retail and	Retail: Young people from	Retail: Young male & female,	Retail: Young male & female, children	Retail: Poor people,	labor, students,	Retail: Poor women and	Retail: Poor Women,	Retail: Drug users, poor	Retail: Political workers, Tokai,

Issues	wholesale business	Mymensingh	Dhaka	Chittagong	Cox's Bazar	Rajshahi	Rangpur	Khulna	Sylhet	Darjeeling
	lower econ standing Wholesale: Influential persons, political & administration	children and adolescent, hotel boys from poor family. Mobile phone is used. Wholesale: Socially & economically established having political influence, some law enforcers	Children and adolescent, hotel boys from poor family. Mobile phone is used. Wholesale: Socially & economically established having political influence, some law enforcers	Children and adolescent, hotel boys from poor family. Mobile phone is used. Wholesale: Socially & economically established having political influence, some law enforcers	modern female Wholesale: Socially elites & economically established having political influence, some law enforcers	children, poor family members, rickshaw pullers, labors Wholesale: Socially elites & economically established having political influence, some law enforcers	widow, slum leaders political workers, poor family members, children Wholesale: Socially elites & economically established having political influence, some law enforcers	young generation, rickshaw puller, labor, students, political workers Wholesale: Smugglers at border areas, local leaders, mastans, political workers	Slum leaders, Cigarette seller, Students, Drug users Wholesale: Socially elites & economically established having political influence, some law enforcers	
Wh	10-15, many of which are from poor background	--	Female traffickers: 250-300 Children: 700-1000	Female traffickers: 150-200 Children: 250-300	Female traffickers: 150-200 Children: 100-150	Female traffickers: 40 Children: 10	Female traffickers: 50 Children: 15	Female traffickers: 30 Children: 5	Female: Very less Most of them are Tokai and poor children	
8	People facilitating drug trafficking	Political influential, local mastans, financially & socially influential, youth under political patronization	Political influential, local mastans, socially & economically influential, youth under political patronization	Political influential, local mastans, socially & economically influential, youth under political patronization	Political influential, local mastans, socially & economically influential, youth under political patronization	Political influential, local mastans, socially & economically influential, youth under political patronization	Political influential, local mastans, socially & economically influential, youth under political patronization, So called news reporter	Political influential, local mastans, socially & economically influential, youth under political patronization	Political influential, local mastans, socially & economically influential, youth under political patronization	
9	Mode of transport used	Train, Bus, microbus, cover van, Track, motor cycle, human trafficker, etc	Bus, microbus, cover van, motor cycle, fishing boat, human trafficker, etc	Trawlers, Fishing boats, Bus, Micro-bus, Motor-cycle, Cycle, Covered van, Auto-rickshaw,	Motor-cycle, Bus, Train, Courier service vehicles, Jeep.	Motor-cycle, Cycle, Bus, Train, Mobile phone, human body	Bus, Train, Ambulance, Human body, Private car, Motor cycle.	Motor-cycle, Cycle, Bus, Train, human body, Truck, CNG, Rickshaw	Motor-cycle, Private car, Trawlers, Launch, Human body	

Issues	Mymensingh	Dhaka	Chittagong	Cox's Bazar	Rajshahi	Rangpur	Khulna	Sylhet	Barisal	
10. Measures to be taken locally	<ul style="list-style-type: none"> -United efforts needed -identification of traffickers and punishments -Meetings, seminars, symposiums -No support by law enforcing agencies -No political shelter of traffickers -awareness at family level 	<ul style="list-style-type: none"> -Public awareness, increase of law enforcers, strict enforcement of laws, employment for unemployed, religious & moral education, frequent activities against drug trafficking 	<ul style="list-style-type: none"> -Public awareness, increase of law enforcers, public awareness, find out the dealers among law enforcers, Regular anti-drug operations, seminars on anti-drugs, religious & moral education 	<ul style="list-style-type: none"> Public awareness, increase the number of BGB in border areas, identify the leaders of drug dealers, telecast the demerits of drugs in media, build up anti-drug committee in villages, Stand against drugs 	<ul style="list-style-type: none"> Public awareness, Political leader control over the workers, enforcement of law, family awareness, Special attention of parents to the child and young boys and girls. 	<ul style="list-style-type: none"> Public awareness, Political leader control over the workers, enforcement of law, family awareness, Special attention of parents to the child and young boys and girls. 	<ul style="list-style-type: none"> Strict law enforcement, High security on borders, Public awareness. 	<ul style="list-style-type: none"> Public awareness, Political leader control over the workers, enforcement of law, family awareness, Special attention of parents to the child and young boys and girls. 	<ul style="list-style-type: none"> Strict law enforcement, Public awareness, Political leader control over the workers, enforcement of law, family awareness, Special attention of parents to the child and young boys and girls. 	
11. Measures to be taken for treatment and rehabilitation of drug users	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users 	<ul style="list-style-type: none"> -Identification of users -Counseling to users for stopping drug use slowly symposiums -Counseling to families having members using drug -Supporting users desiring to get treatment -Economic & social rehabilitation of drug users

Appendix-C

Dummy Tables KII
Baseline Study on Drug Use in Bangladesh

Table-1 Types of drugs are being used in area

Types of drug	Number	%
1 Heroin	17	54.8
2 Yaba (Methamphetamine)	26	83.9
3 Phensidyl (Codeine mixed syrup)	19	61.3
4 Marijuana	21	67.7
5 Illegal ingestion wine	13	41.9
6 Country liquor	20	64.5
7 Foreign liquor	9	29.0
8 Rectified Sprit	14	45.2
9 Sedative sleeping pills	11	35.5
10 Pachi / Lathi	2	6.5
11T-Djesic	3	9.7
12 Pathedine	1	3.2
13 Opium	1	3.2
14 Others	-	
N=	31	

Table-2 Drug most frequently used in the area

Name	Number	%
1 Yaba (Methamphetamine)	30	96.8
2 Marijuana	18	58.1
3 Phensidyl (Codeine mixed syrup)	23	74.2
4 Heroin	15	48.4
5 Drink alcohol	17	54.8
6 Rectified Sprit	13	41.9
7 Country liquor	26	83.9
8 Foreign liquor	9	29.0
9 Sedative sleeping pills	12	38.7
10 Injectable Drugs	8	25.8
11 Others	7	22.6
N=	31	

Table-3 Their source is coming anyway

source is coming anyway	Number	%
1 Ground way	31	100.0
2 Naval route	18	58.1
3 Air route	6	19.4
4 Others	2	6.5
N=	31	

Table-4 Transportation used of drug trafficking

Transportation	Number	%
1 The car	15	48.4
2 Track	19	61.3
3 Pick-Up	14	45.2
4 Bus	27	87.1
5 Motor Cycle	11	35.5
6 Train	21	67.7
7 Ambulance	7	22.6
8 CNG	9	29.0
9 Lary	5	16.1
10 Lanch	18	58.1
11 Engine boat	12	38.7
12 Kabad van	6	19.4
13 Speed board	5	16.1
N=	31	

Table-5 Types of people involved in drug trafficking

Types of people involved	Number	%
1 Financially influential	24	77.4
2 Unemployed people	11	35.5
3 Woman	9	29.0
4 Children	7	22.6
5 Transport workers	16	51.6
6 Slum dwellers	21	67.7
N=	31	

Table-6 Types of Market (Retailer and wholesaler)

Types of Market	Number	%
1 Local market/Area	30	96.8
2 Mobile phone	27	87.1
3 Collection from different dealers then sell retailer	23	74.2
N=	31	

Table-7 drug dealers deliver drugs to drug dealer (Retailer)

	Number	%
1 From different places	28	90.3
2 Through mobile phones	23	74.2
3 Through the internet	5	16.1
4 Personally	14	45.2
5 Drug user	19	61.3
N=	31	

Table-7 drug dealers deliver drugs to drug dealer (Wholesaler)

	Number	%
1 Border areas	27	87.1
2 Through the container of the sea port	9	29.0
3 In the sky	4	12.9
4 On the train	13	41.9
N=	31	

Table-11 A group of people in the society are helping and controlling drug dealers for the promotion of drug trade

Type of people	Number	%
1 High society people	14	45.2
2 Financially influential	21	67.7
3 Political Leader	23	74.2
4 A part of law enforcement	19	61.3
N=	31	

Table-12 Age group is taking drugs

Age group	Number	%
16-18 Years	17	54.8
22-25 Years	23	74.2
16-35 Years	29	93.5
Students	5	16.1
Business men	12	38.7
Unemployed People	19	61.3
Transport worker	21	67.7
Slum dwellers	26	83.9
Street children	11	35.5
N=	31	

Table-13 Causes the increase in the demand of drugs

	Number	%
1 Frustration, Unemployment, family problem	17	54.8
2 Lack of law enforcement responsibility	19	61.3
3 Lack of social values	13	41.9
4 Political inequality	23	74.2
5 Lack of religious instruction	11	35.5
6 Availability of drug	15	48.4
N=	31	

Table-14 Due to the mismanagement of the drug business after the operation in the crime-prone areas

	Number	%
1 Do not regularly monitor	11	35.5
2 In hopes of more profit	9	29.0
3 The lack of sincerity of the law enforcement	17	54.8
N=	31	

Table-15 Hindrances

Hindrances	Number	%
Lack of manpower	13	41.9
Lack of coordination between the law enforcement agencies	15	48.4
Lack of logistic support	18	58.1
Lack of public awareness	21	67.7
Unemployment, frustration	23	74.2
N	31	

Table-17 Suggestions

Suggestion	Number	%
Strict law enforcement	19	61.3
Increase public awareness	21	67.7
To bring drug dealers under the law	14	45.2
In the electronic media, there will be extensive publicity about the evil of the drug	23	74.2
Enhancing the capacity and manpower of the law enforcement agencies	18	58.1
The proper measures should be taken by identifying the drug traders	15	48.4
Stop trafficking drugs by strengthening the border crossing	14	45.2
Local people's representatives and influential people play a strong role against drugs	19	61.3
Building social movements against drugs	23	74.2
Bring the perpetrators of drug dealing under the law and punish them with severe punishment	13	41.9
N	31	

Appendix-D

Two Case Studies of male Addicts

Case Study-1

This is a case of 20 years old Shahariar Islam Anik of East Bania Khamar, Haji Ahmed Ali Road, Khulna. He is a student of class XI (Unmarried) and comes of a middle class family with monthly income of Tk. 30,000 (Thirty Thousand).

How Became Addicted (Background):

Firstly, Anik developed his curiosity to take yaba from his two senior friends of his locality who were yaba addict. Then he discussed about his curiosity and interest with his another friend named Akas who helped him to collect yaba and got an opportunity to take yaba in the residence of Akas. He got Euphoric feelings of yaba, since that day he started taking yaba regularly. After few days, Anik lost his appetite and sleep which he discussed with his two senior friends who suggested him to take cannabis in order to get rid of this problem. Unfortunately, he became addicted to cannabis also. At present, he is an addict both for yaba and cannabis for the last four years. He is to take yaba twice a day, once in the morning and again in the evening. He also takes cannabis at night.

Source of Money to buy drug:

Anik is to spend Tk. 300-500 per day for buying drugs which he manages adopting various unfair means. Initially, he used to meet the expenses for drug from the pocket money collected from his father telling lies about his actual needs. He had a private tutor where he does not attend but collects the tuition fees from his parents which he spends for drugs. For excess money he steals money from the pocket of his father and almirah (lockers). Sometimes, he steals the ornaments of his mother and household goods. Finally he could find his way to meet the expenses of drug involving himself as a drug peddler.

How to collect drug:

At the initial stage he used to collect drug through his addicted friends who were very much known to the drug dealers. Gradually he came to know the drug dealers and also collected their phone numbers. Drug is usually collected over telephone. After telephonic call drug peddlers instructs him to collect drugs from the selected spots. Spots are always changed for safety. But at a stage, he was much acquainted with the drug peddlers and involves himself in drug peddling to meet his expenses for drug. Yaba is the most popular and available drug in his locality. Moreover, cannabis, phensedyl and other drugs are also available.

Effects:

Drug has made him to live alone in a solitary mood. He has lost his friends who does not like drug. He also does not like to mix with them. He likes the company of addicts surrounding him. He has lost interest and initiative to do any productive work. His family members and relation relatives have lost confidence upon him. He is not liked by them even his relation relatives who come to his house do not talk to him and turn their eyes in sympathetic look. At present, he is deprived of pocket money and other usual sources bare sealed by his family. So he is to pull on adopting unfair means. Gradually, he has becoming lean, losing weight,

appetite and sleep (insomnia) and breathing has slowed down. He is becoming physically and mentally incapable to concentrate in any productive work.

How to spend Time:

After taking drug, lifestyle has been totally changed. He is now alone and likes solitary life. He does not believe in disciplined life. He cannot devote himself to study. He is spending his time to find the way for collecting money and drug.

Any Repentance:

He is repented for his involvement in drug peddling to meet the expenses of drug. He had to adopt unfair means to earn money for drug involving himself as drug peddler. While peddling drug once he was arrested and sent to the jail. At that time, he along with his family members' experienced cruel and unjust behavior of police as well as it was detractive in the locality. Finally, it took lot of money to get released from the jail.

Now he has been able to realize that he is living dead and crippled physically, mentally and financially. He wants to be cured but treatment appears to him uncertain because of financial involvement and limited scope for treatment.

How to stop Drug business:

He expressed with grief that drug business in his locality has been running with the indulgence of local leaders and their followers coupled with the involvement of some dishonest member of law enforcing agencies. Drug dealers cannot pull on their business without their blessing. As such, if law enforcing agencies, local administration and local leaders want to stop drug business it can easily be stopped over night.

Case Study-2

The victim of this case is 29 years old named Md. Majahidur Rahman of Khulna city. His education level is HSC and was engaged in business. He is married but detached from wife with two months old baby.

How Became Addicted (Background):

Initially he started smoking after HSC examination and in the same year to celebrate 1st 'Baishakh' he came to Dhaka and took foreign liquor as a part of enjoyment with his friends. He returned Khulna from Dhaka and started having cannabis (ganja) and liquor with his friends who were drug users. He had a girlfriend but she was much annoyed and picked up quarrel with him for taking drugs. Ultimately, relation with his girlfriend started turning worse. To cope with this stress and unpleasant situation he had to take increased dose of drug. As the relation with his girlfriend was deteriorating, left the country for South Korea where he had to take alcohol and beer with his friends and colleagues as a part of enjoyment and recreation, mainly in holidays. He had been to Korea for four months and his girlfriend requested him to come back. He returned from South Korea and got married his girlfriend. After the marriage relation was again turning worse with his wife because of aggressive and irritating behavior of the victim. At this prevailing situation, his parents and family members were worried and anxious about his future and managed him to go back to South Korea again after one and half months of his marriage leaving his wife with his parents at Fakirhat,

Khulna. After his departure to South Korea his wife started misbehaving with his parents as well his parents also. As such, the victim was mentally disturbed to pull on his job in Korea and returned home within 27 days of his arrival in Korea. After returning home he started living with his wife in a separate rented house in Fakirhat, Khulna. With the passage of time he could realize that he is incapable of doing work and could not concentrate and involve himself in any income generating activities. In spite of that, he was engaged by his family to look after their medicine shop (Pharmacy) against his will and got an opportunity to spend excess money for buying drugs out of the sale proceeds. Since his involvement in the business, he started taking yaba regularly, alternatively cannabis.

He has been taking drug for the last six years. He is habituated yaba, cannabis and alcohol. But yaba is at the top of his popularity. He has to take one yaba in a day preferably more than one if can be managed.

Source of Money to buy drug:

To meet the expenses of drugs at the initial stage he had to collect money from his father telling lies about the actual need. Sometimes, he took aggressive attitude, misbehaved and created mental pressure to his father and family members to get money. Main source of money for drug was his business but whenever, he was incurring loss day by day and business was stopped started taking loan from his friends and steals his own household materials. He needs Tk. 300-500 everyday for drug. He collects drug from local spot where all the drugs mostly yaba, cannabis, alcohol, phensedyl are available and it is also popular in his locality. He knows the local drug peddlers with their telephone number. After telephonic call drug is collected from the drug peddler's selected spot on cash payment. But delivery spot is always changed for safe delivery.

If he fails to take drug, suffers from depression, anxiety and becomes aggressive. At present, he has been suffering from physical and mental illness. He is losing weight, physical strength, becoming lean, lost appetite and sleep. He has no aspiration, now frustrated, incapable of doing any work.

Repentance:

He expressed with grief that at one time, before drug addiction, he used to lead a nice and disciplined life. He was the loving son of his parents. He could not fulfill the aspiration of his parents. He has failed to complete higher education and could not get into gainful employment thus to take the responsibility of his family rather he has become an unbearable burden for his family. He is disliked and hated by the people surrounding him. They turn their eyes towards him at sympathetic look. He tries to keep himself away from their midst because of his unusual pattern of life. He feels comfortable to live alone.

He is now lamenting and very much repented for addiction and misdeeds. He has ruined himself physically and mentally affecting the family financially and loosing social prestige. He has damaged paternal medicine business, exhausted all his earnings, savings and valuable belongings of his family for drugs. Now he is empty handed so cannot run the family. Finding no other alternative, his wife has left him. Meanwhile, his wife gave forth a baby (son) who is

two months old but he was not allowed to see the face of his baby as yet, which causing pain and aggravating mental stress.

Treatment:

He has the desire to get recovered but due to lack of confidence and frustration he is not at firm to his decisions. Whenever he is misbehaved or comes in contact of his addict friends circle he is to take drug to get relief from mental stress.

How to stop Drug Business:

He thinks drug business in his locality can be stopped by the law enforcing agencies and local administration if they desire. Mainly some unscrupulous members of the law enforcing agencies with the indulgence of political leaders and their followers are responsible for drug business in his locality. Unholy and unethical relation between drug dealers and local political leaders including law enforcing agencies should be stopped for ever to eradicate drug business from his locality.

Two Case Studies of Female Addicts

Case Study-1

This is a case of 30 years old unmarried female addict who was a student in a reputed English Medium school. She lives in Gulshan with the parents and comes of highly educated and affluent family. Level of her education is MBA in Marketing.

Initially she started to smoke cigarette and gradually started taking cannabis, yaba and heroin. When family find out, they took her to rehabilitation centre for treatment. After her treatment, now she is under follow-up in a private treatment centre in Dhaka since January 2017. She is on the fair way to recovery.

How Became Addicted (Background):

The victim when she was a student of an English Medium school (Scholastica) in class VIII started to smoke cigarette out of curiosity as her father was a smoker. She was also indulged by one of her relatives who used to offer her foreign branded cigarette as a gift after coming from abroad. During her study in class IX-X (O' level), she came in contact of a band music group consisting of her school friends who were all cannabis addict because they had a wrong belief that cannabis is potential for better singing and stage performances with emotion and feelings. Thus she started taking cannabis in a group with her class friends. After taking cannabis she was found less attentive and irregular towards study. She tried to get herself prepared for examination hurriedly throughout day and night, 5-6 days before the examination having stress both on body and mind. To cope with the stress and stay away from sleep she found her way to yaba in contact of her yaba addict class friends.

She envisaged another story of tragedy also in class IX when she fell in love with one of her close school friend. After two years of their emotional involvement and love she could realize the change of her boyfriend in his emotion, feelings, love and behavior. At one time she lost her contact and whereabouts even the family of her boyfriend also. At that time she was disheartened, after a long and intensive search she found her address in a strange location while she was taking drug. She found him totally an addict and a living dead. As such, she was disheartened and frustrated as well as she had been suffering from depression and mental agony. In order to get rid of this situation she started taking drug regularly whatever it was available within her reach.

He had been taking drug for the last 16 years. Initially she started with cigarette, followed by cannabis, yaba and heroin. Reasons were mainly curiosity, in touch of friends and dejected of love.

Source of Money to buy drug:

At the initial stage in school life she used to meet the expenses of drug collecting money from the parent showing various reasons like buying dresses, birthday gift for friends, saving money from buying other day to day necessities. During her study in 'A' level she was a tutor in a coaching centre and her total earning was spent for buying drugs. In addition, she started selling yaba to her friends and profit earned out of it was also one of her source to meet the expenses of drug.

How to collect drug:

At the Primary stage drug addict friends were her main source to collect drug. Gradually she came to know the drug peddlers with their phone numbers. She informed that one telephonic call is enough to get any desired drug wherever she wants. After telephonic call it can be made available anytime in school, college, street, home or wherever she likes to take its delivery.

How to spend time:

It was very difficult to lead a normal life with the family members and always preferred to live alone in a solitary room. She always tried to find the company of her drug addict friends. Usually she used to take cannabis and yaba in a group.

Effects of Drugs:

Without drug she had to suffer from mental agony, depression and anxiety. Sometimes became aggressive and misbehaved with the family members. She lost her weight, appetite and sleep. She was mentally and physically very unwell and lost the aspiration of life being frustrated for losing her boyfriend. She also lost the interest to devote herself to study as well, confidence also.

Any Repentance:

She comes of a very rich and educated family. She had the desire to be a university teacher like her brother after her higher education in a reputed university abroad. But drug has dejected all aspiration and valuable time of her life. She blames her school environment and school friends for being addicted to drug. She is very much aggrieved with the unjust behavior of her boyfriend who deprived her from his love and spoilt her future dream to lead a happy conjugal life. Now she has been trying to get recovered with the help of her parents and also by her will force. She is making an effort to leave for Canada to complete her diploma in Business Administration.

Suggestion:

She suggested to take measures to stop easy availability of drug. To conduct drug education program in school and college regularly with a special attention to English Medium School and college. She also suggested the parents of the English Medium School and college to be careful and alert about their children. Thus they can stay away from drugs and unusual pattern of life.

Case Study-2

This is a case of 31 years old female addict and level of her education is S.S.C. He comes of a wealthy and educated family. She was married but separated from her husband living with her only 17 years old son in her father's house at Khulna. Now she is under treatment in a Rehabilitation Centre in Dhaka since 26th July 2017.

How became addicted (Background):

The victim was the youngest of her two brothers and two sisters. She lost her mother at an early age and her brothers and sisters got married of their own choice. Her father also got

married again. Under this circumstance situation made her compelled to get married with her father's choice at the age of 12 (twelve) when she was a student of class VII. At the age of 14+ she gave birth to a son. When she was 17, took sleeping pill to get rid of depression. As husband tortured being drunk and in-laws were humiliating her. Finally finding no other alternative she returned to her father's house and get separated from husband because he was having extra marital affair and got married to another woman. She started smoking to get rid of disgraceful behavior of her husband and in laws.

She continued smoking and at the age of 28 she started taking Pathedine. She has spent more than Tk. 5 lacs to meet the expenses of Pathedine. Meanwhile, her only son who has reached at 17 years old got disappointed and worried about her physical and mental illness. The victim also could realize that for safe and sound growth of her son with education and other opportunities she needs to get recovered from pathedine addiction. So, she got admitted in Promises Medical Ltd. at Dhaka by searching internet for recovery by herself. Source of fund for treatment is the earnings from her father's inherited property.

Reasons for Drug Addiction:

Mainly for two reasons she was addicted-

- 1) She had no mental peace either in her conjugal life with her husband or in her father's house surrounding her own people.
- 2) She had no scope to share her problems either in her husband or father's house; rather she was humiliated in both the places by her own and nearest people.

Source of Drug Money:

Source of fund to meet the expenses of drug was the earnings from the father's inherited property and pocked money collected from husband. She has been taking drug for the last 15 years.

How to Collect Drug:

She used to buy herself cigarette from the shop and sleeping pill from the medical store (pharmacy). On the other hand, to some extent it was difficult to collect pathedine without physician prescription, so she had to take the help of drug peddlers over telephone and had to pay relatively higher price. She had spent more than Tk. 5 lacs for buying pathedine.

Drug of use and effects:

Initially she started smoking cigarette followed by sleeping pill and pathedine in order to get rid of mental stress and unhappiness. As she was tired with unhappiness and devoid of peace she could not sleep. So she had to take sleeping pill and pathedine to forget everything.

Any Repentance:

She is lamenting for the sudden death of her mother at her childhood, at the same time, she is aggrieved for the torture of her husband being drunk and involvement with another woman. Only the death of her mother is responsible for all her tragedy in life. She had no scope to share her problem and sadness. So, her life is spoilt. Now only to save her children, she is trying to get recovered from drug addiction to appear before him as an idle mother.

She is very much repented being unable to take proper care of her son at his childhood as she was addicted which cropped up from the reasons stated above.

Treatment:

She got admitted in the treatment centre searching internet by herself. Her only son takes care of her treatment and visit occasionally. She has strong determination to get recovered and lead a peaceful and happy life with her son. She requested to pray for her early recovery and peaceful life in future.

Suggestions:

To take measures against easy availability of drug. Any drug can be made available for money. Most particularly pathedine is sold to the addicts relatively at a higher price without prescription. So it needs careful supervision by the authority.

Appendix: E**List of Abused Drugs in Bangladesh**

1. Yaba (Methamphetamine)
2. Cannabis
3. Country liquor/alcohol
4. Illicitly distilled liquor (ID)
5. Codeine Mixed Syrup (Phensidyl)
6. Injecting drugs
 - (a) Pathedine
 - (b) Morphine
 - (c) TD Jessie
 - (d) Bunojesic
 - (e) Lupejesic etc
7. Sedative/Tranquilizer
8. Rectified Spirit
9. Tari (Palm-wine, Date-wine)
10. Codital Tablet
11. Sniffing drug (Glue, Gum, resin, adhesive etc.)
12. Tobacco (gate way to drug)

Most Commonly Abused Drugs

Most commonly abused drugs (in order of preference):

1. Yaba (Methamphetamine)
2. Cannabis
3. Illicitly distillation (ID)
4. Heroin
5. Alcohol (Foreign/Local)
6. Phensidyl (Codeine mixed syrup)
7. Injecting drug – Pathedine, Morphine, T-Djesic, Lupejasic, Bunojesic ect

Sources of Abused Drugs

Source of Abused Drugs:

Abused drugs are mainly

- (a) Smuggled
- (b) Produced and cultivated in the country
- (c) Imported

Drugs are smuggled as well as produced and cultivated in the country.

A Smuggled: Almost all hard drugs are smuggled into the country mainly from India and Myanmar. Drugs are

- Heroin
- Phensedyl (Codeine mixed syrup)
- Bupremorphine (Injecting drug)
- Yaba (Methamphetamine)
- Cocaine
- Alcohol (Myanmar, India and all other countries)
- Opium

B Produced and cultivated in the country:

- Cannabis
- Liquor (produced by Keru company, Kushtia):
 - (a) Country liquor (Sold in the licensed shop)
 - (b) In the name of foreign liquor labelled as Brands, whisky, Ram, Vodka and Dry zin etc (sold in the licensed foreign liquor shop, Hotel, Restaurant Club and Bar)
- Illicitly Distilled liquor (ID) Processed by the Sweeper, Cleaner, Tea-worker and Tribal people in an indigenous method through fermenting molasses and rice
- Injecting Drug: Pathedine and Morphine
- Rectified Sprit
- Sedative, Tranquilizer in various brand name
- Tari (palm-wine and date-wine)
- Beer (Crown, Hunter)

C. Imported:

- Foreign Liquor /Beer
- Psychotropic substances
- Precursors and Re-Agent

The following abused drugs

Produced in the country as well as smuggled into the country.

1. Liquor/Beer
2. Rectified Sprit (mainly from India)
3. Injecting drug
4. Cannabis (From India and Nepal)
5. Psychotropic substance (Sedative Tranquilizer etc)

Restricted and Controlled Drugs:

Drugs which are not controlled through license and permit and strictly, prohibited by restricted drugs. Commonly abused restricted drugs Yaba (codital tablet), Heroin, Phensedyl opium, Bupremorphine etc.

Controlled Drugs:

Drugs, precursor chemicals and psychotropic substances which are controlled by DNC through license and permit are called controlled drugs i.e. country liquor, foreign liquor, dangerous drug (morphine, pethidine), rectified spirit, sedative, tranquilizer etc. On the other hand for import export, manufacture, whole sale and retail sale license is issued for precursor chemicals and psychotropic substance. Dangerous drug (pethidine and morphine) controlled by license and permit. License is issued in favor of hospital and clinic for use of their own patient and also for retail sale to the medicine shop (pharmacy). Pethidine and morphine is a synthetic drug and opium derivatives abused by the drug addicts coupled with Buprenorphine injection (tidiesic, bunajesic) smuggled from India.

DNC issues permit fro drinking of country made alcohol (C.S) and country made foreign liquor mainly for the non-muslim. Muslims are allowed to drink alcohol only in medical ground being prescribed by Civil Surgeon or not bellow the rank of an Associate Professor of medicine.

For abuse of controlled drugs and carrying or transportation without license or permit is punishable offence under the provision of Narcotics Control Act. 1990.

Bangladesh – India-Myanmar Border:

Most hard and commonly abused drugs are smuggled into the Country from India, Myanmar border of Bangladesh.

Bangladesh and India share a 4096 KM (254 miles) long international border which is the 5th longest international border in the world covering 262 KM in Asam, 865 km in Tripura, 318 km in Mizoram, 443 km in Meghalaya and 2217 km in Bengal west Bengal from West North and Eastern Sides. On the country, Bangladesh and Myanmar share a border of 280 km from South Eastern side. About 32 border districts in Khulna, Rajshahi, Rangpur Mymensingh, Sylhet and Chittagong Divisions are vulnerable for drug trafficking in Bangladesh from India and Myanmar. Almost all the bordering areas are vulnerable but border runs along West Bengal for 2216 km and 865 km in Tripura are more vulnerable for trafficking phensedyl, Heroin, Cannabis and Buprenorphine into Bangladesh.

Drug Trafficking Route-Map in Bangladesh

Among the trafficking routes to Bangladesh, the vast forests and terrain areas of hill tracts and the Bangladeshi, Myanmar and Thai Fishing Trawlers are being safely used for trafficking heroin into Bangladesh.

It is alleged that heroin produced in North Myanmar, Laos, Thailand and India is generally trafficked into foreign countries through Calcutta, Madras and Mumbai routes of India and through Thailand and Rangoon. But the International drug barons and the Mafia network also find Bangladesh as safe and alternate trafficking routes when the Indian and Myanmar routes become risky.

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

It has been spread over from urban areas to rural areas. The most frequently used drug is heroin, thereafter, phensidyl (Codeine based cough syrup) illegally transit from India and the third highest is cannabis. Bangladesh has borders with India on its three sides except the south, which stands on the Bay of Bengal. The three border routes are as follows:

The western routes with India are – Darshana, Zibannagar of Chuadanga, Hili and Birol of Dinajpur and Moghulhat, Aditmari, Durgapur, Fulbari, Nageshwari of Kurigram and Nawabgonj, Rajshahi, Meherpur & Debhat and Kaligonj of Khulna and Benapole, Chowgacha of Jessore.

Eastern Routes are – Akhaura, Zhautala, Sadullahpur, Nawagaon, Singer bil, Col. bazar, Gangasagar and Kasba of B.Barua, Bibirbazar, Chagalnaiya, Maharajganj and Gutuma of Feni, Barkal and Baghaichari of Rangamati, Chittagong, Teknaff of Cox's Bazar, Dighinala, Panchari, and Matiranga of Khagrachari.

Northern Routes are – Haluaghat (Telikhali/Karaitali/Surjyapur/Bandarkata/ Munsirhat/ Munshipara) of Mymensing and Durgapur (Bijoypur and Bhabani area) of Netrokona and Bangla Banda, Bhurungabari, Jhenaigati, Sunamgonj, Tamabil.

On the other side of Indian borders, there are factories/industries of manufacturing codeine based narcotics (with 'Phensidyl' as trade name) and are being trafficked into Bangladesh, where BSF and BDR are guarding borders on their respective sides.

Codeine – 'A' class narcotic liquid has been trafficked into Bangladesh by bus, truck packed in different baggage and luggage through the above border areas in the trade name of phensidyl and also drugs are smuggled into by ships, fishing trawlers and by airways. It seems that Bangladesh has been increasingly used as a 'transit country' for heroin shipments using Dhaka Airport and the seaport of Chittagong as exit-points. For the last two decades Yaba (Methamphetamine) the most abused drug is being smuggled from South Eastern route using Naff River and Coastal belt of Cox's Bazar from Myanmar.