

ANNUAL DRUG REPORT

Bangladesh, 2021



Department of Narcotics Control

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





ANNUAL
DRUG REPORT
BANGLADESH, 2021



Department of Narcotics Control

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



**Addressing drug challenges in
health and humanitarian crises**



Minister

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



MESSAGE

Drug menace emerges in every corner of the world as heinous threat to the mankind, Bangladesh is not beyond these hazards also. Digital achievements and cutting-edge technology accelerates this menace to a great extent as ever-evolving pattern. Taking these advantages, drug traffickers make the availability of drugs at the finger-tips of the youngsters.

In Bangladesh perspective, economy, good governance, national security and health issues are facing vulnerability due to drugs influx. Yaba is the (Amphetamine types stimulant) most prevalent drug followed by Phensidyl (Codeine based preparation), Heroin, Cannabis and injecting drugs. New emergence of drugs is recently seized by the law enforcement agencies in our country. To cope with the existing and emerging challenges, the Department of Narcotics Control (DNC) and other law enforcement agencies, Police, Rapid Action Battalion (RAB), Border Guard Bangladesh (BGB) and Coast Guard are working with joint collaboration to curb the drug scourge.

Only conducting operational activities against drug traffickers, there is no yielding a break through success. To reduce this drug menace, people need to convey the message of the negative consequences of taking drugs. Realizing the reality, the Department of Narcotics Control (DNC) is launching the time-befitting steps as Comprehensive Action Plan (CAP) to sensitize the mass-people country-wide raising a social movement against drug abuse.

Substances users are needed to treat as patients, not a criminal. If they can be brought back to normal life through treatment, they can be involved in nation-building activities. The Department of Narcotics Control (DNC) has taken initiatives to formulate a "National Guideline of Substance Use Disorders, Bangladesh" for the treatment and rehabilitation of drug dependents.

I hope the "Annual Drug Report Bangladesh-2021" will depict the overall drug scenario of Bangladesh in terms of drug trends, nature and extent, routes of drug trafficking, awareness activities, treatment facilities etc. I thank to all the effort makers who have worked hard together, spent their valuable time and talents to publish the "Annual Drug Report Bangladesh-2021."

Joy Bangla, Joy Bangabandhu.
Long Live Bangladesh


Asaduzzaman Khan, MP



Secretary

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

MESSAGE

I am immensely pleased to know that the Department of Narcotics Control (DNC) is going to publish the Annual Drug Report of Bangladesh-2021. This Annual Drug Report is supposed to be the mirror of entire situation of the abuse and illicit trafficking of drugs in Bangladesh.

The problem of abuse and illicit trafficking of drugs is like an 'iceberg' of which we can see only the peak. The underlying curses of drugs disrupt the fabric of the whole society, deteriorate the law and order situation and pose threat to our economy, security as well as public health. Besides, drug scourge leads to sky-rocketing the illicit financial flow fueling inflation, and augmenting corruption unrest all over the society. Drugs have been appeared as root cause of many social vices and perversions like corruption, violence, unrest etc. It is high time to fight against drug menace with all of our zeal and efforts. Therefore, honourable Prime Minister of Bangladesh has declared "Zero Tolerance" against drugs. To materialize the holistic approach of our honourable Prime Minister, the Department of Narcotics Control (DNC), Bangladesh police, Border Guard Bangladesh (BGB), Cost Guard and Bangladesh Customs are working hard. In addition, other law enforcement agencies and government organizations also extended their supports to combat drug dealing. Beside the Government bodies, the NGO's and the civil society are contributing a lot to get rid of this social curse.

Bangladesh is maintaining a good relationship with the neighboring countries as well as regional and international organizations on drug related issues. The Department of Narcotics Control, being the nodal agency, plays pivotal role in this regard.

I believe, this Annual Drug Report will be a guideline to learn the nature and extent of drug-problem of our country and necessary action would be taken accordingly to prevent the problem.

I offer my heartiest thanks to the team engaging in doing this gigantic effort.

Md. Mokabbir Hossain



Director General

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



FOREWORD

Drug abuse and illegal Drug trafficking have become global phenomenon in the 21st century. Bangladesh is not any drug producing or exporting country. However, due to its central location between the "Golden Triangle" and the "Golden Crescent", Bangladesh faces the bitterness of drug scourge. Drug dealers take advantage of geography and try to use our land for illegal business expansion. Traffickers prefer unconventional ways to avoid getting caught by law enforcement. In the modern age of information technology, drug dealers continue to use state-of-the-art methods such as the dark web and contactless delivery to smuggle and traffic new types of drugs. The strategy of the illegal drug trafficking is constantly changing. Even under privileged women and children are being targeted for drug carrying and peddling. Necessary measures are taken by Department of Narcotics Control, Bangladesh Police, Border Guard Bangladesh, Bangladesh Coast Guard and other law enforcement agencies to stop the inflow of drugs into Bangladesh.

To implement "Zero Tolerance" policy declared by Honorable Prime Minister Sheikh Hasina of People's Republic of Bangladesh, Department of Narcotics Control (DNC) shares its solemn commitments to wipe out the abuse of illicit drugs. Department of Narcotics Control (DNC) is now adopting time-befitting policy of regular intelligence sharing with other law enforcement agencies within the country as well as with our neighboring countries to effectively address and counter drug menace in the region.

According to SDG 3.5.1, the Department of Narcotics Control (DNC) has the responsibility for the treatment of drug addicts. It is quintessential to bring a large number of drug addicts back into the mainstream of the society through treatment. But due to lack of adequate professionals, psychiatrists, psychologists, psychotherapists and infrastructural facilities for the treatment of drug use disorders, the medical activities are being severely hampered. Therefore, the present Government has launched a Comprehensive Action Plan (CAP) to implement government's commitment to create opportunities for treatment by identifying drug abuses and determining the level of treatment through service at the door steps. Furthermore, this Comprehensive Action Plan (CAP) would create mass-awareness across the country involving people of all spheres in fighting against drugs to build a drug Free Bangladesh. A draft of National Mental Health guideline is also being formulated to ameliorate the existing crisis of addiction treatment.

I firmly believe, the Annual Drug Report of Bangladesh, 2021 will be a praiseworthy task in addressing the nature and scale of the drug problem in the country and contributing to further research in this sector. Before I conclude I would like to express my thanks and gratitude to all DNCs Officers who worked relentlessly to get the job done in due time.

Md. Abdus Sabur Mondal PAA

Editorial Board



Advisor

Md. Abdus Sabur Mondal, PAA
Director General
Department of Narcotics Control

Convenor

Md. Azizul Islam
Additional Director General
Department of Narcotics Control

Editor

Mohammad Abdul Hai, PAA
Director (Deputy Secretary)
(Preventive Education, Research & Publication)

Member

Kazi Abed Hussain
Director (Admin, Finance & Planning)
Department of Narcotics Control

Quazi Al Amin
Additional Director (Intelligence)
Department of Narcotics Control

Kusum Dewan
Director (Operations & Intelligence), DIG
Department of Narcotics Control

Md. Manjurul Islam
Deputy Director (Preventive Education)
Department of Narcotics Control

Md. Masud Hossain
Director (Treatment & Rehabilitation)
Department of Narcotics Control

Md. Mehedi Hasan
Deputy Director (District Office, Gazipur)
Department of Narcotics Control

Dr. Shoebur Reza Chowdhury
Chief Consultant
Central Drug Addiction Treatment Centre, Dhaka
Department of Narcotics Control

Iqbal Masud
Head of Health Sector
Dhaka Ahsania Mission

Dr. Dulal Krishna Saha
Chief Chemical Examiner
Department of Narcotics Control

Peter Halder
National Director
Bangladesh Youth First Concerns, Dhaka

Md. Mazibur Rahman Patwary
Additional Director (Chattogram Division)
Department of Narcotics Control

Md. Shajid-ul-Mahmud
Staff Officer to Director General
Department of Narcotics Control

Member Secretary

Mr. Rameshwar Das
Assistant Director (Research & Publication)
Department of Narcotics Control

Publisher :

> Department of Narcotics Control
41, Segunbagicha, Dhaka-1000,
E-mail : dg@dnc.gov.bd
Website : www.dnc.gov.bd

Printing & : Publication

> Visionary Printing Services
258, Fakirapool, Motijheel
Dhaka-1000

Published :

> June 2021



Deputy Secretary

Director (Preventive Education, Research & Publication)



EDITORIAL

The Department of Narcotics Control works basically with three aims – Supply Reduction, Demand Reduction and Harm Reduction. In order to functionalize these goals, the DNC conducts operational activities against drug dealers, arranges anti-drug programme to aware the mass people about adverse effect of drug and also provide treatment to drug addicts throughout the year. The reflection of all these activities is compiled within a report which is called Annual Drug Report of Bangladesh. Due to some constrain, The DNC has been continuously publishing this report since 2010.

This report provides an overview of current drug scenario of our country. The DNC tries to put on the existing situation of illicit drug trafficking and its abuse through this report with our own data. Due to which the importance of this report is getting increased to our stakeholder, writers, journalists, researchers, international organizers and so on. So, I firmly believe that this report would help to analyze and to make an assessment of the nature and extend of the drug problem across the country.

Finally, I convey my heartiest thanks and gratitude to the DG and ADG of DNC for their valuable guidance and suggestions for preparing Annual Drug Report of Bangladesh, 2021. I am also indebted to the Directors, Editorial Board and other officials of the DNC for their utmost cooperation in providing data for this report. I had to prepare this report in extreme haste and under pressure of implementing DNC's Comprehensive Action Plan (Draft) nationwide as well and this one side by side at the same time. Therefore, mistakes and faults may be an inevitable incident. However, I would be obliged to all concerned for any constructive criticism and suggestion for my future guideline on this sort of tasks.

Mohammad Abdul Hai PAA

Executive Summary

Department of Narcotics Control acts with firm determination to implement the 'Zero Tolerance' policy to drug related crimes which adopted and declared by the honorable Prime Minister and to make the young generation of the country free from drug addiction. Drug abuse is a menace in the society with biological, social, financial, psychological and security effect on the individuals, families and the community. Hon'ble Prime Minister Sheikh Hasina, the praiseworthy competent daughter of the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, in her 'election Manifesto' she announced very promising and firm steps, anyhow to control the drug addiction problem. And after being elected, her government already has taken necessary steps to tackle this drug menace.

Bangladesh is situated in the crucial point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. Methamphetamine (Yaba) is currently among the most popular drugs used in Bangladesh. Most of the yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochain states and nearer to the border of Myanmar-Bangladesh. The river Naaf and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of Yaba from Myanmar to Bangladesh. A series of measures have been taken by our government with a view to protecting our citizen from the heinous attack of drugs.

The anti-drug activities lie under article 18(1) of the constitution of the People's Republic of Bangladesh. To satisfy the constitutional mandate as well as to comply with three international drug control conventions & the Narcotics Control Act, 1990; the Department of Narcotics Control was established in 1990. With the passage of time, various synthetic drugs and precursor chemicals were emerged and it was the dire need for amending the Narcotics Control Act and henceforth this Act (The Narcotics Control Act, 1990) was replaced by the newly enacted Narcotics Control Act, 2018. It also includes some provisions which appear to have been incorporated to combat illicit financial flows derived from narco-offences. Act was made effective from 27th December, 2018.

Abuse of pharmaceutical drugs containing controlled narcotic drugs and psychotropic substances is increasingly becoming a public health issue in South Asia. Pharmaceutical abuse has been gaining popularity among drug users in the region. The abuse of certain prescription drugs—opioids, central nervous system (CNS) depressants, and stimulants—can lead to various harms associated with its abuse. Physicians believed that easy access, availability and affordability are believed to be the main reasons leading to pharmaceutical abuse in the country. The self-medication of pharmaceutical drugs like benzodiazepines often leads to its misuse. The female population is more likely to abuse the sedative and tranquilizer drugs. Similarly, people with pre-existing psychiatric conditions are more likely to abuse pharmaceutical drugs. Such a segment of abusers generally do not seek any medical treatment and they remain as the hidden population of drug abusers.

The trend of drug consumption is higher in youth and adolescents. Students are mostly falling victims to drug abuse, which eventually lowers their standards of education and attendance at schools and colleges. Influence of friends or peer pressure is the most leading primary causes of drug abuse. Easy access to drugs, Psychological disorder or mental stress due to family problems, the disintegration of the old joint family system, absence of parental love and care in modern families, decline of old religious and moral values etc lead to a rise in the number of drug addicts. Less educated and the youth are the major victim of drugs in Bangladesh. Women and children are also becoming victim of trafficking, peddling and consuming drugs. Rural areas are less vulnerable for prevalence of any kind of drugs than the urban areas in Bangladesh. The slums and densely populated parts of cities have high prevalence of abuse of these drugs.

To utilize Demographic dividend, government is in the hard line to control drug addiction at any cost. Government is working to achieve SDG saving the young generation from the curse of drug addiction. Bangladesh is aiming to attain the goals of vision 2041 and Delta plan by combatting drug trafficking.

Department of Narcotics Control (DNC) recently formulated Comprehensive Action Plan (CAP) to wipe out the abuse of illegal drugs. This Comprehensive Action Plan (CAP) has been formulated because there was a decision of the meeting held in the Cabinet Division on 18 August 2021 that through real time information sharing, drug offenders and drug routes will have to be identified and to conduct operations. On the other hand, decision was taken at the inter-ministerial meeting to implement the 'Zero Tolerance' policy against drug offence declared in the 2018 election manifesto of the present government. Besides, the Comprehensive action Plan was also formulated in order to implement the present government's commitment to create opportunities for treatment by identifying drug addicts and determining the level of treatment through Service at the door steps. To get the maximum positive outcome considering preventive activities, DNC formulated covering the area of family, educational institutions, workplace, community, media and environment.

Non Government Organizations (NGO's) are playing significant roles for drug prevention through creating mass awareness. Keeping the adverse situation in mind, NGO's are creating mass awareness on this burning issue. Mass people need to have correct information about drugs, drug use, the effects and consequences of drugs. They also need to learn how to avoid drugs and make healthy choices in life. By contributing in awareness campaign and motivational activities NGO's are also playing important role in drug prevention.

Treatment service for the people suffering from substance use disorder, the Government of Bangladesh provide through Central Drug Addiction Treatment Center (CTC) in Dhaka (124 bed) and three regional treatment centers Rajshahi (25 bed), Chittagong (25 bed) and Khulna (25 bed). The capacity of CTC is 124 beds where 90 beds for adult male patients 10 beds for children and adolescents and 24 more beds for female. In addition, the government has planned to establish six treatment and rehabilitation centers with facilities of 200 beds in each divisional headquarters. Beside the services provided by the government there are NGO's and private treatment services for the people with substance use disorder. Department of Narcotics Control, Bangladesh, issued licenses to 3 new NGO and 24 private treatment centers till December 2021. In total there are 79 NGO and 361 private treatment centers are working on various aspects of harm reduction in Bangladesh.

Bangladesh Financial Intelligence Unit (BFIU), which is responsible for the economic intelligence of the government of Bangladesh, is also playing a vital role to coordinate Money Laundering (ML) to prevent Transnational Organized Crime (TOC). DNC & other concerned LEA's and intelligence organizations are acquiring necessary supports form BFIU to investigate financial matters related with drug crime. BFIU has international Coordination with Asia pacific Group, Egmont Group, UNODC, INCB, DEA etc, the international supervisory and coordinating agencies working in this field.



CONTENTS

Message	iii-iv
Foreword	v
Editorial	vii
Executive Summary	viii-ix

Country Overview:	Page
Bangladesh Perspective	11-29

Drug Law Enforcement	Page
	30-33

Demand Reduction	Page
	34-38

Harm Reduction	Page
	39-47

Transnational Organized Crime (TOC) and Intelligence Sharing	Page
	48-49

Precursor Chemicals:	Page
Bangladesh Perspective	50-55

New Psychoactive Substances (NPS)	Page
	56-58

Forensic Analysis of Central Chemical (Drugs) Laboratory	Page
	59-62

Photo Gallery	Page
	63-72

Country Overview: Bangladesh Perspective

1. Introduction

Illegal drug is the main hindrance for the development of intelligence of the young generation of the country. There is a close connection between the whole process of the planning for the development of the country and the eradication of illegal drugs. There are different aspects and multi-dimensions of drug problem. Huge amount of money are exchanged from our country to the foreign lands due to the abuse and illegal trafficking of drugs. Expected achievement would not get if we fail to expand the anti-drug movement in the family and individuals. Department of Narcotics Control acts with firm determination to implement the 'Zero Tolerance' policy to drug related crimes which adopted and declared by the honorable Prime Minister and to make the young generation of the country free from drug addiction. It is very urgent to take participation of the non-government and volunteer organizations along with the government organizations and authorities which are concerned with anti-drug activities. Bangladesh is seriously affected by drug abuse and the problems associated with it. Over the past two decades there has been an increasing trend towards drug use. Drug abuse is a menace in the society with biological, social, financial, psychological and security effect on the individuals, families and the community. The spread of multiple drug use has aggravated the overall problem, personal and social days function, impairment

of health, crime and other violent behavior. It paralyzes the life of the addicts and disrupts peace and prosperity of families.

1.1 Current Drug Scenario:

Bangladesh is situated in the crucial point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. Bangladesh is a land surrounded by India from three corners. The four thousand one hundred fifty six kilometer land border of India by three sides and two hundred fifty kilometer land border of Myanmar at the south east corner work as the geographical factor. Drug abuse is now prevalent everywhere: in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. All segments of society are severely affected by this problem. According to the recent seizure statistics and reliable data, the major drug 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, Sirajgong, Bogra, Joypurhat, Satkhira, Jessore, Khulna, Faridpur, Comilla, Bramhanbaria, Narshingdi, Gazipur, Narayanganj, Savar, Tangail and Mymensingh district are drug prone areas.

Table 1: Statistics on Divisional wise Number of Cases and Seizure of Drugs by the DNC in 2021 (Source DNC Database)

Name of Office	Heroin (kg)		Codeine (Phensedyl)			Cannabis (kg)		Buprenorphine (Amponle)		ATS (Yaba) (pes)	
	case	seizure	case	Seizure		case	seizure	case	seizure	case	seizure
				Bottle	Loose						
Divisional Narcotics Control Office, Dhaka	495	2,294	53	1869	-	3727	1150,828	158	11406	1368	430272
Divisional Narcotics Control Office, Mymensingh	164	0,572	2	2	-	560	75,225	15	354	95	11812

Name of Office	Heroin (kg)		Codeine (Phensedyl)			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Seizure		case	seizure	case	seizure	case	seizure
				Bottle	Loose						
Divisional Narcotics Control Office, Chattogram	-	-	103	6172	1	1399	1478.538	1	4	1333	2687680
Divisional Narcotics Control Office, Rajshahi	925	6.789	255	14119	1.108	1520	415.176	95	13132	340	28210
Divisional Narcotics Control Office, Rangpur	191	1.102	130	4789	-	1271	428.112	84	2177	166	23149
Divisional Narcotics Control Office, Khulna	65	0.165	101	1790	-	1286	389.619	22	2778	304	17292
Divisional Narcotics Control Office, Barisal	9	0.019	3	60	-	438	31.046	-	-	117	7668
Divisional Narcotics Control Office, Sylhet	-	-	-	-	-	555	262.158	-	-	182	14352
Intelligence Wing	79	0.878	14	585	-	442	186.966	1	40	218	247557
Total	1928	11.819	661	29386	2.108	11198	4417.668	376	29891	4123	3467992

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

Name of Drugs	Name of The Year				
Name of Drugs	2017	2018	2019	2020	2021
Heroin (in kg)	401.633	451.506	323.279	210.438	441.221
Codeine preparation (Bottle)	720843	715529	976663	1007977	574301
Codeine (loose) (in liter)	338.72	539.95	1831.05	129.4	106.608
Cannabis (in kg)	69989.508	60295.124	32657.699	50078.549	86696.281
Cocaine	0.75	272	1	3.893	1.55
ATS (Yaba) Piece	40079443	53048548	30446328	36381017	53073665
Buprenorphine (Ampoule)	109063	128708	41236	124608	48626
Total No. of Cases	106546	119878	124098	85718	93190
Total Number of Accused	132893	161323	162847	113543	122152

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

Name of Article Seized	2017	2018	2019	2020	2021
Sale Proceeds of Drugs (BDT)	5115565	9019095	8513832	5901537	5936175
Car (Number)	14	23	14	21	31
Truck/Covered Van (Number)/Pick up	13	11	5	5	9
Auto Rickshaw (Number)/CNG	23	15	11	18	44
Bus (Number)	0	3	1	3	3
Arms (Number)	8	9	7	5	5
Bullet (number)	26	34	42	33	81
Mobile Phone (Number)	162	308	332	202	184

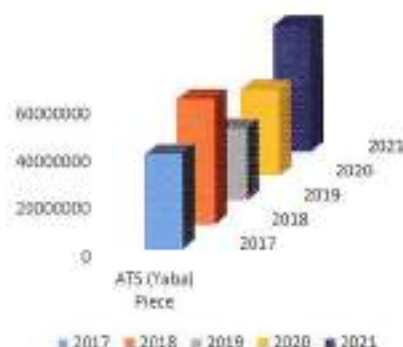
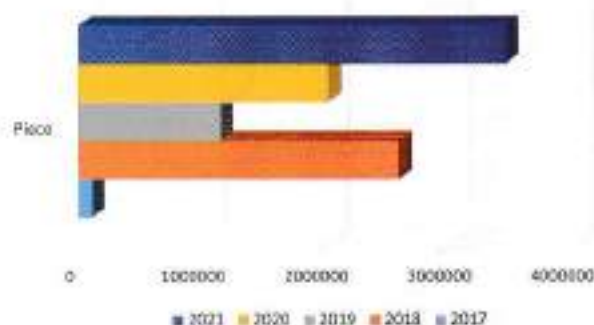
1.1.1 Methamphetamine (Yaba)

Yaba - a mixture of methamphetamine and caffeine sold as cheap red or pink pills. Yaba is currently among the most popular drugs used in Bangladesh. Hundreds of thousands of people in Bangladesh have become hooked on yaba. Most of the yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochain states and nearer to the border of Myanmar-Bangladesh. The river Naaf and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of Yaba from Myanmar to Bangladesh.

Crystal Methamphetamine (Ice) is a very addictive stimulant drug. It is a powder that can be made into a pill or a shiny rock. The powder can be eaten or snorted up the nose. It can also be mixed with liquid and injected into your body with a needle. Crystal meth is smoked in a small glass pipe. Meth use can quickly lead to addiction. It causes a rush of good feelings, but then users feel edgy, excited, angry or afraid.

In Bangladesh, the detection of cases and seizure of Yaba increased during 2021. During 2020 & 2021, the seizure of Yaba was 36381017 & 53073665 tablets respectively. The ratio of increase in 2021 is 45.88% in comparison with last year. According to the case filed by the DNC, 33.18% cases are detected at Dhaka Zone, 2.30% at Mymensing Zone, 32.33% at Chattogram Zone, 8.25% at Rajshahi Zone, 4.03% at Rangpur Zone, 7.37% at Khulna Zone, 2.84% at Barisal Zone, 4.41% at Sylhet Zone, 5.29% of case was detected by intelligence wing of DNC in all over the country. The seizures of Yaba were made 12.41% at Dhaka Zone, 0.34% at Mymensing Zone, 77.50% at Chattogram Zone, 0.81% at

Rajshahi Zone, 0.67% at Rangpur Zone, 0.50% at Khulna Zone, 0.22% at Barisal Zone & 0.41% at Sylhet Zone. 7.14% of seizure was made by intelligence wing of DNC in all over the country. More than 70% of the seizure of Yaba was made at Chittagong because border of Cox's Bazar of Chittagong Zone is the route of smuggling Yaba into Bangladesh.

**Figure 1 : Seizure of ATS (Yaba) by all agencies in Bangladesh****Figure 2 : Seizure of ATS (Yaba) by DNC in Bangladesh**

1.1.2 Heroin

Heroin is an opioid drug made from morphine. Heroin is a highly addictive drug. Street Heroin can be a white or brown powder and sometimes grainy substance or a dark brown sticky. People inject, sniff, snort, or smoke heroin. Some people mix heroin with crack cocaine.

According to the cases of Heroin, the ratio of the detection of Heroin cases were 25.67% in Dhaka Zone, 0.51% at Mymensing Zone, 47.98% in Rajshahi Zone, 9.91% at Rangpur Zone, 3.37% in Khulna Zone & 0.47% Barisal zone. 4.10% of case was detected by intelligence wing of DNC in all over the country. The seizures of Heroin were 19.41% in Dhaka Zone, 4.84% at Mymensing Zone, 57.44% in Rajshahi Zone, 9.32% at Rangpur Zone, 1.40% in Khulna Zone & 0.16% in Barisal Zone. 7.43% of seizure was made by intelligence wing of DNC in all over the country. Therefore it appears that Rajshahi Zone has the highest prevalence of detection and seizure of Heroin. The next maximum prevalence of heroin is at Dhaka Zone.

1.1.3 Codeine (Phensedyl)

Codeine is an opioid analgesic. It is used to treat moderate to severe pain. It is also used combined with other medications to reduce coughing. Codeine phosphate uses similar to those of morphine, but is much less potent as an analgesic. Codeine is derived from the poppy plant, *Papaver somniferum*. Codeine increases tolerance to pain, reducing existing discomfort. In addition to decreasing pain, codeine also causes sedation, drowsiness, and respiratory depression.

According to the statistics of the cases and seizures of Phensedyl, 8.02% cases were detected in Dhaka zone, 0.30% at Mymensing zone, 15.58% in Chattogram Zone, 38.57% in Rajshahi Zone, 19.67% in Rangpur Zone, 15.28% in Khulna Zone & 0.45% in Barisal Zone. 2.12 % of case was detected by intelligence wing of DNC in all over the country. In case of seizure, it was 6.63% in Dhaka Zone, 0.007% in Mymensingh zone, 21% in Chattogram Zone, 48.05% in Rajshahi Zone, 16.30% in Rangpur Zone, 6.09% in Khulna Zone & 0.20% in Barisal Zone. 0.83%, 1.99% of seizure was made by intelligence wing of DNC in all over the country.

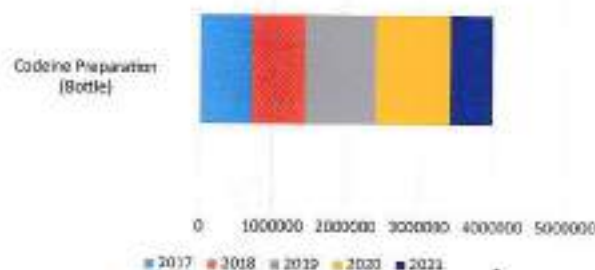


Figure 3: Seizure of Codeine based syrup (Phensedyl) from 2017 to 2021

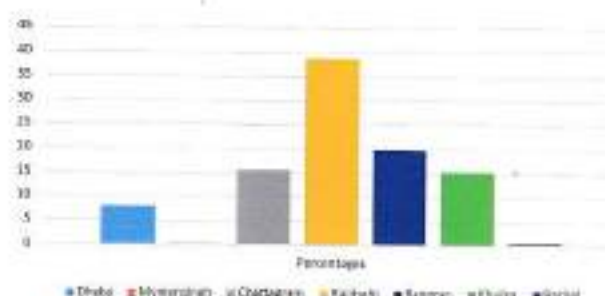


Figure 4: Seizures of Phensedyl in 2021 (Regional percentages)

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

1.1.4 Cannabis

Cannabis is a plant-based drug. It has uses as a recreational and medicinal drug. Cannabis-based products come from the dried flowering tops, leaves, stems, and seeds of the *Cannabis sativa* (hemp) plant. People may consume cannabis for medicinal purposes, such as chronic pain management, and recreational use. Cannabis is typically smoked. In various parts of the world, different preparations of the cannabis plant are eaten or fumes from the ignited plant material are inhaled. Cannabis is one of the most widely abused drugs in the world. It grows wild in many of the tropical and temperate areas of the world. The main active ingredients in cannabis are cannabidiol and delta-9 tetrahydrocannabinol, commonly known as THC.

Cannabis refers to a group of three plants with psychoactive properties, known as *Cannabis sativa*, *Cannabis indica* and *Cannabis ruderalis*.

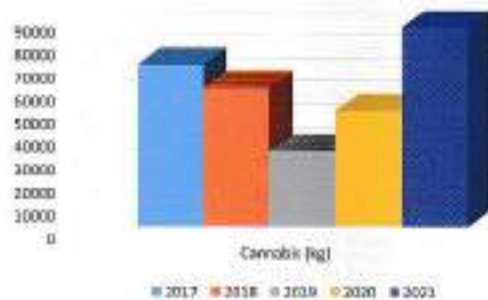


Figure 5: Seizures of Cannabis (in kg) from 2017 to 2021

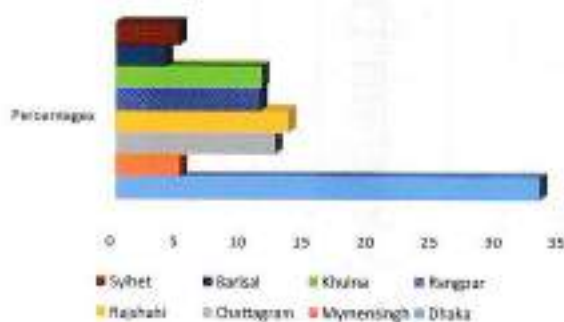


Figure 6: Seizures of Cannabis in 2021 (Regional percentages)

Consumption of Cannabis is traditional in Bangladesh. Cannabis has been used for recreational, religious, spiritual, and medicinal purposes. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 54.38% of all the cases detected by the DNC during 2021. In question of detection of cannabis cases Dhaka Zone comprises 33.28%, Mymensingh Zone comprises 5%, Chattogram Zone comprises 12.49%, Rajshahi Zone comprises 13.57%, Rangpur Zone comprises 11.35%, Khulna Zone comprises 11.48%, Barisal Zone comprises 3.91% & Sylhet Zone comprises 4.96%. 3.95% of case was detected by intelligence wing of DNC in all over the country.

The seizures of cannabis are 26.05% in Dhaka Zone, 1.70% in Mymensingh Zone, 33.47% in Chattogram Zone, 9.39% in Rajshahi Zone, 9.69% in Rangpur Zone, 8.82% in Khulna Zone, 0.76% in Barisal Zone and 5.93% in Sylhet Zone. 4.23% of seizure was made by intelligence wing of DNC in all over the country. Most of the country's cannabis is smuggled through eastern border- Comilla, Brahmanbaria and it is mainly for Dhaka.

1.1.5 Buprenorphine

Buprenorphine (C₂₉H₄₁NO₄) is an opioid medication used to treat pain and opioid addiction. It is a semi-synthetic opioid derived from thebaine. Buprenorphine tablets are approved for use in adults to treat opioid dependence, injections are used to manage severe pain in adults and children ages 2 years and older and patches are used in adults to manage severe pain that needs continuous, long-term treatment with an opioid.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the Table that 42.02% of the cases of Buprenorphine are detected in Dhaka Zone, 3.83% in Mymensingh Zone, 25.26% in Rajshahi Zone, 22.34% in Rangpur Zone & 5.85% in Khulna Zone.

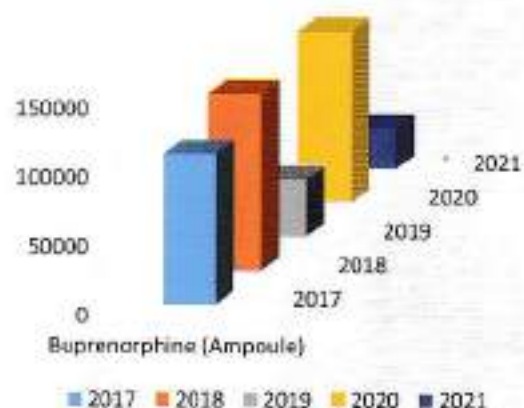
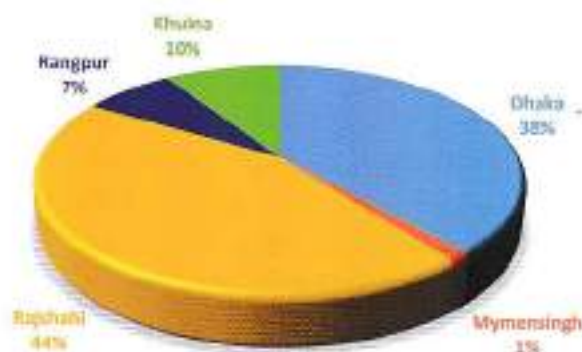


Figure 7: Seizures of Buprenorphine by DNC from 2017 to 2021



**Figure 8: Seizures of Buprenorphine in 2021
(Regional percentages)**

According to the seizure, it has been observed that 38.16% of the Buprenorphine are seized in Dhaka Zone 1.18% in Mymensingh Zone, 43.93% in Rajshahi Zone, 7.28% in Rangpur Zone & 9.29% in Khulna Zone. There was no Case & Seizure of Buprenorphine reported in Barisal, Sylhet zone in 2021. According to the above data of case, Rajshahi is the highest prevalence area of Buprenorphine.

1.2 Recent Trends and Patterns of Drug Abuse

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

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

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

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

1.2.1 Yaba (ATS)

According to the data of table, the ratio of increase of seizure in 2021 is 45.88% in comparison with last year. According to the number of patients admitted for treatment of drug, the number of treatment seekers for Yaba addiction is 30.18% & it has increased 8.09 % during 2021 in comparison with the previous year.

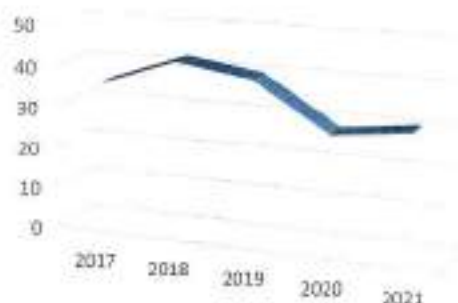


Figure 9: Patients admitted to treatment services for Yaba addiction

1.2.2 Heroin

Heroin is very addictive. Many people who take it develop a use disorder. Heroin flooded the drug market in 1980s. According to the number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction is 34.55% & it has increased a little during 2021 in comparison with the previous year.

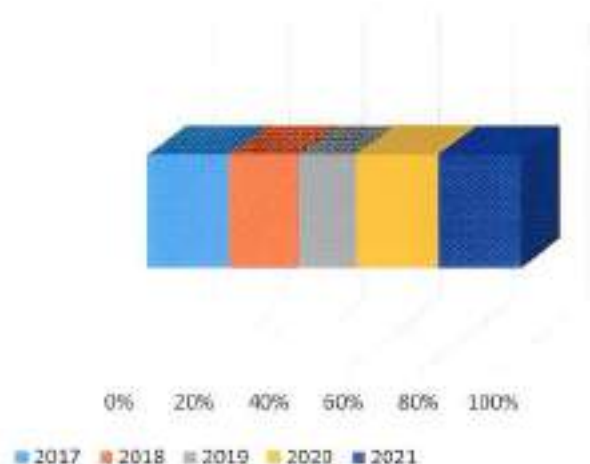


Figure 10: Patients admitted to treatment services for heroin addiction

During the year 2021 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was 441.221kg and increased 109.67% in comparison with the last year. In 2016, the seizure of heroin was 266.785 kg. But after that it increased to a great extent in 2018 (451.506 kg). The seizure of heroin has decreased again and it has a great fall in 2020.

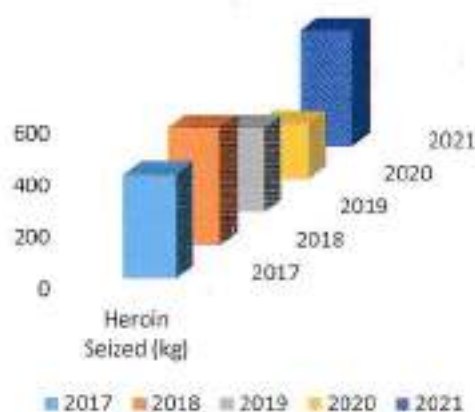


Figure 11: Seizure of heroin by all law enforcement agencies in Bangladesh

1.2.3 Codeine based syrup- Phensedyl

This statistics of seizure indicates that during 2017 & 2018 it is almost stable. But it has an increase in 2019 and 2020. But it has a great fall in 2021. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction was being decreased gradually since 2019 due to shortage of Phensedyl & availability of yaba in any corner of the country. It had a sharp increase in 2020 but it has decreased again in 2021. The seizures of Phensedyl by all agencies in Bangladesh from 2017 to 2021 are as following:

Year	2017	2018	2019	2020	2021
Quantity (bottle)	726843	715529	976663	1007977	574301

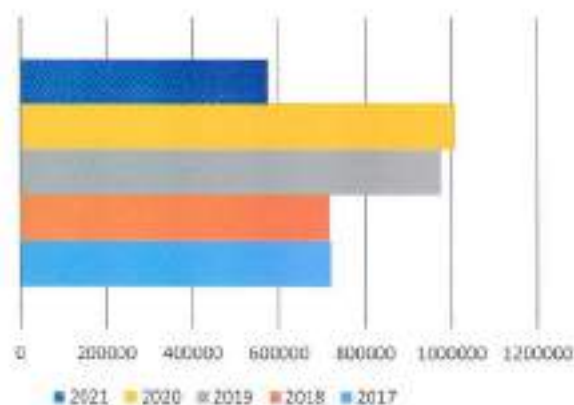


Figure 12: Seizure of Phensedyl (bottle) by all law enforcement agencies in Bangladesh

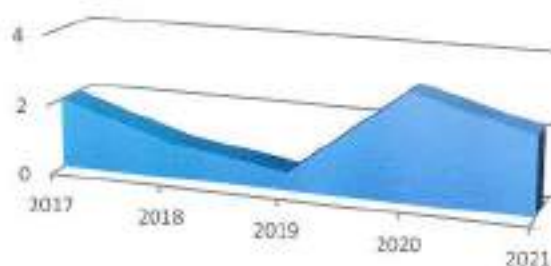


Figure 13: Patients admitted for Phensedyl addiction

1.2.4 Cannabis

Cannabis is being trafficked to Bangladesh through North eastern and eastern states of India, particularly Bihar, Uttar Pradesh, Assam, Tripura, and Manipur. A vast amount of cannabis is being trafficked into Bangladesh through the borders of Comilla and Brahmanbaria districts of Bangladesh.

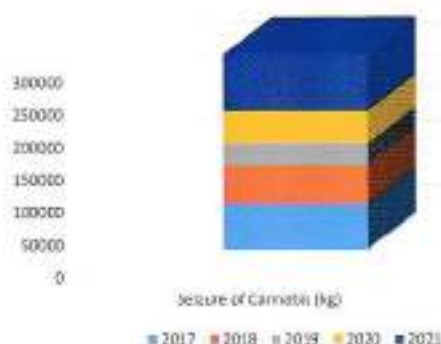


Figure 14: Seizure of cannabis by all law enforcement agencies in Bangladesh

According to the case statistics of the seizures of cannabis by all agencies in Bangladesh from 2017 to 2021, it was being increased though a little fall in 2020 and a great fall in 2019. According to the data from treatment services, the number of treatment seekers for Cannabis addiction is almost stable from 2017.

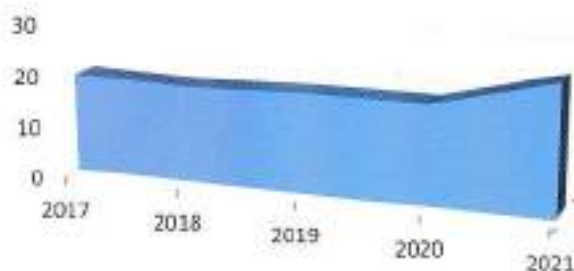


Figure 15: Patients admitted for Cannabis addiction

1.2.5 Buprenorphine

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

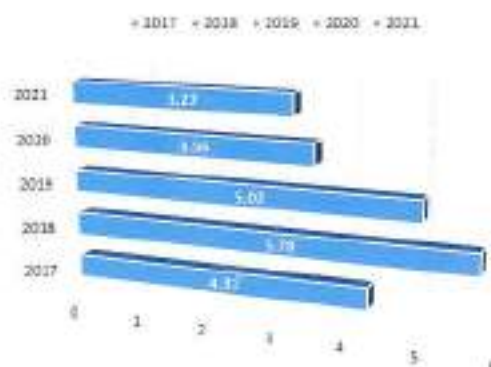


Figure 16: Patients admitted to treatment services for Buprenorphine addiction

According to the data from treatment services, the number of treatment seekers for Buprenorphine addiction is decreasing gradually though a little increase in 2018. According to the data of seizures of Buprenorphine, in 2021, it has decreased a little in comparison with the previous year.

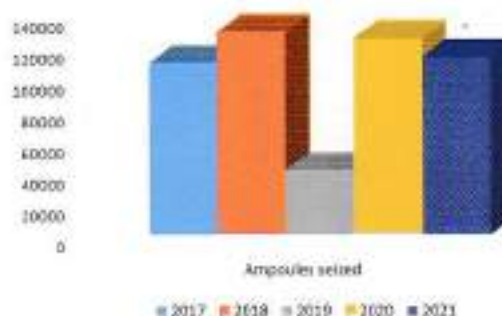


Figure 17: Seizure of Buprenorphine (Ampoule)

1.2.6 Alcohol

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

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

Dochuani is mostly produced in hilly area of the country and used mostly by the tribes, on the other hand, Tari produced and available in the most of the rural area of plain land of Bangladesh. People in different age groups including youth of the lower socio-economic classes, are the consumer of these alcoholic beverages. Local alcoholic beverages called cholai are consumed by the lower socio-economic classes, while workers drink another distilled beverage called Bangla Mod. The tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh and the Shaontal community, the labors of tea gardens and some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dhangors and Meth are used to drink home-made alcoholic beverage regularly. Local alcoholic beverages are made usually by fermentation of boiled rice, sugar-cane, juice of date tree, molasses, and fruit juice (pineapple and jackfruits) etc. This legal company (Keru & Co) produces seven different brands of alcoholic beverages and according to them, all contain the strength (42.8%) of ethanol.

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

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

The seizure of illicit country liquor & Cholai mod during the year 2021 was 10236.059liters and the amount of foreign liquor in that period was 46.69 liters, 1764 bottles and 627 cans of Beer. During the year 2021 the Department of Narcotics Control detected a total of 20592 cases (including cases in Mobile Court) and made 21992 arrests (including arrests in Mobile Court) of which 1416 (6.88%) cases and 1477 (6.71%) arrests were related to offences in connection with alcohol.

According to the data of drug addiction treatment services, only 1.45% of the treatment seekers have problem with addiction to alcohol. People with alcohol habit very rarely seek treatment because it does not hamper their regular life and consequences of alcohol abuse is not visible and acute like the problem of Yaba, heroin, Phensedyl or injecting drugs.

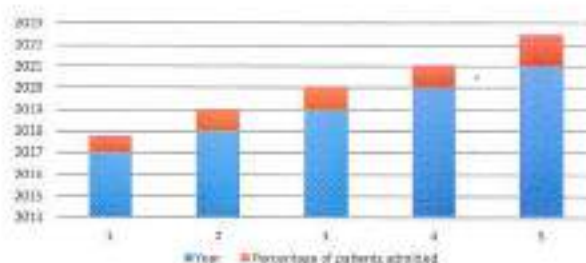


Figure 18: Patients admitted to treatment services for alcohol addiction

1.2.7 Sedative, Hypnotic and Tranquilizer Drugs

Prescription drugs are often strong medications. Prescription drug use is not necessarily safe. Especially when prescription drugs are misused or abused, they can result in side effects, addiction, even overdoses deaths and other harmful consequences such as psychotic symptoms. The most common risk of prescription drug abuse is addiction. People who abuse medicines can become addicted as easily as if they were taking street drugs.

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

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

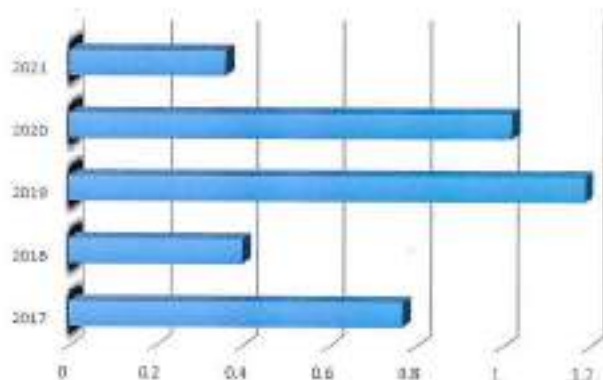


Figure 19: Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction

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

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

The causes of drug abuse comprise individual and family characteristics, social and environmental factors. One of the individual factors is low self-confidence; some teenagers and young persons have a negative attitude toward their abilities and consider themselves worthless, in spite of their high capability. They feel failure and frustration. Parental factors are basically the relationship patterns which exist between parents and children. Parental factors exert significant influence on the overall development of the child. Parent's use of drugs has been identified as relevant to adolescent addictive behavior. The peer group establishes the norms, standard of thought and behavior to be pursued by its members. Consequently, the peer group may exert a big influence on adolescent's substance addiction. Adolescents, especially those who are socially weak, may choose drug abuse as a means to integrate themselves into a peer group, and thereby increase self-esteem and decrease anxiety.

The drug consumption rate is higher in adolescents and youths aged between 15 and 30 years. They come from different economical levels of the society. Influence of friends is one of the leading causes. Other reasons include curiosity, excitement, despair and frustration due to continuous failure in their jobs, poverty and easy access to drugs, dejection in love, and mental stress due to family problems and following the western culture of drug use. According to the following Table, influence of friends is the principal cause (59.27%) of taking drugs. The second major cause appears to be curiosity (36.36%).

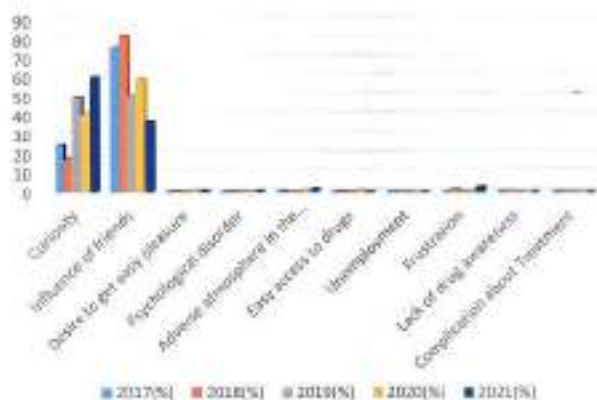


Figure 20: Primary causes of drug abuse of the patients under treatment programs

According to the following Table, people of age group from 16 to 40 comprises 84.27% of the drug abusing population in Bangladesh. Abuse of drugs by people of age group 21-25 years is the highest, age group 26-30 & 16-20 years are the second highest and age group 31-35 years is the third highest. On the other hand, people of age group over 50 years are the lowest, 41 - 45 Years and up to 15 have the second & third lowest prevalence of drug abuse accordingly. But it is still very much alarming because involvement of street children in trafficking and abusing drugs have increased to a great extent recently.

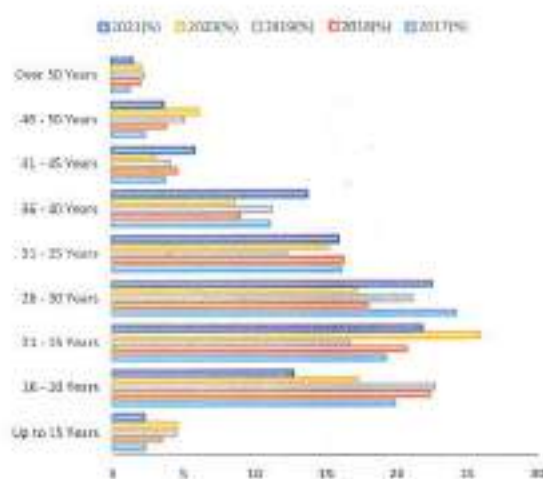


Figure 21: Age distribution of the drug abusers

According to the following Table, the highest percentage of addicted population is illiterate, less educated and not having education over ten years. On summation of these three groups, it has been observed that 81.72% 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.

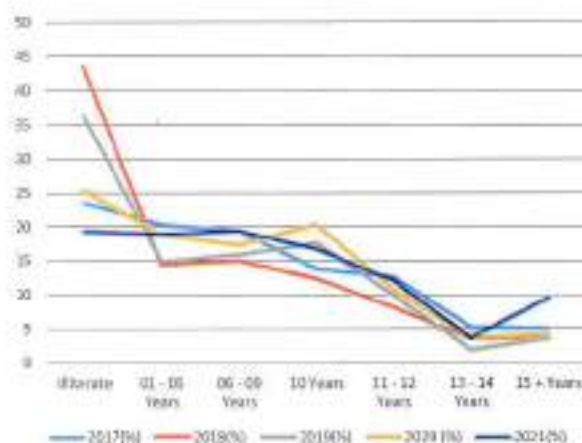


Figure 22: Educational status of the drug abusers

According to the data from the treatment services during 2021, Tk.10001 - Tk.15000 is the 2nd highest group (11.16%) and income Tk.5001 - Tk.10000 is the third highest group (9.09%) for addiction to drugs. But the person with no income group is the highest group (63.64%) 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.

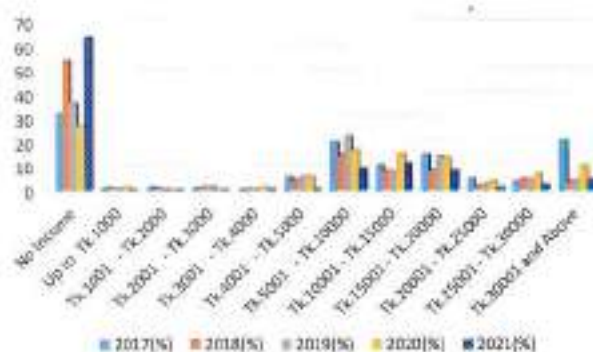


Figure 23: Distribution of patients by self-income

From the Table of self income of the drug abusers, it has been observed that the lower middle class population is the 2nd largest group (16.67%) and middle class population is the 3rd largest group (15.15%) to abuse drug. Therefore the drug problem in Bangladesh prevails mainly within poor and middle class of population.

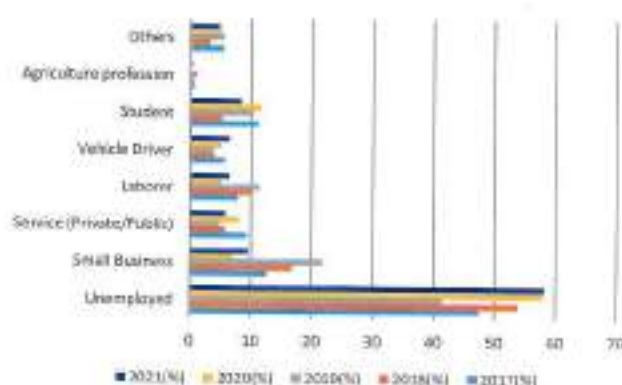


Figure 24: Distribution of patients by self-occupation

On reviewing the Table of professional distribution of drug abusers under treatment services during 2020, it has been observed that majority (57.87%) of them is unemployed and they have no specific profession. The other major professional groups are small businessmen, service holders and students. Generally they practice cheap drugs like cannabis or alcohol just for having a little pleasure from the monotony of their hardship in daily life. Recently most of the students who abuse drugs, they are inclined to Yaba.

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

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

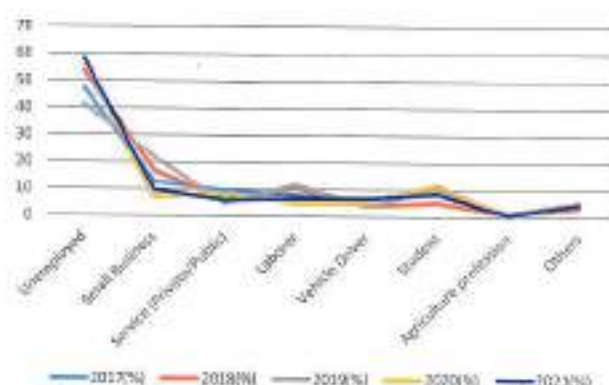


Figure 25: Distribution of patients by principal drug of abuse

According to the data on principal drug of abuse by treatment seekers during 2021, Heroin stands first position comprising 34.54% with a little increase in comparison with previous year. Yaba stands second position comprising 30.18%. Cannabis stands in third position comprising 25.09% with an increase in comparison with previous year. Injecting drug stands fourth comprising 2.90% with a decrease of 18.53% in comparison with previous year.

1.4 Extent of Drug Supply

1.4.1 Opium

The data of the drug addiction treatment services also shows that there is no incidence of opium addiction in Bangladesh. Department of Narcotics Control had seizures of 4.84 kg, 11.62 kg, 91.22 & 1 kg of Indian originated opium in Bangladesh during 2012, 2013, 2014 & 2016. But after 2016, there were no seizure of opium.

1.4.2 Morphine

Morphine is a pain medication of the opiate family which acts directly on the central nervous system (CNS) to decrease the feeling of acute pain and chronic pain. It is frequently used for pain from myocardial infarction and during labor. It can be given by mouth, by injection into a muscle, by injection under the skin, intravenously, injection into the space around the spinal cord, or rectally. Morphine is addictive and prone to abuse. If the dose is reduced after long-term use, opioid withdrawal symptoms may occur. Common side effects include drowsiness, vomiting, and constipation. The legitimate production and use of morphine have increased to a great extent during last few years. The reason is that acute pain related diseases like cancer has increased to a great extent in Bangladesh. Number of surgical operations in hospitals and use of pain management medicines in palliative care services has increased. Bangladesh has a quota of 100 kg of morphine from the INCB. Morphine is manufactured and sold through license system under strict supervision and monitoring of the DNC. There is no diversion or abuse of morphine in Bangladesh. In 2021-22 fiscal, Gonoshastho Pharmaceutical Ltd & Unimed Pharmaceutical Ltd imported 13.005 kg & 10.00 kg Morphine Sulphate respectively.

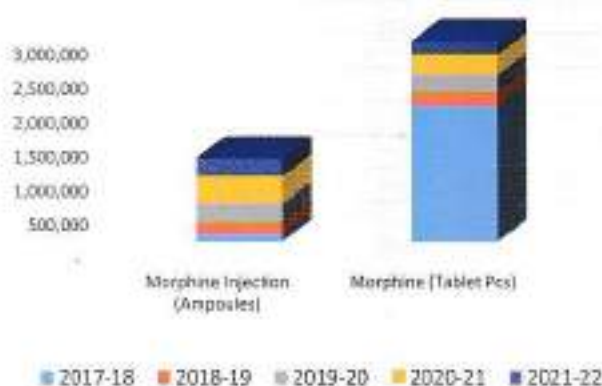


Figure 26: Production of morphine in Bangladesh

1.4.3 Pethidine hydrochloride

Pethidine is a synthetic opioid pain medication of the phenylpiperidine class which is indicated for the treatment of moderate to severe pain. It is delivered as a hydrochloride salt in tablets, as a syrup, or by intramuscular, subcutaneous, or intravenous injection. For much of the 20th century, pethidine was the opioid of choice for many physicians. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. In 2021-22 fiscal, Gonoshastho Pharmaceutical Ltd imported 181.22 Kg Pethidine Hydrochloride. Pethidine hydrochloride is widely used as an analgesic for the relief of moderate to severe pain including: obstetric analgesia; pre-operative medication and analgesia during anesthesia; post-operative analgesia.

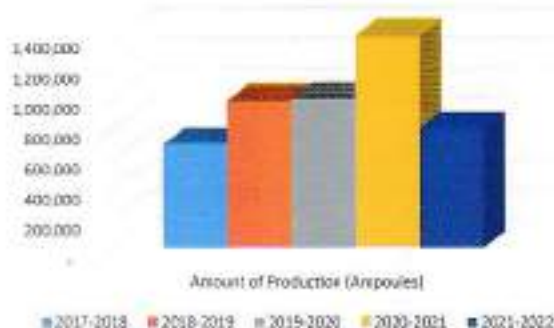


Figure 27: Production of Pethidine in Bangladesh

According to the number of patients admitted in treatment services for Pethidine addiction, it has gradually increased up to 2019. But in 2020, it has decreased a little. It has a great fall in 2021 and decreased of 16.72% in comparison with previous year.

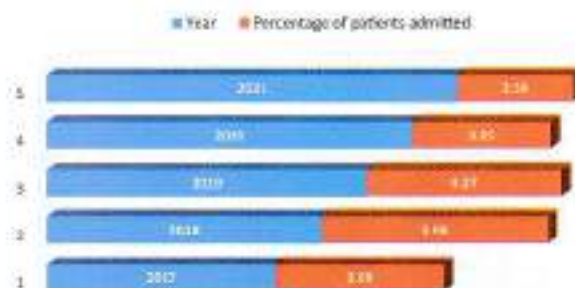


Figure 28: Patients admitted to treatment services for Pethidine addiction

1.4.4 Drug Market Analysis

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

Dhaka as the biggest drug market in Bangladesh with 10% of the total population and almost 50% of the urban population of the country has the highest prevalence of all sorts of drugs. It comprises more than 50% of the drug market of the whole country and for

this reason the movements of all the drugs smuggled from the border are Dhaka-bound.

At most all the 32 border districts are vulnerable for drug trafficking. On analysis of recent years data on drug abusers, it reveals that the most drug-prone areas in Bangladesh are district wise mainly: Dhaka, Narayanganj, Gazipur, Mymensingh, Chattogram, Comilla, Sylhet, Brahmanbaria, Cox's Bazaar, Rajshahi, Pabna, Bogra, Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barisal, Sathkira, Jessore. More than 77% of the seizure of Yaba is made at Chattogram Division. Cox's Bazar and Chattogram Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. Though the seizure of Yaba at Dhaka is more than 11.98%, it still remains one of the biggest markets of Yaba in Bangladesh.

***Table 4: Points of entry and routes of smuggling drugs from Myanmar to Bangladesh**

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

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

According to the cases and amount of seizure, the big markets of Phensedyl are big markets are Jessore, Dinajpur, Bogra, Brahmanbaria, Rajshahi, Kushtia. But the biggest Phensedyl market is at Dhaka and most of the consignments of Phensedyl seized at those area and different parts of the country were bound to Dhaka. Though Phensedyl is the main codeine-based preparation, it is being smuggled in other trade names also- such as Corex, Codilab, ESkuf, Nelco, Codocof, Parvo-cof, Ikon-XP etc. Pharmaceutical companies are marketing their major portion of codeine preparations at the Indo-Bangla bordering areas of West Bengal and Eastern part of India.

Dhaka is the main cannabis market in Bangladesh. The

other big markets are Kishoreganj, Mymensingh, Faridpur, Chittagong Metro, Comilla, Brahmanbaria, Noakhali, Kurigram, Sunamganj, Moulvibazar and Rangpur. Most of the Cannabis seized in the country is smuggled from India and Nepal.

According to the cases and highest amount of seizure, Cox'sbazar has the highest prevalence of Buprenorphine. The second highest market is at Dhaka Metropolitan and other big markets are Bogra, Chapainawabgang, Natore and Dinajpur. Recently, smuggling of injecting drugs, namely Buprenorphine in different trade names has increased to a great extent. Borders of Jessore, Satkhira, Rajshahi, Brahmanbaria and Comilla Districts at Bangladesh side and borders of North 24 Parganas, Murshidabad and Maldah Districts of Paschimbanga and borders of West Tripura Districts of Tripura States are mostly used for trafficking of Phensedyl and other codeine preparations, heroin and Buprenorphine.

Table 5: Points of entry and routes of smuggling drugs from India to Bangladesh's western border (Indian State of West Bengal)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Satkhira	Kaliganj, Debhata, Bhomra, Itinda, Kalaroa, Kakdanga, Palashpur	Hingatgar, Hasnabad, Taki, Bashirhat, Swarupnagar, Baduria & adjacent areas of North 24 Pargana, Paschimbanga.
Jessore	Benapole, Putkhali, Chowgacha, Narayanpur, Sharsha and adjacent area.	Champapukur, Bongaon, Petrapol, Helencha, Bhawanipur, Ranaghat, Amritabazar, Nonchapota & adjacent areas of North 24 Pargana, Paschimbanga
Chuadanga	Kapasdanga, Darshana, Jiban Nagar	Krishnagar & adjacent areas of Nadia, Paschimbanga
Meherpur	Dariapur, Buripota, Tehata, Mujibnagar	Birampur, Karimpur, Tehatta & adjacent areas of Nadia, Paschimbanga
Rajshahi	Monigram, Bagha, Charchat, Sharda, Yusufpur, Kajala, Belpukuria, Rajshahi town, Haripur, Godagari and adjacent area.	Jalangi, Godagari Diar, Lalgola, Azimganj, Bharampur, Krishnapura, Raghunathganj, Aurangabad, Nimtita, English Bazaar, Ziagonj, Jigmira and adjacent areas of Mursidabad, Paschimbanga.
ChapaiNowabganj	Bholahat, Shabajpur, Binodpur, Kansat	Roghunathganj, Aurangabad, Kaliachak of Maldah, Paschimbanga
Joypurhat	Panchbibi	Krishnapura, Raghunathganj, Balurghat, Aurangabad, Nimtita, Bamongola of South Dinajpur, Paschimbanga
Dinajpur	Ghoraghat, Phulbari, Birampur, Hilli, Hakimpur, Kamalpur, Akashkarpur, Biral	English Bazaar, Balurghat, Nimtita, Gangarampur, Banshibazar, Patiram and adjacent area of South Dinajpur, Paschimbanga, Balurghat

Table 6: Northern border (Indian States of Assam and Meghalaya)

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

Table 7: Eastern border (Indian States of Assam, Tripura and Mizoram)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Sylhet	Zakiganj, Chunarughat, Madhabpur	Hilara, Bilanga, Karimganj, Mohanpur, Bamutia, Pachem, Bhutanban of Karimganj, Assam.
Bramhanbaria	Karimpur, Kashba, Akhaura, Singerbil, Paharpur, Bijoynagar.	Ramnagar, Narayanpur, Sonapura, Bishalghor, Joynagar, Agartola, halhali, Ranir Bazar of West Tripura, Tripura.
Comilla	Jagannathdighi, Chowddagram, Golpasa, Kalikapur, Jagannathpur, Rajapur, Burichong, Brahmanpara, Bibirbazar	Camper Bazaar, Bibir Bazaar, Khadala, HapaniaTakaria, Barjala, Melaghar, Kathalia, Sonamura, of West Tripura, Tripura.
Feni	Chagalnaiya, fulgazi, Porshuram	Belonia, Rajnagar of South Tripura, Tripura

Table 8: Some New Routes of Phensedyl Trafficking

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

Most of the addicts, not having any monetary support from family for buying drugs, commit extortion, fraud, theft, robbery, snatching, etc. Many female drug abusers are involved in illegal sex work for buying their daily doses of drugs.

1.5 New Challenges and measures taken:

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

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

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

1.6 Measures Taken:

Department of narcotics Control (DNC) of Security Services Division under Home Ministry acts as a nodal agency of the government to combat the abuse and trafficking of drugs. Huge amount of money are exchanged from our country to the foreign lands due to the abuse and illegal trafficking of drugs. Illegal drug is the main hindrance for the development of intelligence of the young generation of the country. There is a close connection between the whole process of the planning for the development of the country and the eradication of illegal drugs. There are different aspects and multi-dimensions of drug problem. It is very urgent to take participation of the non-government and volunteer organizations along with the government organizations and authorities which are concerned with anti-drug activities. Expected achievement would not get if we fail to expand the anti-drug movement in the family and individuals. Department of Narcotics Control acts with firm determination to implement the 'Zero Tolerance' policy to drug related crimes which adopted and declared by the honorable Prime Minister and to make the young generation of the country free from drug addiction.

To implement the vision 2021 and 2041 set by the government and to build the Department of Narcotics Control as experienced and skillful in all fields of drugs, workforce has been increased from 1706 to 3059. The office of the narcotics Control has been set up in every district. Currently there are four treatment and rehabilitation centers under DNC in four divisional cities- Dhaka, Chittagong, Khulna and Rajshahi. It is a 124-bed capacity treatment and rehabilitation center at Dhaka and rest of those are 25-bed capacity, 200-bed capacity treatment and rehabilitation centers will be installed in all divisional cities in future. There are some 360 anti-drug treatment and rehabilitation centers

are in operation under private sector in all districts. Aiming to enhance skills of those rehab centers, 1902 people were provided ECHO training since 2021. From 2012 to 2021, 134,043 & 1,28,079 people were provided treatment in government and non-government organization respectively.

The construction works of 05 divisional office building of Dhaka, Chittagong, Rajshahi, Sylhet and Barisal have been completed under Annual Development Project (ADP). The Construction works of 14 storied building designed for the headquarters of the department has been finished in 2018 with the cost of 23.77 crore under development project. 15 Assistant Directors, 45 Assistant Prosecutors, 43 Wireless operator, 55 Office Assistant, 473 Sepoy have been recruited in 2021. 1241 posts are vacant up to 2021.

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

Bangladesh parliament on October 27th passed the Narcotics Control Bill 2018 with the provision of death sentence or life-term imprisonment as punishment for producing, trading, and using 400 grams or more of Methamphetamine (yaba), or possessing more than 25 grams of heroin and cocaine. The act has been enacted on 27 December, 2018. The act has been amended for the first time in 2020.

According to the bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, the two countries are sharing information with Bangladesh on drug trafficking on a real-time basis and assisting one another on investigative techniques for interdicting all narcotic, synthetic & medicinal drugs. DNC is closely working with DEA of USA and SPO of Korea Republic. DEA of USA shared Information with DNC at regular basis and as a result, huge amount of Cocaine was seized several times at Hazrat Shahjalal

international airport in Dhaka. Bangladesh has signed MOU with South Korea to implement a project covering strengthening of DNC through the development of ICT, forensic lab and providing training for DNC official.

A total of 6169 Seminar, 3849 class speech, 3000 Souvenir, 32775 glossy PVC posters, 178 educational Institutions Committee, 3720 festoons, 41180 sticker, 236 Anti drug campaign in Jail, exhibition of 220 Anti-drug Short film, production and telecast of 24 Anti-Drug Talk Show, 18 lac leaflets marking adverse effect of drugs have been distributed in 2021. 18 Advertisement covering adverse effect of drugs have been published in different daily news paper and 1200 Annual Drug report of Bangladesh have been published and distributed among the different section of people. In the 2020-21 financial year, DNC has got allocation of budget of Tk. 195,14,91,000. DNC earned as revenue Tk. 78,74,66,639 in the fiscal 2020-21.

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

1.7 Achievement in 2021:

DNC filed important cases in 2021:

- 2 kg Crystal Methamphetamine (ICE) seized with 03 notorious accused arrested from Teknaf, Cox'sbazar on 4 March, 2021. The raid conducted by DNC, Teknaf special zone.
- 21000 pcs Yaba (Amphetamine based Tablet) seized with 02 notorious accused arrested from Teknaf, Cox'sbazar on 24 April, 2021. The raid conducted by Teknaf special zone.
- 20000 pcs Yaba (Amphetamine based Tablet) seized with 02 notorious accused arrested from Teknaf, Cox'sbazar on 2 May, 2021. The raid conducted by Teknaf special zone.



- 22500 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Chandgaon, Chattragram on 13 June, 2021. The raid conducted by DNC, Chattragram Metropolitan.
- 20000 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Teknaf, Cox'sbazar on 5 July, 2021. The raid conducted by Teknaf special zone.
- 48 kg Cannabis with 1 Private Car seized with 2 notorious accused arrested from Bijoy Nagar, Brahmanbaria on 6 August, 2021. The raid conducted by DNC, Brahmanbaria.
- 25000 pcs Yaba (Amphetamine based Tablet) seized with 07 notorious accused arrested from Teknaf, Cox'sbazar on 26 August, 2021. The raid conducted by Teknaf special zone.
- 54 kg Cannabis seized with 2 notorious accused arrested from Bijoy Nagar, Brahmanbaria on 24 October, 2021. The raid conducted by DNC, Brahmanbaria.
- 48 kg Cannabis seized from railway station, Comilla on 30 October, 2021. The raid conducted by DNC, Comilla.
- 20000 pcs Yaba (Amphetamine based Tablet) seized with 05 notorious accused arrested from Teknaf, Cox'sbazar on 15 October, 2021. The raid conducted by Teknaf special zone.
- 20000 pcs Yaba (Amphetamine based Tablet) seized with 2 notorious accused arrested from Cox'sbazar Sadar on 15 November, 2021. The raid conducted by DNC, Cox'sbazar.
- 40 kg Cannabis seized with 2 notorious accused arrested from Bijoy Nagar, Brahmanbaria on 7 December, 2021. The raid conducted by DNC, Brahmanbaria.



Addressing drug challenges in health and humanitarian crises

Drug Law Enforcement

The abuse of drugs has become a common global phenomenon. Bangladesh suffers from drug scourge due to its geographical proximity. Bangladesh has been sandwiched between two principal drug producing and trafficking belts-the 'Golden Triangle' (Myanmar, Thailand and Laos) and the 'Golden Crescent' (Pakistan, Afghanistan and Iran). Besides, Bangladesh is surrounded by the major drug producing countries of Asia. Capitalizing the geographical vulnerabilities, drug traffickers are trying to use our (Bangladesh) soil for lusting their rotten will. A series of measures have been taken by our government with a view to protecting our citizenry from the heinous attack of drugs.

Organizational Set Up:

The Department of Narcotics Control (DNC) was established in 1990 after the very enactment of the Narcotics Control Act, 1990. The department started its journey with a number of 1274 personnel and currently 3059 DNC officials discharge its duties over the country. The Director General (DG) of the department lies at the top of the DNC's hierarchical ladder. Additional Director General (ADG) and four directors at headquarters assist director general to steer DNC effectively and efficiently. It has eight divisional, two metropolitan and sixty four district level set up for smoothing and accelerating its activities across the county. Besides, it has eight intelligence offices in field level and one in the headquarters for collecting, collating and scrutinizing the intelligence. The department has a central chemical laboratory (Forensic Lab) headed by a chief chemical examiner to examine and analyze the seized drugs. The report made by the chief chemical examiner and chemical examiners has evidentiary value and this report is considered to be the witness before the court of law. DNC has a Central Drug Addiction Treatment Centre (CTC) in Dhaka and three in Chattogram, Rajshahi and Khulna. A number of 19 prosecutors and 47 assistant prosecutors are working in the department to help the court to dispose the case in favour of the state.

Inter Agencies Co-operations:

The department of Narcotics Control is the nodal agency in terms of curbing drug menace. Other organizations like Bangladesh Police, Border Guard Bangladesh (BGB) and Bangladesh Coast Guard play a significant role in fighting drug dealing. The Narcotics Control Act, 2018 empowers Bangladesh Police, Border Guard Bangladesh (BGB) and Bangladesh Coast Guard to conduct drives, to arrest the accused, to prosecute arrestees and to investigate the cases filed under this Act. Three high level committees were formed under the direction of the office of honourable Prime Minister to oversee, evaluate and monitor the entire drug landscape.

These three committee advise agencies concerned to adopt time-responsive strategies to address and counter drug problem. Furthermore, National Drug Control Advisory Committee, National Anti-drug Committee, District Drug Control and Publicity Committee and Upazila Drug Control and Publicity Committee were formed to gear up drug dealing interventions. The department is working closely with Bangladesh Financial Intelligence Unit (BFIU) to discover the link between drug trafficking and the illicit financial flows. The dedicated DNC officials lodged some cases under the Money Laundering Prevention



Act, 2012 (As amended by 2015) and a large number of complain are under inquiry in this regard. DNC maintains a close nexus with global partners like; the Commission on Narcotic Drugs (CND), United Nations Office on Drugs and Crime (UNODC), International Narcotics Control Board (INCB), The Heads of National Drug Law Enforcement Agencies (HONLEA), Drug Enforcement Administration (DEA), SAARC Drug Offences Monitoring Desk (SDOMD) who play important role in fighting drug menace. As drug is being pushed into Bangladesh from neighboring countries, DNC arranges bilateral meeting with the concerned agencies of those countries.

Modus Operandi of drug traffickers:

The drug traffickers try to unearth and use new tools and techniques for drug trafficking regularly. Porous bordering areas, challenges to counter synthetic drugs, geographical proximity and evolving threat of New Psychoactive Substances (NPS) including Amphetamine Type Stimulants (ATS) made Bangladesh vulnerable for drug penetration. To begin with, the drug traffickers use the stereotype method of concealment in drug trafficking in rare case rather they use the cutting edge technologies to dodge the law enforcement agencies. For instance, dark net became the hotspot of selling and buying drugs and the payment of such online drug dealing goes through virtual currency which is commonly known as crypto currency. Besides, various Apps (used as social media) are intensifying the drug peddling trends among techno-savvy youth of the country.

A wide range of concealment methods are discovered by our law enforcement agencies, some of which are enumerated here. Major drug peddlers make special cavity or chamber in vehicles (public and private transport) to carry drugs within the country. Inter-city passenger buses are used for the shipment of drugs from bordering districts to other part of the country. Inter-city trucks loaded with daily essential commodities are also used to traffic drugs from one place to another. To large a scale, human being, especially the poor and vulnerable segment of people like children and under privileged women are made victims of drug transportation. Human cavity is also used for the concealment of drugs to some degree. For international shipment of drugs, false declaration and mis-declaration are witnessed by our law enforcement agencies. Sea-boats and Cargo vessels are also used for the external inflow of drugs into the country. Amphetamine Type Stimulants (ATS), commonly branded as YABA, the major concern of Bangladesh is trafficked into our land through maritime route. Recently domestic and international courier services pose a threat of trafficking of drugs into the country.

Legal Status

The very fundamental building block of our anti drug activities lies under article 18(1) of the constitution of the People's Republic of Bangladesh. The spirit of this article is to ensure public health through adopting effective measures to prevent the consumption of alcohol and other intoxicating drinks as well drugs injurious to health except for medical purposes or for such other purposes as may be prescribed by law. To satisfy the constitutional mandate as well as to comply with three international drug control conventions, the Department of Narcotics Control was established in 1990. After the immediate birth of the department, The Narcotics Control Act, 1990 was promulgated for the smooth functioning of drug control activities. With the passage of time, various synthetic drugs and precursor chemicals were

emerged and it was the dire need for amending the Narcotics Control Act and henceforth this Act (The Narcotics Control Act, 1990) was replaced by the newly enacted Narcotics Control Act, 2018. It also includes some provisions which appear to have been incorporated to combat illicit financial flows derived from narco-offences. The Act was made effective from 27th December, 2018.

Key Provisions of the law:

At the very outset, it is to be noted that this is a special law, with overriding effect stating “notwithstanding anything contained in any other existing law, the provisions of this Act shall prevail (Section 3)”

The establishment of the Department of Narcotics Control Department (DNC), its director general, its head quarters, its personnel management and its duties and role are stated in section 4-8.

Section 9 & 10 are two vital sections of this legal instrument shade on the provision of defining crimes under this enactment. Section 9 states except alcohol, the cultivation, production, manufacture, transport, export, import, supply, marketing, sale, purchase, exchange, consumption or usage are strictly prohibited. There is a window of relaxing from criminality in cases of the usage in the medicine industry, usage for the scientific purposes, for medication and scientific research. Section 10 deals with the provisions related to alcohol. Section 36 provides a table containing with three columns narrating crimes and names of drugs. It also depicts the ceiling of punishment as per the gravity and nature of the offences committed thereto. Section 52 of this Act protects and defends the rights of the children through inserting the provision to comply with the Children Act, 2013 in case of child conflict with law in drug related matters.

The new Act provides a timeframe within which to conclude the trial. There is a compulsion to complete the trial within 135 days from the date in which the court takes a case for trial. It has also a legal binding to submit an intimation copy to the higher echelon of the judiciary, the Supreme Court regarding the complete the trial within the time framed by law.

The Provisions of Conducting Mobile court:

This law allows the summary trial or mobile court in cases of trying petty offenses for which a violator may be awarded sentence with imprisonment of a tenure which may extend up to two years and may impose fine. The mobile court drives are considered to be preventive measures against drug related offences. Mobile court operations display the active surveillance on drug dealers.

The Provisions of Appeal:

The 2018 Act has adopted the provisions for appeal. Appeal against any order of the subordinate court lies before the court of sessions and the High Court Division of the Supreme Court of Bangladesh. Any appeal is to be disposed of within 30 days from the date of judgment.

The Provisions Search, seizure and arrest:

The law provides the provisions of search, seizure, arrest, attachment by sections 20-35. When any team of DNC or other law enforcement agencies of the country receives the intelligence regarding drug dealing,

they verify the veracity of the information after being confirmed they generally move for the drive. In case of arresting any drug dealer, the member of law enforcing agencies follow the provisions of this enactment as well as the provisions of the Code of Criminal Procedure, 1898 (CrPC), the procedural law of the land in administering the ends of justice. These provisions enshrined the fundamental and human rights of the accused, legal rights of the accused and above all the fair trial.

Prosecution & Investigation:

The Act empowers the DNC official ranking assistant sub inspector and above to prosecute. We have a number of prosecutors who assist the court for the proper adjudication of the cases lodged by the DNC. As investigation is the strong tool to extract the essence of truth of the commission of an offence, this law highlights on proper and effective investigation of narco-crime as well as crime related to money laundering through its sections 30-33. The Act empowers the DNC officials not below the rank of sub inspector to investigate cases under this Act. As per the provision of this law, there is a time frame to end the investigation within 45 working days in case of arresting the accused red handed while the time of completing investigation goes up to 90 working days in case of fugitive.

Trial:

Section 44-57 of chapter-vi of the Narcotics Control Act, 2018 deal with the trial of offenses related to illicit drugs. Under this Act, the drugs related offences are cognizable-the empowered law enforcing agencies can arrest the accused without warrant of the court. There is a time bound to complete the trial within 135 working days. The Code of Criminal Procedure, 1898 (CrPC) and the evidence Act, 1872 are the cornerstones of conducting trial, awarding conviction or acquittal, filing appeal and other legal formalities in the court of law.

Section: 265A-265K of the Code of Criminal Procedure, 1898 (CrPC) deal with the stages of trial before courts of sessions. In our judiciary, the public prosecutor is liable to conduct the trial. The public prosecutor opens the case and describes the charge brought against the accused. He or she produces the evidence before the court to prove the guilt of the accused. Upon considering the record of the case and the documents submitted therewith and after hearing the submissions of the accused and the prosecution, if the court finds no sufficient ground for proceeding against the accused, it discharges the accused and record the reason for so doing. But if the court finds grounds of committing offence, it frames charges and the formal trial starts. Eventually stepping the other stages, the court goes to a concrete decision after the perusal of documents produced, hearing of both sides, putting the legal provision and good conscience.



Addressing drug challenges in
health and humanitarian crises

Demand Reduction: Massive Awareness Campaign as well as Role of NGO's regarding Drug Prevention

Demand reduction is one of the three basic strategies DNC follows to tackle down drug menace throughout the country. It involves extensive preventative education programmes aim to diminish the demand for drugs within the country. Demand reduction strategy plays vital role in curbing basic law of demand and supply chain. It is the combination of both demand reduction and supply reduction that can brings success. Demand reduction is also an effective tool in supply reduction because when the number of drug users falls, drug supply falls correspondingly as the market for illegal drugs shrinks. Department of Narcotics Control (DNC) enacts The Narcotics Control Act, 2018 (Amended 2020) which mandates preventive education and anti-drug campaign by its section 6 to generate public awareness against harmful effects of drugs. Preventive education, Research and Publication wing of DNC conducts demand reduction programmes around the year.

3.1 Anti-drug awareness activities in various sectors

Creating awareness among people is an enormous task. It is a continuous and long term process often involves extensive month-long campaign across the country against abuse and illicit drugs. It encompasses people of all classes and profession to raise awareness against drugs throughout country.

Among the awareness programmes some are mentioned below:

- Printing and distribution of anti-drug posters
- Printing and distribution of anti-drug leaflets
- Printing and distribution of anti-drug stickers
- Preparation and distribution of anti-drug festoons
- Writing on the wall
- Anti drug sports and cultural activities
- Anti-drug class lectures / discussions in educational institutions.
- Formation of anti-drug committee at educational institutions
- Distribution of scale / geometry boxes containing harmful aspects of drugs in human body
- Production and promotion of anti-drug documentaries, short films.
- Anti drug campaign in prison
- Uploading drug related crime and anti-drug awareness activities everyday across the country on Facebook page and Facebook live page;
- Forming anti-drug voluntary committee in every upazilla to create awareness regarding the adverse effect of drugs among the mass people.
- Production and promotion of anti drug TVC and TV talk shows etc.
- LED Billboard, KIOSK distribution and more.



3.2 Statistics on preventive and awareness programmes

Task	2016	2017	2018	2019	2020	2021
Production & Distribution of anti-narcotics Posters	1,57,785	1,64,236	--	--	--	32,775
Distribution of anti-narcotics leaflets	9,47,570	8,70,549	14,20,000	2,65,000	--	18,00,000
Distribution of anti-narcotics Stickers	75,131	8,000	--	9,500	10000	41,180
Distribution of Souvenir	2,000	2,600	2,200	3,000	--	3,000
Anti-narcotics discussion meetings	6,607	7,261	8,898	4,475	2,483	6,169
Anti-narcotics class speech at schools and colleges	1,469	2,460	5,447	15,735	1,670	3,849
Forming of Anti-narcotics committee in educational institute	8,335	1,872	1,941	2,200	560	178

3.3 Comprehensive Action Plan (CAP)

Department of Narcotics Control (DNC) recently formulated Comprehensive Action Plan (CAP) to wipe out the abuse of illegal drugs. This Comprehensive Action Plan (CAP) has been formulated due to the following decisions:

- ☐ Decisions taken at the inter-ministerial meeting to implement the 'Zero Tolerance' policy against drug offence declared in the 2018 election manifesto of the present government.
- ☐ According to the decision of the meeting held in the Cabinet Division on 18 August 2021, identification of drug offenders and identification of drug routes through real time information sharing and conducting operations.
- ☐ In order to implement the present government's commitment to create opportunities for treatment by identifying drug addicts and determining the level of treatment through Service at the door steps.
- ☐ Finalizing Action plan by conducting workshops with concerned persons at division, district and upazila level for implementation of the above activities and monitoring through Apps.

3.4 Aim & Objectives of the CAP

- To create mass awareness among people of all walks of life across the country and to build strong social movement / resistance against drugs.
- Creation of anti-drug attitude among all including students.
- Organizing concerned citizens against drugs to raise voice against drug offenders.
- To identify drug traffickers and take strict legal action to reduce their social influence and prestige.
- Identifying drug addicts across the country and providing treatment.
- To take initiative to control drug crime through mutual communication and coordination of all government and non-government officials and employees.
- To build drug free Bangladesh with the participation of people of all classes and professions.

3.5 Action plan to reduce drug demand

Ward will be the minimum unit for drug reduction activities at field level. Throughout the year, each ward will be involved in one or more anti-drug activity. The person nominated by the Ward Councilor/Member/Union Parishad Chairman or the concerned government or non-government officials in a ward will be in charge of implementing the anti-drug action plan in a ward and at the end of each program implementing entity will submit the details to Union Parishad Chairman. The Chairman of the Union Parishad will submit the details of the events to the Upazila Nirbahi Officer through apps.

The person nominated by the Chairman of the Union Parishad shall send report to the Upazila Nirbahi Officer or his nominee comprehensive information of all the public awareness activities of the said Union in the information table of the Union. Similarly, the Upazila Nirbahi Officer or his nominee shall send to the Deputy Commissioner or his nominee as per the information table of the upazila the comprehensive information of mass awareness activities of all the unions of the said upazila.

Month, date and time will be specified for implementation of anti-drug public awareness activities at ward level. At the Union, Upazila and District level, the information of the total implemented programs on monthly basis should be included in the prescribed table.

3.6 Action plan to reduce drug supply

In the age of modern information technology, drug traffickers continue to smuggle and trade new types of drugs by adopting new methods. The strategy of the drug business is constantly changing. The new drug aggression as well as the involvement of people of different classes and professions in the drug business is making the situation worse. In order to protect the youth and the nation from the scourge of drugs, a joint operation is being conducted against drug traffickers and traffickers by all the law enforcement agencies including the Department of Narcotics Control. To this end, the following topics have been outlined and procedures have been developed in the Comprehensive Action Plan (CAP) which will be monitored through apps.

- ◆ Drug spot identification
- ◆ Drug smuggling route identification

3.7 Action plan relating to harm reduction

According to SDG 3.5.1, the Department of Narcotics Control is functioning under the Security Services of the Ministry of Home Affairs as the lead ministry which is responsible for the treatment of drug addicts. It is important to bring a large number of drug addicts back into the mainstream of society through treatment. But due to lack of adequate professional manpower and infrastructural facilities for the treatment of drug addicts, the medical activities are being severely hampered. For this, in the action plan, activities have been taken from the community level for the treatment of drug addicts. For this, in the Comprehensive Action Plan, following activities have been taken from the community level for the treatment of drug addicts:

- Identifying drug use diseases at the community level
- Providing first aid subject to mild, moderate and severe drug addiction assessment
- Divide into four stages, namely, community, primary, secondary and tertiary; first aid, referral, specialist treatment, relapse prevention, rehabilitation process need to be provided.



3.8 Observance of International Day against Drug Abuse and Illicit Trafficking

DNC observes International Day against Drug Abuse and Illicit Trafficking on 26th June, in each year. The day is being observed each year through organizing rally, discussion meeting, seminar, symposium, etc highlighting the importance of the day and harmful effects of drug abuse across the country. DNC publishes Annual Drug Report, Souvenir and Adjunction to mark the importance of the day. Several activities like street lighting and decoration, art competition, essay writings are carried out. NGO's and rehabilitation centers are awarded on the basis of their performance.

3.9 Formation of Committees

Different committees have been formed by the government from national to upazila level to control supply and demand of drugs.

- 3.9.1. National Narcotics control Adviser Committee: The committee consists of 23 members. Honorable Home Minister of the government is the chairman of the committee and Director General, Department of Narcotics Control is the member Secretary of this committee. This committee formulate anti-drug related work plan and implement this issue.
- 3.9.2. National Anti-drug committee: This committee comprises of 51 members, Honorable Home Minister and Honorable chairman of Parliamentary standing committee, Ministry of Home Affairs are the advisors of the committee. Secretary, Security Services Division, Ministry of Home Affairs is the chair and Director General, Department of Narcotics Control is the member secretary of this committee. This committee coordinates drug abuse, prevention and public awareness campaign two times in a year.
- 3.9.3. District Narcotics Control and Publicity Committee: This committee consists of 34 members. Honorable Parliament of district and chairman of Zilla parishad are the advisors of the committee. District commissioner is the head of this committee. Deputy Director/Assistant Director of DNC is the member Secretary of the committee. This committee coordinates anti-drug activities and reviews the overall narcotics control situation of district in every month.
- 3.9.4. Upazilla Narcotics Control and Publicity Committee: This committee comprises of 22 members. The Honorable members of Parliament and upazilla parishad chairman are the advisors of the committee. Upazilla Nirbahi Officer is the head of the committee. Upazilla Secondary Education Officer is the member Secretary of this committee. This committee undertakes and implements drug abuse prevention and publication and public awareness activities at upazilla level.

3.10 Role of NGO's regarding Drug Prevention

Non Government Organizations (NGO's) are playing significant roles for drug prevention through creating mass awareness. It is seen that the friends, neighbors and classmates are often inspired to take drugs by the motivation of their drug addicted companions. Mass awareness on the harmful effects of drug use is needed. Keeping the adverse situation in mind, NGO's are creating mass awareness on this burning issue. Dhaka Ahsania Mission and some other Civil Society Organizations, NGO's have been playing a vital role for reducing demand of drug. NGO's are trying to create awareness development about negative impact of drug through Peer Volunteers, Counseling with future treatment plan for prison experienced drug user to continue drug free life, Family Counseling of drug abuser to play supportive role for run

recovery life, Contact with ex-prisoners after being released or getting bail from prison to support them for getting admission at drug treatment centers, Referral for medical support in inside prison as part of withdrawal management, Referral and financial support for Drug treatment (Detoxification).

NGO's are also engaging in Service promotion Campaign, Day observance (International Day against Drug Abuse and Illicit Trafficking), Drug treatment and Management training for Public & Private Drug Treatment Centers and Prison Officials, organize stakeholder workshop and consultation Meeting with related stakeholders, Peer volunteer training, Life Skill Training for prisoners, Skill Development Training for ex drug abuser as part of rehabilitation.

NGO's are organizing the youth and adolescents and forming youth club/youth brigades/groups/networks to create awareness on dangerous affects drug abuse. These youths and adolescents are gathered information regarding harmful effects of drug abuse; disseminate the information in their respective community and creating mass awareness on this issue.

To aware the community level people on dangerous affects of drug abuse TMSS and other organizations has conducted courtyard meeting on regular basis. Grass roots level participants are participating in these meetings. Causes, consequences and harmful effects of drug abuse are being discussed in these meeting through using easy read and easily understand materials. Mass awareness are increasing among the common people through this effort.

In collaboration with DNC, NGO's are organizing school and college based discussion meeting, rally, seminar, debate completion, art completion, easy writing completion, sports completion, etc to create awareness about dangerous affects of drug abuse in the society. Awareness creation materials like posters, leaflets and stickers are being distributed in these programmes. Some others awareness activities carried out by NGO are Formation of human chain, Organize anti-drug discussion Meeting, seminar, round table conference, talk show, Awareness through media program, Recovery get-together programs, Materials Development and distribution, Organizing training and orientation etc.

Massive awareness prevention programme as a tool of drug reduction strategy can play pivotal role in addressing the prevalent drug addiction condition. To get the maximum positive outcome a comprehensive approach has been taken by DNC considering preventive activities. As concerted and holistic efforts these activities will be formulated covering the area of family, educational institutions, workplace, community, media and environment. Mass people need to have correct information about drugs, drug use, the effects and consequences of drugs. They also need to learn how to avoid drugs and make healthy choices in life. By contributing in awareness campaign and motivational activities NGO's are also playing important role in drug prevention. DNC will work in unison with all the stakeholders to stamp out the obstacles lying ahead to fulfill its vision of building a drug addiction free country.



Addressing drug challenges in
health and humanitarian crises



HARM REDUCTION

Harm reduction approach is proactive and evidence-based designed to reduce the negative personal and public health impacts of behavior associated with alcohol and other substance use at the individual and community levels.

Organizations designated for harm reduction incorporate a spectrum of strategies that meet people “where they are” on their own terms, and may serve as a pathway to additional prevention, treatment, and recovery services. They addressed broader health and social issues through improved policies, programs, and practices.

The world is experiencing the most significant substance use and overdose epidemic it has ever faced, exacerbated by a worldwide pandemic, and driven by the proliferation of highly potent synthetic opioids containing primarily fentanyl and other analogues. In this critical situation harm reduction services save lives by being available and accessible to people, and emphasizing the need for humility and compassion toward people who use drugs and thereby plays a significant role in preventing drug-related deaths and offering access to healthcare, social services, and treatment. This results in a reduction of overdose fatalities, acute life-threatening infections related to unsterile drug injection, and chronic diseases such as HIV/HCV.

Harm reduction is part of the continuum of care and have proven to prevent death, injury, disease, overdose, and prevent substance misuse or disorder. Harm reduction is an effective approach to addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use.

Harm reduction, refers to a range of public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviors, both legal and illegal. In case of substance use the harm reduction approach to treatment acknowledges different goals for different people who use drugs. Instead of demanding that users conform to rigid treatment program requirements (e.g., clean urine tests as a prerequisite for continued care), a range of services are offered in response to the needs and wishes of people who use drugs.

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

In the context of Bangladesh where moral model of addiction dominates over disease model of addiction restricts investments of resources and intellects in the harm reduction sector. Currently harm reduction

interventions for People Who Inject Drugs (PWID) have been operating in Bangladesh since 1998. Following a comprehensive approach of harm reduction (WHO, UNODC, UNAIDS, 2012), Opioid Substitution Treatment (OST), free distribution of sterile needles/syringes and condoms, peer education using Information, Education and Communication (IEC), Behavior Change Communication (BCC), HIV testing and counseling, STI management (ASP, 2016), ART for HIV positive PWID and referral for TB are all presently being deployed (Azim et al., 2008). In addition under harm reduction there are treatment facilities (inpatient and outpatient based detoxification, outpatient service), echo training to develop service provider in substance use disorder management, psycho-education for family member's and drop in centers etc. Overall harm reduction activities in Bangladesh will be described below under the title of treatment facilities, echo training and opioid substitution therapy (OST) in Bangladesh.

TREATMENT FACILITIES:

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

In addition, the government has planned to establish six treatment and rehabilitation centers with facilities of 200 beds in each divisional headquarters. Furthermore, under Ministry of Health, for treatment of substance use disorder there are 30 beds in Mental hospital, Pabna and 50 beds at National Institute of Mental Health, Dhaka, Bangladesh.

Beside the services provided by the government there are NGO's and private treatment services for the people with substance use disorder. Department of Narcotics Control, Bangladesh, issued licenses 020- to 3 new NGO and 24 private treatment centers till December 2021. In total there are 79 NGO and 361 private treatment centers are working on various aspects of harm reduction in Bangladesh.

To enhance treatment quality and increase capacity of non-government treatment and rehabilitation center and NGO's in 2019 Government donation rules for non-government treatment and rehabilitation center was approved by the ministry of state. In 2021, the Department of Narcotics Control distributed BDT 150,00,000 (1.5 crore) among 40 non-government treatment and rehabilitation center.

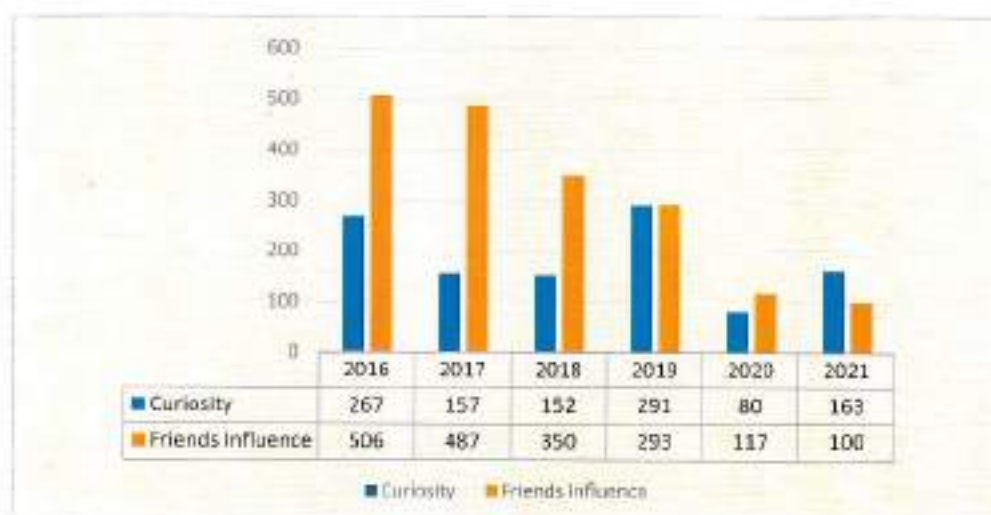


Figure I : The graphical presentation of distribution of patients by most frequent primary reason for substance use in central drug addiction treatment center, Dhaka, Bangladesh, 2021

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

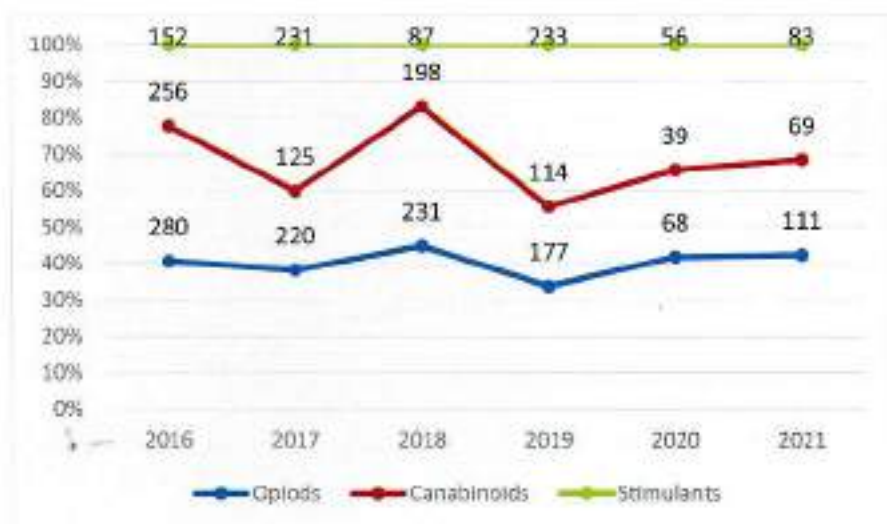


Figure II : The graphical presentation of three main substances of use in central drug addiction treatment center, Dhaka, Bangladesh in 2021

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

Table-I: Distribution of patients by age group in central drug addiction treatment center, Dhaka, Bangladesh on 2021

Age (Years)	Number of Patients (%)				
	2017	2018	2019	2020	2021
Up to 15	15 (2.31%)	17 (3.39%)	26 (4.44%)	9 (4.57%)	6 (2.18%)
16-20	129 (19.85%)	113 (22.51%)	134 (22.70%)	134 (17.26%)	35 (12.73%)
21-25	125 (19.23%)	100 (19.92%)	98 (16.72%)	51 (25.89%)	60 (21.82%)
26-30	157 (24.15%)	93 (18.53%)	125 (21.16%)	34 (17.26%)	62 (22.55%)
31-35	105 (16.15%)	83 (16.53%)	72 (12.29%)	30 (15.23%)	44 (16.00%)
36-40	72 (11.08%)	44 (8.77%)	66 (11.26%)	17 (8.63%)	38 (13.82%)
41-45	24 (3.69%)	23 (4.58%)	24 (4.10%)	6 (3.05%)	16 (5.82%)
46-50	15 (3.69%)	19 (3.78%)	30 (5.12%)	12 (6.09%)	10 (3.64%)
51>	17 (2.14%)	8 (1.23%)	10 (1.99%)	13 (2.22%)	4 (1.45%)
Total	815 (100%)	795 (100%)	502 (100%)	206 (100%)	275 (100%)

Table I shows that in 2021 at central drug addiction treatment center, Dhaka, Bangladesh 16-45 year age group includes most of the sample where 26-30 year age group shares highest and most of the cases were under 16-40 age group and under there was 1.5 fold higher than 2021

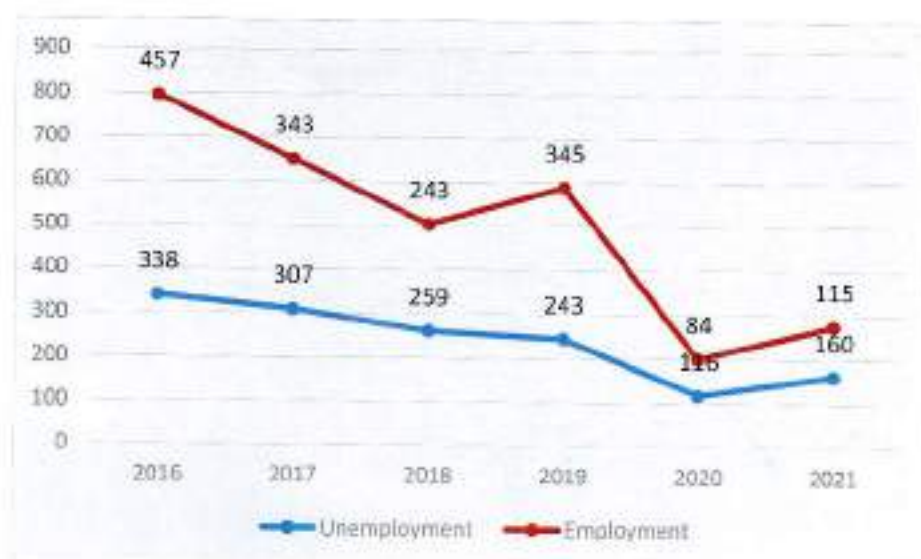


Figure III: The graphical presentation of Distribution of Patients by Occupation in central drug addiction treatment center, Dhaka, Bangladesh, 2021

Figure -III shows that among the respondent unemployment was higher than employment in 2021, which was nearly same as 2020

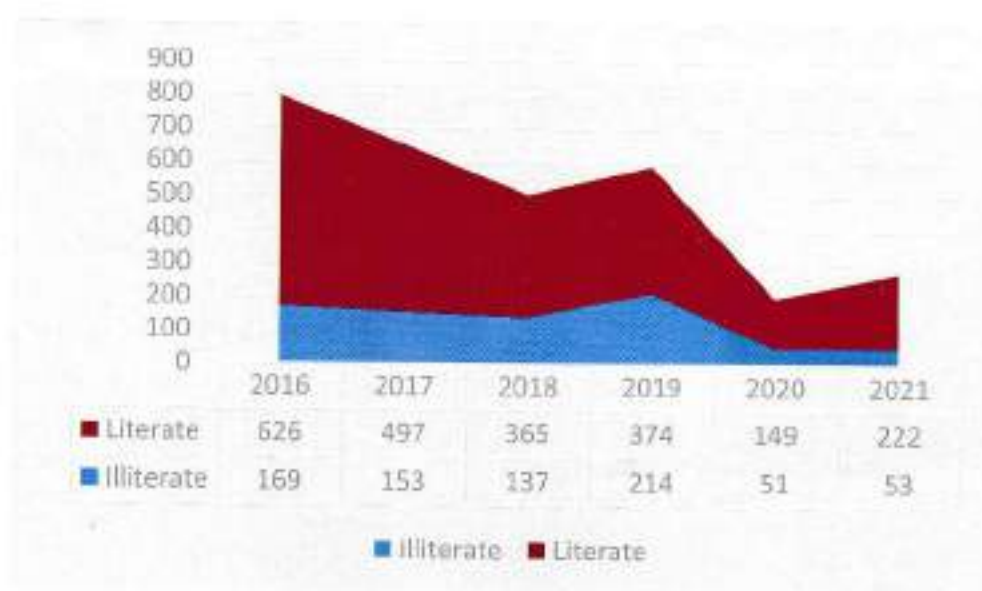


Figure-IV: Distribution of Patients by literacy in central drug addiction treatment center, Dhaka, Bangladesh, 2021

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

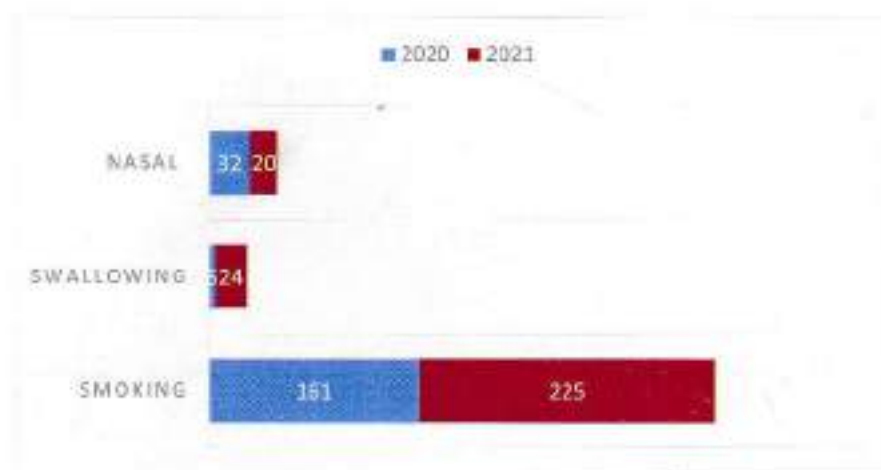


Figure-V: Distribution of Patients by Route of Administration of Drugs in central drug addiction treatment center, Dhaka, Bangladesh, 2021

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

ECHO TRAINING:

Central Drug Addiction Treatment Centre supported by Department of Narcotic Control, Bangladesh conducted 7 (seven) echo training programme on universal treatment curriculum from January, 2021 to December, 2021. In total 304 participants from different background (psychiatrist, doctor, clinical psychologist, psychologist, nurse, recovering addict, clinic owner, etc.) were trained on the above-mentioned curricula.



Figure-VI: Director General, and Chief consultant of Department of Narcotics Control with the participants of Bangladesh in the 52nd UTC training programme held on 23 November - 02 December, 2021 in Dhaka, Bangladesh.



Figure-VII: Director General, and Chief consultant of Department of Narcotics Control with the participants of Bangladesh in the 53rd UTC training programme held on 20-30 December, 2021 in Dhaka, Bangladesh.



Figure-VIII: Director General, and Chief consultant of Department of Narcotics Control with the participants of Bangladesh in the 53rd UTC training programme held on 20-30 December, 2021 in Dhaka, Bangladesh.

PSYCHO EDUCATION FOR FAMILY MEMBERS:

In the treatment and rehabilitation programme of substance use disorder role of family is relatively unique in comparison to other psychiatric disorder. Family groups can be very challenging but also immensely powerful and effective. To train the family members of the patients about their co-dependent behaviour, expected role and way to help the patients to prevent relapse, CTC has taken programme for family psycho-education on every Wednesday from 11:00 am to 12:00 am started since October, 2015. These psycho education sessions conducted according to a semi structured outline to achieve and maintain recovery for both patient and their caregiver, delivered as 4 week programme where anyone who missed a session could catch up if s/he just joined the missed session which will be repeated on next month. Each session conducted by chief consultant, resident psychiatrist, rehabilitation officer, occupational therapist, matron (junior) with support from social welfare department. From March, 2020 due to covid-19 pandemic as several health related prohibition including special leave and not to arrange any mass gathering was declared thereby psycho education for family members was postponed.

OPIOID SUBSTITUTION THERAPY (OST) IN BANGLADESH

Figure-IX: Group of PWID injecting

Among various drugs, opioid dependence is considered a substantial problem worldwide (Yin W et al., 2015). Injecting drug use is a global phenomenon, documented in at least 158 of the world's countries and territories (Cook C et al., 2008). PWID faces some of the most severe health consequences associated with drug use. Almost 12 million people worldwide inject drugs, of



Figure-IX: Group of PWID injecting

whom one in eight (1.6 million) are living with HIV, and more than half (6.1 million) are living with hepatitis C (UNODC 2017).

Opioid substitution therapy (OST) is an effective, evidence-based intervention recommended by WHO and other United Nations agencies to prevent HIV transmission among opioid injectors and to treat drug dependence. It involves the administration of a long-acting opioid drug to an opioid-dependent person, usually by a non-parenteral route of administration, for the therapeutic purposes of preventing or substantially reducing the injection of illicit opioids such as heroin. Its goal is to improve the health status and psychological and social wellbeing of the opiate-dependent person.

Figure-X: OST clinic at Central Drug Addiction Treatment Centre under the Department of Narcotics Control OST refers most commonly to methadone or buprenorphine and their various forms. When methadone is used for substitution of harmful opioid, it is called Methadone Maintenance Treatment (MMT). OST in the treatment of opioid dependence is effective in reducing illicit opioid use and injection frequency (hence the transmission of HIV and hepatitis B and C). It also increases safe injection practices, reduces engagement in illegal introduction activities, reduces the likelihood of incarceration and increases the likelihood of employment. All these factors together mean that OST stabilizes patients' lives, providing substantial benefits for patients, their families, and the broader community. In 2016, 80 countries and territories implement MMT including 15 countries in Asia.



Figure-X: OST clinic at Central Drug Addiction Treatment Centre under the Department of Narcotics Control

OST Clinics Operating in Bangladesh

The estimated number of PWID in Bangladesh is 33,067 according to the ASP size estimation study conducted in 2016. This size estimation data is now old and needs to be reevaluated. Also, the geographical locations of the drug users and the pattern of drug use may have changed during the COVID-19 pandemic.

AIDS STD Programme (ASP), Save the Children (SC) and icddr,b jointly implementing the HIV program in Bangladesh with SC focusing on PWID and FSW, icddr,b focusing on MSM, TG and PWID (particularly for OST) and ASP focusing on strengthening the enabling environment as well as gradually initiating HIV service delivery for PWID and FSW from selected government hospitals. A total of 5,000 PWID are planned for enrolment in OST, 1,500 from the ASP-GoB funding; 2,600 (SCI) and 900 (icddr,b) from the Global Fund funding, which is 15.1% of the national size estimation. At present, icddr,b and save the children Bangladesh combined had 2600 PWID under the MMT programme under direct supervision of Department of Narcotics Control (DNC). Below table is showing the number of OST clients receiving methadone in all over Bangladesh.

Table II: OST Clinics in Bangladesh

No.	Name of the OST clinic	Location	Implementing Agency	Treatment Setting	No. of OST Clients	% coverage
						33,067
1	CTC, Tejgaon, Dhaka	Dhaka	icddr,b	Govt. hospital	150	
2	Dholpur, Dhaka	Dhaka	icddr,b	DIC	200	
3	Moulavi Bazar, Dhaka	Dhaka	CARE	DIC	200	
4	Swamibag, Dhaka	Dhaka	CARE	DIC	200	
5	Khilgaon, Dhaka	Dhaka	Save the children	DIC	200	
6	Nayabazar, Dhaka	Dhaka	CARE	DIC	200	
7	Agan agar, Keraniganj	Dhaka	CARE	DIC	200	
8	Chashara	Narayanganj	icddr, b	DIC	250	
9	Race cou rse	Comilla	Save the children	DIC	200	
10	Divisional Treatment Centre, DNC	Rajshahi	APOSH	Govt. hospital	200	
11	Jatrabari, Dhaka	Dhaka	APOSH	DIC	200	
12	Tongi	Gazipur	CARE	DIC	200	
13	Jurain, Dhaka	Dhaka	CARE	DIC	200	
Total PWID under OST (after enrollment)					2600	8%



OST Services During COVID-19 Outbreak and Take Home Dose

As methadone needs to be taken daily, United Nations Office on Drugs and Crime (UNODC) recommends provision of take-home dose to the OST clients during the lockdown situation as clients cannot visit the OST clinics daily. Clients were provided with take home doses, especially for those who are elderly with COPD, DM, HTN, HIV, TB; clients living far away, female clients, already taking home dose. 7-14 days take home dose was provided as per UNODC guideline. Maintaining social distancing and awareness is another major challenge. The OST clinics displayed posters on COVID-19 transmission and social distancing. Every client was encouraged to wear face mask as per government's instruction. Circles were painted on the floor with 3 feet distance.



Figure-XI-A Clients receiving methadone from a MMT clinic in Dhaka



Figure-XI-B Take home dose in a sealed graduated container

Way Forward About OST Services in Bangladesh

The estimated number of PWID in Bangladesh is 33,067 according to the ASP size estimation study conducted in 2016. This size estimation data is now old and needs to be reevaluated. Also, the geographical locations of the drug users and the pattern of drug use may have changed during the COVID-19 pandemic. Considering these factors, a new size estimation of the PWID is warranted so that according to the new estimation, the OST programme can be contemplated. The coverage of existing OST programmes in Bangladesh is low in comparison with the other Asian neighbours. Scaling up and long-term sustainability of the OST programme in Bangladesh is possible which requires collective efforts of the different Ministries/Departments of the Government and the International Organizations. Through the continuous support from DNC and ASP, the OST programme will scale up further to ensure full coverage of all the PWID in Bangladesh in the coming years and will be able to stem the spread of the deadly HIV in to the mass population.

Incorporating harm reduction in national health system can reduce negative effects on health and social wellbeing due to use of alcohol, other drugs, and related behaviors. Accepting and understanding substance use as a health issue instead of viewing as phenomena caused by individual psychological (or moral) deficiencies or legal situation, harm reduction views patterns of drug use collectively. Existing criminalization of the persons with substance use disorder undermines his/her ability to control his/her own drug use, sets the stage for collateral damages and worked as a barrier to the pathway of care and recovery. Although wide continuum of services and initiatives required for effective harm reduction service unmet till date, certain initiatives evolving at different government and non-government level of Bangladesh which inspire us that in near future we may add more evidence based options for harm reduction and met the international standard of treatment and rehabilitation of patient with substance use disorder.

Transnational Organized Crime (TOC) and Intelligence Sharing

Illicit drug trafficking is one of the vital components of transnational organized crime. Along with drug trafficking a number of other crimes are being perpetrated such as money laundering, smuggling of illegal weapons and so on. According to The UN Asia and Far East Institute (UNAFEI), combating transnational organized crime relies on three techniques stand out as the most important: Electronic surveillance, undercover operation and the use of confidential information. In a word, it can be termed as effective use of intelligence. Since transnational organized crime occurs in more than one countries, it is not possible to combat it effectively without the exchange of intelligence.

While Bangladesh is not a drug-producing country, in the current reality of using latest technology (such as drones, drug marketing on the Dark Web by the drug traffickers of some neighboring countries and the proliferation of new drugs the Department of Narcotics Control (DNC) of Bangladesh is increasingly focusing on sharing intelligence, both domestically and internationally.

The DNC's Intelligence Unit:

The DNC Intelligence unit maintains a close surveillance on both the Domestic and International drug situation. An officer of the rank of Additional Director from DNC Intelligence unit acts as the focal point on sharing intelligence with the other intelligence organizations of the country as well as with other international intelligence organizations. It is noteworthy that through the exchange of intelligence with the Drug Enforcement Administration (DEA) of USA, the DNC has been able to uncover multiple cases related to cocaine and the Khat.

BFIU's role against TOC:

Bangladesh Financial Intelligence Unit (BFIU), which is responsible for the economic intelligence of the government of Bangladesh, is also playing a vital role to coordinate Money Laundering (ML), illegal financial flows originated from drugs and from other sources as well as to prevent Transnational Organized Crime (TOC). Concerned LEA's and intelligence organizations are acquiring necessary supports from BFIU to investigate financial matters related with drug crime. BFIU has international Coordination with Asia Pacific Group, Egmont Group, UNODC, INCB, DEA etc, the international supervisory and coordinating agencies working in this field.

Transnational Co-operation to combat illegal Drugs:

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



Information sharing with Regional Bodies:

- Colombo Plan, SAARC (SDOMD)-Bangladesh is also signatory to the SAARC convention of Narcotic drugs and Psychotropic Substances, 1990.
- The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) - is an international organization of seven nations of South Asia and South East Asia, comprising of Bangladesh, India, Myanmar, Sri Lanka, Thailand, Bhutan, and Nepal. The Fifth Meeting of the BIMSTEC Sub-Group on Prevention of illicit Trafficking in Narcotics Drugs, Psychotropic Substances and Precursor Chemicals held in Nepal on 23 May 2018. All members states vow to share information and work together against illegal drug trafficking, ML and TOC. A newly ongoing administering platform to combat TOC like SARICC (South Asian Regional Intelligence and Coordination Center) is discerning to work with BIMSTEC for necessary feedback among the two organizations with coordination of UNODC.
- Bangladesh has signed two bilateral agreement with India and Myanmar to curb drug trafficking. Since then, 7 bilateral meetings have been held with India & 4 with Myanmar. Bangladesh has signed a Memorandum of understanding (MoU) with Iran to tackle the drug problem. Bangladesh has also signed a Memorandum of understanding (MoU) with the US Drug Enforcement Administration (DEA) in 2013.
- MOU with Drug Enforcement Administration (DEA), USA. DNC is closely working with DEA to combat international drug smugglers those are trying to use Bangladesh as a safe transit route of drug smuggling. Already DNC has some successful story of seizure of Cocaine and ATS from our International airport as per information shared by DEA.
- Bangladesh built up a relation of bilateral cooperation with Supreme Prosecutors Office (SPO) of the Republic of Korea. KOICA of the Republic of Korea is providing training for DNC officials, and other logistics as part of strengthening the DNC. A MoU between the South Korea & Bangladesh has signed under which DNC would be modernized with ICT and drug testing system especially.
- Bangladesh has close partnerships on drug abuse prevention and control with the Colombo Plan for Cooperative, Economic and Social Development in Asia and the Pacific and 19 countries including China, Myanmar and the South Asian Association for Regional Cooperation member States. Those partnerships involve the exchange of information and technical assistance.
- Our country and India have close cooperation mechanisms for law enforcement and drug control, including regular meetings at the political and technical levels. The two countries have instances to share information on drug trafficking on a real-time basis and to assist one another in the investigation of drug cases. Bangladesh has an effective and integrated joint border management approach with India.

In the present era of globalization, to maintain peace preventing drug trafficking or TOC all around the globe, it is necessary to work against it as a collective unit. The intelligence unit of DNC is working accordingly with utmost sincerity and dedication with other intelligence organizations around the world.

Precursor Chemicals : Bangladesh Perspective

The UN convention 1988 listed 30 precursor chemicals that are frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. Till October 2000, there were 22 precursor chemicals in the list but in November 2000 nor-ephedrine was included. Precursor chemicals are placed in Table-I and Table-II. Table - I and Table-II contain 18 and 8 precursor chemicals respectively. On 6th October 2014, Alpha- phenylacetoacetonitrile (APAAN) was included in the list as precursor chemicals. 4-Anilino-N-phenethylpiperidine (ANPP) and N-phenethyl-4-piperidone (NPP) were included in Table I.

The licit and illicit use of precursor chemicals as follows:

Table - I

Sl. No.	Name of precursor chemicals	Licit Use	Illicit Use
1	N-Acetylthranillic acid ($C_9H_9NO_3$)	Pharmaceuticals, Plastic and fine chemicals	Methaqualone and Mecloqualone
2	Acetic Anhydride ($C_4H_4O_3$)	Pharmaceuticals, Plastics, paints, dyes, explosives etc.	Heroin, Methaqualone, P2P
3	Ephedrine ($C_{10}H_{15}NO$)	Manufacture of cough medicines	Amphetamine Type Stimulants (ATS) -Yaba
4	Ergometrine ($C_{19}H_{23}N_3O_2$)	Treatment of migraine	Lysergic acid diethylamide (LSD)
5	Ergotamine ($C_{33}H_{35}N_5O_5$)	Treatment of acute migraine	Lysergic acid diethylamide (LSD)
6	Isosafrole ($C_{10}H_{10}O_2$)	Perfumes, fragrances, pesticides	Tenamphetamine (MDA), (MDMA)
7	Lysergic Acid ($C_{16}H_{16}N_2O_2$)	Organic synthesis	Lysergic acid diethylamide (LSD)
8	3,4-methylenedioxyphenyl-2-Propanone ($C_{10}H_{10}O_3$)	Manufacture of Piperonal	Tenamphetamine (MDA), (MDMA)
9	Norephedrine ($C_9H_{13}NO$)	Appetite-suppressant, nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
10	1-phenyl-2-propanone ($C_9H_{10}O$)	Pharmaceutical industries to manufacture amphetamine, methyl amphetamine.	Amphetamine Type Stimulants (ATS) -Yaba
11	Piperonal ($C_8H_6O_3$)	Perfume, component for mosquito repellent.	Tenamphetamine (MDA), (MDMA), MDE
12	Potassium permanganate ($KMnO_4$)	Anti-fungal agents, water purification, organic synthesis.	Manufacture of cocaine base

Sl. No.	Name of Precursor Chemicals	Licit Use	Illicit Use
13	Pseudoephedrine (C ₁₀ H ₁₅ NO)	Bronchodilators and nasal decongestant	Amphetamine Type Stimulants (ATS) -Yaba
14	Safrole(C ₁₀ H ₁₀ O ₂)	Perfume and soap manufacture.	Tenamphetamine(MDA), (MDMA), MDE
15	Alpha-phenylacetoacetonitrile (APAAN)	Very limited	Amphetamine Type Stimulants (ATS) –Yaba
16	Alpha-phenylacetoacetamide (APAA)	Very limited	Amphetamine Type Stimulants (ATS) –Yaba
17	Methyl alpha-phenylacetoacetate (MAPA)	Very limited	Amphetamine Type Stimulants (ATS) –Yaba
18	Phenylacetic acid (C ₈ H ₈ O ₂)	Perfume, Penicillin, 1-phenyl-2-propanone, pharmaceuticals etc.	Amphetamine Type Stimulants (ATS).
19	3,4-MDP-2-P methyl glycidate ("PMK glycidate")	Very limited	Amphetamine Type Stimulants (ATS) –Yaba
20	3,4-MDP-2-P methyl glycidic acid ("PMK glycidic acid")	Very limited	Amphetamine Type Stimulants (ATS) –Yaba
21	4-Anilino-N-phenethylpiperidine (ANPP)	Very limited	Amphetamine Type Stimulants (ATS) –Yaba
22	N-phenethyl-4-piperidone (NPP)	Very limited	Amphetamine Type Stimulants (ATS).

Table- II

Sl. No.	Name of Precursor Chemicals	Licit Use	Illicit Use
23	Acetone(C_3H_6O)	Use as solvents, Pharmaceuticals, cosmetics, Plastics, paints, lubricants, varnish industries.	Manufacture of Heroin, synthesis of LSD, amphetamine and cocaine base to cocaineHCl.
24	Anthranilic acid ($C_7H_7NO_2$)	Manufacture of dyes, pharmaceuticals, perfumes, and insect repellents.	Methaqualone and Mecloqualone
25	Ethyl ether($C_4H_{10}O$)	Used as solvent in Plastics Pharmaceuticals, perfumes.	Heroin, cocaine, LSD, ATS, methadone, and methaqualone.
26	Hydrochloric acid (HCl)	As catalyst and solvent in organic synthesis.	Hydrochloric salt of narcotic drugs.
27	Methyl Ethyl Ketone (C_4H_8O)	Solvents and manufacture of coating, degreasing agents, resins	Converts cocaine base to cocaine hydrochloride.
28	Piperidine($C_5H_{11}N$)	Anesthetics, analgesics etc.	Phencyclidine & Tenocyclidine.
29	Sulphuric acid(H_2SO_4)	Fertilizer, explosives, paper etc.	Cocaine from coca leaves.
30	Toluene (C_7H_8)	Solvent, manufacture of explosives, dyes, coatings etc.	Solvent for production of ATS, fentanyl, cocaine, methadone, etc.

Precursor chemicals control in Bangladesh:

Bangladesh is neighbor of a major precursor chemicals producing country, India, and one of the largest ATS (yaba) producing country, Myanmar. So, we are more cautious about the operation, movement & diversion of precursor chemicals. The importers or users have to need license from the Department of Narcotics Control.

To comply with the 1988 UN convention, the precursor chemicals are included in the Narcotics Control Act, 2018 as A-class drug. Section 9(3) of the Narcotics Control Act, 2018 is the main tool to control and supervise the production, processing, possession, import, export, purchase, sale, transportation, and storage of precursor chemicals. If anyone do above mentioned any activity without licenses/permit is treated as a punishable offense.



Licenses of precursor chemicals issued from Department of Narcotics Control has given below:

Import	Retail	Production & Processing	User	Total
120	42	42	47	229

Precursor chemicals like Acetone (C_3H_6O), Toluene (C_7H_8), Acetic Anhydride ($C_4H_4O_3$), Potassium permanganate ($KMnO_4$), Ephedrine ($C_{10}H_{15}NO$), Methyl Ethyl Ketone (C_4H_8O), Hydrochloric acid (HCl), and Sulphuric acid (H_2SO_4) are imported for industrial use. These are mostly used in pharmaceuticals, garments, textiles, paints, plastics, adhesive, coating, dyeing, and agro-based industries.

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

Acetone (C_3H_6O):

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

Annual Quota MT	Import MT			
10006.12	2018	2019	2020	2021
	1358.145	1400.543	1072.651	1365.415

Statistics reveals that trend of importation of acetone is almost static in 2018, 2019 and 2021 but 21.22% increased 2021 compare to 2020.

Toluene (C_7H_8): Toluene is used solvent in adhesive, paint and coating industry. Import of Toluene in the last 4 years is as follows:

Annual Quota MT	Import MT			
13651.867	2018	2019	2020	2021
	3898.2984	4818.46	4355.758	5004.505

The import statement indicates that import of toluene has increased in 2018, 2019 and 2021. In 2021 import of toluene is highest ever and compare to 2020, it is 14.89% higher in 2021.

Methyl Ethyl Ketone (C_4H_8O):

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

Annual Quota MT	Import MT			
5417.065	2018	2019	2020	2021
	842.561	1064.916	1435.462	1164.734

Data infers that the demand of MEK is increasing gradually from 2018 to 2020. Import of MEK decrease 18.85% from 2020 to 2021.

Potassium permanganate (KMnO_4):

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

Annual Quota MT	Import MT			
3732.25	2018	2019	2020	2021
	1402.20	797	2715.005	1191.432

From the above-mentioned data, it shows that the import of potassium permanganate decreased in 2019 from 2018 whereas in 2020 it almost 240% higher than 2019. Again in 2021 the import of potassium permanganate is 56% lower than 2020.

Ephedrine ($\text{C}_{10}\text{H}_{15}\text{NO}$):

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

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

Annual Quota MT	Import MT			
100	2018	2019	2020	2021
	--	99	70	--

Import statistics reveals that import and use of ephedrine is decreasing gradually.

Acetic Anhydride ($\text{C}_4\text{H}_4\text{O}_3$): Import of Acetic Anhydride in the last 4 years is as follows:

Annual Quota MT	Import MT			
4168	2018	2019	2020	2021
	842.917	2124	3194.996	2791.035

Above mentioned statistics indicates that the import of Acetic Anhydride is in rising trend from 2018 to 2020, In 2021 it is dropped 12.64% from 2020.

Storage and safety of precursor chemicals:

Storage of precursor chemicals should be secure and guard against pilferage and theft. It should be substance-wise for easy accountability. Godowns should be properly ventilated. Most of the precursor chemicals are flammable, volatile, corrosive, irritant and combustible. So maintain the secure store of precursor chemicals is the primary responsibility of the importers and users. All storage sites must be approved by the Civil defense and fire service department and explosive department. Precursor chemicals should not store with control substances. Any weakness to storage of precursor chemicals may be the cause great loss including life and wealth.



Chemicals are the source of synthetic and semi-synthetic drugs. On the other hand these are the key raw materials in the industrial sector. Misdeclaration is a great obstacle in the field of precursor chemicals during importation and there may some possibility of diversion. But for strong monitoring, supervision, and legal obligation, not a single case of diversion has happened. To save the society from the curse of drugs, it is necessary to control misuse, abuse, and diversion of precursor chemicals. At the same time, it is very much essential to ensure the easy availability and flow of precursor chemicals for legitimate use in the industrial sector.



Addressing drug challenges in health and humanitarian crises

New Psychoactive Substances (NPS)

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

The main nine substance groups of NPS are (1) aminoindanes (e.g. 5,6-methylenedioxy-2-aminoindane (MDAI)), (2) synthetic cannabinoids (e.g. APINACA, JWH-018), (3) synthetic cathinones (e.g. 4-methylethcathinone (4-MEC) and α -pyrrolidinopentiophenone (α -PVP)), (4) phenacyclidine-type substances (e.g. methoxetamine (MXE)), (5) phenethylamines (e.g. 2C-E and 25H-NBOMe), (6) piperazines (e.g. benzylpiperazine (BZP) and 1-(3-chlorophenyl) piperazine (mCPP)), (7) plant-based substances (e.g. kratom (*mitragynaspiciosa* Korth), *salvia divinorum* and khat (*Catha edulis*)), (8) tryptamines (e.g. α -methyltryptamine (AMT)), (9) benzodiazepines (e.g. fluclozepam, clonazepam), (10) fentanyl analogues (e.g. 4-methoxybutyrfentanyl, acetylbenzylfentanyl), and (11) other substances (e.g. 1,3-dimethylamylamine (DMAA)). The use of NPS is often linked to health problems. In general,

side effects of NPS range from seizures to agitation, aggression, acute psychosis as well as the potential development of dependence. NPS users have frequently been hospitalized with severe intoxications. Safety data on toxicity and carcinogenic potential of many NPS are not available or very limited, and information on long-term adverse effects or risks are still largely unknown. The purity and composition of products containing NPS are often not known, which places users at high risk as evidenced by hospital emergency admissions and deaths, sometimes associated with poly-substance use. NPS are proliferating at an unprecedented rate, posing a significant risk to public health and a challenge to drug policy. Often, little is known about the adverse health effects and social harms of NPS, which pose a considerable challenge for prevention and treatment. Monitoring, information sharing, and risk awareness are needed to counter this new drug problem.



NPS has become a global phenomenon with over 134 countries and territories from all regions of the world have reported one or more NPS. More than 1,124 substances have been reported to the UNODC Early Warning Advisory (EWA) on NPS by Governments, laboratories, and partner organizations. NPS available on the market has similar effects as substances under international control such as cannabis, cocaine, heroin, Lysergic acid diethylamide (LSD), 3,4-Methylenedioxymethamphetamine (MDMA) (ecstasy), or methamphetamine. Looking at the effects of NPS that have been reported the majority are stimulants, followed by synthetic cannabinoid receptor agonists and classic hallucinogens.

Since NPS is not controlled under the International Drug Control Conventions, their legal status can differ widely from countries have implemented legal responses to control NPS, with many countries having used or amended existing legislation and others having used innovative legal instruments. Several countries where a large number of different NPS has rapidly emerged, have adopted controls on entire substance groups of NPS using a so-called generic approach, or have introduced analog legislation that invokes the principle of "chemical similarity" to an already controlled substance to control substances not explicitly mentioned in the legislation. At the international level, up to 2021, the Commission on Narcotic Drugs decided to place some NPS under international control.

The use and misuse of new psychoactive substances (or 'legal highs') has increased significantly around the world in the past 10 years. The NPS problem in Bangladesh has been seen since 2018 and has become important due to geographical location. The Golden Triangle and Golden Crescent have given a degree of

vulnerability to NPS trafficking and drug abuse in the country. Besides, the pharmacy and drug regulatory systems in Bangladesh are patient-friendly. For those, malpractices like 'prescription hopping' are a common modus operandi followed by the abusers to procure controlled drugs from pharmacies. Abusers also misuse the prescriptions of their family members, friends, etc. to obtain drugs, and some of them resort to "doctor shopping," i.e., procuring prescriptions from different doctors to procure controlled drugs from pharmacies. A comprehensive action plan was in place to overcome NPS challenges.

DNC's Director General has developed a comprehensive action plan. Under this approach, the Narcotics Control Act of 1990 was repealed and replaced by the Narcotics Control Act of 2018. New areas of the NPS issue have been included in this act, such as LSD, Dimethoxybromoamphetamine (DOB), MDMA, Magic Mushroom, phenethylamine, Khat, TapentadolHCl, Tramadol, Nalbuphine, and others. The temporary probationary period for newly emerging NPSs is preserved. This control measure is only in place because of the legal structure in place at the national level. The severity of the penalty and punishment has increased. The airport, seaport, and land port have all been upgraded. The inspection of local pharmacies and drugs has been intensified. A technical session for clinicians was held to restrict the prescription of these medications. DNC has undertaken a number of NPS training programs as part of its capacity-building operations for law enforcement agencies and transportation-related personnel. It is necessary to expand the digitalization of medicine marketing and its monitoring system.

All attempts to infiltrate the newly formed NPS are traced through the implementation of a complete action plan in accordance with the guidelines, and all attempts to infiltrate failed. As a result, for the first time plant-based NPS Khat was seized in Bangladesh in 2018. A total of 4.5 metric tons of Khat was seized at Dhaka and Chattogram airports, a considerable amount of LSD was seized in 2019. Phenethylamine, an organic substance, was seized in 2020. In the year 2021, psilocybin mushrooms were discovered. Because the method of operation is similar to that of an ATS, locally made tapentadol HCl is abused instead of an ATS. Its use and promotion are similarly regulated. The capacity of law enforcement agencies and transportation employees has expanded. As a result, no attempt to penetrate NPS has succeeded at any time or in any form. With the collaboration of the mass community, drug pharmacists, physicians, and other national and international authorities, the Department of Narcotic Control has been able to

successfully monitor and regulate the overall situation.

However, physicians believed that easy access, availability, and affordability are believed to be the main reasons leading to pharmaceutical abuse in the country. They also agreed that the self-medication of pharmaceutical drugs like benzodiazepines often leads to its misuse. The female population is more likely to abuse the sedative and tranquilizer drugs. Similarly, people with pre-existing psychiatric conditions are more likely to abuse pharmaceutical drugs. Such a segment of abusers generally do not seek any medical treatment and they remain as the hidden population of drug abusers.

The DNC's comprehensive response plan is still in full swing, and Bangladesh's NPS problem is under control. If the problem worsens, the plan will be re-evaluated, and a different approach, such as genetic control, will be used.



Addressing drug challenges in health and humanitarian crises

Forensic Analysis of Central Chemical (Drugs) Laboratory

Corruption is a complex social, political and economic phenomenon that affects all countries. Corruption undermines democratic institutions, slows economic development and contributes to governmental instability. Corruption attacks the foundation of democratic institutions by distorting electoral processes, perverting the rule of law and creating bureaucratic quagmires whose only reason for existing is the soliciting of bribes. Economic development is stunted because foreign direct investment is discouraged and small businesses within the country often find it impossible to overcome the "start-up costs" required because of corruption. As with other forms of crime, criminal groups use, to their advantage, gaps in legal and regulatory frameworks, weaknesses in capacity and the lack of resources of regulatory, enforcement and criminal justice officials, as well as difficulties in international cooperation. At the same time, the prospect of the comparatively low risk of detection and prosecution in relation to the potential income make the production and trafficking in falsified medical products an attractive commodity to criminal groups, who conduct their activities with little regard to the physical and financial detriment, if not the exploitation, of others.

Forensic Laboratory, Dhaka a premier forensic

institution of the country was originally established 3rd July 2001 in order to carry out the provision of section 62 of the Narcotics Control Act, (NCA) 1990. Its location is old Dhaka at 174 distillery Road, Gandaria, Dhaka-1204 at the own land 2.04 acres of DNC. The law regarding narcotics and psychotropic substances in Bangladesh is governed by the Narcotics Control Act 2018. Department of Narcotics Control (DNC) is a nodal agency for all drugs related issues in Bangladesh. The task of combating drug trafficking is complex and sophisticated because of its linkages with other crimes like corruption, tax evasion, human trafficking, money laundering and crimes of violence, terrorism etc. In a well thought out strategy to ensure monitoring, spread and effectiveness of the law, The Narcotics Control Act, 2018 empowers officers from Department of Narcotics Control (DNC), Police, Customs and Excise, Border Guard Bangladesh (BGB) etc. to carry out drug law enforcement measures. The laboratory undertakes scientific examination of the clue materials in the crime and civil cases forwarded by the different Courts. It is the specialized and designated laboratory for analyzing narcotics drugs, psychotropic substance and precursor chemical as well as controlled pharmaceutical drugs in Bangladesh.

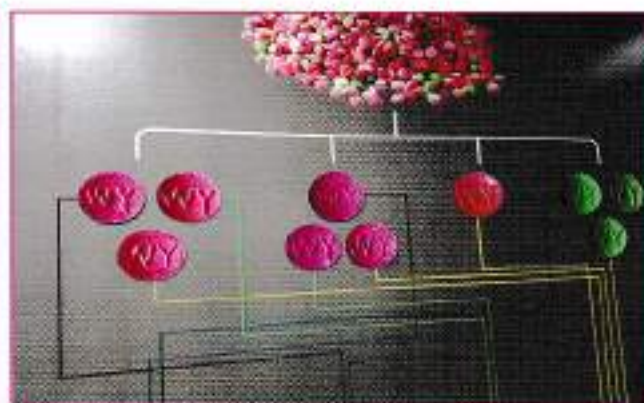


Figure 1: Typical DOB in the Forensic Laboratory of DNC Seized in Bangladesh.

Abuse of pharmaceutical drugs containing controlled narcotic drugs and psychotropic substances (herein after referred as NDPS) is increasingly becoming a public health issue in South Asia. Pharmaceutical abuse has been gaining popularity among drug users in the region. The abuse of certain prescription drugs—opioids, central nervous system (CNS) depressants, and stimulants—can lead to various harms associated with its abuse. There is a need to invest greater resources into better understanding the nature and extent of this issue, to ensure that future policy reformations related to pharmaceutical drug control measures, account for these changing trends. This company is dominated by local companies manufactures over 8000 brands, meeting the demand for around 95% of the country's pharmaceuticals and even supplies to 142 countries worldwide.

Data from law enforcement agencies, drug cartels are manufacturing large quantities of methamphetamine in nondescript towns and villages in Myanmar. Methamphetamine is the most widely abused synthetic drug produced in Myanmar. It is used across all genders, ages, and socio-economic levels. Has a high rate of addiction, a low rate of sustained recovery, and is relatively inexpensive to manufacture. The Myanmar methamphetamine threat is a two prong problem. Small Capacity Production Labs (SCPLs) (based in the Chicken) Methamphetamine manufactured by Myanmar (large "Super Labs" in Myanmar & elsewhere). Common synthetic drugs are 'Yaba' (illegally manufactured pills containing methamphetamine). Young people are displaying

a preference for these types of drugs because rather than sedative the users, they strong social dis-inhibitive and energy releasing components. The reason for this, perhaps, is that ephedrine, the principal raw material in the manufacture of the drug, is available in Myanmar.

According to the provision of the NCA, 2018 any required substances test in connection with any provision of the Narcotics Control Act, 2018 is to be done in this laboratory may be used as evidence in any proceeding in any Court in Bangladesh. Its work has been subsequently broadened by the chemical examination of all drug cases and seized by any law enforcement agencies in Bangladesh. More over it also examines the drugs and raw materials of any distillery and also the chemical industry or pharmaceuticals industry licensed under the NCA, 2018 for compliance of any provision of this Act. Though this laboratory is specialized for testing of drugs but it cannot perform all kinds of quantitative tests due to lack of sophisticated instruments. Central Chemical Laboratory (DNC) maintains all records of requests for analysis and of the respective items of evidence. During analysis they keep the evidences in their own locker. After completing analysis all examiners submit the analysis reports to the authority. According to GOB rule after six months all rest evidences were disposed. All records of the chain of custody been documented in black and white. It can also calculate the percentage to some extent. The number of test conducted in this laboratory is increasing each and every year but decreasing manpower.



Statistics of Chemical analysis of all agencies in 2021

Serial No.	Name of the Month	Positive Report	Negative Report	Total Report
1.	January	1929	-	1929
2.	February	1931	-	1931
3.	March	1711	-	1711
4.	April	11	-	11
5.	May	154	-	154
6.	June	866	-	866
7.	July	2207	-	2207
8.	August	1240	-	1240
9.	September	1595	-	1595
10.	October	1303	-	1303
11.	November	1424	-	1424
12.	December	1559	-	1559
		15930	-	15930

Agency wise Chemical analysis from 2017 to 2021 by Forensic Lab.

Division of DNC & Others	2017		2018		2018		2020		2021	
	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve
Dhaka Division	6501	02	8663	01	6798	00	2998	00	2051	00
Khulna Division	3832		6571		3305		1528		908	
Rajshahi Division	2083		4122		2115		1861		1105	
Chattogram Division	2776		4896		2685		2191		1929	
Barishal Division	1370		2431		1338		108		419	
Rangpur Division	1033		1467		1133		200		850	
Sylhet Division	833		1830		1027		116		595	
Mymensing Division	989		1297		1089		113		287	
Bangladesh Police	30378		36338		31022		27964		7361	
Others	1011		1109		933		243		425	
Total	50806	02	68724	01	51445	00	37322	00	15930	00

This Laboratory of DNC procures and provides Drug Detection kits to the drug law enforcement agencies across the country. Availability of a simple, correct user friendly native language method for 'on the spot' testing of suspected materials even by non-technical officers is a key

requirement for effective enforcement. Drug Detection kits are two types Narcotics Drug Detection kit and Precursor Chemicals Detection kit along with testing methods and flow charts.



Addressing drug challenges in health and humanitarian crises

Photo Gallery



Hon'ble Minister for Home Affairs is speaking at a workshop organized by the Department of Narcotics Control on 27 February 2022 at Hotel InterContinental, Dhaka to formulate a "Comprehensive Action Plan" to build a social movement to prevent drug abuse.



Hon'ble Minister for Home Affairs Mr. Asaduzzaman Khan, MP is speaking at the distribution of cheque of government financial assistance for the improvement of private drug addiction treatment and rehabilitation centers organized by the Department of Narcotics Control on 14 May 2022.

Photo Gallery



Mr. Md. Mokabbir Hossain, Secretary, Security Services Division, Ministry of Home Affairs is speaking at the prize distribution ceremony of anti-drug Essay and Art competition on the occasion of the Birth Centenary of Father of the Nation Bangabandha Sheikh Mujibur Rahman and golden jubilee of victory on 15 December 2021.



Mr. Md. Mokabbir Hossain, Secretary, Security Services Division, Ministry of Home Affairs is speaking at a workshop organized by the Department of Narcotics Control, Divisional office, Chittogram on March 15, 2022 to formulate a Comprehensive Action Plan to build a social movement to prevent drug abuse.

Photo Gallery



Mr. Md. Abdus Sabur Mondal PAA, Director General, Department of Narcotics Control, Ministry of Home Affairs is speaking at a workshop organized by the Department of Narcotics Control on 27 February 2022 at Hotel Inter Continental, Dhaka to formulate a "Comprehensive Action Plan" to build a social movement to prevent drug abuse.



Mr. Md. Abdus Sabur Mondal PAA, Director General of the Department of Narcotics Control is speaking at the 50th Eco-Training organized by the Department of Narcotics Control on 26 September-06 October 2021

Photo Gallery



The 7th Director General level talks (Virtual Platform) between Department of Narcotics Control (DNC), Bangladesh and Narcotics Control Bureau (NCB) India.



The 7th Director General level talks (Virtual Platform) between Department of Narcotics Control (DNC), Bangladesh and Narcotics Control Bureau (NCB) India.

Photo Gallery



Dhaka Metro (North) of DNC seized Dimethoxybromoamphetamine (DOB) and Lysergic acid di ethylamide (LSD) from Mujgurna, Boyra Khulna by on 22 November, 2021



Teknaf special zone, DNC recovered 2,50,000 pes Methamphetamine (Yaba) from Teknaf of Cox'sbazar on 26 August, 2021

Photo Gallery



District office, Bagura of DNC seized Codiene based syrup (Phensedyl) on 7 February, 2021



Dhaka Metro (South) of DNC recovered Crystal Methamphetamine (Ice), Methamphetamine (Yaba) and Arms on 5 February, 2022

Photo Gallery



District Office, Brahmanbaria of DNC seized 104 kg Cannabis on 1 November, 2021



Mr. Md. Abdus Subur Mondal PAA, Director General of the Department of Narcotics Control; Mr. Md. Azizul Islam, Additional Director General of the Department of Narcotics Control, other high officials and renowned Psychiatrist were present at the workshop on formulation of Action Plan to bring drug addicts under treatment by using the existing government medical facilities of the country organized by the Department of Narcotics Control on 08 January 2022.

Photo Gallery



Hon'ble Minister of the Ministry of Commerce, Government of the People's Republic of Bangladesh, Mr. Tipu Murshi, MP is speaking at a workshop organized by the Department of Narcotics Control, Divisional office, Rangpur on 1 June 2022 to formulate a Comprehensive Action Plan to build a social movement to prevent drug abuse.



Hon'ble Member of Parliament Mr. Amir Hossen Ami is speaking at a workshop organized by the Department of Narcotics Control, Divisional office, Barisal on 27 May 2022 to formulate a Comprehensive Action Plan to build a social movement to prevent drug abuse.

Photo Gallery



Among others, Mr. Md. Mokabber Hossain, Secretary, Security Services Division, Ministry of Home Affairs & Mr. Md. Abdus Sabur Mondal PAA, Director General, Department of Narcotics Control, Ministry of Home Affairs were present at a workshop organized by the Department of Narcotics Control, Divisional office, Khulna on 29 March 2022 to formulate a Comprehensive Action Plan to build a social movement to prevent drug abuse.



Hon'ble Minister in charge of the Ministry of Planning, Government of the People's Republic of Bangladesh, MA Mannan, MP was present at the workshop of Sylhet Division on 13 March, 2022 to formulate a "Comprehensive Action Plan" to build a social movement to prevent drug abuse.

Photo Gallery



Mr. Md. Abdus Subir Mondol PAA, Director General of the Department of Narcotics Control; Mr. Md. Azizul Islam, Additional Director General of the Department of Narcotics Control, other high officials and renowned Psychiatrist were present at the workshop on formulation of Action Plan to bring drug addicts under treatment by using the existing government medical facilities of the country organized by the Department of Narcotics Control on 08 January 2022.

**“Our Vision is to Build
Drug Addiction Free Bangladesh”**

Stop Drugs: Save Lives!



Department of Narcotics Control

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

