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### DRUG-PRONE AREAS IN BANGLADESH



**Identifying and Mapping the Routes of  
Drug Trafficking in Bangladesh:  
Pitfalls and Way forward**

**June 2019**

## Acknowledgment

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Grateful to you all

**Prof. Dr. Md. Nurul Islam, PhD.**

Team Leader of this Research.

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## Abbreviation

BBS	Bangladesh Bureau of Statistics
BGB	Border Guard of Bangladesh
CDA	Confirm Development Association
DNC	Department Narcotics and Control
FCD	Fixed Combination Drugs
FATF	Financial Action Task Force
FGD	Focus Group Discussion
Kg	Kilogram
KII	Key Informants Interview
NIMH	National Institute of Mental Health
SAARC	South Asian Association for Regional Cooperation
TK/BDT	Bangladeshi Taka
UNODC	United Nations Office on Drugs and Crimes
WHO	World Health Organization



Director (Preventive Education)  
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Security Services Division  
Ministry of Home Affairs

## **PREFACE**

Department of Narcotics Control (DNC), Security Services Division outsources Confirm Development Ltd for conducting the study "Identifying and Mapping the Routes of Drug Trafficking in Bangladesh: Pitfalls and way forward". The main objectives of the study is to identify all the routes of drug trafficking in Bangladesh inter border and also transportation process inside the country.

As a part of the assignment, the research team collected data from the field through survey with semi-structured questionnaire, interviews, focus group discussion, and observation and prepared initial draft report analyzing primary and secondary data and information. Finally the report was finalized based on the feedback of the Technical Committee and recommendations and comments collected from stakeholder's sharing workshop.

I believe that the results and recommendations of the study will play a vital role to present the background characteristics of the survey respondents with a view to identifying the mapping of the roots of drug trafficking in Bangladesh. These results are of immense importance owing to their perceived association and relationship with the subjective experiences of the respondents with respect to their knowledge and opinions related to the roots of drug trafficking

I also believe that this study is a great reflection of identifying and mapping the routes of drug trafficking and take measures to close the routes as well as improve narcotics control.

I am indebted to our dear Director General of the DNC for his helpful input into the preparation of this study. Finally, as a director, I would like to thank all the team members of DNC for their priceless support, dedication, time and meticulous review of each section. I also thank Confirm Development Ltd for their all-out effort and technical guidance provided for the research.

**Md. Nuruzzaman Sharif, ndc**  
Director (Preventive Education)  
Joint Secretary.

## **Executive Summary**

Drug addiction and drug abuse, chronic or habitual use of any chemical substance to alter states of body or mind for other than medically warranted purposes. Addiction is more often now defined by the continuing, compulsive nature of the drug use despite physical and/or psychological harm to the user and society and includes both licit and illicit drugs, and there tern "substance abuse" is now frequently used because of the broad range of substances (including alcohol and inhalants) that can fit the addictive profile. Psychological dependence is the subjective feeling that the user needs the drug to maintain a feeling of well-being; physical dependence is characterized by tolerance (the need for increasingly larger doses in order to achieve the initial effect) and withdrawal symptoms when the user is abstinent. There are a lot of effects of drug addiction to the economy, society and family. Drug addiction affects individual's physical and mental health. Drug addicts are burden for a family and society. It is a great challenge for all nations of the world to prevent drug addiction. This article reviews the effects of drug addiction in details. The UNODC defined the Drug Trafficking as, the "Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to drug prohibition laws.

The study was followed participatory methods and collected both primary and secondary information through semi structured questionnaire checklist from relevant stakeholders and respondents over the country from all the administrative divisions in Bangladesh and special emphasis to the districts with international borders during May to June 2019. There were 8 focus group discussions 50 KI with the key experts and relevant personnel from law enforcing agencies, drug peddlers, civil societies, drug abusers, physicians and others. A semi structured questioner was used by the researchers to understand the pattern of routes, maps of drugs trafficking

The survey identified 245 drug addicted persons from among 1512 respondents selected from all over the country resulting in a drug addiction prevalence rate of 16.2%. A good proportion (12.6%) was adolescents. Nearly 43% of them were between 20 and 29 years of age, the average age of the respondents being in the neighborhood of 27 years. Males constituted 94.3% of the total respondents. Muslim population comprised of more than 72%. A little more than 63% of them were married. Nearly 13% of the respondents have gone to primary school while about 23% completed SSC level of education. Quite a good proportion (21.3%) reported to have their own business, while 21.3% ran their own business. Six percent of them were found to be parentless. More than 36% of the respondents have nuclear families. Most of them come from families with extremely poor, average monthly income not exceeding 2000 taka.

Of the total respondents 14.6% ever heard about drug. A little more than 20.5% know that drug is a bad thing. Thirty-eight percent agree that these drugs are being used in different forms and names. It is a social disease, for which many believe that it acts live medicine to provide mental peace.

More than 85% expressed their knowledge about the drug. They recognize these in different names and brands, such as Ganja, Phensedyl, Vang, and heroin as reported by 38 of total respondents. They admit that these are extremely harmful for health, yet many of them take these as medicine to reduce mental pressure and get pleasure. Ganja, Phensedyl, tobacco, alcohol, as they reported, preferred by nearly a quarter of the users.

Nearly 45% of the users had started using drug between 2011 and 2015. Friends and peers influenced the respondents to use drug in 29% of the cases. In 34% of the cases, the users were self-motivated. The respondents agreed that financial gain is the most dominating factor (92.9%) behind drug trafficking. There is no fixed place for drug selling. Drug businessmen are the most important persons associated drug business including imposing. The average monthly expenditure behind the drug use exceeds 4000 taka. The users meet the expenses cutting their family budget and self-run business.



are between the age of 18 to 30 years of old. The main border crossing points in Bangladesh that are highly Used for smuggling:

Regions	Country	Border crossing points
Western	India	Benapol, Dorshona, Dogachi, Parsha, Hilly, Birol, Balubari, Banglabandha
Eastern	India and Myanmar	Latu, Ahamadabad, Akhaura, Koshba, Amratoly, Razapur, Braymmapara, Bibirbazar, Chaddagram, Suagazi, Mirja nagar, Ramghar, Barkal, Ukhia, Teknaf
Northern	India	Tinbigha Corridor, Patgram, Mogholhat, Ailatoly, Tamabil
In Cumilla (Eastern region)	India and Myanmar	Amratoly, Razapur, Braymmapara, Bibirbazar, Chaddagram, Suagazi

Bangladesh is surrounded by India from three sides. The northern and eastern sides are surrounded with hills and mountains. And the western sides are mainly plain land. The hilly regions located to the south-east part of the country is suitable for illicit drug trafficking. The traffickers can easily hide themselves in these hilly forests and traffic the drugs safely. There is four thousand one hundred and fifty-six kilometers land border of India by three sides and two hundred and fifty kilometers land border of Myanmar at the south east corner made Bangladesh vulnerable to drug trafficking. Almost border 32 districts are vulnerable to drug trafficking, although Bangladesh is not producing any.

There are many reasons for drug trafficking in Bangladesh. Mainly Bangladesh is located at the heart of three drug-producing regions: in the east the Golden Triangle, in the north the Golden Wedge, and in the west, across India, the Golden Crescent. For that reasons the drugs are available. The traffickers are easily getting the drugs in their hand.

### Recommendation

For the eradication of the drug trafficking, some method should be taken. The Narcotics Control Acts of Bangladesh needs preventive strategy to control over a considerable area of both supply and demand reduction of drugs:

The law enforcement agencies should be more effective in this matter. They should be avoiding the unfair mentality.

The South Asian countries should be increased the bi-lateral relations with each other to eradicate the drug trafficking

More countries in the region need to engage to effectively control the booming drug trade.

Drugs are smuggled from Myanmar through international borders, across the north eastern states of India such as Manipur, Nagaland and Mizoram. Even if India Bangladesh borders are sealed off, the designed results cannot be expected unless Myanmar is brought to the negotiating table.

To stop the drug trafficking the SAARC countries must follow the rules of the Convention on narcotic drugs and psychotropic substances and also the rules of the all three U.N conventions against the narcotic drugs

Law enforcement officials from different agencies should follow ethical practices and dignity to the citizen charter.

Strengthen monitoring cell of narcotics control

Every country should take some preventive measures to stop the drug trafficking. Countries should develop the bi-lateral relations with each other. SAARC can play an important role for eradication of the drug trafficking in its region. Social awareness is very much necessary for stopping the trafficking. We should create the awareness among people that the negative sides of taking the illicit drugs. To tackle the menace of drug trafficking as well as smuggling of consumer and commercial goods, all stakeholder governments of South Asia should put their heads together to formulate short and long term strategies.

## I. INTRODUCTION

### I.1 Background:

By the definition of WHO (World Health Organization), Drug is a chemical substance of natural, synthetic and semi-synthetic origin intended for therapeutic, diagnostic and palliative use or for modifying physiological and psychological functions of man and animal. Because of the definite effect on body physiology drugs may show some addictive potential of mild, moderate or severe effects. Over the last two decades the scenario of drug abuse has increased in such a rate that it has already reached every part of the world. There are many definition of the drug trafficking under different legislation. But most of the definitions are similar meaning. The UNODC defined the Drug Trafficking as, the "Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to drug prohibition laws". "The Drug Trafficking Act, 1994" in U.K states that, "drug trafficking" means, producing or supplying a controlled drug, transporting or storing a controlled drug, importing or exporting a controlled drug, whether in England and Wales or elsewhere of the Misuse of Drugs Act 1971 or a corresponding law's" "The Intoxicant Control Act, 1990", clearly mentioned that the cultivation, production, refine, carry, transport, import, export, supply, buy, sell, keep, preserve, store, exhibit or use any intoxicant except alcohol is fully prohibited<sup>2</sup>. If any person either Bangladeshi or foreigner is commits the said prohibited act in the Bangladesh territory, he/she would be punished under article 19 of The Intoxicant Control Act, 1990" of Bangladesh. So, we can defined the Drug Trafficking as the trafficking of the drug which is prohibited to produced, exporting and Importing and even legal drugs for illicit use in the Domestic arena or in International arena.

Drug addiction has become one of the major problems of the nation, a recent nationwide survey disseminated by National Institute of Mental Health (NIMH), Bangladesh revealed 3.3% adults are using any kind of substances within three months. According to the department of narcotics control, in 2017 alone a total of 40 million Yaba tablets were seized. This is 11 million more than the previous year and almost 50 times more than in 2010. Once such large amounts of drugs enter Bangladesh across the border, no amount of operations will halt the drug trade within the country. Drugs must be stopped from the entry points. The geographical location of Bangladesh in between the golden triangle and golden crescent. That is why trafficking of illicit drugs and psychotropic substances are getting increased. Although Bangladesh is not a producing as well as supplying country of any narcotics drug, the number of drug abuse and addiction is increasing gradually day by day and one of the cause is increase trafficking. The government of Bangladesh has adopted the principle of zero tolerance to overcome the curse as well as come out from this evil situation. To identify the routes of drug trafficking and minimize the pitfalls will be strengthened the supply reduction principle. Under the above perspective, the department of narcotics control is working relentlessly for supply reduction along with law enforcing agencies.

South Asia is sandwiched between the "Golden Triangle" and the "Golden Crescent". Geographically Bangladesh located at the heart of the three drug producing regions: In the East of Golden Triangle; In the North of the Golden Wedge; and in the West, across India, the Golden Crescent. Bangladesh is the main transit point for heroin trafficking to Europe from Southeast Asia. Bangladesh is the signatory of all the three U.N conventions on drug abuse and trafficking; and also the signatory of the "SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990".



Figure 1: New route of Yaba

Therefore, in 2018 the department of narcotics control has taken up initiative for a research work to identify and mapping of routes and as well as to show the realization of the real truth to the mass people by making research activities more dynamic and improved.

For smaller quantities of drugs, traffickers conceal narcotics in the bodies or luggage of couriers. For larger amounts, traffickers conceal drugs within shipments of legitimate goods such as auto parts or in containers declared as rice, sugar, or some other substance that the drugs may resemble.

When moving goods by sea, they may move drugs from larger to smaller vessels offshore, and then unload drugs at private residences along the coast. Similarly, to avoid detection traffickers may use pervious border crossings, secondary roads and/or traveling at night to minimize detection. In addition to transportation costs, traffickers may have expenditures related to bribes, arms, intimidation, money laundering, or local expertise in transit and consumer countries in order to gain access to markets or cover their trail.

The assignment trying to identifying of mapping of the roots of drug trafficking in Bangladesh. These characteristics include, among others, age, sex, marital status, religion, level of education, income and other issues pertinent to the study objectives. These characteristics are of immense importance owing to their perceived association and relationship with the subjective experiences of the respondents with respect to their knowledge, and opinions related to the roots of drug trafficking.

## I.2 Objective

Objectives of the Study:

The objective of the study is to identify all the routes of drug trafficking in Bangladesh intra border and also transportation process inside the country.

Overall Objective: The objective of the study is to identify all the routes of drug trafficking in Bangladesh intra border and also transportation process inside the country. By this research the limitations of agencies also are identified, why the routes are not being sealed anyway

## I.3 Scope of work

The specific aim of the research to the Narcotics Control including the following:

- To find out categories and types of routes for drug trafficking in the country;
- To list out of why these routes are exists.
- To identify the socio-cultural reasons for being development of the routes.
- To find out the whole transport cycle of drugs from border routes to users.
- To assess the present status of these routes and how many times it encountered by law enforcing agencies for sealed.
- To list out scope or potentiality to establish new pathway to seal the routes.
- To review the existing policies related to supply reduction.
- To find out the scope of community involvement to identify and to scale the routes.
- To find out the scope of community involvement to identify and to seal the routes.

The scope also refers to the need assessment, module design, data collection instruments development, enumerators training, field data collection through sample survey, FGD, KI, and data analysis and reporting. Conduct need assessment, design and implement the study for the DNC.

## I.4 Available drugs in Bangladesh

Table 1: Categories of drugs

Soft Drugs	Hard Drugs
Alcohol	Amphetamine
Glue, Hash etc.	Cocaine
Marijuana	

Both the range of drugs and drug markets are expanding and diversifying. The findings of this year's World Drug Report make clear that the international community needs to step up its responses to cope with these challenges. We are facing a potential supply-driven expansion of drug markets, with production of opium and manufacture of cocaine at the highest levels ever recorded. Markets for cocaine and methamphetamine are extending beyond their usual regions and, while drug trafficking online using the dark net continues to represent only a fraction of drug trafficking as a whole, it continues to grow rapidly, despite successes in shutting down popular trading platforms. Non-medical use of prescription drugs has reached epidemic proportions in parts of the world. In the Bangladesh the following drugs are common and available;

Heroin, Pethedine, Cocaine.	
Cannabis (Marijuana)	Ganja, Chorosh, Bhang, Hashish.
Stimulant	Yuba, Viagra.
Sleeping Pill	Tranquilizer, Diazepam.
Cough Syrup	Phensidyl.

Available drugs in Bangladesh:

Opium:	"Stimulant	"Cough syrup
• Heroin	• Yaba ( methamphetamine	• 1.Phensidyl (codine,
• Pethedine	30% and caffeine 70%)	pseudoephedrine and
• Cocaine	• Viagra(sildenafil)	chlorpheniramine)
"Cannabis (Marijuana):	"Sleeping pill:	Glue
• Ganja	• Tranquilizer	
• Chorosh	• Diazepam;	
• Bhang		
• hashish		

## I.5 The current status of drug trafficking - Context:

Drug trafficking is the term used to describe the production, distribution and sale of illegal drugs. We all know that Bangladesh is a transit country for drugs produced in the Golden Triangle and, to a much lesser degree, the Golden Crescent. Along with the international flow of drug trafficking the internal flow is also huge. According to the Department of Narcotics Control in Bangladesh, about 100,000 people are involved in the illegal drug trade in Bangladesh, with a majority based out of the capital Dhaka. Out of the 100,000 people, thirty percent are believed to be women and children.

Bangladesh is situated in the central point between the golden triangle (Myanmar, Thailand and Laos) and the golden crescent (Pakistan, Afghanistan and Iran) in terms of geographical location. And it is also surrounded by the major drug producing countries of Asia, many of which are strengthening their narcotics legislation and stepping up enforcement measures. Drug abuse directly influences the economic and social aspects of a country. In Bangladesh it is a growing national concern. There are millions of drug-addicted people in Bangladesh and most of them are young,

between the ages of 18 and 30. And they are from all strata of the society.

A recent epidemiological survey carried out in the three divisions of Bangladesh shows that the country is going to be transformed into a potential user of drugs with the rapid increase in the number of addicts. Drug abuse directly influences the economic and social aspects of a country. There are millions of drug addicted peoples in Bangladesh. They are the young people, most of them are between the age of 18 to 30 years of old. The main border crossing points in Bangladesh that are highly Used for smuggling:

**Table 2: Major routs**

Regions	Country	Border crossing points
Western	India	Benapol, Dorshona, Dogachi, Parsha, Hilly, Birol, Balubari, Banglabandha.
Eastern	India and Myanmar	Latu, Ahamadabad, Akhaura, Koshba, Amratoly, Razapur, Braymmapara, Bibirbazar, Chaddagram, Suagazi, Mirja nagar, Ramghar, Barkal, Ukhia, Teknaf
Northern	India	Tinbigha Corridor, Patgram, Mogholhat, Ailatoly, Tamabil
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From different studies, it appears that in urban life, working classes of population are the major group of populations consuming low priced drugs like cannabis (marijuana), tranquilizers, injecting drugs and heroin. Population of these classes generally lives in slums and densely populated parts of cities. Yaba and Phensedyl for their very high price are mainly consumed among the upper and upper middle classes of population. As considered as a symbol of smartness, Yaba has the highest prevalence among the student communities of private universities and English medium education system. It has been found in a study that 65% addicts start with liqueur, hemp and tend to take Heroin, Pethidine and other more severe forms of drugs. A great percentage of them were unemployed, 25% of those numbers were students and among them 10% were female addicts. Causes of taking drugs for the first time is diverse, about 50% of addicts first took drugs through their addict friends and under pressure. 20% out of frustration and another 15% out of curiosity. Highest percentages of addicts were between the age ranges of 23-26 years.

According to Family Health International around 50 Lac people of Bangladesh are drug addicted. The World Health Organization (WHO) estimates that, about 50 core people in the world are affected by the abuse of drugs.

**Table 3: Statistics on the seizure of drugs by ala agencies in Bangladesh**

Name of Drugs	Name of The Year					
	2011	2012	2013	2014	2015	2016
Heroin (in kg)	107,499	126,92	123,73	78,3	107,539	266,785
Codeine preparation (Bottle)	932874	1291078	987661	741137	8,70,210	566525
Codeine (loose) (in liter)	3228	2613	857,55	438,22	5104,75	275,68
Cannabis (in kg)	54244,16	38702	35012,54	35988,56	40916,284	47104,655
Cannabis plant	742	485	666	727	761	894
Buprenorphine (Ampoule)	118890	157995	99509	178889	85946	152740
ATS (Yaba) (Tablet)	1360186	1951392	2821528 & Amphetamine Powder 5kg	6512869	20177581	29450178
Total No. of Cases	37245	43717	40250	51801	57420	69739
Total Number of Accused	47309	54100	47531	62080	70581	87014

(Source: Annual Report 2016)

Heroin, Codeine preparations (Phensedyl, Korex, Escuf etc), injecting drugs & Cannabis are trafficked into Bangladesh from India through western and eastern borders. Most of the illicit cultivation of Opium Popy and cannabis and clandestine labs are also located at western and eastern border side of India. Amphetamine (Yaba) is mainly smuggled from Myanmar which is manufactured in clandestine alongside the border of Myanmar near the south east part has increased the drug vulnerability of Bangladesh. At present Yaba is the major concern of abused drug among the young generation other than heroin, Codeine preparations (Phensedyl, Korex, Escuf etc), injecting drug & cannabis. The crazy medicine' called Amphetamine (Yaba) has become the drug of choice among the young generation over the past few years as it is Cheap, potent, easy to carry and highly addictive. A densely populated nation of about 160 million people, Bangladesh is now on the front lines of the Yaba epidemic. Yaba is mainly smuggled through the Bangladesh Myanmar border at the extreme South-Eastern area of Cox's Bazar District. Most of the drugs other than Yaba are smuggled into Bangladesh through the borders of Satkhira, Jashore, Rajshahi, Joypurhat and Dinajpur along the Western region and Cumilla and Brmmanbaria along the Eastern region. Fact is the major drug market is Dhaka. Rajshahi, Natore, Pabna, Sirajgong, Bogura, Joypurhat, Satkhira, Jashore, Khulna, Faridpur, Cumilla, Brammanbaria, and Narshingdi district are also drug-prone areas. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur Narayanganj, Savar, Tangail and Mymensingh are thus affected by drugs. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur Narayanganj, Savar, Tangail and Mymensingh are thus affected by drugs.



Now, drugs such as “Phensedyl”, “Heroin”, “Yaba” are dominant items which are being highly in use by the drug obsessed person. Consequently, these items are being trafficked mostly all over the country.

Table 4: Seized drugs by all agencies

### Seizure of Drugs by all Agencies (KG)

Name of the drugs	2009	2010	2011	2012	2013	2014
Poppy plant	14510210	-	-	-	-	-
Opium	-	11.69	8.6	4.3	6.9	11.6
Heroin	159.77	188.75	107.87	124.34	123.22	84.8
Codeine Preparation (Bottle)	2954.5	4115.64	3221.8	2713.77	884.4	441
Codeine	32955.581	48749.357	54244	38702	35012.54	36484
Cannabis	791	1791	742	485	666	-
Injecting drug	89469	69158	118890	157995	99509	181318
Yaba	129644	812716	1360186	1951392	2821528	6767338

Drug trafficking poses a growing problem in Bangladesh. Increasing flows of illicit drugs threaten good governance, peace and security, economic growth and public health. Most of the countries vulnerable to drug trafficking. These include widespread corruption, weak law enforcement and judicial systems, and limited border controls. Specific characteristics that draw traffickers include the geography, notably the strategic location on a trade route and along the coast; infrastructure, particularly the existence of air and sea ports; the existence of smuggling networks and routes that can be tapped to move drugs.

The corrosive effects of drug trafficking on governance are widespread and give serious cause for concern. The impact of transnational organized crime on the quality of governance arguably poses one of the greatest risks of drug trafficking. A primary threat arises from corruption and the infiltration of state institutions by drug traffickers. The large profits associated with drug trafficking can pay for bribes, campaign contributions, and political campaigns in the case of traffickers running for elected office.

### DRUG-PRONE AREAS IN BANGLADESH

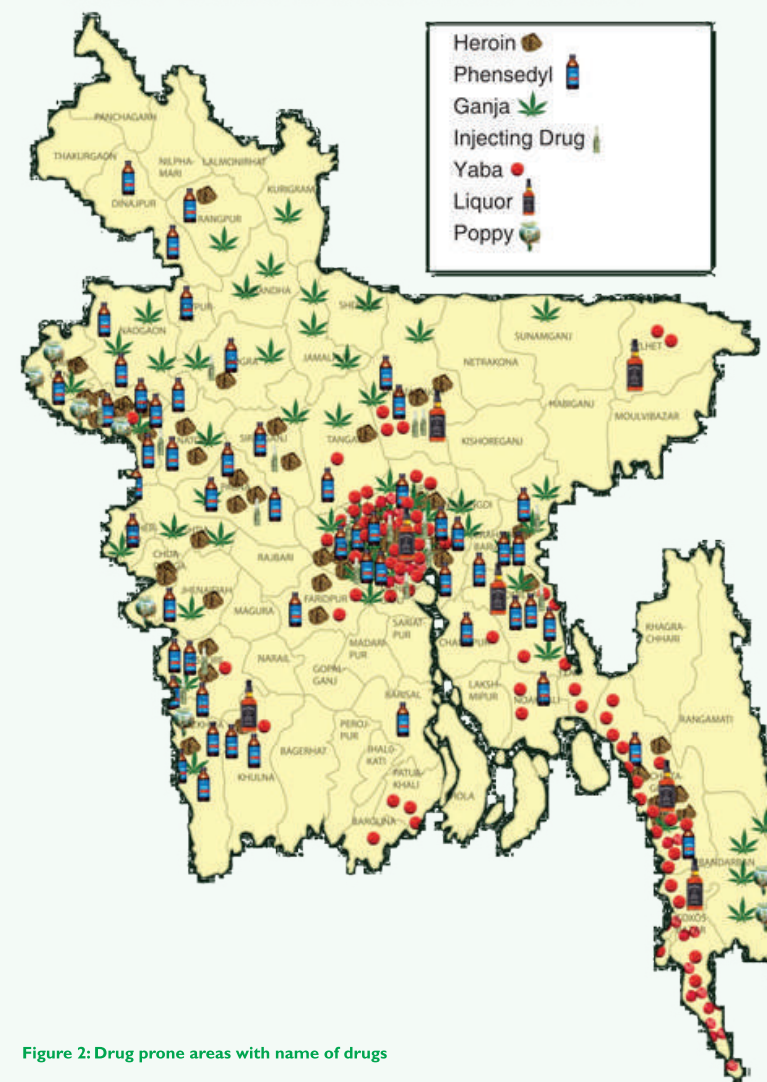


Figure 2: Drug prone areas with name of drugs



### 1.6 Current Drug Scenario:

The 'crazy medicine' called Amphetamine (Yaba) has become the drug of choice among the young generation over the past few years as it is Cheap, potent, easy to carry and highly addictive. A densely populated nation of about 160 million people, Bangladesh is now on the front lines of the Yaba epidemic. Yaba is mainly smuggled through the Bangladesh and Myanmar border at the extreme South-Eastern area of Cox's Bazar District. Most of the drugs other than Yaba are smuggled into Bangladesh through the borders of Satkhira, Jashore, Rajshahi, Joypurhat and Dinajpur along the Western region and Cumilla and Brahmanbaria along the Eastern region.

According to the recent seizure statistics and reliable data, the major drug market is Dhaka. The districts located on the drug-smuggling routes have more prevalence of drug abuse than other places of the country. From this point of view, Rajshahi, Natore, Pabna, Sirajgonj, Bogura, Joypurhat, Satkhira, Jashore, Khulna, Faridpur, Cumilla, Brahmanbaria, and Narshingdi district are also drug-prone areas. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur, Narayanganj, Savar, Tangail and Mymensingh are thus affected by drugs.

#### Yaba

Yaba is a pill mixture of ATS like amphetamine, methamphetamine etc. along with pseudoephedrine in the color of pink, orange or red. Abuse of Yaba is relatively a recent phenomenon in Bangladesh, its widespread availability in almost all the part of the country made it national health concern in Bangladesh, the detection of cases and seizure of Yaba increased tremendously during 2016. During 2008 the seizure of Yaba was 36543 tablets, but over the periods of time, it increased steadily and rapidly during the year of 2015 & 2016. In 2015 and 2016, 2017 75881 & 29450178 pieces of Yaba tablets were in 2016 up to is 80,490.48% in comparison with the year of 2008 and 45.95% in comparison with the year of 2015. According to the case filed by the DNC, 40.52% of the Yaba cases are detected in Dhaka Zone, 27.04% in Chatterogram

Table 5: Seizures of Yaba in 2016

Division	Case	Seizure (Pcs)
Dhaka	863	333798
Chattogram	576	897964
Rajshahi	364	33758
Khulna	240	28492
Barisal	02	15
Sylhet	80	3164

Zone, 17.09% in Rajshahi Zone, 11.27% in Khulna Zone, 0.33% in Barisal Zone & 3.76% in Sylhet zone.

The seizures of Yaba are made 25.73% at Dhaka Zone, 69.22% at Chatterogram Zone, 2.21% at Khulna Zone, 2.60% at Rajshahi Zone, 0.004% at Barisal Zone & 0.24% at Sylhet Zone. More than 69% of the seizure of Yaba is made at Chatterogram because border of Cox's Bazar of Chatterogram Zone is the route of smuggling Yaba into Bangladesh. Though the seizure of Yaba at Dhaka i.e. more than 25%, it still remains one of the biggest markets of Yaba in Bangladesh. The Usage of Yaba started to become popular in Bangladesh from 2006. In 2010, law enforcement seized 84 thousand Yaba pills in Bangladesh, which rose to 29.5 million pills seized in 2016. Yaba bought in Myanmar for 40 cent a pill can be sold for 3-4 dollar in Dhaka, Bangladesh.

As per UNODC report 2019, Quantities of methamphetamine seized in East and South-East Asia rose more than eightfold between 2007 and 2017 to 82 tons – 45 per cent of global seizures. Preliminary data for 2018 indicate a further steep increase to roughly 116 tons. The 2018 figures suggest that Thailand may have overtaken China in terms of methamphetamine seized, particularly of methamphetamine tablets. Some 745 million methamphetamine tablets were reported seized in East and South-East Asia in 2018, 515 million of them in Thailand. A geographical shift in the manufacture and trafficking of methamphetamine has taken place recently, from China to other countries in the sub-region. Information on methamphetamine use in South East Asia is sparse. Most countries in South-East Asia report methamphetamine as the main drug of concern in treatment. In countries in

the sub region with recent data, annual prevalence of methamphetamine use ranges between 0.5 and 1.1 per cent, which is rather high compared with the global average. There are also signs of an increase in crystalline methamphetamine use in South-East Asia

#### Heroin:

Heroin is a highly addictive illegal drug that belongs to the opioid family. It is synthesized from morphine, which is an opiate chemical derived from the opium poppy. In its purest form, heroin is a fine white powder. But more often, it is found to be rose gray, brown or black in color. Bangladesh is in between the Golden Triangle (Thailand, Myanmar and Laos) and the Golden Crescent (Iran, Pakistan and Afghanistan). This is the major reason that made it epidemic level in Bangladesh. According to the cases of Heroin, the ratio of the detection of Heroin cases were 29.61% in Dhaka Zone, 0.97% in Chittagong Zone, 57.04% in Rajshahi Zone, 11.41% in Khulna Zone, 0.24% in Barisal Zone & 0.73% in Sylhet Zone. The seizures of Heroin were 15.89% in Dhaka Zone, 0.96% in Chittagong Zone, 73.21% in Rajshahi Zone, 9.61% in Khulna Zone, 0.08% in Barisal Zone & 0.37% in Sylhet Zone. Therefore, it appears that Rajshahi Zone has the highest prevalence of both detection and seizure of Heroin. The next maximum prevalence of heroin is at Dhaka Metropolitan, Narayanganj, and Pabna & Bogura of Rajshahi Zone and Kushtia of Khulna Zone.

Table 6 Seizure of Heroin by DNC in 2016

Division	Case	Seizure (kg)
Dhaka	122	1.337
Chittagong	4	0.081
Rajshahi	235	6.204
Khulna	47	0.814
Barisal	1	0.007
Sylhet	3	0.031

#### Phensedyl

One of the largest illicit drugs consumption in Bangladesh is phensedyl, a codeine based cough syrup, which is largely smuggled through north-eastern side of India. Codeine. One of the primary active ingredients in Phensedyl, is a strong opiate which is highly addictive and commonly misused. It has medical uses as a pain reliever and a cough suppressant. Recently, India has banned the marketing and production of approximately 350 fixed combination drugs (FCDs). One of the drugs included in the banned list is codeine based cough syrup-Phensedyl that is often taken recreationally and abused by the Young generation of Bangladesh. The Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka zone, Jashore & Chuadanga of Khulna Zone, Brahmanbaria of Chatterogram Zone and Rajshahi, Bogura, Noagaon, Chapai Nawabgonj and Dinajpur of Rajshahi Zone. Abuse of Phensedyl is now in a decreasing trend.

Table 7: Phensedyl sized in Bangladesh (bottles) in 2016

Division	Case	Seizure (Bottles)
Dhaka	55	1707
Chattogram	49	3371
Rajshahi	212	11816
Khulna	116	6059
Barisal	3	78
Sylhet	7	439

Source: DNC Data Base

## Cannabis

Cannabis is one of the oldest psychoactive substances. Cannabis is an illicit drug in Bangladesh since December, 1989. The active form of cannabis is THC (tetra hydro cannabin) and when administered makes the user calm, passive and hungry additionally giving hallucinations and pain relief effects (analgesic). Consumption of cannabis is traditional in Bangladesh. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 49.47% of all the cases detected by the DNC during 2016. In question of detection of cannabis cases Dhaka zone comprises 36.69%, Chittagong Zone 10.07%, Rajshahi Zone 11.29%, Khulna zone 14.70% Barisal Zone 0.1.72% & Sylhet Zone 5.52%.

## Buprenorphine

Buprenorphine is a semi-synthetic opioid derived from the brine, an opioid partial agonist. Buprenorphine can produce typical opioid effects and side effects such as euphoria and respiratory depression. Buprenorphine belongs to the group of medicines called narcotic analgesics. It acts on the central nervous system (CNS) and relieve pain. Buprenorphine hydrochloride injection is a clear, sterile, injectable agonist-antagonist analgesic intended for intravenous or intramuscular administration.

The prevalence of Buprenorphine comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the table below that 66.67% of the cases of Buprenorphine are detected at Dhaka, 52%, Chittagong 2.27% at Khulna, 28.79% at Rajshahi Zone & 0.75% in Sylhet.

Table 10: Seized different drugs by DNC

Seize of different drugs by the DNC	2012	2013	2014	2015	2016
<b>Yaba (pieces)</b>	1951392	2821528	6512869	20177581	29450118
<b>Heroin (kg)</b>	124.92	123.731	78.30	<b>107.54</b>	<b>266.78</b>
<b>Phyensedyl (Bottle)</b>	1291078	987661	748730	<b>870210</b>	<b>566252</b>
<b>Cannabis (kg)</b>	38702	35012.54	35988.55	40916.284	47104.655
<b>Buprenorphine (Ampule)</b>	157995	99509	147458	85946	152740

## Alcohol

Bangladesh is a country with religious, cultural and diverse ethnic background. The population of Bangladesh consists of Bengali communities and tribal ethnic groups (indigenous people). Majority of them are followers of the Islam and remainders are Hindu, Buddhist and Christian. In Bangladesh, the consumption of alcohol is strictly prohibited for Muslim community. People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people. Alcohol interferes with the brain's communication pathways and can damage the heart, causing stroke, high blood pressure. Alcohol causes liver Cirrhosis and the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that

Table 8: Seizures of Cannabis in Bangladesh in 2016

Division	Case	Seizure (kg)
<b>Dhaka</b>	<b>1774</b>	<b>977.280</b>
<b>Chattogram</b>	<b>487</b>	<b>1071.853</b>
<b>Rajshahi</b>	<b>1513</b>	<b>876.271</b>
<b>Khulna</b>	<b>711</b>	<b>269.262</b>
<b>Barisal</b>	<b>83</b>	<b>36.355</b>
<b>Sylhet</b>	<b>267</b>	<b>119.191</b>

Source: DNC Data Base

Table 9: Seizures of Buprenorphine in Bangladesh in 2016

Division	Case	Seizure (Ampoule)
<b>Dhaka</b>	<b>88</b>	<b>8518</b>
<b>Chattogram</b>	<b>2</b>	<b>17</b>
<b>Rajshahi</b>	<b>38</b>	<b>3776</b>
<b>Khulna</b>	<b>3</b>	<b>19</b>
<b>Barisal</b>	<b>0</b>	<b>0</b>
<b>Sylhet</b>	<b>1</b>	<b>1</b>

Source: DNC Data Base

prevents proper digestion. Heavy drinking can increase the risk of developing liver cancer. The problem of alcoholism is becoming a threat to the nation's welfare. Although the problem is more serious in urban areas. Alcohol consumption in Bangladesh is greatly lower than the global average and western countries. Local alcoholic beverages called cholai and Tari are consumed by the Lower socio-economic classes, while workers drink another distilled beverage called Bangla Mod. The tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh and the Shawtal community, the labors of tea gardens and some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dangers and Meth are used to drink homemade alcoholic beverage regularly. The seizure of illicit country liquor & Cholaïmod during the year 2016 was 20,036.41 liters and the amount of foreign liquor in that period was 101.02 liters, 4837 bottles and 13203 cans of Beer. During the year 2016 the Department of Narcotics Control detected a total of 9773 cases (including cases in Mobile Court) and made 10465 arrests (including arrests in mobile Court) of which 1079 (11.04%) cases and 1150 (10.99%) arrests were related to offense in connection with alcohol.

## 1.7 Causes of Drug Trafficking in Bangladesh

There are many reasons for drug trafficking in Bangladesh. The causes of the drug trafficking in Bangladesh are given below:

- Mainly Bangladesh is located at the heart of three drug-producing regions: in the east the Golden Triangle, in the north the Golden Wedge, and in the west, across India, the Golden Crescent. For that reasons the drugs are available. The traffickers are easily getting the drugs in their hand.
- Bangladesh has direct air, sea and road communications with almost all the major drug producing countries in the region. This has placed Bangladesh at a critical geographical crossroads for illicit drugs from Myanmar, India, Pakistan and Nepal. Encircled by India on three sides, Bangladesh became a 'launching-pad' for illicit drugs both from India and drug producing countries beyond its borders.
- The dishonesty of the Border Guard of Bangladesh (BGB). Sometimes the BGB take a large amount of money and release the traffickers with the drugs. So the drug traffickers doing trafficking without any scare in Bangladesh. Some members of the law enforcement agencies (e.g.; Police, D.B. etc.) are doing the same thing. For that reason, the drug traffickers maintain a financial relation with some of the members of the law enforcement agencies.
- Many international drug syndicates from Nigeria, Sri Lanka and other countries
- have been using the North-eastern states of India for bringing drugs from the Golden Triangle region into Bangladesh.
- Some members of the enforcement agencies have allegedly developed unholy alliance with the drug dealers hindering the operations against drug traders by leaking information to the criminals ahead of the raid.
- South Asia is Sandwiched between the "Golden Triangle" and the "Golden Crescent" the major global producers of psychotropic drugs. The South Asian territory is used as the principal trans-shipment route for the psychotropic drugs.
- There may be some of the law enforcement officers in Bangladesh, they, maintain an unfair relation with the drug traffickers

## 1.8 Means of Drug Trafficking

The Drug traffickers are maintaining some method for the trafficking of drugs. There is no limit to the resourcefulness of the traffickers. The drugs Containers transported by the land or the sea are a favorite way to smuggle. Vehicles are also used for trafficking. Mainly the Traffickers are used of a vehicle for trafficking is the engine compartment, Cab of the lorry or boot of a Car or the petrol tank in south Asia. Consignments of drugs have been found concealed in tins, in fruit and coconuts. In south Asia, drug couriers use various methods including the traditional but ubiquitous method of concealment in luggage. Drugs concealed with the Human body for trafficking. Shoes with hollowed out soles, wheel chairs and walking sticks have been also used to conceal cocaine or heroin. Condoms filled with cocaine, heroin and even ecstasy are swallowed by courier service.

In Bangladesh, there are three methods mainly followed by the traffickers for trafficking: 1) by the courier from Pakistan to Bangladesh; 2) By the Commercial vehicle or train from India; 3) by the sea from Bay of Bengal or by road from Myanmar.

### 1.9 Effects of drug trafficking:

Drugs are very useful for human body, but some drugs are really very harmful for human health. These harmful drugs not only harmful for human health but also its harmful for the environment, economy and also in the Society:

**Money laundering and Drug Trafficking:** Money laundering is an international problem. Many international treaties etc. were signed, guideline issued and bodies formed by different international organizations, group of countries, regional group of countries etc in order to prevent money laundering. For example; Vienna Convention 1988 against Traffic of Narcotic Drug; Council of Europe Convention on Laundering 1990. Resolutions passed in ICPO-Interpol General Assembly; Guideline on Prevention of the Criminal Use of the Banking System for the purpose of Money Laundering 1988 by Basle Committee; Financial Action Task Force (FATF) created by G-7 countries on 1989 etc. Under the present law of Bangladesh namely Money Laundering Prevention Act 2002 ("MLPA"), money laundering is defined as (i) acquiring or earning (directly/ indirectly) property (both movable /immovable) through illegal way, or (ii) illegal transfer, change of nature, concealment (assisting concealment) of property, acquired or earned through legal or illegal way<sup>8</sup>. The acquiring or earning includes legally retaining, transferring, remitting, concealing, investing property acquired illegally. Money laundering is a non-billable criminal offence. The penalty can be up-to 7 years imprisonment and fine. All courts of session are made money-laundering courts. Such courts take cognizance of offences only on a written complaint made by Bangladesh Bank or a person authorized to do it.

### Effect on Health and Education:

The illegal drugs are available for the trafficking. The young generation becoming addicted for taking of the harmful drugs, this is very harmful for their health as well as in their education. They are not able to concentrate in their education because of taking the drugs.

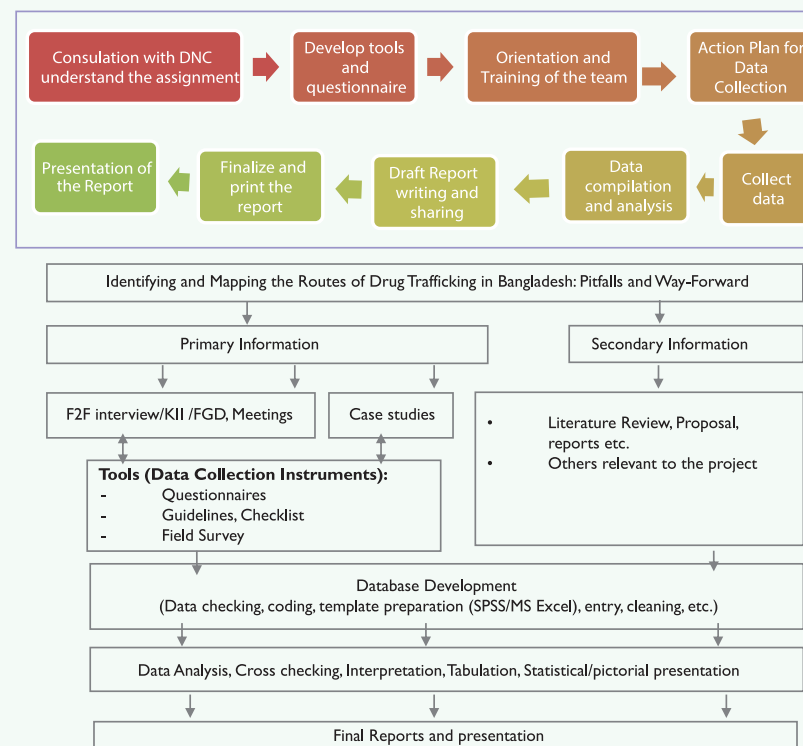
### Erosion of social value:

The spread of drug culture increasingly contributes to the erosion of social values which is responsible for the increasing incidences of crime, administrative corruption and obstruction to the rule of law. For the addiction of drug hijacking, extortion, stealing, robbery is increasing in Bangladesh as well as in South Asia. Also the morality becoming destroyed.

## 2. METHODOLOGY

The study was followed participatory methods and collected both primary and secondary information through semi structured questionnaire checklist from relevant stakeholders and respondents over the country from all the administrative divisions in Bangladesh and special emphasis to the districts with international borders during May to June 2019. There were 8 focus group discussions 50 KII with the key experts and relevant personnel from law enforcing agencies, drug peddlers, civil societies, drug abusers, physicians and others. A semi structured questioner was used by the researchers to understand the pattern of routes, maps of drugs trafficking as per the TOR and scope of work.

The **first step** of the assignment the team reviewed secondary documents to extract existing information about the context, scenario of drugs abuses, routes, types of drugs, from secondary sources. Simultaneously recruit enumerators and other team members for the survey. The **second step** was to collect primary information from relevant stakeholder, visit routes, points of trafficking, and spots. Confirm Development Association (CDA) deployed and trained enumerators for data collection. The **third step** was data entry and data analysis; and the **final step** was the preparation of the report and mapping finally presentation of the findings.



### Respondents and spots of the Assessment

The following persons or organizations were interviewed for data collection to accomplish the assignment successfully:

- Representative of different departments of DNC – central and regional
- The Administrative divisions in Bangladesh through top to bottom
- Small & big town
- Municipalities
- Educational institutes
- Floating Population
- Slum area
- Labor Colonies
- Drug Addiction person
- Drug Smuggler
- Drug Suppliers
- Port areas.
- Drug Trafficking routes and entries in the Country
- Hill Tract areas
- Tea Garden Labor
- Bangladesh- Myanmar border
- Law-enforcing agencies
- Drug user

### Sampling

The study was followed a cross sectional statistical design, to obtain information from the primary and secondary sources which will comprise all relevant categories of respondents.

The proposed study will consider various categories of samples viz.

- Law & Enforcement Personnel.
- Drug peddlers & abusers.
- Community People (Civil societies, Teacher, Students, personnel from narcotics department, NGO workers, transport workers etc.)

The minimum acceptable sample size for each category of respondent (from the statistical point of view) has been computed using the following statistical formulae

The study will follow purposive sampling method as per drug peddler and drug user proportionate Stratified Random Sampling techniques. However, the sample size was 500 from peddler and 1000 drug abuser which was finalized in consultation with DNC representative.

The following formula has been used to find the sample size.

$$ss = \frac{z^2 X(p)X(1-p)}{c^2}$$

Where:

- ss= sample size
- z = z value (e.g. 1.96 for 95% confidence level)
- p = p is the estimated proportion of an attribute that is present in the population (0.5 used for sample size calculation, representing that each of the beneficiaries has an equal chance of being selected as sample)
- c = confidence interval, expressed as a decimal (e.g. 0.05 = 5%)

Final sample size:

$$ss = \frac{ss}{1 + \frac{ss-1}{pop}}$$

However, around 1500± samples will be taken for the quantitative survey.

Table 11: Sample size of the survey

Sl. No.	Category of Respondents	Standardized variable (z)	Proportion retained knowledge (p)	Error limit considered (d)	Confidence limit (%)	Minimum Sample size(n)	Estimated Sample size
01.	Drug Peddlers	1.96	0.50	0.10	95 %	96	500
02.	Drug Abusers	1.96	0.50	0.05	95%	384	1,000*

### Other statistical formula for sample calculation

$$n = \frac{Z^2 P (1 - P) N}{Z^2 P (1 - P) + N (e)^2}$$

Where, n = sample size, N = population size, e = the level of precision, z = the value of the standard normal variable given the chosen confidence level, p = the proportion or degree of variability

### Steps of the survey

#### First Step:

#### Project Understanding and Briefing –

The consultant team sat with DNC office to understand the assignment, share methodology, work plan, its objectives, beneficiaries profile, geographic context, and expectation of DNC.

#### Desk Review:

The review of relevant documents of the project like annual reports of DNC, different relevant documents, statistical data, relevant studies and reports was studied. Conducted literature review to compile relevant information for analysing the existing routes, problems, constraints and way forwards, scenario of drugs abuse and peddling, routes, etc. and identifying information gaps that needed to be filled through primary data collection

- Existing routes
- Route development
- Categories of drug trafficking
- Types of routes
- Transport cycle
- Present status of routes
- Existing policies related to supply reduction
- No of times encountered by law enforcing agencies for sealed
- Scope or potentiality of to establish new pathway
- Scope of community to identify and to seal the routes

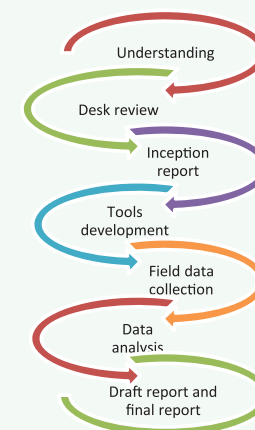


Figure 4: Methodology of the evaluation



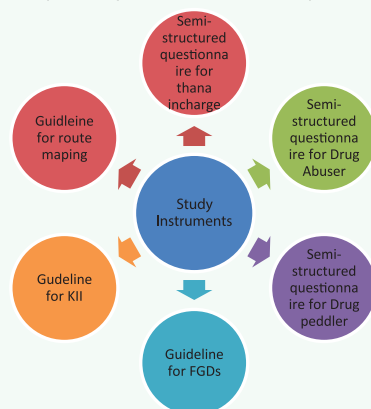
## Staff Recruitment, Orientation and Training

Right after signing the contract, CDA was recruited 36 competent and skilled enumerators, and organized orientation training for data collection. The training includes data collection methods, objectives, methodology, working strategies, expected results and impact of the assignment at DNC office Auditorium on 16 May, 2019. Day long staff orientation for the theme of the program, total about 36 personnel were attended the class. The Director General of DNC was the Chief Guest and Director (Preventive Education) was the chair and others high official of the DNC presents there. The training module and schedule was developed by incorporating the research methods, equipment and ground rules to be used.

## Survey Module and Questionnaire

The expert professional team recruited for this survey program they were prepared the quantitative and qualitative survey tools, questionnaire, checklist, maps, survey manuals and relevant protocols of

the field survey. Other logistic materials like clip board, pen, pencil, poster paper, computer, printer etc also purchased and collected. A total package of materials and instruments were approval by authority for survey and data collection. To assess the adequacy, the draft instruments was pre-tested in the non-sampling areas. Instruments were finalized for application through incorporating the necessary modifications identified from the pre-test.



## Second Step: Field Survey

### Field Data Collection:

Field was collected as per location and sample used data collection instruments.

### In-depth Face to Face Interview (F2F):

Individual interview was conducted with 1500 (500 drug peddlers and 1000 drug abusers) from field.

### FGDs and KIIs

As mentioned above Focused Group Discussions (FGD) and Key Informant Interview (KII) provided primary data and information to have a clear understanding of the assignment requirement, routes, scenario as per formatted guideline and pre-determined respondents. 8 FGDs (1 in each selected division) was conducted with 8-12 participants. This group discussion includes personnel from law enforcing agencies, people from narcotics department, members of civil societies, transport workers, physicians, NGO workers, teachers and social worker, religious leader etc.

Table 12: Survey areas of the study

Division		District	Upazilas		Nos
Mymensingh	1.	Jamalpur	Bakshigonj		1
	2	Mymensingh	Haluaghat	Dhobaura	2
	3	Netrokona	Durgapur	Kalmakanda	2
	4	Sherpur	Jenaigathi		1
Sylhet	5	Tamabil			1
	6	Mowlovibazar	Shreemongol	Kamalgonj	Borolekha 3
	7	Hobigonj	Chunarughat	Madobpur	2
	8	Sunamgonj	Bishombpur		1
Chattogram	9	B. Baria	Akhaura	Kosba	2
	10	Cumilla	Chowdogram		1
	11	Bandorban	Thanchi		1
	12	Noakhali	Subornachar		1
	13	Rangamati	Rangamati		1
	14	Chattogram	Baskhali		1
	15	Cos'x Bazar	Teknaf	Ukia	2
	16	Khagrachori	Matiranga		1
Khulna	17	Khulna	Koyra		1
	18	Bagerhat	Mongla		1
	19	Jashore	Chowgacha	Sharsa	Banapol 3
	20	Jenaidah	Mohespur		1
	21	Chuadanga	Darshon	Damurhuda	Gibonaga 3
	22	Maherpur	Mujibnagar		1
	23	Shatkhira	Kaligonj		1
Rajshahi	24	Rajshahi	Godagari		1
	25	Nowabgonj	Shibgonj		1
	26	Nawgaon	Shapahar		1
Rangpur	27	Joypurhat	Panchbibi		1
	28	Dinazpur	Biról		1
	29	Thakurgaon	Ranisonkor		1
	30	Lalmonirhat	Kaligong		1
	31	Panchagor	Tatulia		1
	32	Nilphamari	Dimla		1
	33	Kurigram	Rowmari		1
Dhaka	34	Narayengonj			1
	35	Kishorgonj	Bairob		1
	36	Dhaka	Tejgaon		2
Total					48

## Observation, Monitoring and Evaluation

The survey program team was observed the locations, real scenario and information from this survey.

### Data analysis and Report writing:

After field data collection all questionnaire and tools were checked quality, completeness, accuracy, relevancy and quality of the data. Then statistician prepared data entry template accordingly database was developed for analysis. SPSS and MS Excel used for data analysis and MS Word was used for reporting. Report was prepared through analysis of field data, observation, KIIs, FGDs and others. It includes qualitative and quantitative data. Triangulation of findings and sources were conducted. The information was also compared with the findings of literature review for triangulation of similar information and validation of collected data.

### Finalization of the Report:

Right after field survey a briefing session was conducted with the DNC team consequently to discuss about reporting format and first draft report was prepared for comments, suggestions and feedback that was incorporated and adjusted in the 2nd draft for finalization, and then final report was submitted to the DNC.

### Quality Control

Quality control is the vital part of quality research. Quality control was followed in the following stages:

- Identification of the variables and its moderation
- Develop standardized pre-tested questionnaire instrument
- Recruitment of interviewer and their training
- Field data collection and scrutinize the data properly
- Field data verification and data entry
- Range check and consistency check of collected data/information
- Analyze the data as per objective and methodology.

## 3. FINDINGS AND RESULTS

This chapter is designed to present the background characteristics of the survey respondents with a view to identifying of mapping of the roots of drug trafficking in Bangladesh. These characteristics include, among others, age, sex, marital status, religion, level of education, income and other issues pertinent to the study objectives. These characteristics are of immense importance owing to their perceived association and relationship with the subjective experiences of the respondents with respect to their knowledge, and opinions related to the roots of drug trafficking.

### 3.1 Respondent Characteristics

#### Age

The study included 1512 respondents who were randomly selected and interviewed with a structured questionnaire designed in advance. Table below displays the distribution of these respondents by their current age. The table shows that about 13% of the respondents were adolescents. A little more than 43% were between 20 and 30 years old. Nearly a quarter of them were over 40 years of age. The average age of the respondents was estimated to be 27.4 years.

#### Respondents age

Number and percentage	Age group				
	19	20-24	25-29	30-39	40+
#	190	293	361	300	368
%	12.6	19.4	23.9	19.8	24.3

#### Profile of drug users

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

Drug addiction is now prevalent everywhere in Bangladesh; in the house, streets, in the workplace, parks slums markets and even in educational institutions both in rural and urban areas. Virtually all segments of society are severely affected by this problem. In recent years, drug addiction has significantly increased in the whole world, especially in the South Asian countries like Bangladesh. The trend of drug consumption is higher in youth and teenagers. They come from all strata of the society. Students are mostly falling victims to drug abuse, which eventually lowers their standards of education and attendance at schools and colleges. Influence of friends or peer pressure is the most leading primary causes of drug abuse. Reasons determined of drug abuse through the database of DNC include curiosity and excitement, despair and frustration for continuous failure in works or economic insolvency. A number of other reasons include easy access to drugs, Psychological disorder or mental stress due to family problems. Some get addicted because they try to follow the western culture of drug abuse and enjoyment of life. According to the data base of the Department of Narcotics Control (DNC), heroin is the deadliest of drug of abuse in Bangladesh. In recent times, Yaba has gained popularity and has become a 'fashionable' drug. Codeine based syrup Phensedyl remains the most popular among the general people because of its low price and easy availability. There is no epidemiological and nationwide survey on the drug abusing population in Bangladesh. Media reports, individual studies, academic writings and the data base of the Department of Narcotics Control (DNC) are the main source of information in this regard. It is hardly to know the exact status of drug abusing population in Bangladesh because the data of DNC is based on only the information from the patients under drug addiction treatment programs. However, as the patients represent cross section of population and various regions of the country, it at least gives some indication of the real picture. According to the following Table, influence of friends is the principal cause (64.44010) of taking drugs. The second major cause appears to be curiosity (32.84%).

**Table 13: Primary causes of drug abuse of the patients under treatment programs**

Primary causes	2011(%)	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Curiosity	32.62	32.68	32.47	24.56	11.00	32.84
influence of friends	55.29	61.47	60.64	68.15	64.93	64.44
Desire to get easy Pleasure	1.39	0.28	0.76	0.81	0.48	0.25
Psychological disorder	0.63	0.56	0.15	0.67	0.24	0.86
Adverse atmosphere in the family	4.16	1.25	2.74	3.37	1.44	0.37
Easy access to drugs	0.13	0.00	0.00	0.00	0.48	0.12
Unemployment	4.53	0.00	0.15	0.13	00	0.12
Frustration	0.38	2.36	1.16	1.35	0.96	0.49
Lack of drug awareness	0.13	0.14	0.15	0.13	0.14	0.12
Complication about treatment	0.00	0.00	0.00	0.27	0.48	0.37

According to the following Table, people of age group from 16 to 40 comprise 88.390% of the drug abusing population in Bangladesh. Abuse of drugs by people of age group 26-30 years is the highest, age group 16-20 year is the second highest and age group 21-25 year is the third highest. On the other hand, people of age group 46-50 Years is the lowest and over 50 years have the second lowest and up to 15 years have the third lowest prevalence of drug abuse. But it is still very much alarming because involvement of children, especially the street children in trafficking and abusing drugs have increased to a great extent recently

Age group	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Up to 15 Years	4.31	1.22	3.10	3.60	2.58
16 - 20Years	8.48	12.16	13.77	13.67	20.65
21 - 25 Years	13.77	21.73	20.11	19.42	18.97
26 - 30Years	30.74	27.05	27.94	28.30	20.90
3 - 35 Years	19.61	16.72	16.06	14.63	16.39
36 - 40Years	14.88	10.72	9.72	9.59	11.48
41 - 45 Years	5.56	5.93	5.26	7.19	4.90
46 - 50Years	1.95	1.50	3.10	2.40	1.94
Over 50 Years	0.70	0.91	0.94	1.20	2.19

Source: DNC Data Base

**Table 14: Age distribution of the drug abusers**

Out of 1512 respondents interviewed among them 94% was male and 6% female.

	Male	Female
#	1226	86
%	94%	6%

## Religion

The respondents are predominantly Muslim constituting nearly 73% of the total respondents, followed by Hindu (14.9%). The sample clearly reveals the scenario of the national population with respect to the religious composition.

**Table 15: Distribution of Respondents by their Religion**

	Types of Religion					
	Muslim	Hindu	Buddha	Christian	others	
#	1097	226	105	82	2	1512
%	73%	14.9%	6.9%	5.4%		100%

## Marital Status

As regards to the marital status of the respondents, more than 63 percent of them were married and 36% are yet to marry. The widowed and divorced categories comprise 0.6% of the total respondents.

**Table 16: Distribution of Respondents by their Marital Status**

Married	Unmarried	Widow	Divorced/Separated
960	543	6	3
63%	36%	0.6%	0%

## Level of Education

Table below presents the educational levels of the respondents in 5 broad categories. More than half of the respondents (53.3%) completed secondary and higher secondary level of education. Nearly a quarter of the respondents earned at least degree level of education. A little more than 7% of the respondents had never gone to school.

**Table 17: Distribution of Respondents by their Education.**

Level of education	Number	Percent
Illiterate	112	7.4
Primary	203	13.4
Secondary	340	22.5
Higher Secondary	466	30.8
Degree and above	346	22.9
Others	45	3.0
Total	1512	100.0

According to the following Table, the highest percentage of addicted population is illiterate, less educated and not having education over ten years. On summation of these three groups, it has been observed that 79.3% of drug addicts admitted in the treatment program are illiterate, less educated and they could not complete their secondary level of education. People with higher education are less involved in drugs, because education helps them making judgment and right choice about drugs.

**Table 18 : Educational status of the drug abusers**

Education status	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Illiterate	23.78	14.74	15.92	16.35	18.28
01 - 05 Years	20.58	20.67	19.03	18.03	19.62
06 - 09Years	25.47	23.25	25.37	24.04	25.27
10Years	14.33	19.76	18.35	18.03	16.13
11-12Years	7.23	9.12	11.34	11.30	9.27
13-14Years	5.29	7.29	4.45	5.53	8.06
15 +Years	2.92	5.17	5.53	6.25	3.23

### Survival Status of Parents

The parental survival status is displayed in Table 20. Nearly 60% of the respondents were reported to have their mother alive, while a quarter of them have their father alive.

**Table 19: Survival Status of Parents.**

Survival Status	Number	Percent
Mother alive	896	59.3
Father alive	368	24.3
Both alive	158	10.4
None alive	90	6.0
Total	1512	100.0

### Family Composition

A little more than 43% of the respondents live with their parents and no other members. Six percent of the respondents have their brothers and sisters in their families. Of the total respondents, nearly 36% of them are in their nuclear families with their wives and children. A substantial proportion of the respondents (16.4%) live with their near relations. Table 21 below shows this feature.

**Table 20: Family Composition.**

Livingstatus	Number	Percent
Live with Parents	625	41.3
Wife/Children	547	36.2
Brothers/Sister	92	6.1
Relatives/others	248	16.4
Total	1512	100.0

### Family Income

The average monthly family income of respondents' family was computed to be Tk. 18,505. Seventeen percent of the respondents were reported to have income 30 thousand or more. Closed to 30 percent have income between 15 and 20 thousand. More than a quarter of the respondents earn between 20 and 30 thousand monthly.

**Table 21: Family Income.**

Income of the family	Number	Percent
15,000	402	26.6
15,000-20,000	460	30.4
20,000-30,000	393	26.0
30,000+	257	17.0
Total	1512	100.0

### Occupation of Father and own

The table below portrays the occupation of the respondents and their father including those who are died. As can be seen, for self-farmers 8%, industrial labour 5%, business 21%, service 28%, day labour 4%, student 13%, and others 21%, reciprocally a little more than 25 percent of the respondents' fathers derived their earnings from agriculture, while 28% of their fathers do so far business. The responses are summarized in table under reference.

**Table 22: Distribution of the Respondents by their Occupation**

Types of main occupation by the respondents									
	Farmer	Industrial Laborer	Business	Service	Day laborer	Student	Housewife	Others	
#	119	78	322	419	57	197	5	315	1512
%	8%	5%	21%	28%	4%	13%	0%	21%	100%

Father's Occupation						
	Agriculture	Industrial Workers	Business	Service	Day laborer	Others
#	382	61	423	299	17	330
%	25%	4%	28%	20%	1%	22%

## 3.2 Drugs – Types and Uses

### Drug Awareness

The knowledge of drug and its use was assessed by asking every respondent by a simple question if they knew what a drug is. The affirmative answer came from 1291 (85.4%) respondents. The remaining 221 (14.6%) respondents showed their ignorance about the drug or its uses. Of them who said that they know about drug, 20.5% said that it is a bad habit, while around 14% said that it is a harmful substance that affects health and environment. Closed to 35% meant that drug is 'Yaba', 'Ganja', 'Vung' etc. That addition to drug is a social disease is believed by about 7.6% of the respondents Table below shows these responses in details.

**Table 23: Knowledge about Drug**

	Knowledge on drugs(n=1291)						
	Drug is a bad habit	Drug is a harmful substance	Drug is Phensedyl / Yaba/ Ganja/ /Vang/ heroin/ tobacco/sleeping pill/ pethidine	Drug is a thing that changes human mentality after taking it	Drug is a social diseases	Drug is heroin	Drug is medicine that gives mental relief
#	265	180	491	162	99	61	33
%	20.5	13.9	38.0	12.5	7.6	4.7	2.6

While asked about Do you know what is drug? In response to this query, 85.4% of the respondents (n=1291) could provide affirmative answer. Those who knew this, they were further asked to name the drug known to them. Table below provides a list of these drugs they mentioned.

As we note, Ganja was the most cited (51%) drug followed by Phensedyl (49%). Alcohol occupies the third position (32.7%). The least cited drug was the pathedin mentioned by 14.1 % of the respondents. Tobacco (18%), sleeping pill (15.2%) and heroin (23.6%) were also mentioned by a substantial proportion of the respondents. However, 21% feel that it is a bad habit, 14% harmful substance, 13% change human mentality and 33 said it gives mental relief.



**Table 24: Name of drugs**

	Name of drugs (n=1291).									
	Phensedyl	Yaba	Gaja	Alcohol	Vung	Heroin	Tobacco	Sleeping pill	Pathedin	Others
#	630	479	663	422	372	305	232	196	182	89
%	49%	37%	51%	33%	29%	24%	18%	15%	14%	7%

**Table 25: Knowledge about Drug (n=1291).**

Knowledge about Drug (n=1291)	Number	Percent
Drug is a bad habit	265	20.5
Drug is a harmful substance	180	13.9
Drug is Phensedyl / Yaba/ Ganja/ /Vang/ heroin/ tobacco/sleeping pill/ pathedin	491	38.0
Drug is a thing that changes human mentality after taking it	162	12.5
Drug is a social diseases	99	7.6
Drug is heroin	61	4.7
Drug is medicine that gives mental relief	33	2.6

### Prevalence of Drug Addiction

Of 1512 respondents, 245 (16.2%) were identified to be drug addict. A vast majority (43.3%) of the drug users do so just for enjoyment. Nearly 21% feel pleasure, as they reported. Closed to another 21% fell prey of this habit because of problems existing in their families. Just to satisfy their curiosity 18% became habituated to drug addiction. The responses on these queries have been furnished in Table

**Table 26: Reasons for Addiction (n=245).**

Reasons	Number	Percent
For pleasure	95	38.8
For enjoyment	106	43.3
Mental peace	51	20.8
To get rid of family problem	50	20.4
Just for curiosity	43	17.6

### Date of Initiation

The drug users were further asked when they did start using drug for the first time. In response to this question, 26.5% of them said that they went on to use it some 10 years before, 48% between 2011 and 2015. Twenty-nine percent have gone for this bad habit most recently (3 years). Table below provides these findings.

**Table 27: Date of Initiation of Drug.**

Time	Number	Percent
Before 2010	65	26.5
Between 2011-2015	109	44.5
Between 2016-2019	71	29.0
Total	245	100.0

### Brand Preference

The drugs are narcotics that are being used are found in the market in several names and brand. Figure 29 below summarizes the type of drug the users usually prefer/use. As the study demonstrates, a wide range of drugs are being used by the respondents. Ganja is the most preferred brand used by 42.9% of the users followed by tobacco (34%) and alcohol (33%). A quarter of these users also prefer pathedin. Nearly 32% of the users are also heroin addicted.

**Table 28: Name of drugs abused by the respondents**

	Brand Preference									
	Yaba	Heroin	Gaja	Phensedyl	Tobacco	Alcohol	Vang	Sleeping pill	Pathedin	Others
# of respondents	71	78	105	74	84	81	58	67	62	45
%	29%	32%	43%	30%	34%	33%	24%	27%	25%	18%

### Person Who influenced / Encouraged to abuse drugs

In developing this deadly habit, the respondents, themselves are responsible in more than one- third of the cases followed by friends and peers (29%). The so called local elder brothers (Boro Bhai) are also dominant in 17% of the cases. Family members and the environment in the society were also held responsible in 14% of the cases. The results of this are summarized in Table below.

**Table 29: People Who Encouraged the Users to Take Drug.**

Who Encouraged	Number	Percent
Friends/Peers	71	29.0
Myself	83	33.9
Local elder brothers	42	17.1
Family members	19	7.8
Society	16	6.5
Others	14	5.7
Total	245	100.0

### Expenditure Incurred in Drug Use

The monthly expenditure incurred behind this drug as reported by the respondents appears in Table 31 below. As the tabular data dictate, most people spend an amount between 2000 and 5000 taka, the average expenditure being computed to be 4105 taka per month.

**Table 30: Monthly Expenditure behind the Drug.**

Monthly expenditure	Number	Percentage
Below 2000	43	17.5
2000-5000	110	44.9
5000-10,000	45	18.4
10,000+	47	19.2
Total	245	100.0

### Sources of the Expenditure

What are the sources of this expenditure? The reported sources are summarized in Figure below. As we note from the table under reference, nearly 47% of this drug users spend money for purchasing drug from their family budget. Another 48% spend money from their own business in drug in which they are involved. Friends and peers also help them in 20% of the cases. About an equal proportion (22%) were found to derive from shopping cost.

**Table 31: Sources of Expenditure for Drug (n=245).**

	Self-drug business	Family budget	Sweeping	Form Shopping cost	Form pocket money	Steal form fathers pocket	Taking lend form friends
#	117	116	48	54	58	54	50
%	48%	47%	20%	22%	24%	22%	20%

### Place/Venue for Drug Taking

As to the venue or place for taking the drug, 29% of the users said that they do so somewhere in local areas. This is followed by bar, restaurant, road or house roof. These constitute 61.2% of the cases. Slums, bus stand, railway junction and other places provide shelter to 10% of the customers. The responses have been furnished in Table below.

**Table 32: Place of Taking Drug (n=245).**

	Local area/field	Bar, road, restaurant	Open field	House roof	Different place	Alum	Bus stand, Railway junction, Station	Others
#	71	48	45	29	28	6	7	11
%	29%	20%	18%	12%	11%	2%	3%	4%

### Drug Collection Venue

The drug users collect their drugs from as many as 6 different places including the users themselves. Drug businessmen are the most frequently cited persons as reported by about 47% of the respondents, followed by pharmacy (32.7%). Figure 34 is designed to provide this information.

**Table 33: Place of Drug Collection (n=245).**

	Brother	Different places	Drug businessmen	Form different bars	Form local areas	Pharmacy
#	39	30	115	68	50	80
%	16%	12%	47%	28%	20%	33%

## 3.3 Health Complications and Implications

### Physical Implications

More than 46% of the drug users were reported to be suffering from some sort of weakness and environmental hazards (37.4%). Loss of memory was also reported by 14.4% of the respondents. A few of them also reported mental pressure (6.2%) and cough/cold (4.6%). Figure 35 presents these findings.

**Table 34: Physical problem due to drug abuse**

Physical problem due to drug abuse (n=195)						
	Weakness	Accident	Fever	Memory loss	Mental pressure	Cough/cold
#	91	73	27	28	12	9
%	47%	37%	14%	14%	6%	5%

### Treatment Availed and Place of Treatment

Of those who suffered from illness, 79.6% of them (n=195) availed treatment from different medical facilities. Among them 36.9% went to hospitals, 22.1% in local health complexes and 19.5% in rehabilitation centers. These data are shown in table below.

**Table 35: Centers from where Treatment Availed**

Centers from where Treatment Availed (n=195)					
	Hospital	Health Complex	Drug healing center	Rehabilitation center	Others
#	72	43	29	38	13
%	37%	22%	15%	19%	7%

### Treatment Cost

The average treatment cost for all those who were drug addict was estimated to be TK. 6395. The cost varied from TK. 500 to 20,000. Nearly a quarter of the drug users spend TK. 6000 to TK. 10000. A substantial proportion (33.3%) of the respondents could not recollect the amount they spent for their treatment.

**Table 36: Cost range of treatment**

Cost range of treatment (n=195)						
	500-2000	3000-5000	6000-10000	11000-18000	20000+	Non-response
No. of Respondents	31	33	42	12	12	65
%	16%	17%	22%	6%	6%	33%

### Persons Bearing the Treatment Cost

In more than 39% of the cases, the drug users themselves did bear the cost of the treatment, while in another 39% of the cases the families had to bear the cost. Closed to 14% of the drug users took the financial assistance from their friends and relatives. The results of these queries are presented in below Table.

**Table 37: Treatment cost bearer**

Treatment cost bearer (n=195)				
	Self	Family	Friends & Relatives	Others
No. of Respondents	76	75	28	16
%	39%	38%	14%	8%

According to the data from the treatment services during 2016, people with income Tk. 500 - Tk. 10,000 is the highest group (28.09%) and income Tk. 1,0001 – Tk. 15,000 is the second highest group (22.53%) for addiction to drugs. But the people with no income group are the third highest group (11.13%) for addiction to drugs who are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes.

**Table 38: Distribution of patients by self- income**

Self-income group	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
No income	57.30	54.49	60.54	60.34	11.13
Up to Tk.1,000	0.28	0.00	0.14	0.00	3.34
Tk.1,001 -Tk.2,000	1.81	0.15	0.81	0.00	5.98
Tk.2,001 –Tk.3,000	2.92	3.81	0.81	0.72	5.15
Tk.3,001 Tk.4,000	1.67	1.07	0.68	0.00	0.28
Tk.4,001 -Tk.5,000	5.98	3.81	4.32	4.33	5.84
Tk.5,001 Tk.10,000	19.05	20.24	16.62	17.07	28.09
Tk.10,001 -Tk.15,000	6.12	8.52	6.76	7.45	22.53
Tk.15,001 -Tk.20,000	2.36	3.04	3.78	5.05	6.82
Tk.20,001 -Tk.25,000	0.70	1.37	0.81	1.20	3.48
Tk.25,001 -Tk.30,000	0.83	1.37	1.22	1.61	3.20
Tk.30,001 and Above	0.98	2.13	3.51	2.16	4.17

From the Table of self-income of the drug abusers, it has been observed that the lower middle class population is the Largest group (28.09%) and middle class population is the second largest group (22.53%) to abuse drug. Therefore, the drug problem in Bangladesh prevails mainly within poor and middle class of population.

**Table 39: Distribution of patients by self-occupation**

Occupational Group	2012(%)	2013(%)	2014(%)	2015(%)	2016(%)
Unemployed	53.27	44.22	51.42	41.83	44.22
Small Business	11.13	12.92	12.24	17.31	16.80
Service (Private/Public)	6.95	9.88	7.42	9.38	10.08
Laborer	9.60	7.90	6.48	6.97	7.93
Vehicle Driver	4.45	6.38	5.13	4.09	5.78
Student	4.03	8.97	9.72	13.46	8.60
Agriculture profession	0.97	0.61	0.54	0.48	1.08
Others	9.60	9.12	7.02	6.49	5.51

**Table 40: Distribution of patients by principal drug of abuse**

Drug Item	2012 (%)	2013 (%)	2014 (%)	2015 (%)	2016 (%)
Heroin	46.17	30.70	24.02	20.18	36.26
Phensedyl	2.95	4.26	3.10	2.98	1.94
Cannabis	15.70	27.20	32.52	32.11	18.32
Injecting Drug	23.22	20.00	16.06	12.16	5.17
Poly drugs	0.00	0.15	0.00	0.23	0.26
Alcohol	1.61	1.67	1.21	1.61	1.03
Yaba	5.77	10.33	17.95	20.64	31.61
Sleeping pill	1.34	3.73	2.69	2.52	2.84
Glue	1.07	0.91	1.08	0.46	00
Others	2.17	1.05	1.35	1.83	2.84

### 3.4 Trafficking – Routes and Locations

#### Persons Involved in Trafficking Business

The study further went on to ascertain organization or persons involved in the trafficking business. Table 42 below provides a snapshot of this scenario. Nearly 29% of the opined that the so called society leaders are involved in drug business. Quite a good number of drug businessmen (15.6%) kept this business alive. The ruling party student league is not also lagging behind to push our youths to dark, as mentioned by 13.6% of the respondents.

**Table 41: Persons Involved in Trafficking Business**

Person involved	Number (n=1291).	Percent
Different people from society	370	28.7
Some society leaders	285	22.1
Political leaders	170	13.2
Drug Businessman	202	15.6
Student League	176	13.6
Border guard	93	7.2
Law enforcing agency	67	5.2
Unemployed persons	81	6.3
Women/children/others	46	3.6

#### Motivation for Drug Trafficking

The negative aspects of drug trafficking have been clearly reflected in the responses of the respondents. Although the main motivation behind these trafficking is financial gain, as mentioned in 50.7 % of the cases, others issues which bring saddening consequences to the youth and public health have also shown prominence. These include among others to spoil the youth (11.5 %), spoil the country (9 %) and to put in danger the public health (9.5 %).

**Table 42: Main Motivation of Drug Trafficking**

Motivation	Number (n=1291)	Percent
Financial benefit	655	50.7
Earning money	461	35.7
Spoil the youth	148	11.5
Spoil the country	116	9.0
Spoil public health	122	9.5

#### Place of Drug Sales

More than 90% of the respondents were found to be aware of the venues where these drugs are marketed. Myanmar is the most popular zone of drug trafficking to Bangladesh being cited by 2.6% of the respondents. Other roots are also used by the drug smugglers. Border areas are also frequently used as reported by 4.4% of the respondents. Some foreign countries are also held responsible in this drug trafficking. India is least involved (2.6%) in drug trafficking as reported by the respondents. Table below present these findings.

**Table 43: Source of drugs**

Origin of Trafficking	Number	Percent
India	569	2.6
Abroad	343	4.4
Border Areas	339	4.4
Myanmar	561	2.6
Businessman	136	11.0

#### Drug Selling Locations

The abundance of drug and narcotics inside the country is clearly seen from the findings of the present study. A list of such avenues is provided in Figure 45. A large number of people of different walks of life inside the country are engaged in drug business. Border areas (45.6%) and bus stand and railway station (56%) are some of the prominent places where drugs are easily available.

**Table 44: Place of drug sales**

	Place of drug sales (n=1291)							
	Drug businessman	Border	Locally	Others business	Here and there	Bus stand/railway Station	No fixed place	Pharmacy/others
No. Respondents	447	338	228	54	128	32	24	248
%	35%	26%	18%	4%	10%	2%	2%	19%

Nearly 80% of the respondents are aware of the Drug Rehabilitation Centre, located in and around the study area. Our findings suggested that more than 16% of the respondents were reported to be addicted to drug, of them 19.5% have visited these center for treatment. About 10% of the total respondents felt that the role of law enforcing agency is very discouraging.

More than 35% of them strongly felt that the law enforcing agency should play their vital role very aggressively.

### Problems Arising Out of Taking Drug

What are the possible diseases one might suffer from using drug? The answers to this question came from respondents, appear in Table below. Physical and mental problems are the dominant problems stemming from the use of drug as mentioned by 48.5% of the respondents. This is followed by kidney disease (33.7%) Social problems also account for more than one-fourth of the cases.

Table 45: Problems Resulting from Using Drug (n=1291).

Problems	Number	Percent
Physical & mental	626	48.5
Kidney problem	435	33.7
Financial problem	412	31.9
Social problem	364	28.2
Disease resistance	323	25.0
Family financially weak	277	21.5
Cancer	314	24.3
Family problem	241	18.7
Others	156	12.1

### Health Status of the Users

Among the users 15.1 % reported that they were in bad conditions in terms of their health, while about 30.2 % as reported were leading normal life. A substantial proportion (54.7%) however were reported to maintain good health. Table below shows these responses.

Table 46: Current Health Status of the Drug Users.

Health condition	Number	Percent
Bad	37	15.1
Good	134	54.7
Normal	74	30.2
Total	245	100.0

### 3.5 Actions Needed to Save the Young Generation

As assessed by about 85.4% of the respondents, young generation is more involved in addiction than other sections of this population. To this young generation, the respondents forwarded several suggestions. Table 48 below summarizes these suggestions.

As can be perceived from below, social awareness stands out as the prominent way to save the young generation from drug addiction. This is suggested by more than 45% of the respondents. The next way to help the young generation is to strengthening the existing legal system, as mentioned by 35.1% of the respondents. Parental awareness also is an important and effective way to save the young people.

Table 47: Suggestions for actions required

	Social awareness	Family awareness	Strengthening legal system	Stop laundering	More parental awareness	Sealing border	Providing right education	regarding harmful aspects	Needs govt. action	Others
No. Respondents	582	428	453	422	411	364	309	295	237	95
%	45%	33%	35%	33%	32%	28%	24%	23%	18%	7%

## 4 Discussion and Conclusions

In all 1500 were randomly selected from all over the country. They were interviewed with a standard questionnaire. The survey identified 245 drug addicted persons resulting in a prevalence rate of 16.2%. A good proportion (12.6%) were adolescents.

Nearly 43% of them were between 20 and 29 years of age, the average age of the respondents being in the neighborhood of 27 years. Males constituted 94.3% of the total respondents. Muslim population comprised of more than 72%. A little more than 63% of them were married.

Nearly 13% of the respondents have gone to primary school while about 23% completed SSC level of education. Quite a good proportion (21.3%) reported to have their own business, while 21.3% ran their own business. Six percent of them were found to be parentless. More than 36% of the respondents have nuclear families.

Most of them come from families with extremely poor, average monthly income not exceeding 2,000 taka.

Of the total respondents 14.6% ever heard about drug. A little more than 20.5% know that drug is a bad thing. Thirty-eight percent agree that these drugs are being used in different forms and names. It is a social disease, for which many believe that it acts like medicine to provide mental peace.

Nearly 45% of the users had started using drug between 2011 and 2015. Heroin, Ganja and Yaba are of equal preference to them. Friends and peers influenced the respondents to use drug in 29% of the cases. In 34% of the cases, the users were self-motivated.

The respondents agreed that financial gain is the most dominating factor (92.9%) behind drug trafficking. There is no fixed place for drug selling. Drug businessmen are the most important persons associated with drug business including imposing.

The average expenditure behind the drug use exceeds 4,000 taka. The users meet the expenses cutting their family budget and self-run business.

The users frequently meet accident (37.4%) and feel weak. Fever and memory loss were also reported by some users. In such instances, they go to hospital (36.9%) or visit nearby health

### MAJOR INTERNATIONAL DRUG TRAFFICKING ROUTES:

- ✱ **Golden Triangle** > Bangkok-Singapore-Hong Kong-Japan-> Pacific route (air and sea) > USA-Canada-Australia.
- ✱ **Golden Triangle** > Bay of Bengal-Bangladesh-India-Pakistan > Middle East > South and South-Eastern Europe > Western Europe> USA>Canada. (Air, sea and land)
- ✱ **Golden Triangle** > Bay of Bengal>India>Sri Lanka > Middle East-Africa > USA>Canada (air and sea).



Figure 5: 150 KG Heroin smuggled to UK