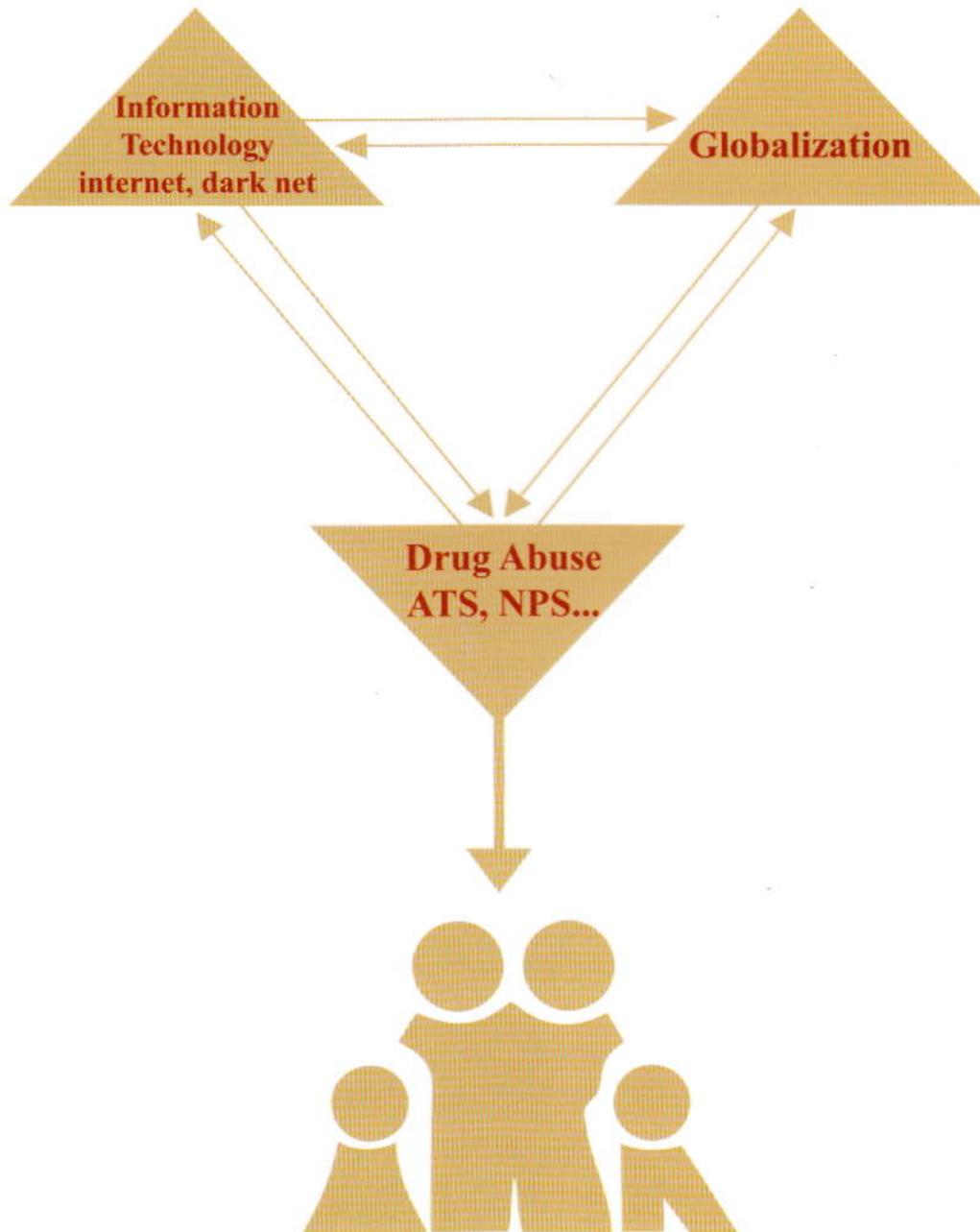


# ANNUAL DRUG REPORT

## BANGLADESH, 2015



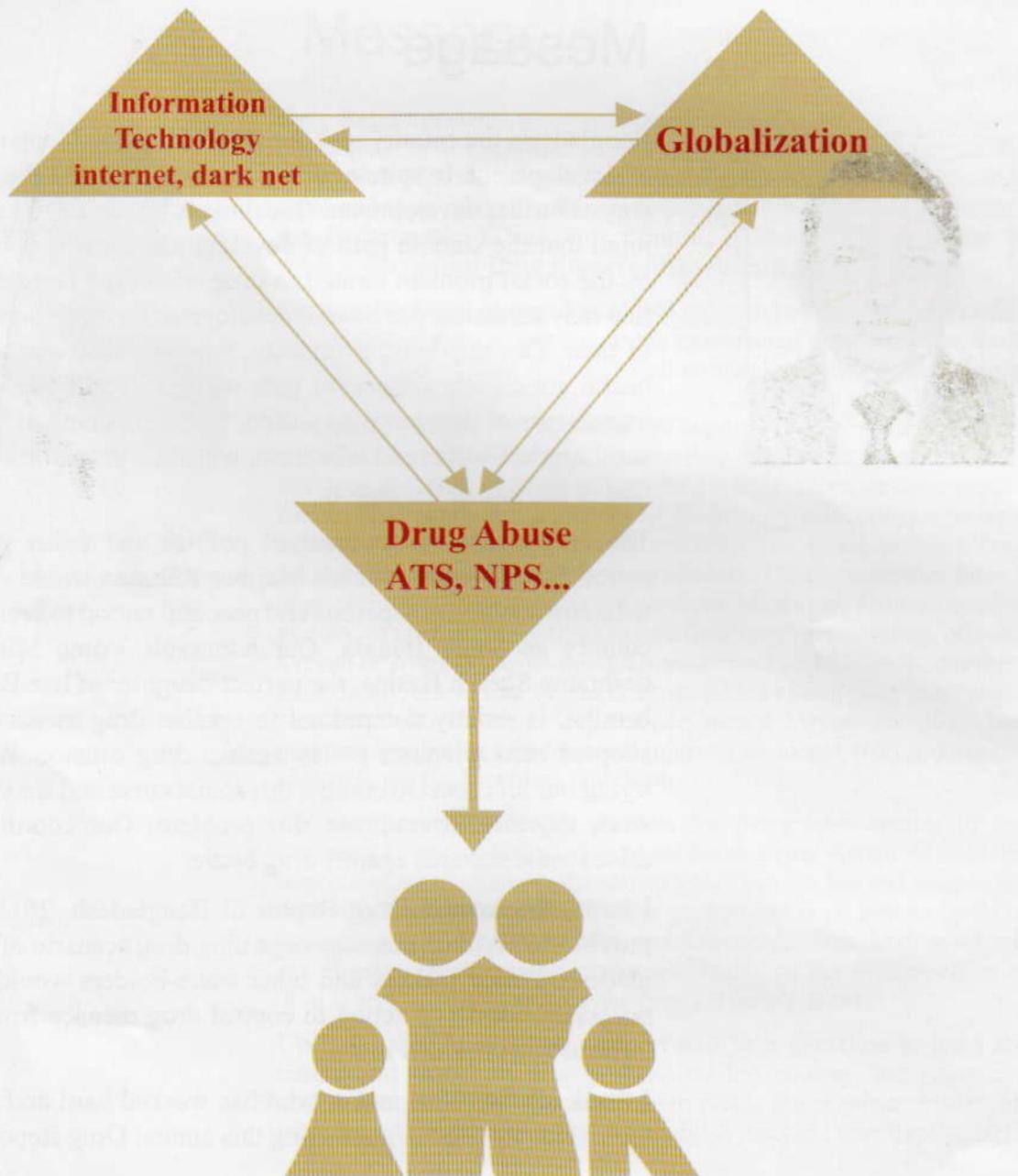
**Department of Narcotics Control**  
Ministry of Home Affairs  
Government of the People's Republic of Bangladesh





# ANNUAL DRUG REPORT

## BANGLADESH, 2015



**Department of Narcotics Control**  
Ministry of Home Affairs  
Government of the People's Republic of Bangladesh





**Minister**  
Ministry Of Home Affairs  
Government Of The People's  
Republic Of Bangladesh

## Message



Bangladesh, the country was born in 1971, passed long routes of development. In spite of that it has to go miles in the highway of further development. One thing is important to keep in mind that the smooth path of development may be complex by the social problem termed as drug addiction. Drug addiction may vandalize our overall development within short span of time. Development, prosperity, Sustainability and public health are closely connected with one another. If one of the ingredients of development suffers from any complexity the another must suffer and which can welcome disastrous situation to the fate of the nation.

The charismatic leader, poet of politics and father of the nation Bangabandhu Sheikh Mujibur Rahman would dream to have a healthy, prosperous and peaceful nation to brand the country as Sonar Bangla. Our honorable Prime Minister, deshratna Sheikh Hasina, the perfect daughter of late Bnagabandhu, is strictly determined to combat drug menace and adopted zero tolerance policy against drug offence. We are trying our level best to combat this social curse and we should work together to eradicate this problem. Our coordinated drives must succeed against drug battle.

I hope, the Annual Drug Report of Bangladesh, 2015 will provide an accurate message regarding drug scenario of Bangladesh. Policy makers and other stake-holders would take necessary course of action to control drug menace from the information provided in it.

I thank all the effort maker who has worked hard and spent their valuable time in publishing this annual Drug Report.

  
Asaduzzaman Khan MP



**Senior Secretary**  
Ministry of Home Affairs  
Government of The People's  
Republic of Bangladesh

## Message



Drug Report presents a comprehensive annual overview of the latest developments in the world's illicit drug markets by focusing on the production of, trafficking in and consumption of the main illicit drug types and their related health consequences. It is a pleasure to me that the Department of Narcotics Control of Bangladesh is going to publish the Annual Drug Report of Bangladesh, 2015.

Drug problem has emerged as global concern because of its devastating characteristics. According to the most recent data available, there has been little change in the overall national situation regarding the use and health consequences of illicit drugs. Bangladesh is not free from this problem. The magnitude of the drug problem becomes more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence. The health consequences of illicit drug use continue to be a matter of global concern, as only one out of every six problem drug users in the world has access to treatment, as many countries have a large shortfall in the provision of services. Moreover, an unacceptable number of drug users continue to lose their lives prematurely, often as a result of overdose, even though overdose-related deaths are preventable. Today, one in four deaths is attributable to illicit drug use. People who live with substance dependence have a higher risk of all bad outcomes including unintentional injuries, accidents, risk of domestic violence, medical problem and death.

We have to overcome this problem for the greater interest of our existence. Drugs may paralyze our total development system. In addition, it causes series of crimes in the society which hamper law and order situation. It is the point of relief that the government is on serious mode in combating drug-menace and takes serious action against the drug offenders. Besides, creating public awareness regarding the adverse effect of drug is very important to make the dormant people aware.

I believe, this Annual Drug Report will be a guideline to learn the nature and extent of drug-problem of the country and necessary actions would be taken accordingly to tackle the problem. I thank all who made this effort successful to publish Annual Drug Report, 2015.

**(Dr. Md. Mozammel Haque Khan)**  
Senior Secretary



**Department of Narcotics Control**  
Ministry of Home Affairs  
Government of the People's Republic of  
Bangladesh

## FOREWORD



Drug problem is a great threat for human civilization. It itself creates thousands of multifarious problems in the society and hampers the normal atmosphere of living. Drugs destroy peace, harmony and prosperity of the community as well as the nation. Global communities admitted its adverse effect with deep concern and trying to face it with coordinated efforts. The government of the Peoples Republic of Bangladesh has taken up the issues seriously and necessary steps also taken accordingly. The government also firmly committed to save the people from the curse of drug menace at any cost. Honorable Prime Minister Sheikh Hasina declared "Zero Tolerance" to drug related crimes. Bangladesh is maintaining a good relationship with the neighboring countries as well as regional and international organizations regarding drug related issues.

Bangladesh is neither a drug producing nor an exporting country. It does not produce precursor and chemicals required for manufacturing of drugs also. Drugs are coming from neighbouring countries through large porous border. Statistics of seizures and intelligence report reveal that abuse of codeine based syrup phensidyl decreases gradually, but abuse and seizure of Yaba increase sharply for last few years. Abuse of Cannabis and heroin is static. Statistics of drug abuse shows that people of all sections including women are the victim of Yaba. At present yaba is great threat for Bangladesh that is coming only from Myanmar.

To save the future generation, massive anti-drug awareness campaign is going on all over the country in collaboration with GOs and NGOs and peoples of all walks of life. In the same time, government has taken initiatives to strengthen capacity of the drug law enforcement personnel. Print and electronic media can play a vital role to create anti-drug awareness

movement. To make drug free educational institutions, Ministry of Education issued a circular to form anti-drug committees among the schools, colleges and universities. 15,930 educational institutions have formed anti-drug awareness committees across the country up to 2015.

The government has enacted the Narcotics Control Act, 1990, an important tool to address drug related issues in Bangladesh. The philosophy of this law and the mandate of the Department of Narcotics Control are to curb drug-abuses and offences. The Narcotics Control Act, 1990 empowered Bangladesh Police, Border Guard Bangladesh (ex: Bangladesh Rifles), Coast Guard, Bangladesh Customs and Bangladesh Ansar and VDP to render services in apprehending and to take legal action against drug offender. Our vision is " To Build a Drug Free Nation". To achieve this goal, the Department of Narcotics Control adopted three strategies including Supply Reduction, Demand Reduction and Harm Reduction.

We have been publishing the Annual Drug Report of Bangladesh Since 2010 and this one will be the 5<sup>th</sup>. The report is prepared on the basis of data available and the experiences regarding drug and crime. We tried to address the overall drug scenario of our country like drug trends, nature, people victimized, routes of trafficking drugs, drug-prone areas, treatment facilities and other related issues in this report from analytical point of view. We also tried to insert the scenario of domestic effort and transnational engagement in combating drug menace.

I would like to take this opportunity to convey my heartfelt thanks and gratitude personnel for their help in producing Annual Drug Report, 2015



**Khandakar Rakibur Rahman**  
Director General

## Editorial Board

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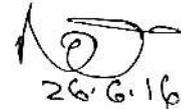
## EDITORIAL

The abuse and trafficking of drug is one of the major social problems of the time. It is considered to be a global problem. To visualize the drug related issues globally, there is a badly need for an Annual Drug Report. The responsibility to publish Annual Drug Report firstly goes to the nodal agency combating drug menace and secondly to the Research and Publication Wing of that agency. The Annual Drug Report of Bangladesh, 2015 has concentrated various aspects of drug related issues over the country. It is really a hard task to compile up all drug related issues in a little book. Finally we made it without any sort of complexities.

To develop this Annual Drug Report of Bangladesh, 2015 the DNC data base and the data from field-level offices helped us a lot. We highlighted the role of the Department of Narcotics Control and the role of other government agencies of the country like Bangladesh Police, the Border Guard Bangladesh, Coast Guard, the Customs Intelligence, the Ministry of Education, the Ministry of Information and the role of NGOs also to fight against drugs.

We tried to throw light on the entire drug control activities like drug trafficking scenario, measures taken by the country, drug trends and modus-operandi of the drug traffickers, age group affected by drug menace and magnitude of the problem. In spite of that it is to be common to make any wrong in it. Any corrective advice and suggestion would be praiseworthy and would contribute to our future progress.

Finally I would like to offer my heartiest and sincere thanks to the Director General for ensuring me support and cooperation to make this Annual Drug Report of Bangladesh, 2015 complete. I would like to provide my sincere gratitude to Additional Director General for monitoring, guiding and observing the entire activities regarding Annual Drug Report of Bangladesh, 2015. I also thank all directors and all other DNC officials including concerned members of the editorial board whose assistance was very important to make this Annual Drug Report on stipulated time.



26.6.16

**Nazmul Ahsan Majumder**  
Director (Joint Secretary)  
&  
Convenor, Souvenir &  
Annual Drug Report  
Sub-Committee

# Executive Summary

A few people of few countries of the globe make some problems and major people of all countries of the world face the problem or remains under threat to face the problem. Among some global problems, drug abuse and illicit trafficking is mentionable. Bangladesh is not drug producing country but suffering from this problem due to its geographical proximities. The use of drug in this region has an old aged history over the time. In Mughal and Pre-British era, the use of alcohol, opium and cannabis was common in different festival and religions ceremony. With the passage of time it became a source of revenue income and the British rulers started commercial operation of opium in the region. Bangladesh was being affected by drug during eighties due to the external drug scenario. The Government of the Peoples Republic of Bangladesh realized the backdrop and enacted the Narcotics Control Act, 1990. This enactment is the principal tool to control drugs menace in the land and provides provisions to create mass awareness and treatment to the drug patient. The Department of Narcotics Control was born from this law and plays a pivotal role in controlling drug menace.

There is changing trends of consuming drugs over various aged groups depending on new arrival of drugs. The mid-eighties was dominated by codeine-based preparation (Phensedyl), heroine was emerged during early eighties and now the trends goes to consuming methamphetamine (yaba) and taking injecting drugs. Before, taking drugs was common in urban areas specially in populous urban areas but now it has been spreaded to the periphery. If the magnitude of drugs is to be considered from income group it has been shifted from upper class to middle and lower class over the time. Youth and less educated class are the main victim of drugs. Besides, women and children are getting victimized by drugs. Poor women and children and being used as in drug peddling Drug problems source various social problem and it looses the fabrics of peace and security of the community. Drugs offenders change their modus operandi quickly and innovatively. Our law enforcing agencies also try to read their intends and conduct operation to seize the consignment. The drugs hazard faced by Bangladesh is sourced from our neighbouring countries like India and Myanmar. We suffer form the problem of Methamphetamine (yaba) severely which is sourced from Myanmar. The existence of clandestine lab (manufacturing lab) of metha -amphetamin (Yaba) in Myanmar near south eastern border has intensified the drug vulnerabilities of the land. Bangladesh also faces the drug problem named heroin, phensedyl and cannabis from western boarder of India. Our neighbours are positive to fight against drug menace coordinately but this noble effort is barred by the skullduggery of the drug offenders.

Bangladesh is signatory to all regional and international conventions on drugs and psychotropic substances. With these external link, Bangladesh is benefitted to make its personnel skilled and experienced through various drug laws training. We developed a cooperative relation with the external agencies those are engaged in combating narcotic offence. We developed bi-lateral agreements with India and Myanmar. We have a Memorandum of Understanding (MOU) with USA. Bangladesh hosted two bilateral talk named as D.G level talks with India and Myanmar in 2015. Department of Narcotics Control, the nodal agency in combating drug menace works to fight against drugs. Other departments of the government also work against drugs. Non Government Organizations (NGOs) play an assisting role in motivational and rehabilitation activities.

# Chapter I.

## Country Overview: Bangladesh Perspective

### Introduction

Bangladesh is surrounded by India from three sides and only 280 kilometer border with Myanmar from south-eastern side. At most all the 32 border districts of Bangladesh are vulnerable for drug trafficking. Though Bangladesh is not a drug producing country, but due to its geographical location in between the golden and crescent triangle and passing of the crescent ways through it here the problem of drug abuse has got epidemic form that destroys the productive forces and handicaps the development process. Consequently it has now turned into a wide drug market for the drug traders having national, regional and international roots and during last one and half decades it has flooded over the countries through a compact network of distributive channel.

At present yaba is the drug of top popularity among the young generation other than heroin, phensedyl, injecting drug & cannabis. The four thousand 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. Heroin, phensedyl, injecting drug & cannabis are trafficked into Bangladesh from India through western and eastern borders. Most of the illicit cultivation of Opium Popy and cannabis and clandestine labs are relocated at western and eastern border of Indian Territory. Heroin, phensedyl and cannabis are trafficked into Bangladesh from there. Yaba is mainly smuggled from Myanmar and presence of Yaba manufacturing labs in Myanmar near south-eastern border has increased the drug vulnerability of Bangladesh. All the law enforcement agencies in Bangladesh are working diligently to combat the drug menace in Bangladesh.

### Current Drug Scenario

Most of the drugs other than Yaba are smuggled into Bangladesh through the borders of Satkhira,

Jessore, Rajshahi, Joypurhat and Dinajpur at the Western region and Comilla and Brmhanbaria at the Eastern region. Yaba is mainly smuggled through the Bangladesh Myanmar border at extreme South-Eastern area of Cox's Bazaar District.

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, and Narshingdi district are also drug-prone areas. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur, Narayanganj, Savar, Tangail and Mymensingh are thus affected by drugs.

Table of statistics on region-wise number of cases and seizure of drugs by the DNC in 2015, it gives us a rough idea of the flow of supply and availability of drugs in different regions of Bangladesh.

**Heroin:** According to the cases of heroin, the ratio of the detection of heroin cases were 31.14% in Dhaka Zone, 5.14% in Chittagong Zone, 10.57% in Khulna Zone and 51.14% in Rajshahi Zone. The seizures of heroin were 17.75% in Dhaka Zone, 3.68% in Chittagong Zone, 5.71% in Khulna Zone and 72.85% in Rajshahi Zone. Therefore it appears that Rajshahi Zone has the highest prevalence of both detection and seizure of heroin.

The next maximum prevalence of heroin is at Dhaka Metropolitan, and Bogra of Rajshahi Zone and Kushtia of Khulna Zone. The hill area of Chittagong Zone, the coastal areas of Khulna Zone and the tea garden areas of Sylhet are the least heroin affected areas in the country.



Table 1: Statistics on Region-wise Number of Cases and Seizure of Drugs by the DNC in 2015  
(Source DNC Database)

Name of Region	Heroin (Kg)		Codeine preparation			Cannabis (in kg)		Buprenorphine (Ampoule)		ATS (Yaba) (Tablet)	
	case	Seizure	case	(Bottle)	(loose)	case	Seizure	case	Seizure	case	Seizure
Dhaka Metro	17	0.453 Cocaine 5.3 kg	40	4920	4	1373	481.369	96	8053	230	182732
Dhaka Region	32	0.436	10	485	20	458	581.377	3	62	201	14392
Mymensingh	19	0.684	10	429	00	316	145.350	13	634	48	2303
Faridpur	25	0.208	5	38	1.5	174	335.560	00	00	48	3378
Tangail	7	0.039	1	19	00	111	64.291	00	00	59	1757
Jamalpur	16	0.186	00	00	00	88	362.025	11	1231	10	5954
Dhaka Intelligence	00	00	9	856	15	8	92.950	2	50	16	44650
<b>Total of Dhaka Zone</b>	<b>116</b>	<b>2.006</b>	<b>35</b>	<b>6747</b>	<b>40.5</b>	<b>1155</b>	<b>2062.922</b>	<b>29</b>	<b>10030</b>	<b>382</b>	<b>255166</b>
Chittagong Metro	1	0.045	10	501	00	157	130.496	2	24	112	2477761
Chittagong Region	1	0.002	9	443	0	27	334.089	00	00	14	237
Sylhet	12	0.059	9	151	00	364	102.561	00	00	32	600
Noakhali	1	0.070	5	311	00	102	46.120	00	00	38	1344
Comilla	00	00	15	436	00	146	505.365	1	94	34	11332
Cox's Bazar	0	00	2	956	00	51	38.883	1	3480	132	589243
Khagrachari	2	0.220	0	00	00	4	1.320	0	00	1	426
Bandarban	00	00	00	00	00	2	0.100	00	00	00	00
Rangamati	00	00	10	03	00	8	0.773	00	00	00	12
Chittagong Intelligence	1	0.020	2	96	00	24	13.603	00	00	35	17019
<b>Total of Chittagong Zone</b>	<b>18</b>	<b>0.416</b>	<b>62</b>	<b>2897</b>	<b>0</b>	<b>885</b>	<b>1173.31</b>	<b>4</b>	<b>3598</b>	<b>398</b>	<b>3097974</b>



Name of Region	Heroin (Kg)		Codeine preparation			Cannabis (in kg)		Buprenorphine (Ampoule)		ATS (Yaba) (Tablet)	
	case	Seizure	case	(Bottle)	(loose)	case	Seizure	case	Seizure	case	Seizure
Khulna	19	0.327	37	1440	00	37	77.216	1	10	72	3741
Jessore	8	0.148	33	4913	00	140	24.865	00	00	39	3885
Kustia	8	0.160	24	1583	00	157	39.761	2	601	6	164
Barisal	1	0.010	1	20	00	78	15.760	1	11	13	1464
Patuakhali	00	00	2	32	00	17	62.736	00	00	9	198
Khulna Intelligence	1	0.001	3	29	00	28	1.174	0	0	3	09
<b>Total of Khulna Zone</b>	<b>37</b>	<b>0.646</b>	<b>100</b>	<b>8017</b>	<b>0</b>	<b>457</b>	<b>221.512</b>	<b>4</b>	<b>622</b>	<b>142</b>	<b>9461</b>
Rajshahi	61	5.882	79	4036	318.5	536	117.754	6	818	41	8388
Pabna	43	0.327	22	623	1.5	339	577.964	7	1220	37	1073
Bogra	43	1.021	49	2263	12	238	74.368	7	5934	43	2369
Rangpur	9	0.060	46	1094	5	407	199.960	00	00	21	2063
Dinajpur	13	0.058	97	3136	6	156	20.471	3	103	5	184
Rajshahi Intelligence	10	0.886	11	1616	00	37	6.580	00	00	5	3202
<b>Total of Rajshahi Zone</b>	<b>179</b>	<b>8.234</b>	<b>304</b>	<b>12768</b>	<b>343</b>	<b>1713</b>	<b>997.097</b>	<b>23</b>	<b>8075</b>	<b>152</b>	<b>17279</b>
<b>Grand Total</b>	<b>350</b>	<b>11.302</b>	<b>501</b>	<b>30429</b>	<b>383.5</b>	<b>4210</b>	<b>4454.841</b>	<b>60</b>	<b>22325</b>	<b>1074</b>	<b>3379880</b>

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

Name of Drugs	Name of The Year					
	2010	2011	2012	2013	2014	2015
Opium (in kg)	11.69	8.070	4.84	11.62	91.22	--
Heroin (in kg)	188.186	107.499	126.92	123.73	78.3	109.798
Codeine preparation (Bottle)	961260	932874	1291078	987661	741137	880042
Codeine (loose) (in liter)	4119.185	3228	2613	857.55	438.22	5104.74



Cannabis (in kg)	48749.35	54244.16	38702	35012.54	35988.56	41720.16
Cannabis plant	1760	742	485	666	727	761
Buprenorphine (Ampoule)	69158	118890	157995	99509	178889	86172
ATS (Yaba) (Tablet)	812716	1360186	1951392	2821528 & Amphetamine Powder 5kg	6512869	20269045
Total No. of Cases	29662	37245	43717	40250	51801	57420
Total Number of Accused	37508	47309	54100	47531	62080	70581

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

Name of Article Seized	2010	2011	2012	2013	2014	2015	Total
Sale Proceeds of Drugs (BDT)	879129	1233014	1148493	2640389	982116	1997047	8880188
Car (Number)	21	17	9	7	12	3	69
Truck/Covered Van (Number)	1	5	13	8	6	9	42
Auto Rickshaw (Number)	18	10	6	10	13	8	65
Bus (Number)	2	1	4	2	1	1	11
Arms (Number)	2	2	3	1	1	5	14
Mobile Phone (Number)	151	79	101	194	57	36	618

#### Phensedyl

According to the statistics of the cases and seizures of Phensedyl, 11.51% cases were detected in Dhaka zone, 12.38% in Chittagong Zone, 19.96%

in Khulna Zone and 50.68% in Rajshahi Zone. In case of seizure, it was 46.31% in Dhaka Zone, 9.52% in Chittagong Zone, 26.35% in Khulna Zone and 41.96% in Rajshahi Zone.



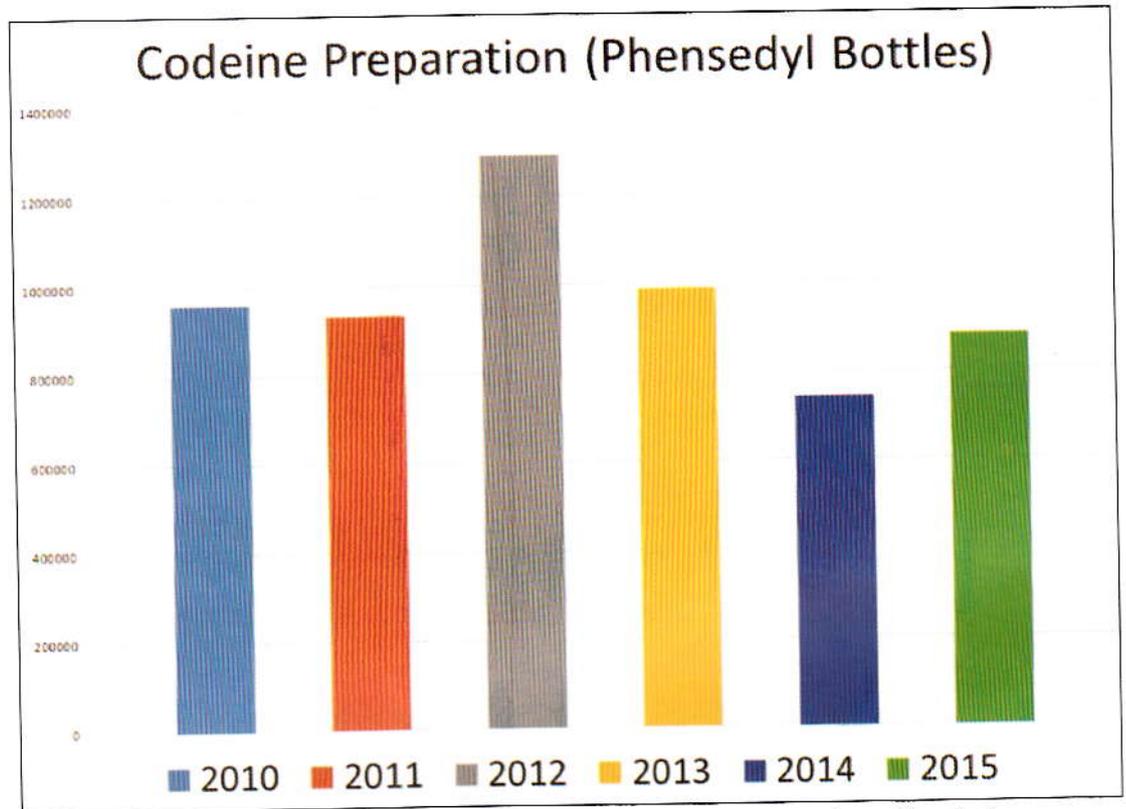


Figure 1: Seizures of Phensedyl in 2015 (Number of bottles)

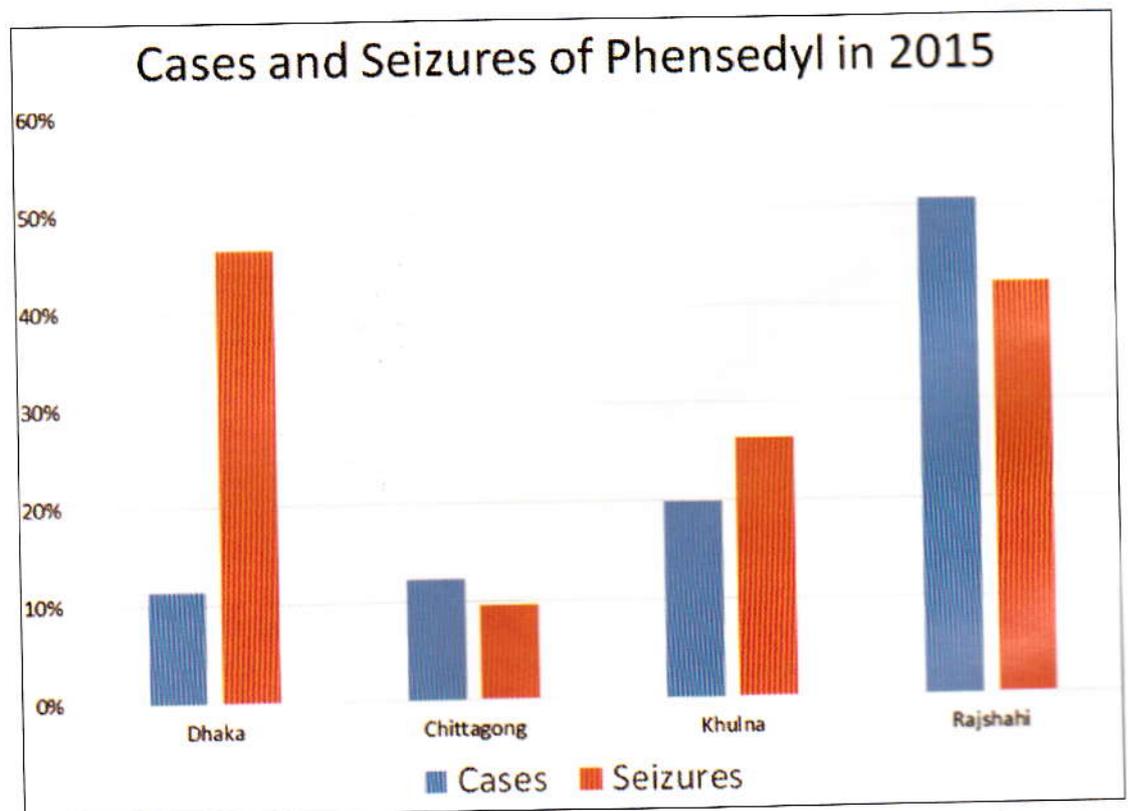


Figure 2: Cases and Seizures of Phensedyl in 2015 (Regional percentages)



The Phensedyl affected areas of the country are Dhaka Metropolitan & the adjacent areas of Dhaka Metropolitan and Mymensingh of Dhaka Zone, Jessore of Khulna Zone, and Rajshahi, Bogra and Dinajpur of Rajshahi Zone.

### Cannabis

Cannabis is one of the largest abusing drugs in Bangladesh. Cannabis appears to be largest item of case and seizure among all drugs. It comprises 42.24 % of all the cases detected by the DNC during 2015. In question of detection of cannabis cases Dhaka Zone comprises 27.43%, Chittagong Zone 19.87%, Khulna Zone 10.86% and Rajshahi Zone 40.69%. The seizures of cannabis are 46.31% in Dhaka Zone, 26.33% in Chittagong Zone 4.97% in Khulna Zone and 22.38% in Rajshahi Zone. It appears that Dhaka is the biggest market of cannabis. Though the market at Chittagong Zone appears to be higher, it is not really such as appears in the Table, because more

than one third of the country's cannabis are smuggled through Comilla border alone and it is mainly for Dhaka. It appears from media reports that there is a booming of cannabis cultivation in Tripura near Bangladesh border since 2011 and most of those are smuggled into Bangladesh through Comilla border.

### Buprenorphine

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the Table that 48.33% of the cases of Buprenorphine are detected at Dhaka, 6.67% at Chittagong, 6.67% at Khulna and 38.33% at Rajshahi Zone. According to the seizure, it has been observed that 46.14% of the Buprenorphine are seized at Dhaka Zone, 16.12% at Chittagong Zone, 2.79% at Khulna Zone and 36.17% at Rajshahi Zone. According to the above data of case & seizure, Dhaka is the highest prevalence area of Buprenorphine.

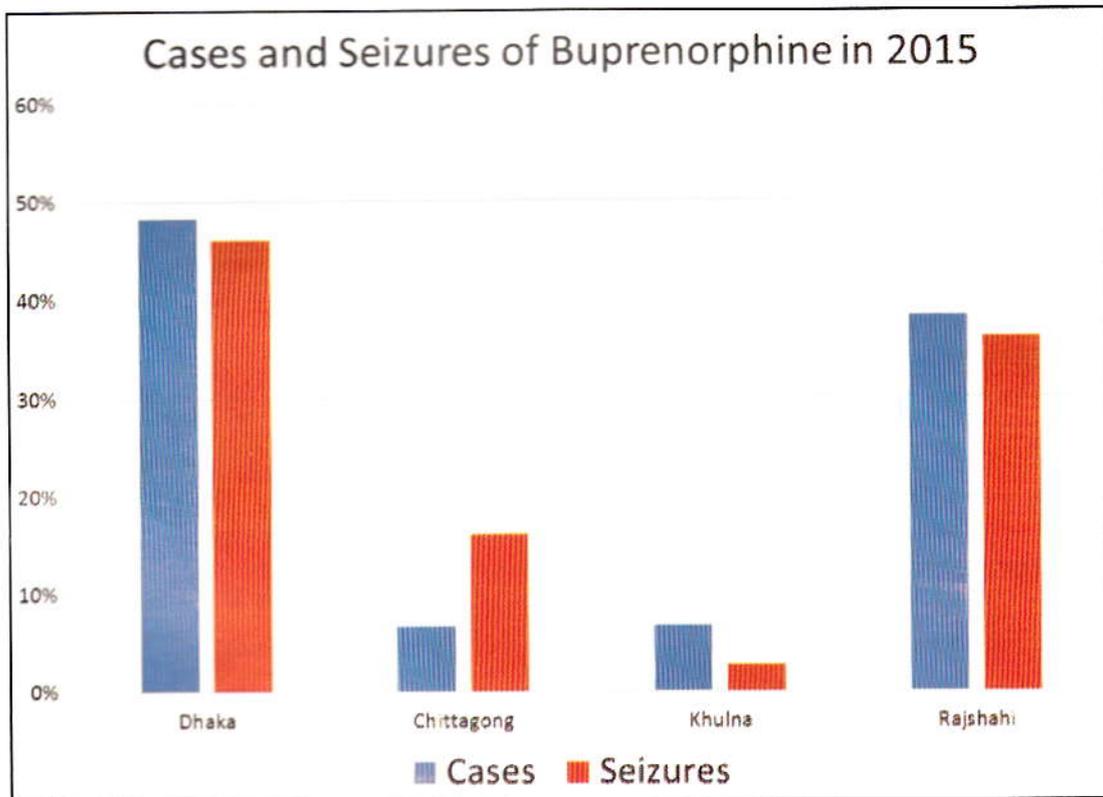


Figure 4: Cases and Seizures of Buprenorphine by DNC in 2015



## Yaba

Among all the drugs, Yaba has been the most burning issue during last few years. Both the detection of cases and seizure of Yaba increased tremendously during 2015. During 2008 the seizure of Yaba was 36543 tablets, but during 2009, 2010, 2011, 2012, 2013, 2014 & 2015 it became 129644, 812716, 1360186, 1951392, 2821528, 6512869 & 20269045 tablets respectively. The ratio of increase in 2015 is 9149.05% in comparison with 2008 and 211.22% in comparison with last year. According to the case filed by the DNC, 35.57% cases are detected at Dhaka Zone, 37.06% at Chit-

tagong Zone, 13.22% at Khulna Zone and 14.15% at Rajshahi Zone. The seizures of Yaba are made 7.55% at Dhaka Zone, 91.66% at Chittagong Zone, 0.28% at Khulna Zone and 0.36% at Rajshahi Zone. More than 91% of the seizure of Yaba is made at Chittagong because border of Cox's Bazaar of Chittagong Zone is the route of smuggling Yaba into Bangladesh. Though the seizure of Yaba at Dhaka is more than 35%, it still remains one of the biggest market of Yaba in Bangladesh. Four years back Dhaka comprised more than 90% of the Yaba market in Bangladesh. But situation is changing over periods of time.

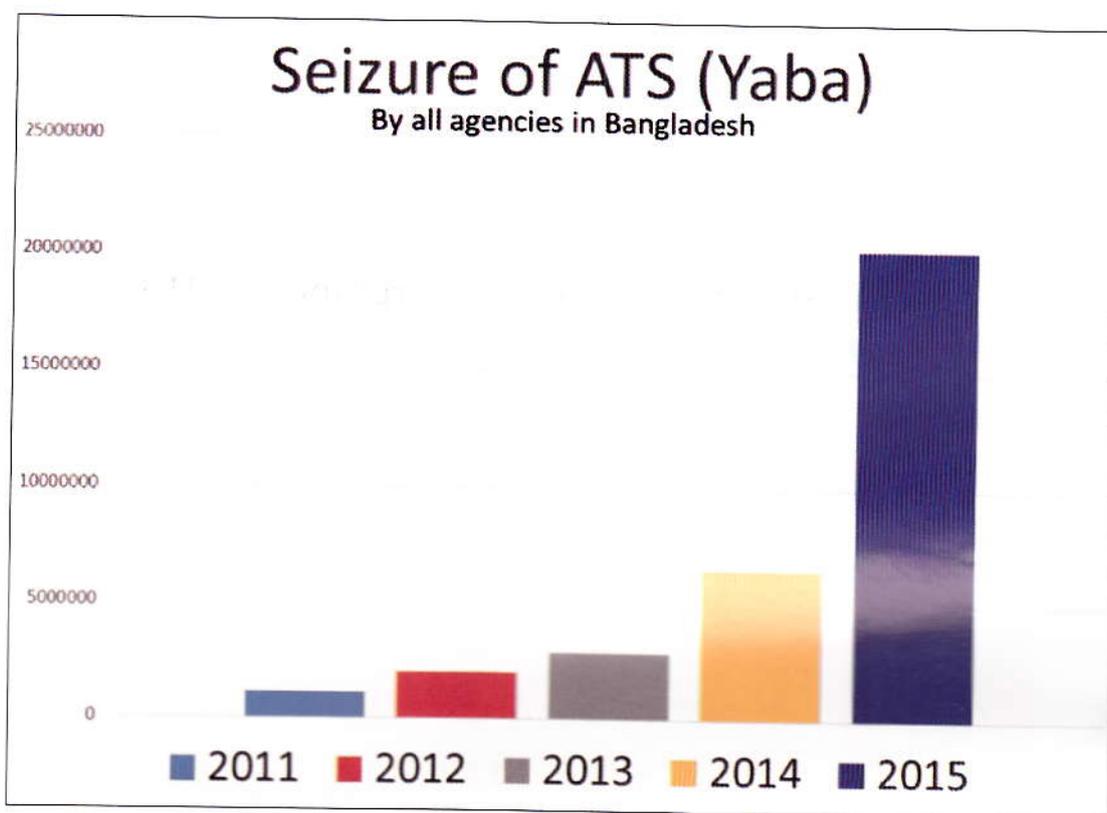


Figure 3: Seizure of ATS (Yaba) by all agencies in Bangladesh



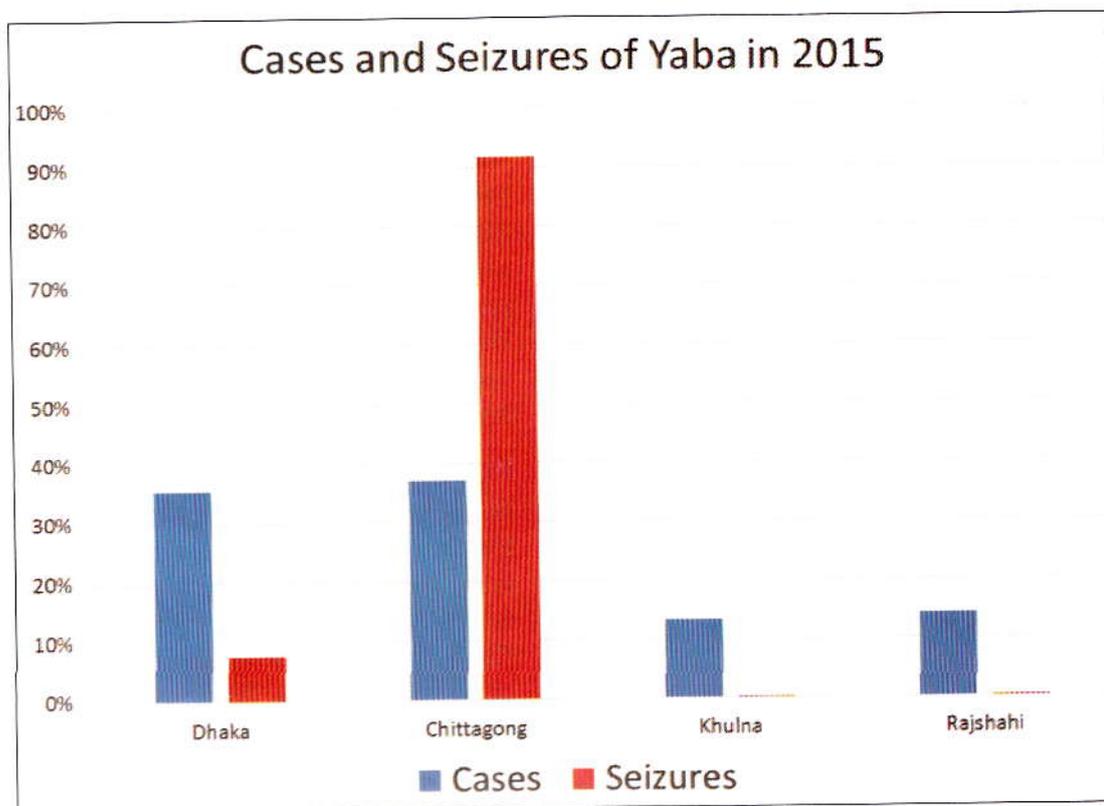


Figure 4: Seizure of ATS (Yaba) by DNC in Bangladesh

Energy drinks are declared as non-alcoholic and non-drug nerve stimulating and energy producing drinks by its producers. Those contain some chemical substances which are not yet under the purview of the control of the Narcotics Control Act or any similar law of the country, or any international convention. Beer or similar alcoholic drinks are not accessible to mass population. Therefore the young generation has accepted it widely. During 2013, DNC collected samples of 46 variety of energy drink from local market and conducting chemical tests of those and surprisingly found that most of the energy drinks contain sildenafil citrate or Tadalafil citrate which are known to be sex stimulating pharmaceutical substances used for treatment of impotency.

#### Recent Trends and Patterns of Drug Abuse

Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic aspects. The disintegration of the old joint family system, absence of parental love and care in modern families where

both parents are working, decline of old religious and moral values etc lead to a rise in the number of drug addicts who take drugs to escape hard realities of life. 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. Drugs have now become a threat to the national economy, public health, peace, social integrity and law and order situation of the whole society of Bangladesh. Drug once concentrated densely populated urban societies of big cities are now spreading over rural areas. Drugs have been shifted from upper to middle and lower middle class of population. People of all sections are gradually being conscious that drug-addiction is a disease like many other disease in our society. Establishment of so many Detoxification Centers in the city of Dhaka and in other District Towns indicates that



drug addiction is increasingly being emerged as a public health problem.

In Bangladesh, the pattern of injecting heroin is almost rare. Only Buprenorphine is abused in Bangladesh through intravenous injection. A codeine-mixed cough syrup called Phensedyl was at the top of popularity during last two decade, but recently it is being replaced by Yaba (an ATS tablet). Traditional smoking of cannabis is still prevailing among all segment of population. The uses of drugs through injection in Bangladesh are practiced in a very unhygienic condition. Needles are often contaminated and shared among the fellow drug users in spite of many prevention and awareness programs run by NGOs. The injecting drug abusers are in a vulnerable position to be infected with HIV/AIDS.

During last decade youth were the major drug abusing group of population, but recently it is expanding rapidly among adolescent and street children. Recently school and college going girls are being inclined to drugs under influences of their boyfriends. Some recreation clubs & organizations of Gulshan, Baridhara, Banani, Dhanmondi and Uttara in the city of Dhaka very often arrange parties at the weekends where

young girls and boys dances with the rhythm of music for whole night. It is alleged that there are plenty of abuse of Yaba, ketamine and other drugs.

The youngsters have seriously been inclined to Shisha bars where they also practice perverted culture and illegal sexual behaviors along with practicing heroin, Cannabis and Yaba. The slum dwellers especially women, being engaged in carrying and peddling drugs are being victim of drug addiction.

### Heroin

In Bangladesh, generally the purity level of Heroin has never exceeded 5%. According to drug market, the number of heroin abusers is much less than those of cannabis, alcohol and Phensedyl (codeine). According to The number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction is 20.18% & it has decreased 15.99% during 2015 in comparison with the previous year.

**Table 4: Patients admitted to treatment services for heroin addiction**

Year	2011	2012	2013	2014	2015
No. admitted	42.73%	46.17%	30.70%	24.02%	20.18%

Source: DNC Data Base

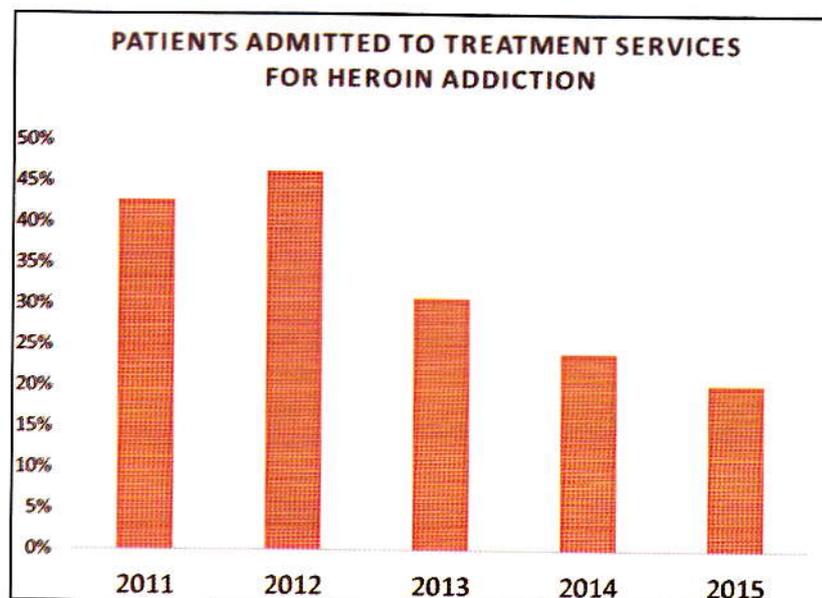


Figure 5: Patients admitted to treatment services for heroin addiction



During the year 2010 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was highest (188.186 kg). But after that it decreased to a great extent in 2011 (107.499 kg). During 2012 & 2013 it is almost stable with a slight increase and in 2014, it has a dramatically fall because young generation has been shifting

from heroin to Yaba. In 2015, it has a little increase in comparison with last year.

**Table 5: Seizure of heroin by all law enforcement agencies in Bangladesh**

Year	2011	2012	2013	2014	2015
Heroin Seized (kg)	107.499	124.92	123.73	78.30	109.798

Source: DNC Data Base.

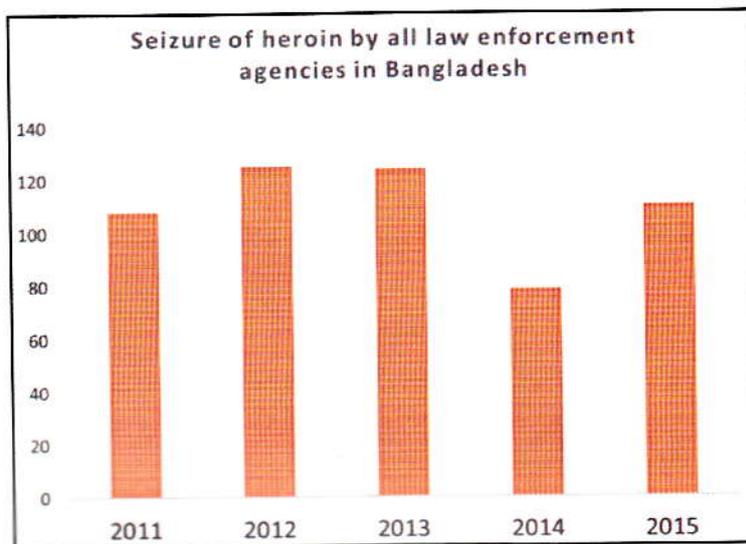


Figure 6: Seizure of heroin by all law enforcement agencies in Bangladesh

#### Phensedyl (Codeine phosphate)

Phensedyl is smuggled into Bangladesh from India with bottle and liquid Phensedyl in plastic containers. The seizures of Phensedyl by all agencies in Bangladesh from 2009 to 2015 are as following:

**Table 6: Seizure of Phensidyl (Bottles) by all law enforcement agencies in Bangladesh**

Yeas	2011	2012	2013	2014	2015
Quantity (bottles)	932874	1291078	987661	748730	880042

Source: DNC Data Base

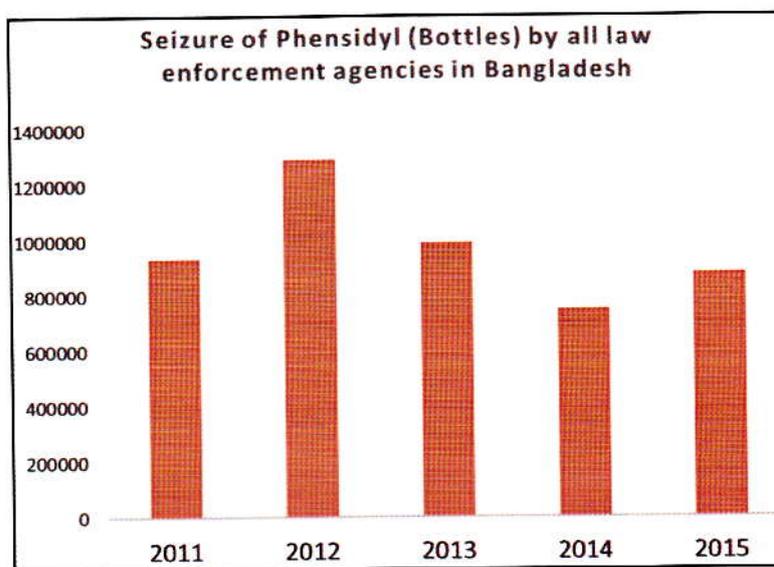


Figure 7: Seizure of Phensidyl (Bottles) by all law enforcement agencies in Bangladesh



This statistics indicates that though prevalence of Phensedyl increased during 2012 it has again decreased. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction is decreasing gradually though it increased a little during 2013.

**Table 7: Patients admitted for Phensedyl addiction**

Year	2011	2012	2013	2014	2015
Percentage of patients admitted	2.02	2.95	4.26	3.10	2.98

Source: DNC Data Base

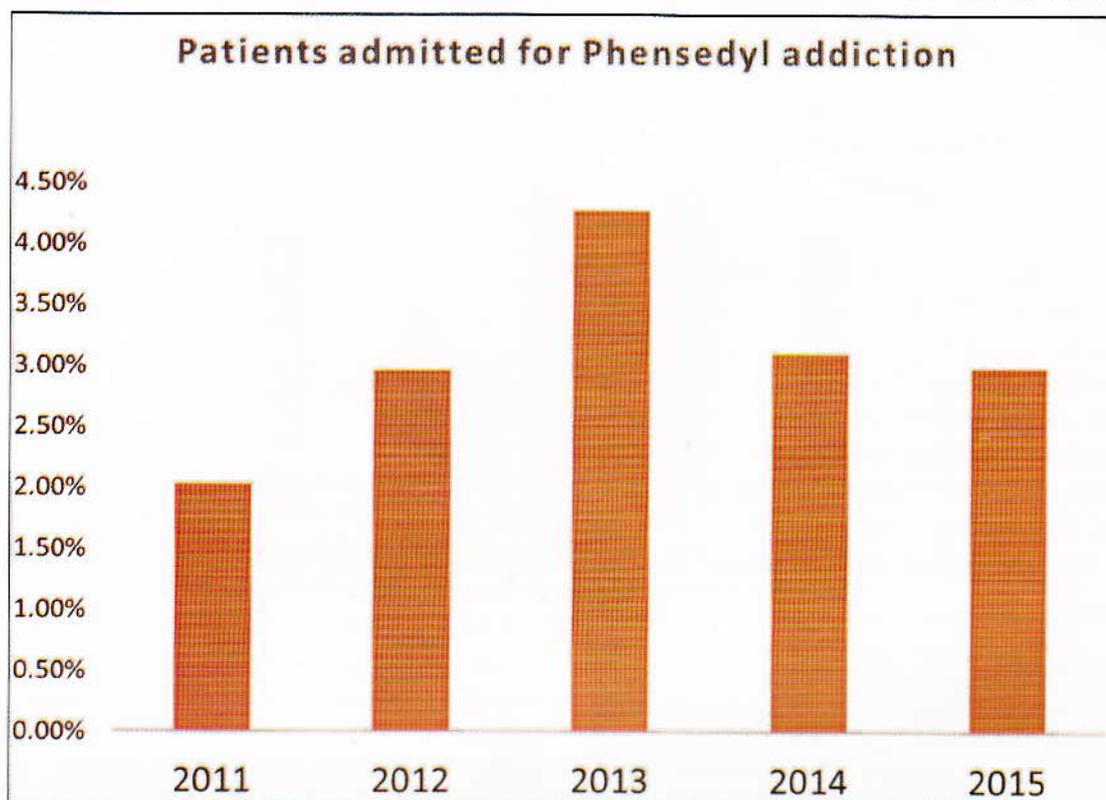


Figure 8: Patients admitted for Phensedyl addiction

### Cannabis

Consumption of cannabis was traditional in Bangladesh. Any kind of operation of cannabis including its cultivation, trade and consumption in Bangladesh has been banned since December 1989.

Year	2011	2012	2013	2014	2015
Seizure of Cannabis (kg)	54244	38702	35012.54	35988.55	41720.16

Source: DNC Data Base



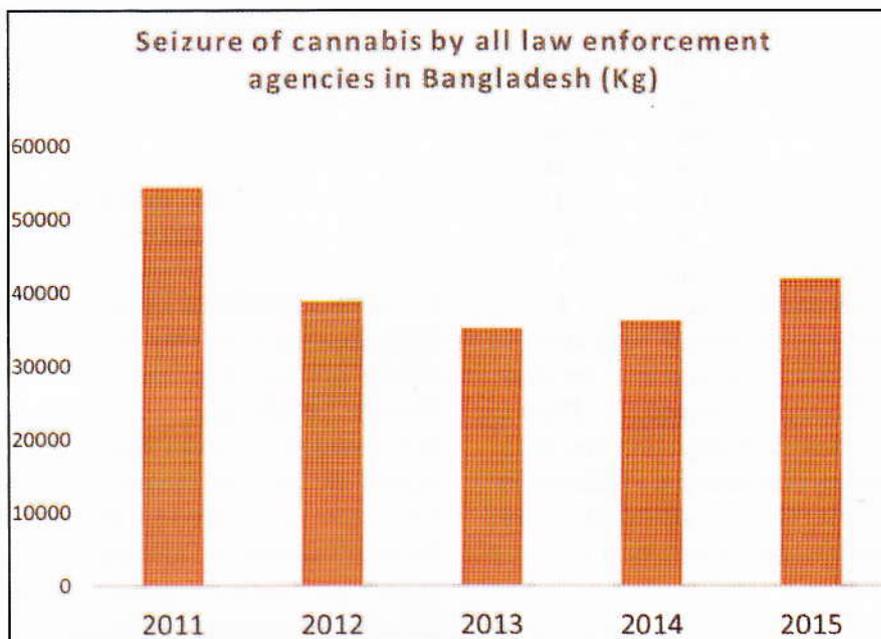


Figure 9: Seizure of cannabis by all law enforcement agencies in Bangladesh (Kg)

Cannabis was and still is a main drug of abuse in Bangladesh. According to the case statistics of the seizures of cannabis by all agencies in Bangladesh from 2010 to 2015, it is decreasing after 2011 though a little increase in 2015.

**Table 9: Comparative study of the primary drug for which patients are admitted during 2015**

Name of drug addicted to	Heroin	Phensidyl	Cannabis (Ganja)	Injecting Drug	Yaba
Percentage	20.18	2.98	32.11	11.93	20.64

Source: DNC Data Base

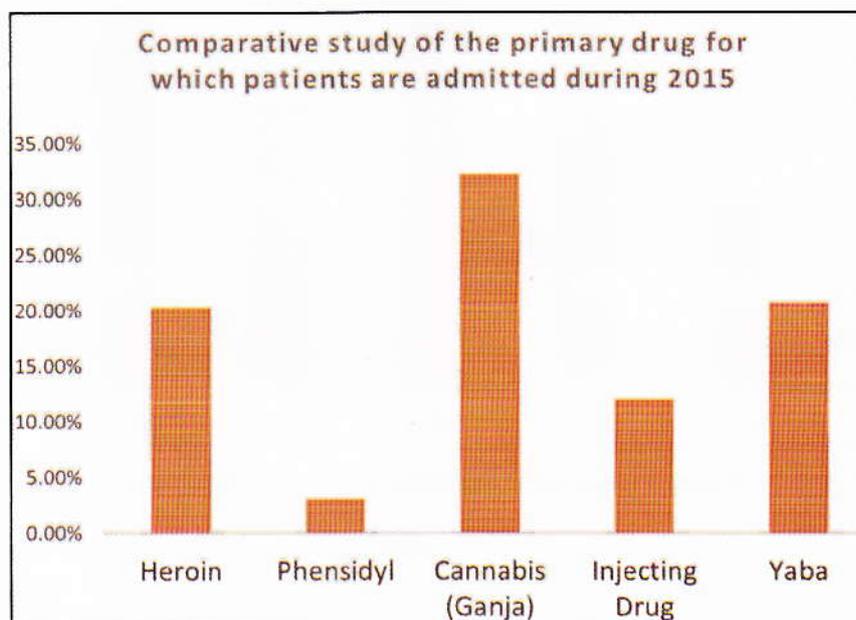


Figure 10: Comparative study of the primary drug for which patients are admitted during 2015



According to the above data on the comparative study of the primary drug for which patients are admitted to treatment services during 2015, cannabis abuse is the first cause of admissions into treatment services. The major portion of cannabis abused in Bangladesh is smuggled from India and Nepal. Besides this, sometimes illicit cultivation of cannabis are found in the hilly areas of Chittagong and Chittagong Hill Tracts, Sunamganj, Bramhanbaria, remote rural areas of greater Mymensingh, Jamalpur, Faridpur, Tangail, Manikganj, Pabna, Natore, Bogra, Joypurhat, Rangpur, Gaibandha, Naogaon, Kushtia, Meherpur, Chuadanga, Jhainaidaha, Satkhira, Jessore, etc. There is also wild growth of Bhang (a species of cannabis plant) in many parts of the country.

### Alcohol

The seizure of illicit country liquor during the year 2015 was 24940.47 liters and the amount of foreign liquor in that period was 132.865 liters, 8013 bottles and 15947 cans of Beer. During the

year 2015 the Department of Narcotics Control detected a total of 10548 cases (including cases in Mobile Court) and made 11300 arrests (including arrests in Mobile Court) of which 1245 (11.80%) cases and 1312 (11.61%) arrests were related to offences in connection with alcohol. According to the data of drug addiction treatment services, only 1.61% of the treatment seekers have problem with addiction to alcohol. This figure obviously does not reflect the real picture of the magnitude of the drug problem in Bangladesh. Because 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.

**Table 10: Patients admitted to treatment services for alcohol addiction**

Year	2011	2012	2013	2014	2015
Percentage of patients admitted	0.76	1.61	1.67	1.21	1.61

Source: DNC Data Base

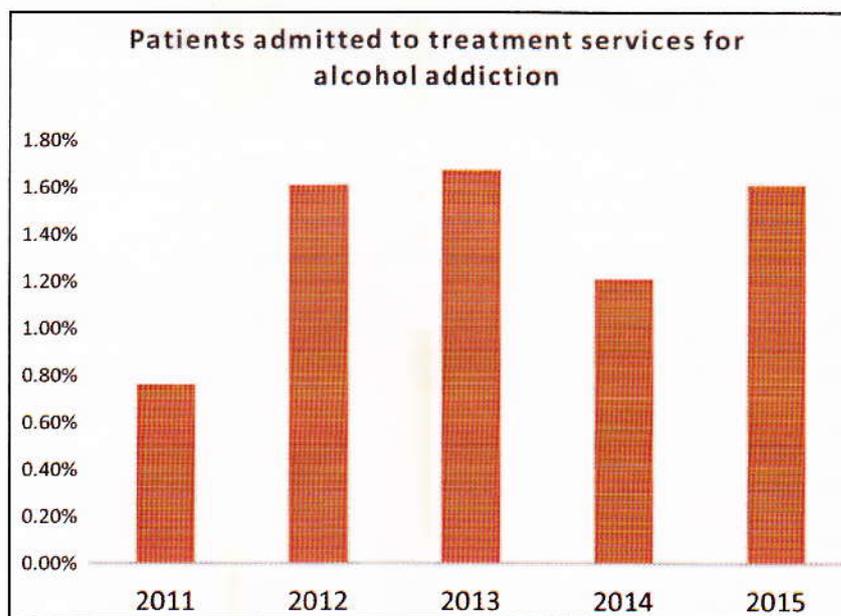


Figure 11: Patients admitted to treatment services for alcohol addiction

### Buprenorphine

Buprenorphine is one of the major and the most popular injecting drug of abuse in Bangladesh. Many of the heroin abusers have

switched from heroin to Buprenorphine because it is very cheap and it is very effective as an anti-dote to withdrawal syndrome of heroin addiction



**Table 11: Patients admitted to treatment services for buprenorphine addiction**

Year	2011	2012	2013	2014	2015
Percentage of patients admitted	27.56	23.22	20.00	11.74	11.93

Source: DNC Database

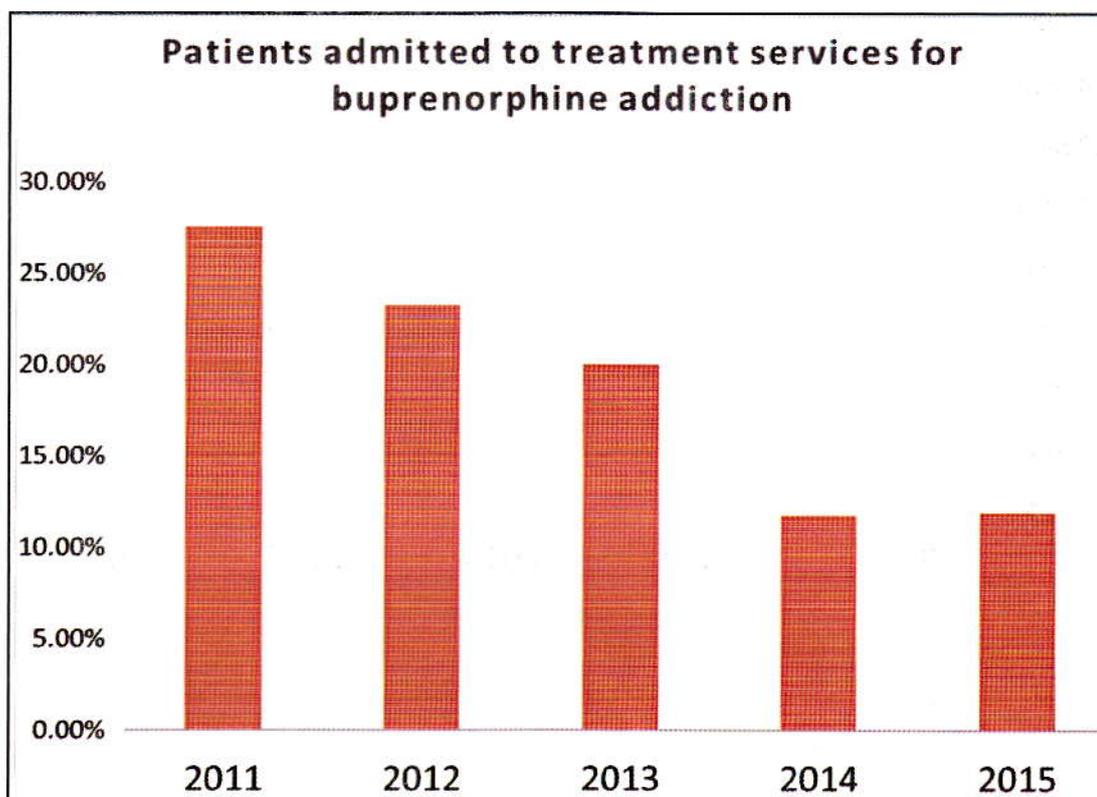


Figure 12: Patients admitted to treatment services for buprenorphine addiction

According to the five years data of treatment seekers for Buprenorphine addiction, it comprises almost 20% of the total patients enrolled in drug addiction treatment programs. Again according to the data of seizures of Buprenorphine, starting from 2011, it increased about 33% in the 2012 but during 2013 it has decreased 37.01% in

comparison with 2012. Again it has steady increased almost 48.18% in comparison with 2013 but during 2015; it has a sharp fall and has decreased 41.56 % in comparison with the previous year. So the abuse of Buprenorphine was on increase till 2010 but afterwards it is decreasing gradually during last five years.

**Table 12: Seizure of buprenorphine (Ampule)**

Year	2011	2012	2013	2014	2015
Ampules seized	118890	157995	99509	147458	86172

Source: DNC Data Base



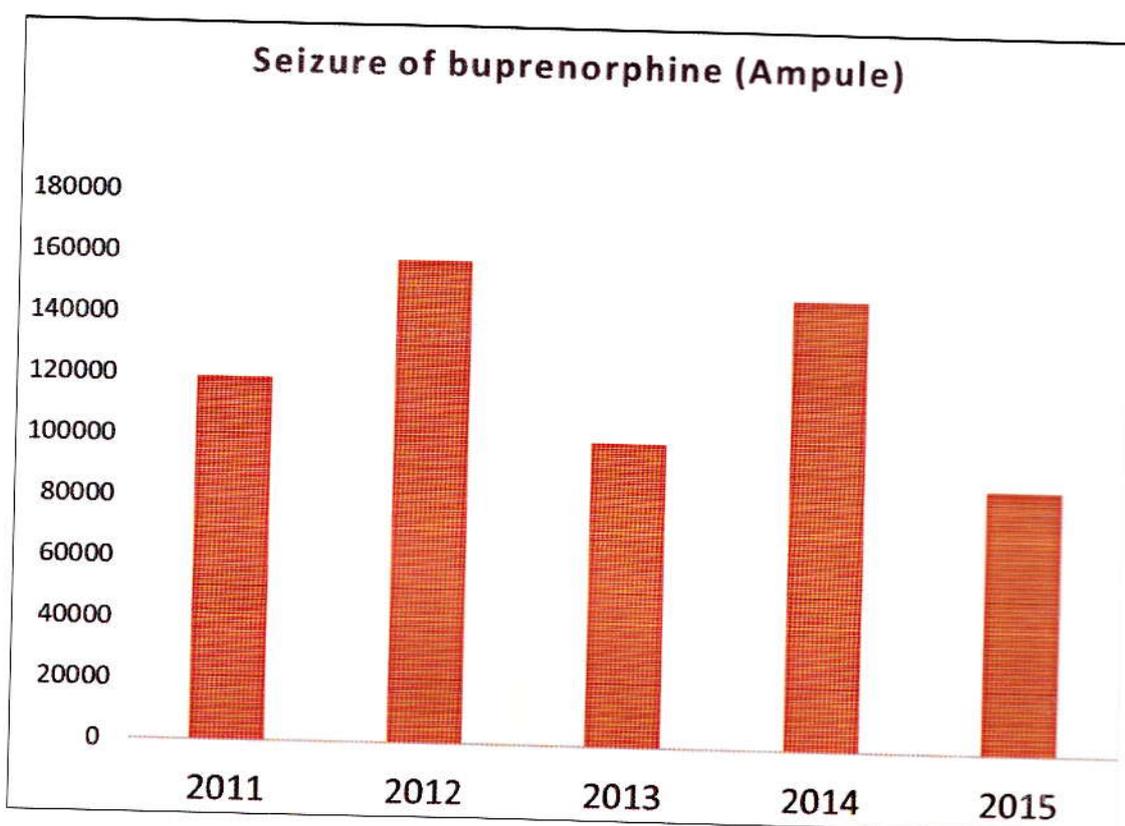


Figure 13: Seizure of buprenorphine (Ampule)

#### Yaba (ATS)

Amphetamine type stimulant drug Yaba is trafficked from Myanmar. Methamphetamine, amphetamine or pseudoephedrine is the main ingredient of Yaba and for enhancing its stimulant effects, other stimulants such as caffeine or similar substances are added to it. To decrease or balance the stimulant effects, sometimes any narcotics, sedative or tranquilizers are added to it. Yaba is

generally flavored with vanilla, orange or lemon. The color of Yaba found in Bangladesh is generally red or orange. The young generation especially students are being hooked to Yaba and consequently they are being dropped out from the education system. 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.

Table 13: Seizure of Yaba from 2008 to 2015 (pieces)

Year	2008	2009	2010	2011	2012	2013	2014	2015
Amount of Yaba seized	36543	129644	812716	1360186	1951392	2821528	6512869	20269045

Source: DNC Data Base



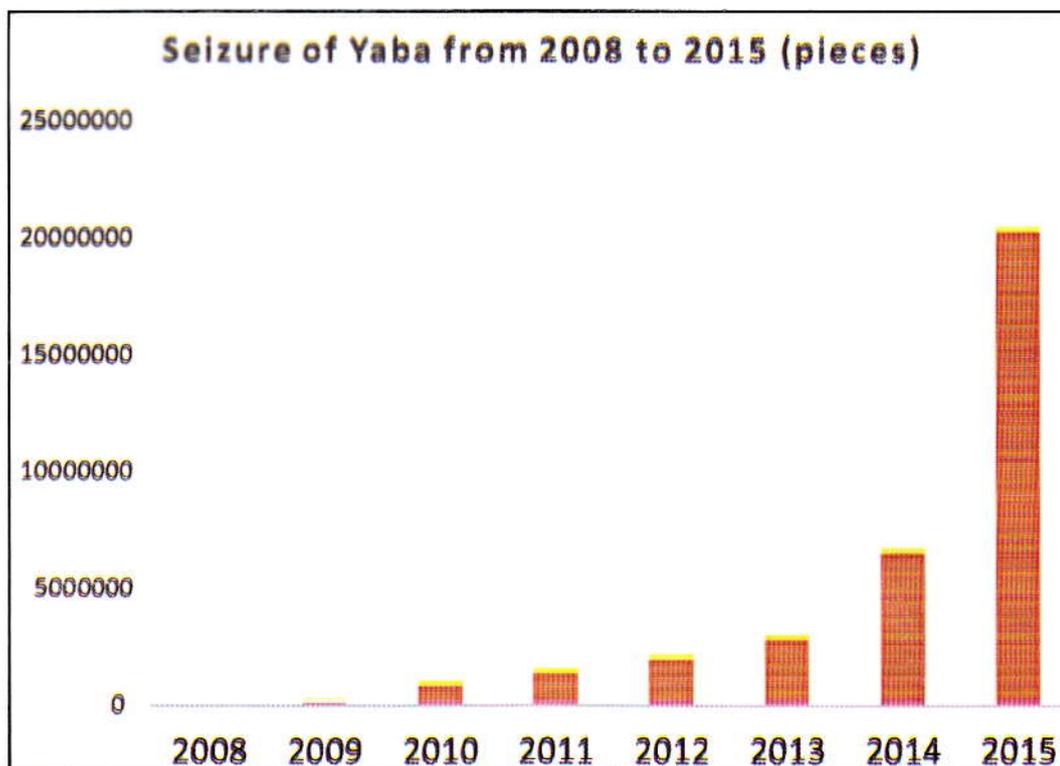


Figure 14: Seizure of Yaba from 2008 to 2015 (pieces)

According to the data of above table, the illicit trafficking and abuse of Yaba has increased more than 9149.05% over last eight years. Yaba has become the number one smuggling item from Myanmar. Women and students are recently found engaged in trading Yaba.

#### Toluene

Toluene based-adhesive called "Dandy" or "Denty" is found in casket made of tin. Street children are pioneer to sniff adhesive for getting intoxicated. It is very cheap and easily available at

hardware stores. The active ingredient of these adhesives to create intoxication is toluene. Toluene is considered as precursor chemical which is under control of the DNC. Toluene based- adhesives cannot be controlled or restricted because they are widely used in various industrial, repairing and household purposes. Generally the glue is put in a polythine bag and its fume or odor is sniffed or inhaled by putting the mouth inside the bag. The data from drug addiction treatment services shows that the number glue sniffing people is increasing rapidly

Table 14: Patients admitted to treatment services for toluene addiction

Year	2011	2012	2013	2014	2015
Percentage of patients admitted	1.01	1.07	0.91	1.08	0.46

Source: DNC Data Base



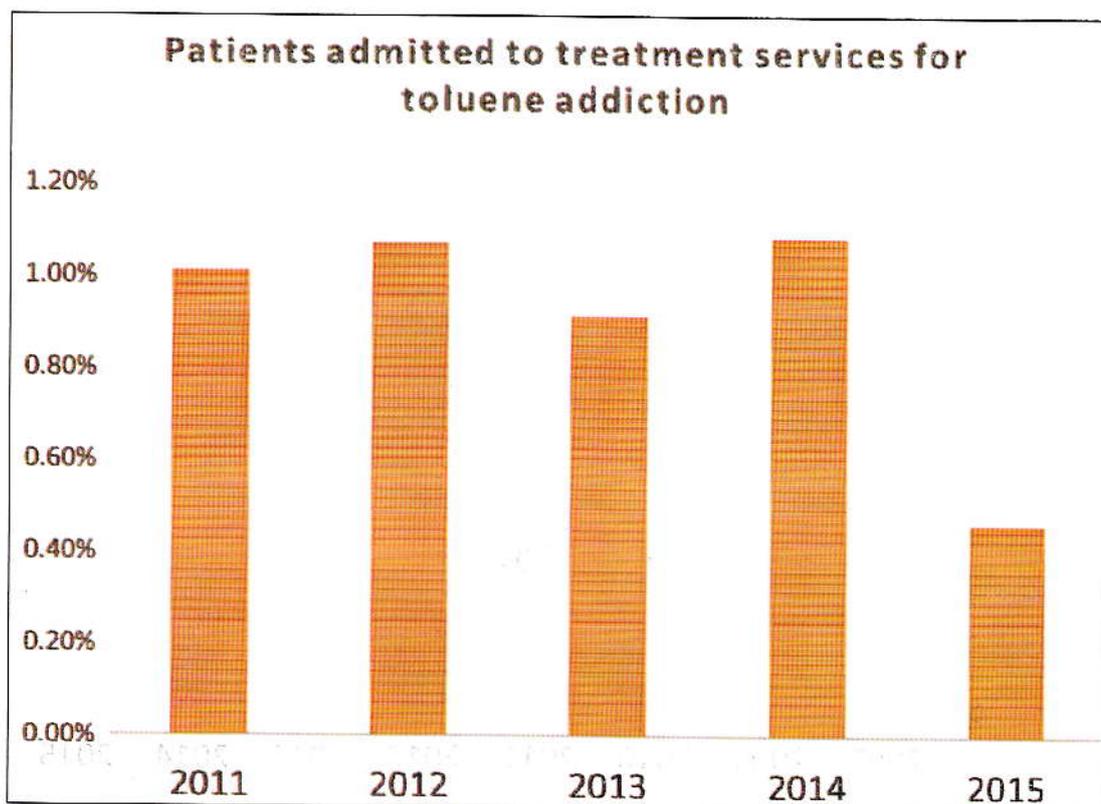


Figure 15: Patients admitted to treatment services for toluene addiction

#### Sedative, Hypnotic And Tranquilizer Drugs

Sedative, hypnotic and tranquilizer drugs, commonly known as sleeping pills, are psychiatric medicines and generally prescribed by the physicians for mood disorder, insomnia, anxiety, restlessness, tension, excitation and other psychiatric and neurological disorders. 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.

Table 15: Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction

Year	2011	2012	2013	2014	2015
Percentage of patients admitted	1.40	1.34	3.73	2.69	3.44



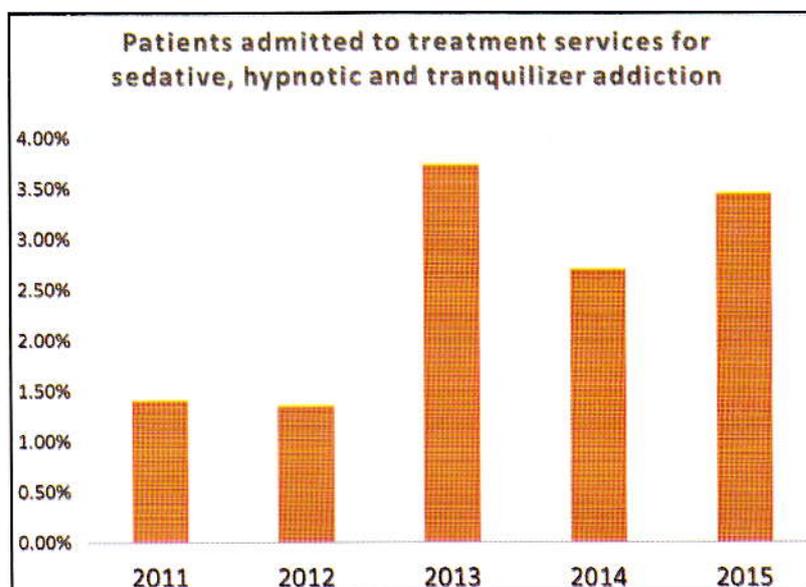


Figure 16: Patients admitted to treatment services for sedative, hypnotic and tranquilizer addiction

### Toddy

Toddy is a traditional alcoholic beverage from fermented juice of date or palm in the rural area of Bangladesh. It is generally available during summer season from palm juice and during winter season from date juice. The alcoholic volume of toddy is 5%-10%. The tribal groups, or under privileged class population drink toddy during ritual programs and for social recreational purposes.

### The profile Of drug abusers and the drug abusing situation in Bangladesh

There is no epidemiological and nationwide survey on the drug using population in

Bangladesh. Media reports, individual studies, academic writings and the data base of the Department of Narcotics Control (DNC) are the main source of information in this regard. It is hardly to know the exact status of drug abusing population in Bangladesh because the data of DNC is based on only the information from the patients under drug addiction treatment programs. However as the patients represent cross section of population and various regions of the country, it at least gives some indication of the real picture.

According to the following Table, influence of friends is the principal cause (84.93%) of taking drugs. The second major cause appears to be curiosity (11%).

Table 16: Primary causes of drug abuse of the patients under treatment programs

Primary causes of drug abuse	2011(%)	2012(%)	2013(%)	2014(%)	2015(%)
Curiosity	32.62	32.68	32.07	24.56	11.00
Influence of friends	55.29	61.47	60.64	68.15	84.93
Desire to get easy pleasure	1.39	0.28	0.76	0.81	0.48
Psychological disorder	0.63	0.56	0.15	0.67	0.24
Adverse atmosphere in the family	4.16	1.25	2.74	3.37	1.44
Easy access to drugs	0.13	0.00	0.00	0.00	0.48
Unemployment	4.53	0.00	0.15	0.13	00
Frustration	0.38	2.36	1.76	1.35	0.96
Complication about Treatment	0.00	0.00	0.00	0.27	0.48

Source: DNC Data Base



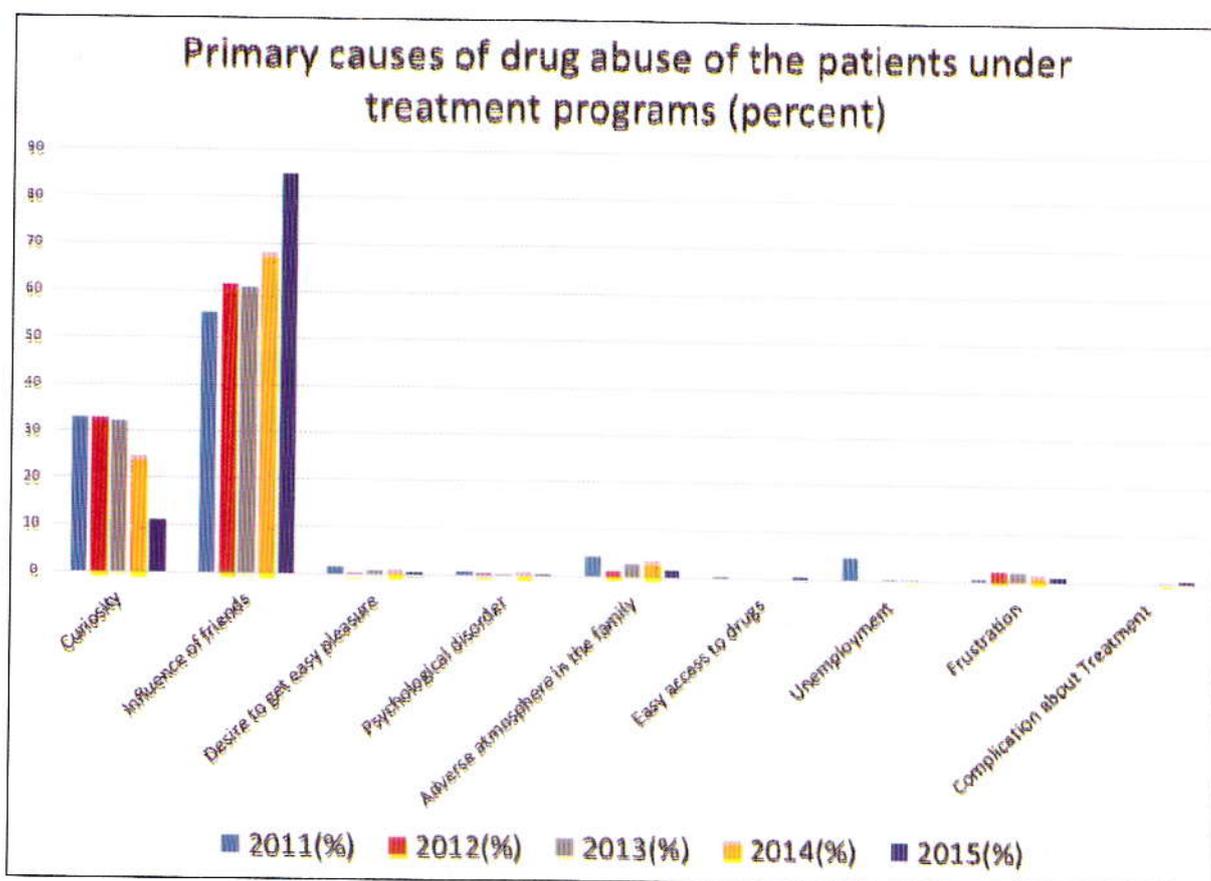


Figure 17: Primary causes of drug abuse of the patients under treatment programs

According to the following Table, people of age group from 16 to 40 comprises 85.61% of the drug abusing population in Bangladesh. Abuse of drugs by people of age over 50 years is the lowest and people of age group 46 - 50 Years have the second

lowest and up to 15 years have the third lowest prevalence of drug abuse. But it is still very much alarming because involvement of children, especially the street children in trafficking and abusing drugs have increased to a great extent recently.

Table 17: Age distribution of the drug abusers

Age Group	2012(%)	2013(%)	2014 (%)	2015 (%)
Up to 15 Years	4.31	1.22	3.10	3.60
16 - 20 Years	8.48	12.16	13.77	13.67
21 - 25 Years	13.77	21.73	20.11	19.42
26 - 30 Years	30.74	27.05	27.94	28.30
31 - 35 Years	19.61	16.72	16.06	14.63
36 - 40 Years	14.88	10.72	9.72	9.59
41 - 45 Years	5.56	5.93	5.26	7.19
46 - 50 Years	1.95	3.50	3.10	2.40
Over 50 Years	0.70	0.91	0.94	1.20

Source: DNC Data Base



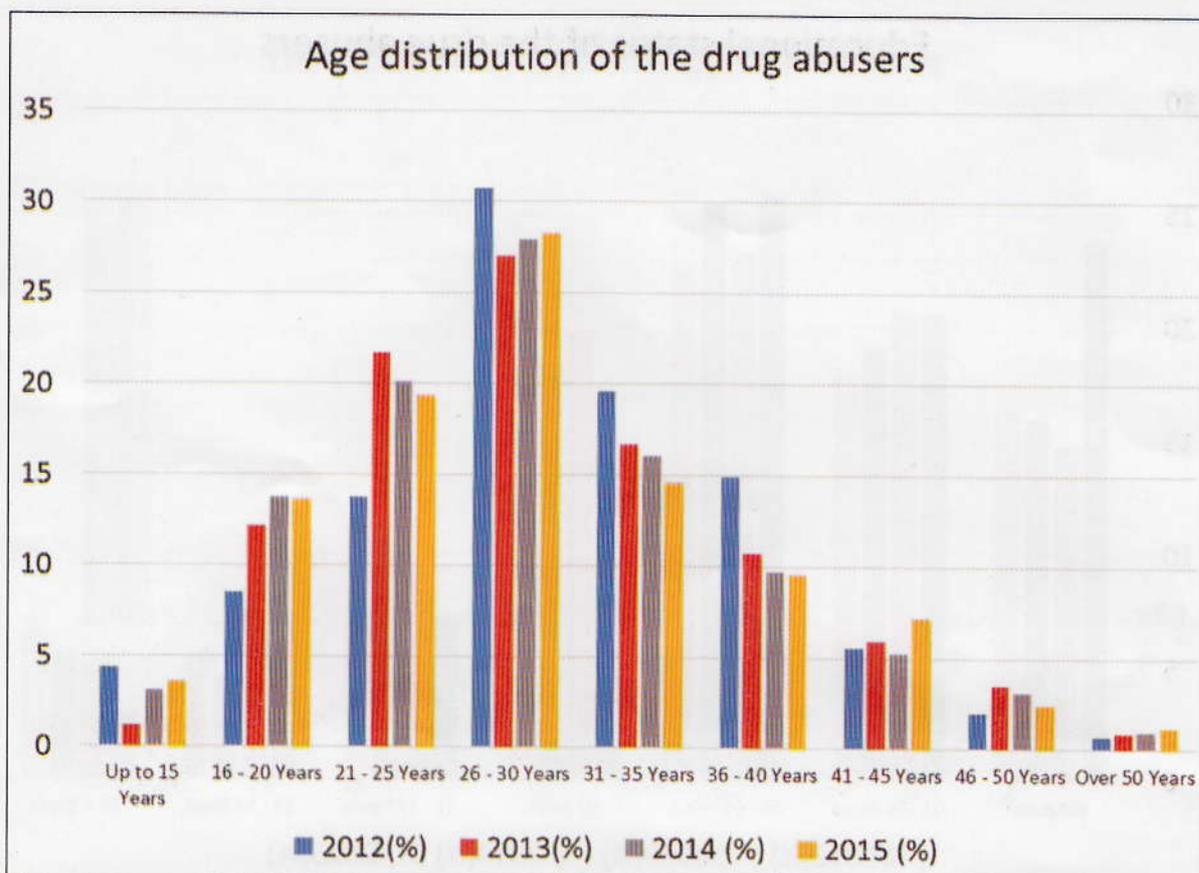


Figure 18: Age distribution of the drug abusers

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 76.45% of drug addicts admitted in the treatment

program are illiterate, less educated and they could not complete their secondary level of education. People with higher education are less involved in drugs, because education helps them making judgment and right choice about drugs.

Table 18: Educational status of the drug abusers

Education Status	2012(%)	2013(%)	2014(%)	2015(%)
Illiterate	23.78	14.74	15.92	16.35
01 - 05 Years	20.58	20.67	19.03	18.03
06 - 09 Years	25.87	23.25	25.37	24.04
10 Years	14.33	19.76	18.35	18.03
11 - 12 Years	7.23	9.12	11.34	11.30
13 - 14 Years	5.29	7.29	4.45	5.53
15 + Years	2.92	5.17	5.53	6.25

Source: DNC Data Base



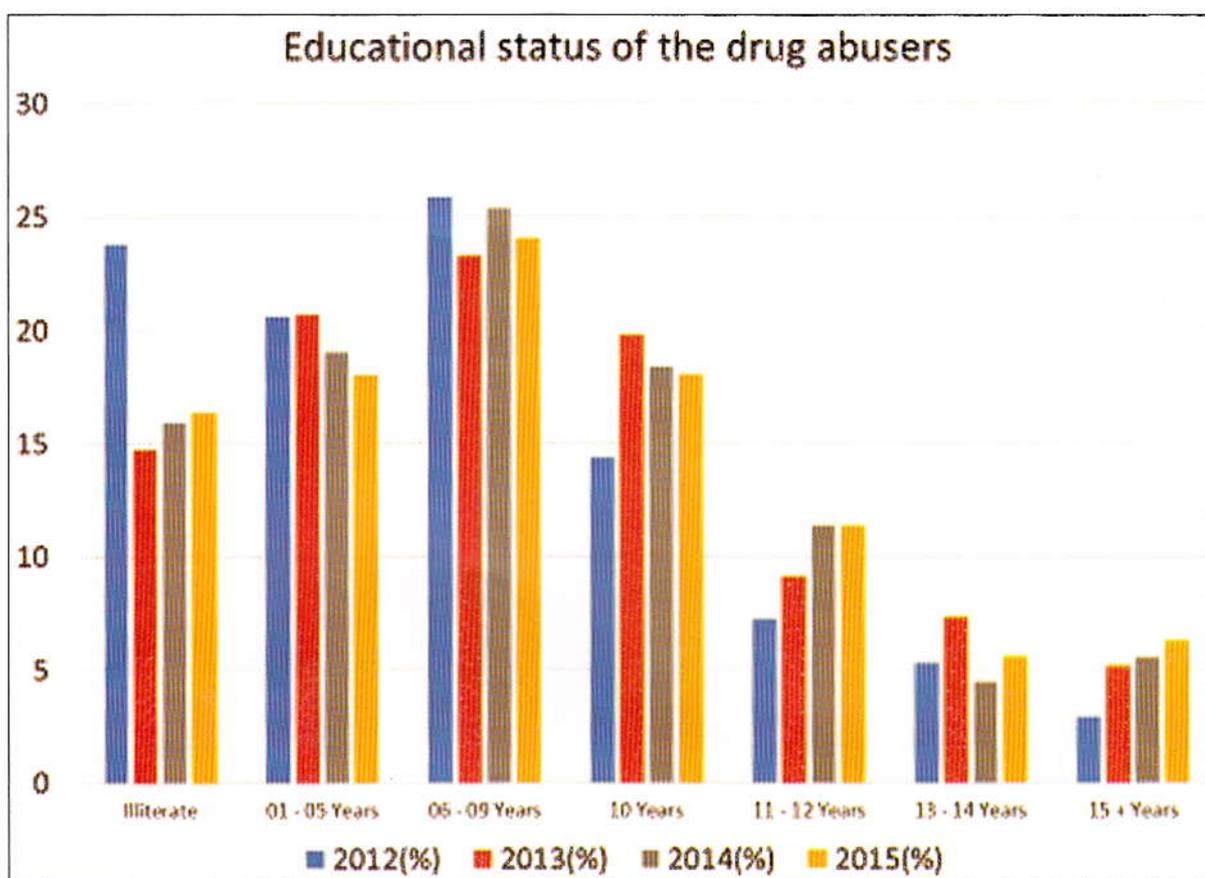


Figure 19: Educational status of the drug abusers

According to the data from the treatment services during 2015, people with (no legal source of income) are the highest group (60.34%) for addiction to drugs. May be that

these people are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes.

Table 19: Distribution of patients by self- income

Self - Income Group	2012(%)	2013(%)	2014(%)	2015(%)
No Income	57.30	54.49	60.54	60.34
Up to Tk.1000	0.28	0.00	0.14	0.00
Tk.1001 - Tk.2000	1.81	0.15	0.81	0.00
Tk.2001 - Tk.3000	2.92	3.81	0.81	0.72
Tk.3001 - Tk.4000	1.67	1.07	0.68	0.00
Tk.4001 - Tk.5000	5.98	3.81	4.32	4.33
Tk.5001 - Tk.10000	19.05	20.24	16.62	17.07
Tk.10001 - Tk.15000	6.12	8.52	6.76	7.45
Tk.15001 - Tk.20000	2.36	3.04	3.78	5.05
Tk.20001 - Tk.25000	0.70	1.37	0.81	1.20
Tk.25001 - Tk.30000	0.83	1.37	1.22	1.61
Tk.30001 and Above	0.98	2.13	3.51	2.16

Source: DNC Data Base



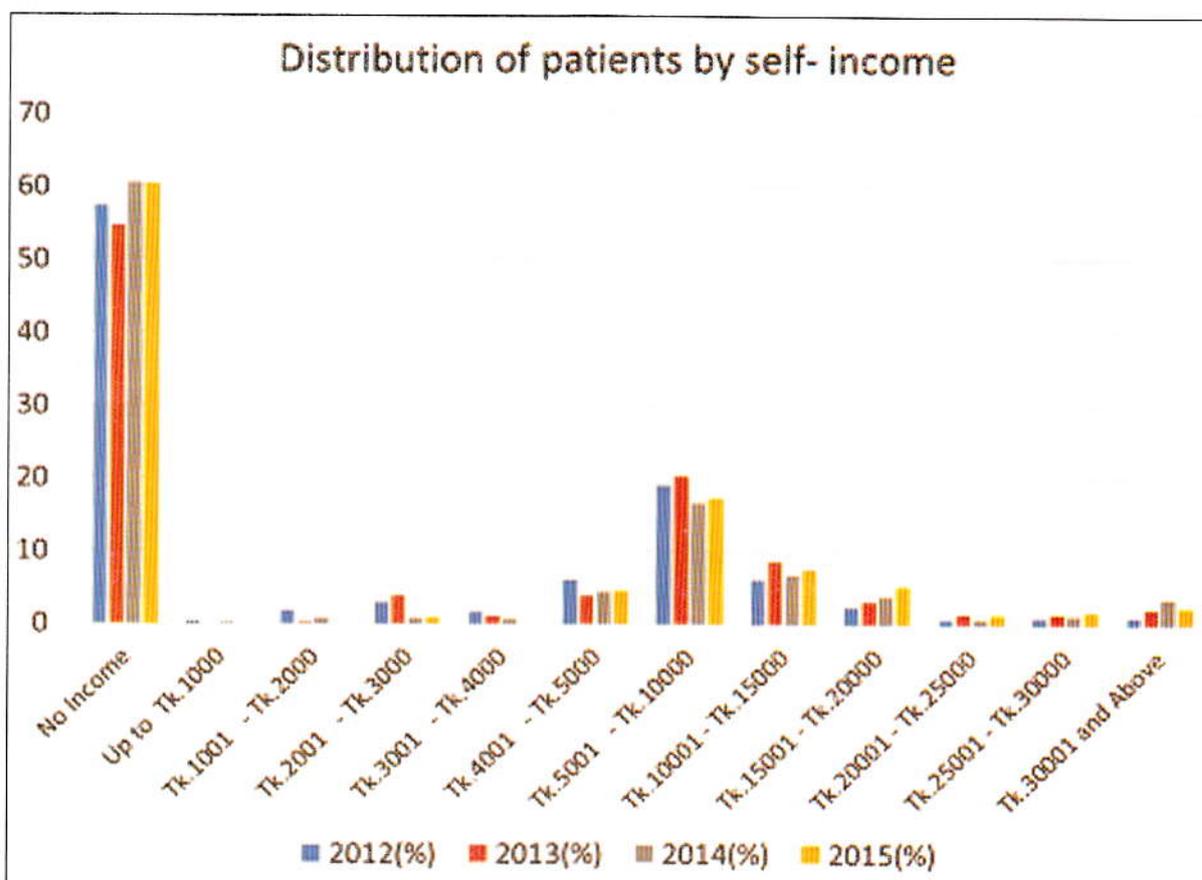


Figure 20: Distribution of patients by self- income

From the Table of self income of the drug abusers, it has been observed that the middle class population is the second largest group (17.07%) to abuse drug. Therefore the drug problem in Bangladesh prevails mainly within poor and middle class of population.

There are stressful professions where the situation compels an individual to be hooked to drugs. In many profession people need extra energy and stamina to maintain the level of performance and under influence of myths and misconceptions about effectiveness of drugs people start abusing those.

Table 20: Distribution of patients by self-occupation

Occupational Group	2012(%)	2013(%)	2014(%)	2015(%)
Unemployed	53.27	44.22	51.42	41.83
Small Business	11.13	12.92	12.28	17.31
Service (Private/Public)	6.95	9.88	7.42	9.38
Laborer	9.60	7.90	6.48	6.97
Vehicle Driver	4.45	6.38	5.13	4.09
Student	4.03	8.97	9.72	13.46
Agriculture profession	0.97	0.61	0.54	0.48
Others	9.60	9.12	7.02	6.49

Source: DNC Data Base



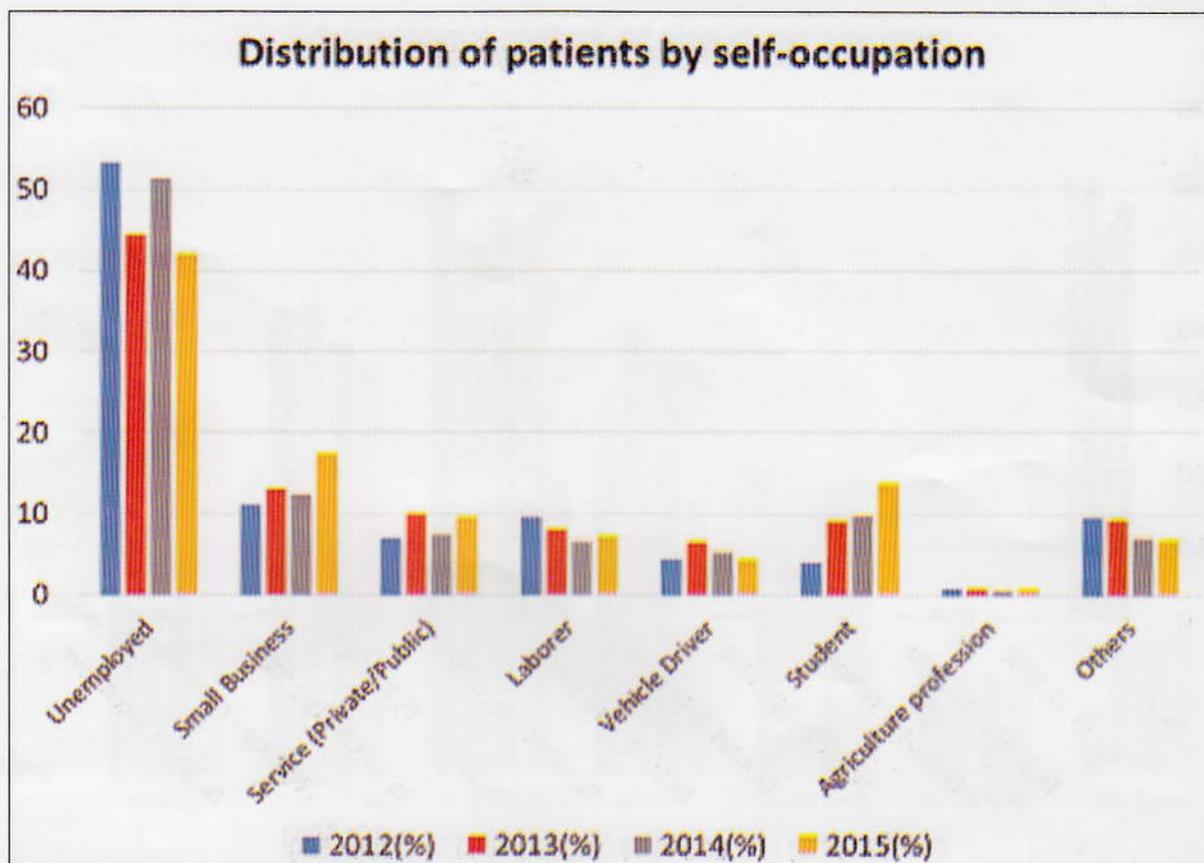


Figure 21: Distribution of patients by self-occupation

On reviewing the Table of professional distribution of drug abusers under treatment services during 2015, it has been observed that majority (41.83%) of them is unemployed and they have no specific profession. The other major professional groups are small businessmen, service holders and students. They are very hard worker and have very few opportunities for mental recreation and amusement. Generally they practice cheap drugs like cannabis or alcohol just for having a little pleasure from the monotony of their hardship in daily life.

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. During mid-eighties Heroin became the real hero in the drug world in Bangladesh. At the beginning of nineties, Phensedyl, a codeine- mixed cough syrup, took over the place of heroin. In the meantime, researchers and

policy makers observed that one of the major causes of spreading HIV/AIDS is injecting drugs. Yaba, an ATS, emerged in Bangladesh in the middle of last decade. Initially it was concentrated among the adolescents of aristocratic society, particularly among the English medium students of Dhaka city. But in course of time, it became a symbol of smartness, fashion and aristocracy for young people especially young model girls, film heroines, singers, dancers and many of the different sections of people. Sometimes they were found involved in Yaba trading.

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. The data of abuse of drugs are mainly from the treatment programs and from the law enforcement and judicial records in Bangladesh. Data from treatment records do not actually represent the real situation of the country. People seek treatment mainly when their regular life is disturbed for the miseries and suffering caused by addiction.



Table 21: Distribution of patients by principal drug of abuse

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

Source: DNC Data Base

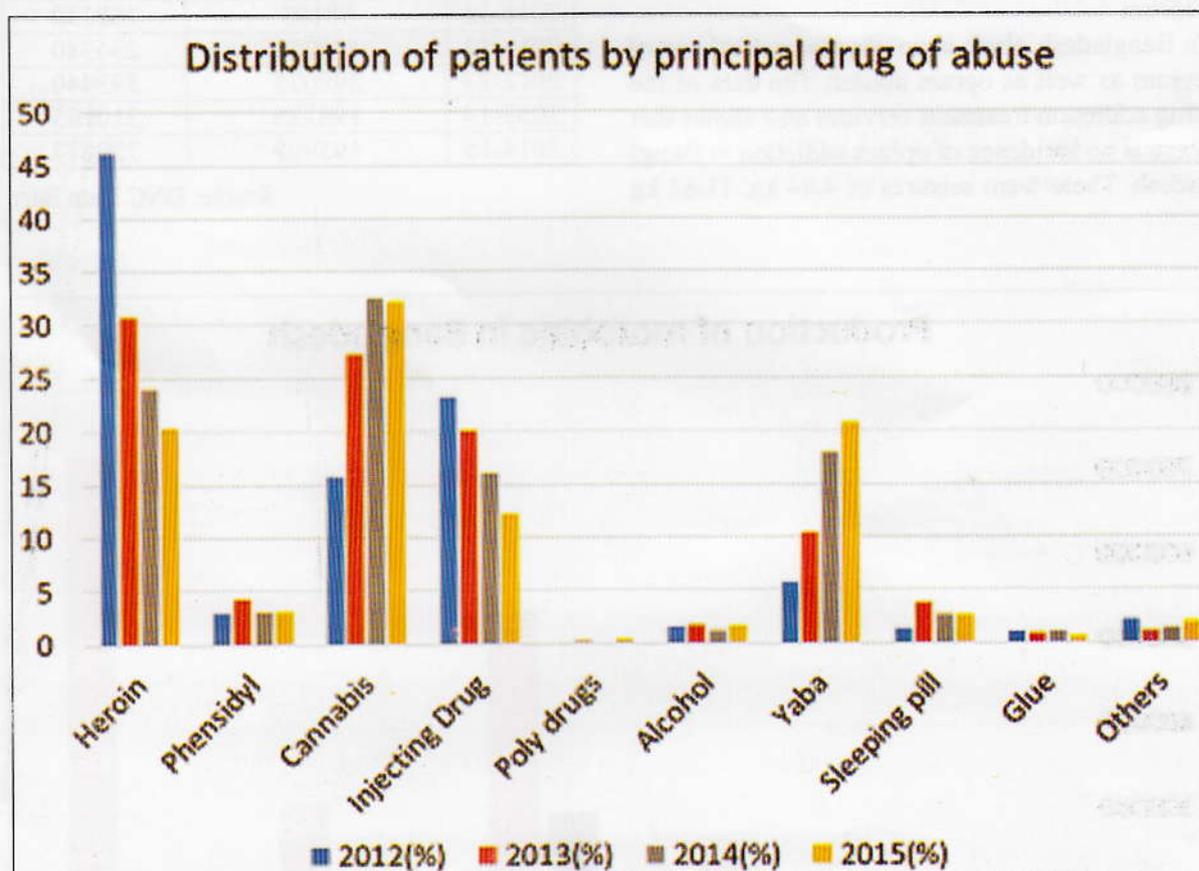


Figure 22: Distribution of patients by principal drug of abuse

According to the data on principal drug of abuse by treatment seekers during 2015, cannabis appears to be the number one drug comprising 32.11% and it has a little increase from previous year. Yaba stands second position comprising 20.64% with a increase of 14.99% in comparison with previous year. Heroin stands in third

position comprising 20.18% with a decrease of 15.99% in comparison with previous year. Injecting drug stands fourth comprising 12.16% with a decrease of 24.28% in comparison with previous year.

To dominate over the drug markets in Bangladesh clashes, killings, kidnappings, terrorism activities



happened among the terrorists and criminals who are dealing in drugs. Law enforcement agencies are often encountered by the armed drug dealers. 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. Eve teasing, a social crime and most contemporary burning issue of the country, is generally committed by naughty boys who in most cases are abusers of drugs.

### Extent of Drug Supply

#### Opium

In Bangladesh, there is no pharmaceutical use of opium as well as opium abuser. The data of the drug addiction treatment services also shows that there is no incidence of opium addiction in Bangladesh. There were seizures of 4.84 kg, 11.62 kg

& 91.22 kg of Indian originated opium in Bangladesh during 2012, 2013 & 2014. But in 2015, there were no seizure of opium in Bangladesh.

#### Morphine

Bangladesh has a quota of 100 kg of morphine from the INCB. It 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.

**Table 22: Production of morphine in Bangladesh**

Year	Morphine Injection (Ampules)	Morphine (Tablet Pcs)
2010-11	98103	182130
2011-12	198253	236980
2012-13	298075	533440
2013-14	198225	310185
2014-15	195905	720677

Source: DNC Data Base

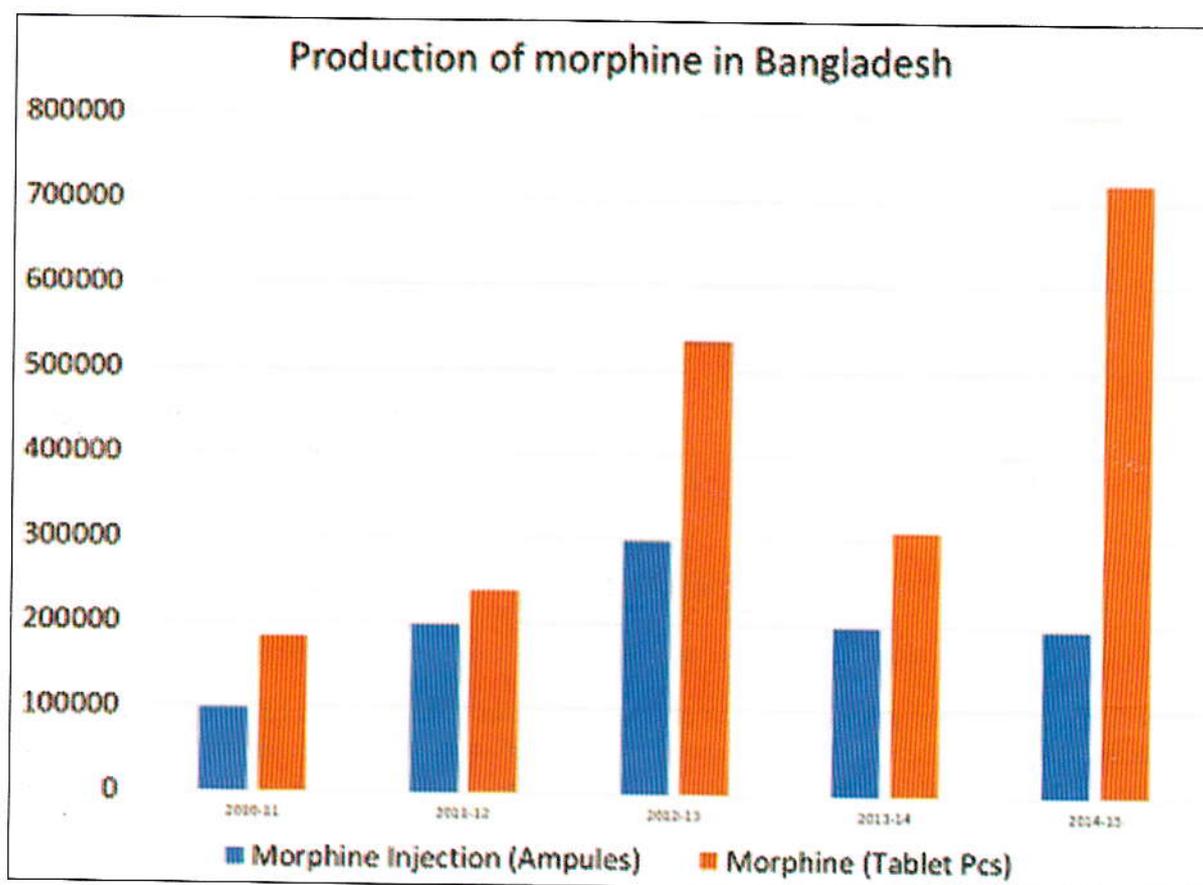


Figure 22: Production of morphine in Bangladesh



### Production of morphine in Bangladesh

Morphine has medical use for palliative care, post operative pain management and for management of acute pain of heart disease and cancer. The legitimate production and use of morphine have increased to a great extent during last two 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.

### Pethidine hydrochloride

Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. Pethidine hydrochloride is widely used in any kind of surgical

operations in Bangladesh as pain killer, as narcotic analgesic and for deep sedation. Due to emergence of Buprenorphine, availability of Nalbuphine from local pharmaceutical industry and smuggling of Pentazocine from India, there is very limited abuse of Pethidine at present.

Table 23: Production of Pethidine in Bangladesh

Year	Amount of Production (Ampules)
2010-11	1046798
2011-12	1204268
2012-13	1432625
2013-14	1182195
2014-15	1424836

Source: DNC Data Base

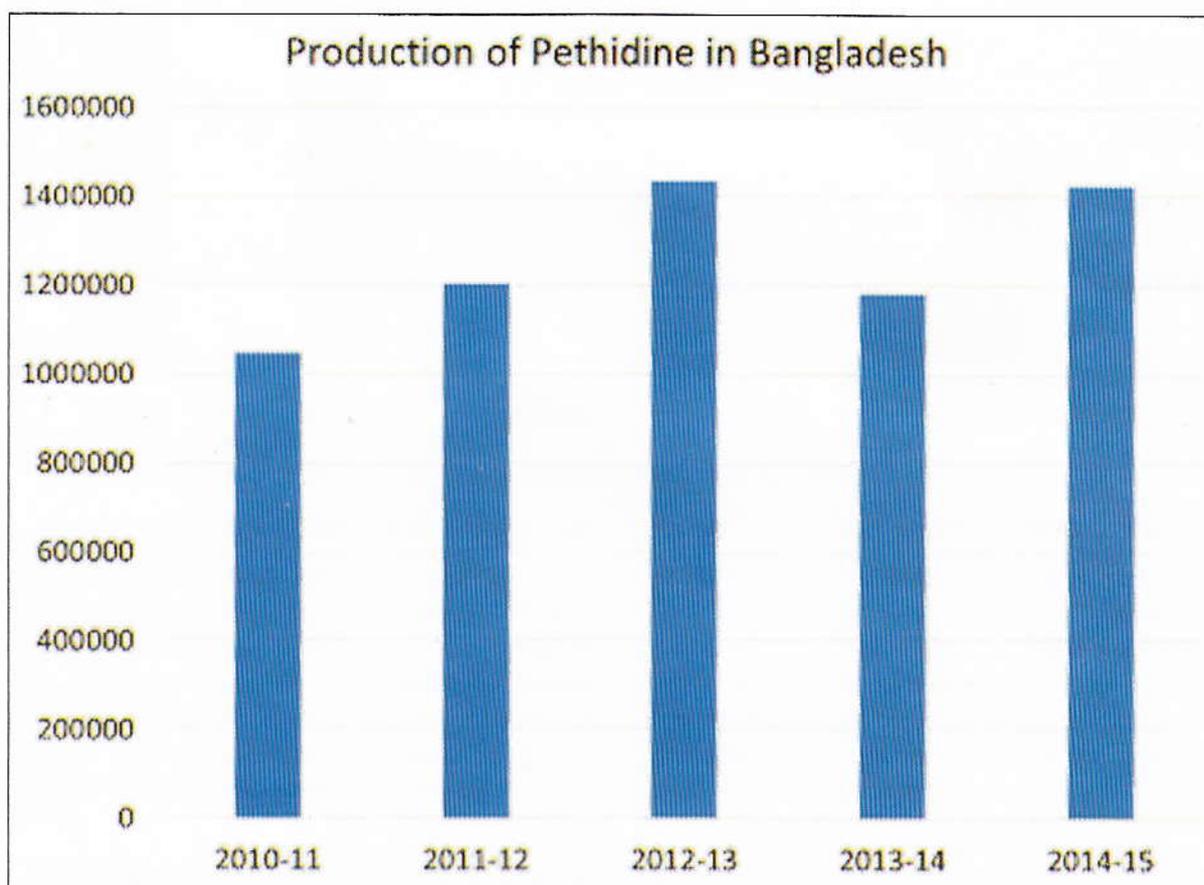


Figure 23: Production of Pethidine in Bangladesh

According to the number of patients admitted in treatment services for Pethidine addiction, it has gradually decreased up to 2011. No patient admitted for treatment for pethidine

addiction after 2011. But in 2014 & 2015, 3.78% & 2.52% respectively of total patients admitted in treatment services for Pethidine addiction.



Table 24: Patients admitted to treatment services for Pethidine addiction

Year	2011	2012	2013	2014	2015
Percentage of patients admitted	1.19	0	0	3.78	2.52

Source: DNC Data Base

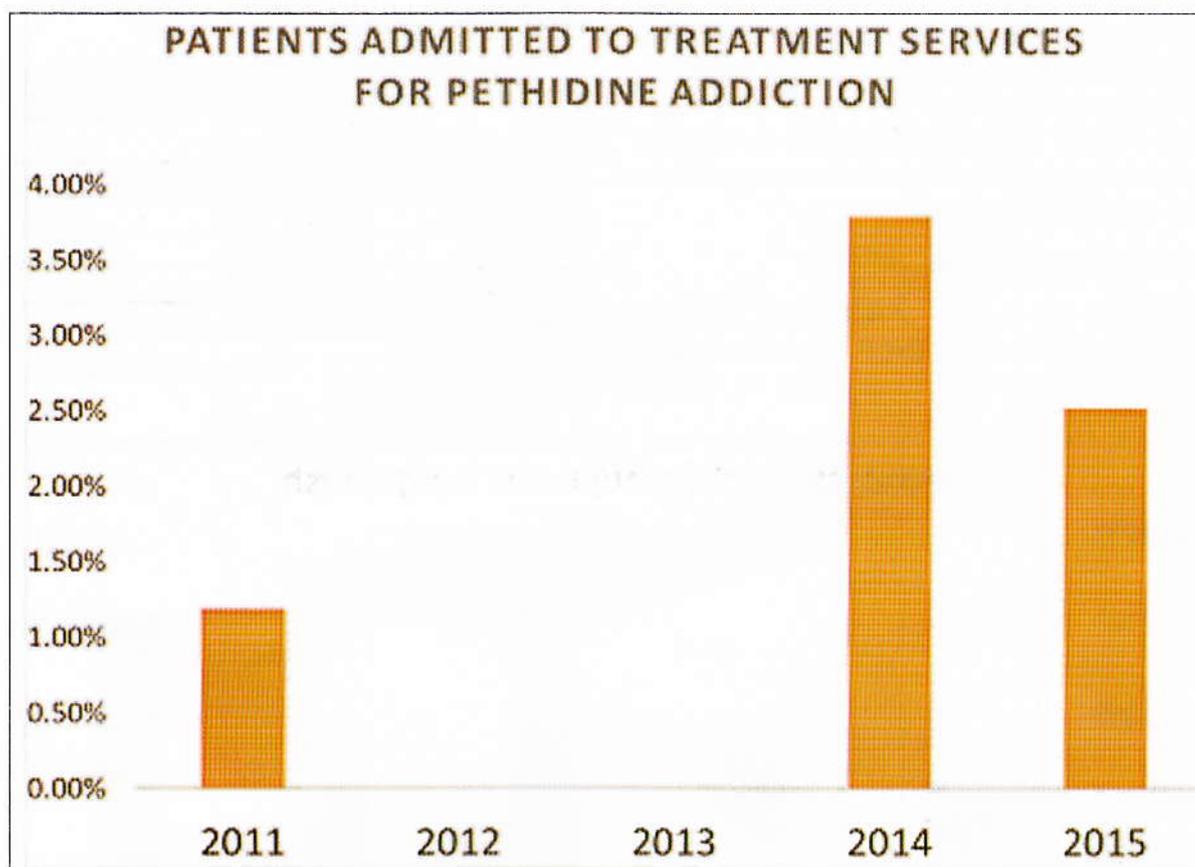


Figure 24: Patients admitted to treatment services for Pethidine addiction

### Market Analysis of Drugs

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.

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

ipur, Khulna, Barisal, Sathkira, Jessore.

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.

Cox's Bazar and Chittagong Metro has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. The routes and spots of smuggling Yaba are located in the territory of Myanmar near the south-eastern border of Bangladesh. According to the data from DNC, 73% Yaba was seized from Chittagong Metropolitan area. Dhaka is the biggest market for Yaba.



Lalgola of India is the most defamed place for clandestine manufacture of heroin is adjacent to Rajshahi. According to the cases and highest amount of seizure, Rajshahi has the highest prevalence of heroin. But the number of consumer of heroin in Dhaka city is more than Rajshahi. The smuggled heroin from the border of Rajshahi is bound to Dhaka.

Most of the cultivation of poppy and location of the Phensedyl producing clandestine laboratories in India are adjacent to Rajshahi. As a result, prevalence of Phensedyl in Rajshahi is naturally more than any other parts of the country. But the biggest Phensedyl market is at Dhaka and most of the consignments of Phensedyl seized at Rajshahi were Dhaka-bound. At present the Phensedyl smugglers have changed their modus operandi. They are pushing the bulk quantity of Phensedyl into Bangladesh using plastic containers in non-medical manners instead of 100 and 50 ml bottles. Though Phensedyl is the main codeine-based preparation, it is being smuggled in other trade names also- such as 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 Mymensingh, Faridpur, Chittagong Metro, Comilla, Noakhali, Khulna, Jessore, Kushtia, Rajshahi and Rangpur. The major portion of cannabis now abuse in Bangladesh is smuggled from India and Nepal. More than 36% of the markets of Buprenorphine are at Dhaka. The second highest market is at Bogra comprising almost 26%. The other big markets are Mymensingh, Rajshahi, Pabna, Bogra and Dinajpur. The tea garden areas of Sylhet Sub-Zone, the Hill Tracts areas and the coastal areas of Khulna Zone are almost free from Buprenorphine. Recently, smuggling of injecting drugs, namely Buprenorphine in different trade names has increased to a great extent. Borders of Jessore, Satkhira, Rajshahi, Bramhanbaria and Comilla Districts at Bangladesh side and borders of North 24 Pargonas, Murshidabad and Maldah Districts of Paschimbanga and borders of West Tripura Districts of Tripura States are mostly used for trafficking of Phensedyl and other codeine preparations, heroin and Buprenorphine.

Table 25: 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 Pargona, Paschimbanga
Jessore	Benapole, Putkhali, Chowgacha, Narayanpur, Sharsha and adjacent area.	Champapukur, Bongaon, Petrapol, Helencha, Bhawanipur, Ranaghat, Amritabazar, Nonchapota & adjacent areas of North 24 Pargana,
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, Charghat, Shardha, Yusufpur, Kajala, Belpukuria, Rajshahi town, Haripur, Godagari and adjacent area.	Jalangi, Godagari Diar, Lalgola, Azimganj, Bharampur, Krishnapura, Raghunathganj, Aurangabad, Nimita, English Bazaar, Ziagonj, Jigmira and adjacent areas of Mursidabad, Paschimbanga.
Chanpai Nowabganj	Bholahat, Shabajpur, Binodpur, Kansat	Roghunathganj, Aurangabad, Kaliachak of Maldah, Paschimbanga
Joypurhat	Panchbibi	Krishnapura, Raghunathganj, Balurghat,
Dinajpur	Ghoraghat, Phulbari, Birampur, Hilli, Hakimpur, Kamalpur, Akashkarpur, Biral	English Bazaar, Balurghat, Nimita, Gangarampur, Banshibazar, Patiram and adjacent area of South Dinajpur, Paschimbanga, Balurghat



Table 26: 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, Barenagara of South Garo Hills, Meghalaya
Mymensingh	Haluaghat, Dhobaura	Baghmara of South Garo Hills, Meghalaya
Netrokona	Durgapur, Kamalkanda	Baghmara of South Garo Hills, Meghalaya

Table 27: 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, Bhubanban of Karimganj, Assam.
Bramhanbaria	Karimpur, Kashba, Akhaura, Singerbil, Paharpur, Bijoyagar.	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, Hapania Takariala, Barjala, Melaghar, Kathalia, Sonamura, of West Tripura, Tripura.
Feni	Sagalnaiya, Phulgazi, Porshuram	Belonia, Rajnagar of South Tripura, Tripura

Table 28: Some New Routes of Phensedyl Trafficking

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

The tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh hand 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.



কুমিল্লায় জব্দকৃত ১৮০ কেজি গাঁজাসহ ধৃত আসামী



# Chapter II

## Legal and Other Infrastructure Supporting the Narcotics Control Activities

### The Narcotics Control Act of 1990

The Narcotics Control Act of 1990 (Act Number XX of 1990) covers the control of narcotic drugs and psychotropic substances, including provision for the treatment and rehabilitation of drug dependent people. The Narcotics Control Act, 1990 was passed in 1990 by repealing all previous laws for control of narcotics, treatment and rehabilitation of drug addicts. This Act comes into force from 2 January 1990. The government has amended in 2000, 2002 and 2004 in order to update the law. This Act has a total of 56 sections and two schedules. It has supremacy over any other law in Bangladesh regarding drugs. It deals with any issue drug-offence prevention and control of drugs and precursor chemicals including treatment and rehabilitation of the addicts. It defines all the technical terms, describes the power and functions of various concern agencies, narrates the scope of control, jurisdiction, contraventions, and procedures and prescribes the penalties and schedules the drugs and punishments. It provides legal coverage for establishment of the Department of Narcotics Control (DNC) as the Nodal Agency of the government to fulfill the objectives of the law in question. It also provides the legal basis for formation of the National Narcotics Control Board (NNCB) as the highest policy-making body of the government for formulating necessary policies and strategies to combat drug problem in the country.

This Act has a very significant view that the Government of Bangladesh enacted the Narcotics Control Act, 1990 by replacing all the earlier legislation. This new act is enacted in pursuance of the principles of the Article 18(1) of the Constitution of the People's Republic of Bangladesh. Article 18(1) provides that: "the State shall

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

Bangladesh is a signatory to all the three UN Conventions of 1961, 1971, 1988 and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. In view of its obligations under these conventions and the potential for diversion of precursors due to its close proximity to Heroin & Amphetamine -producing localities in South East Asia, the country has imposed restrictions on the import of precursors. The 1990 Narcotics Control Act was amended in 2002 and 22 precursor chemicals, as stated in Tables I and II of the 1988 Convention, were included. Sections 19 and 20 of the Act prohibit any kind of illegal operations regarding narcotic drugs, psychotropic substances as well as precursor chemicals. Further, rules relating to the licensing of precursor chemicals were framed and adopted in 1999.

The Narcotics Control Act, 1990 prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass (section 9). The Department of Narcotics Control issues licences, permits or passes. However, they cannot be issued to persons with a criminal record (sections 11& 12). Handling precursors without the requisite licence, permit or pass attracts imprisonment of 2 to 10 years while violation of any condition of the licence attracts



imprisonment of upto 5 years and a fine. Importers require an import licence and an import authorisation to import precursors from the Department of Narcotics Control. On arrival of the consignment, DNC verifies the physical stock and use of the precursor. Bangladesh does not export any precursors. Most imports are from India, Malaysia, Singapore, China, Japan, the UK and Italy.

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

The main focus of this law is on defining various crimes, imposing prohibition, control and regulations of legal and illegal drug related activities, issue, inspection and cancellation of licenses, permits and passes, treatment of drug addicts, penal provisions for various drug offences, search, seizure, arrests, investigation, prosecution, forfeiture of property, prevention of money laundering, application of controlled delivery techniques, financial investigation, revenue collection and control of precursor chemicals. The Narcotics control Act, 1990 provides legal sanctions and punishment for narcotic crime in Bangladesh. The sections related to offences and punishments are: 9, 10, 13, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31. This law classifies all drugs falling under the UN conventions into three major classes, viz. A class drug, B class drug and C class drug according to their harmful effects and criminality involved.

The Narcotics Control Act, 1990 also provides a table of punishment for different offences related to different drugs according to the gravity and nature of the offence and the quantity of drugs involved in it. The highest penalty for an offence related to and 'A' class drug is death sentence or life term imprisonment, whereas the lowest penalty is imprisonment for two years. In

case of an offence related to 'B' class drug, the highest penalty is 15 years imprisonment and the lowest penalty is imprisonment for six months. In case of 'C' class drugs the highest penalty is one year's imprisonment or fine of Taka not exceeding ten thousand or both. The law also provides penalty for offences related to abetment and conspiracy in drug offences. It also imposes restrictions of issuing driving license and license for fire arms to drug dependent persons.

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

Sections 27 and 28 of the Narcotics Control Act, 1990 provide provision for cancellations and suspension of licenses/permits for breach of any condition. Section 32 has the provision for inspection of licenses. Section 33 provides the grounds for seizure and forfeiture of illicit drugs and precursor chemicals. Section 35 has the provision for disposal of seized drugs and precursors and forfeiture of the assets derived from illicit business of drugs and precursors. Section 36 empowers the law enforcement officials for search and seizure of any illicit drugs and precursors and arrest of offenders without warrants. Section 37 has provisions for special search of body to detect illicit drugs and precursors. Section 39 empowers the DNC officials for investigation of offences relating to drugs and precursors. Section 45 deals with the disposal of arrested persons and seized drugs or precursors. Though the Narcotics Control Act, 1990 does not provide any direct provision for investigation of money laundering, Sections 46 and 47 of this Act refers to financial investigation and freezing of assets derived from illicit business of drugs and precursors, Section 54 empowers the Government to bring any substance or chemical under the purview of the Narcotics Control Act, 1990 any time as and when required. The law provides the legal basis for the



Chemical Laboratory of the Department of Narcotics Control and its proper functioning in respect of forensic analysis of all seized drugs and suspicious substances. This lab, established in Dhaka, caters to the needs of all the agencies charged with the responsibilities of drug enforcement and thereby it plays an important role in quick disposal of drug cases under trial.

#### Other Related Laws and Rules

The Narcotics Control Act, 1990 is the principal law for drug abuse prevention and control in Bangladesh. The other legislations related to drugs are:

- A. The special Power Act, 1975: This law particularly deals with prevention and control of smuggling. As drug is one of the major items of smuggling in Bangladesh, this law also addresses issues related to drugs. The main jurisdiction of this law is within five kilometers of the border. It is also applicable in other areas of the country in respect of drugs which are smuggled from other countries.
- B. Customs Act: Though the Customs Act deals with collection of Customs Duty on import and export of various commodities and prevention of smuggling, it also covers the issues related to import and export of narcotic drugs, psychotropic substances and precursor chemicals.
- C. Prevention of Money Laundering Act, 2002
- D. Coast Guard Act, 1995
- E. The code of criminal Procedure, 1898.
- F. The Evidence Act, 1872.
- G. The narcotics Control Rules, 1999.
- H. The National Narcotics Control Board

Fund Rules, 2001.

- I. The Private Treatment and Rehabilitation Center Rules 2005.

#### Search, Seizure And Arrest

The operations of search, seizures and arrests are guided mainly by Section 36 of the Narcotics Control Act, 1990. The other relevant Sections are:-Sections 32, 33,37,38,41, and 42. The enforcement Officials of the Department of Narcotics Controls, the Police, RAB, Customs, BGB and Coast Guard are empowered to conduct search, seizures and arrests. The law provides for mutual cooperation among the different law enforcement agencies as and when required for conduct of search, seizure and arrests. It is the requirement of the Law to draw a search list in Presence of independent witnesses with description of the place of occurrence, name and addresses of the accused, description of the seized articles along with the description of the quantity of article seized, signatories of the eyewitnesses of seizures and comments of the officer in-charge of the search and seizure. The drugs or any article related to commitment of a drug offence is liable for seizure under section 33 of the Narcotics Control Act, 1990. It is mandatory for every officer conducting any search, seizure or arrest to send a report regarding the search , seizure or arrest to his/ her controlling officer immediately and lodge Ezahar (complain) in the concurrent Police Station. The Executive Magistrates are also empowered to conduct search, seizures and arrests under the provisions of the Mobile Court Act, 2009. The Master Law for the procedures of search, seizures and arrests is the Code of Criminal Procedure, 1898.

**Table 1: Statistics of the Raids, Cases and Arrests by DNC**

Year	Raid	Case	Arrests
2011	34420	8749	9336
2012	35440	10014	11040
2013	34876	10111	10990
2014	34643	11723	12590
2015	34073	10548	11300



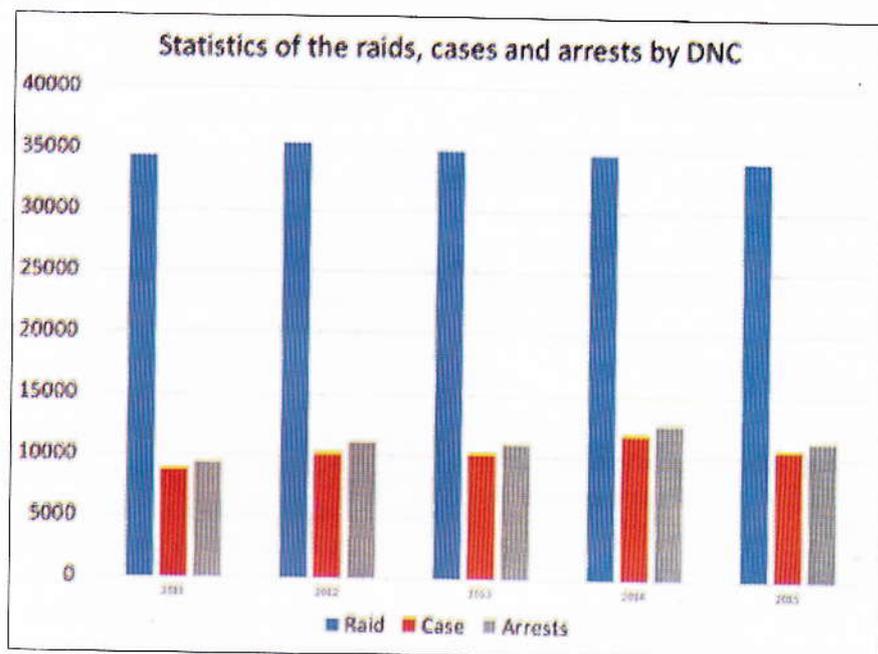


Figure 1: Statistics of the raids, cases and arrests by DNC

**Table 2: Statistics of the cases and arrests by all law enforcement agencies**

Year	Case	Arrests
2011	37245	47309
2012	43717	54100
2013	40250	47531
2014	51801	62080
2015	57420	70581

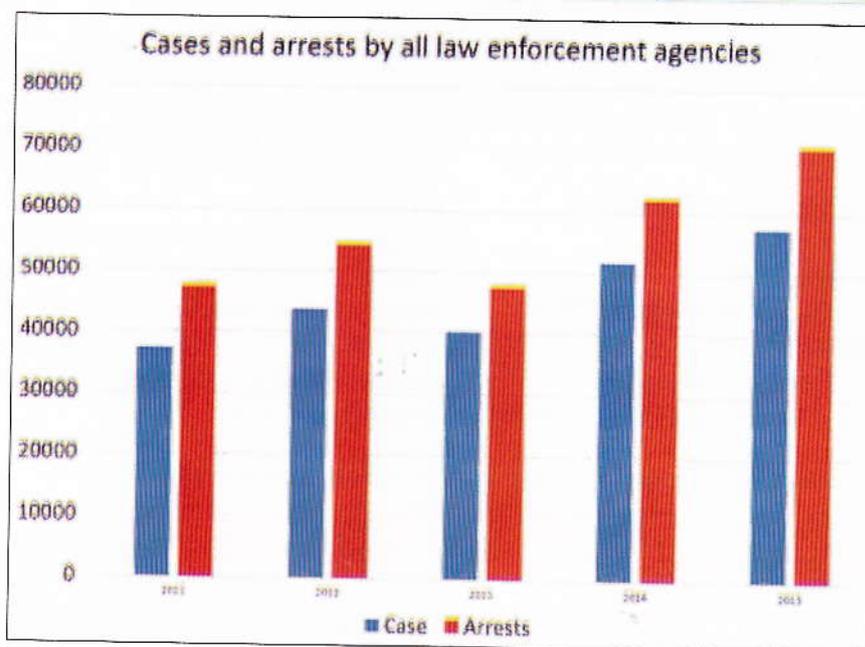


Figure 2: Statistics of the cases and arrests by all law enforcement agencies



## Investigation

Only the department of Narcotics Control and Police are empowered to investigate offences under the Narcotics Control Act, 1990. The enforcement officers of the rank of Sub-Inspector or above of these Departments can investigate drug offences. The main purposes of the investigation are gathering evidence on crime and clarify the motives and other relevant issues of an offence. In Bangladesh the investigation is generally followed by search, seizures and arrests. But pre-arrest investigation is also possible as per requirement of particular situation. The investigation officer generally visits the place of occurrence, draws sketch map with detailed description of the place of occurrence, takes photographs, examines the eye witnesses, collects material and documentary evidences, obtains chemical examiners reports on the drugs seized and writes case diary on regular activities of his/her investigation. If an accused is arrested with seizure of drugs the law permits only 15 working days for completion of the investigation. Otherwise the time limit for completion of investigation is 60 working days.

## Prosecution and Trial

As there is no special or separate Court, the trial of drug offences is done in the general judiciary system in Bangladesh. The Depart-

ment of Narcotics Control (DNC) has their own prosecutors to conduct cases in Courts. The DNC has only 12 prosecutors and 37 Assistant prosecutors at 25 Regional Headquarters to cover the Judicial Magistrate Courts and Judge Courts in 64 Districts. The number of Courts is more than five hundred. The manpower in DNC's prosecution section is very much inadequate in comparison with the number of Courts. Therefore the Police generally conduct the drug cases in all Courts in assistance with DNC's prosecution personnel where they are available. The initiation of a case is done in the Judicial Magistrate's Court. When a case is ready for trial, then it goes to the appropriate and empowered Court for trial. Offences punishable with imprisonment up to 5 Years are trial able in Judicial Magistrate Court. Offences liable for more punishment are trial able in District and Session Judge Court. Mobile Courts can conduct trial of offences they apprehend which are liable for punishment up to 5 Years, but they can impose punishment only up to 2 years imprisonment. Most of the drug offenders are caught red handed. The reasons of acquittal area faulty and incomplete investigation, improper presentation of cases at the Court of trial, weaknesses in prosecution, lacking of witnesses and their gaining over by the drug offenders and the speculated corruption.

**Table 3: Statistics on Disposal on Cases Under Trial**

Year	Disposal of Cases					Conviction/Acquittal of Accused					Pending Cases
	Conviction	Rate	Acquittal	Rate	Total	Convicted	Rate	Acquitted	Rate	Total	
2011	1444	62%	891	38%	2335	1501	61%	949	39%	2450	50,588
2012	1846	53%	1648	47%	3494	1860	53%	1653	47%	3513	
2013	1127	55%	939	45%	2066	1218	54%	1057	46%	2275	
2014	1716	53%	973	47%	2689	1175	52%	1112	48%	2287	
2015	892	47.6%	981	52%	1873	971	48.2%	1042	52%	2013	



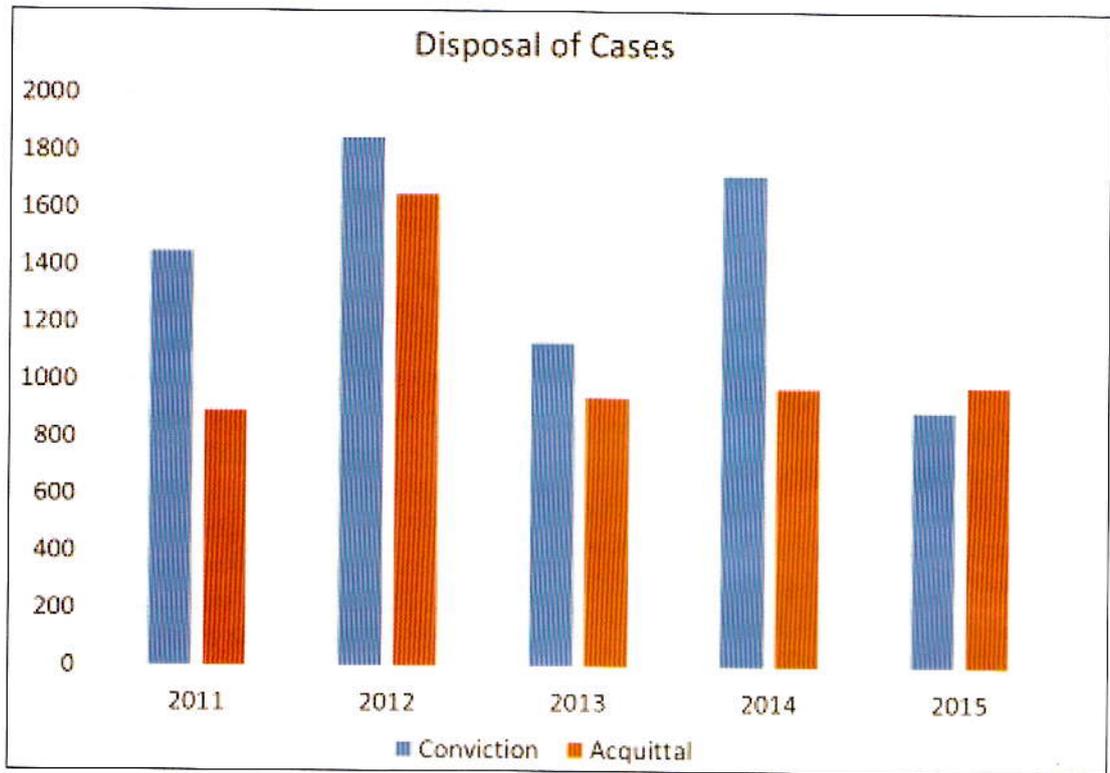


Figure 3: Disposal of Cases

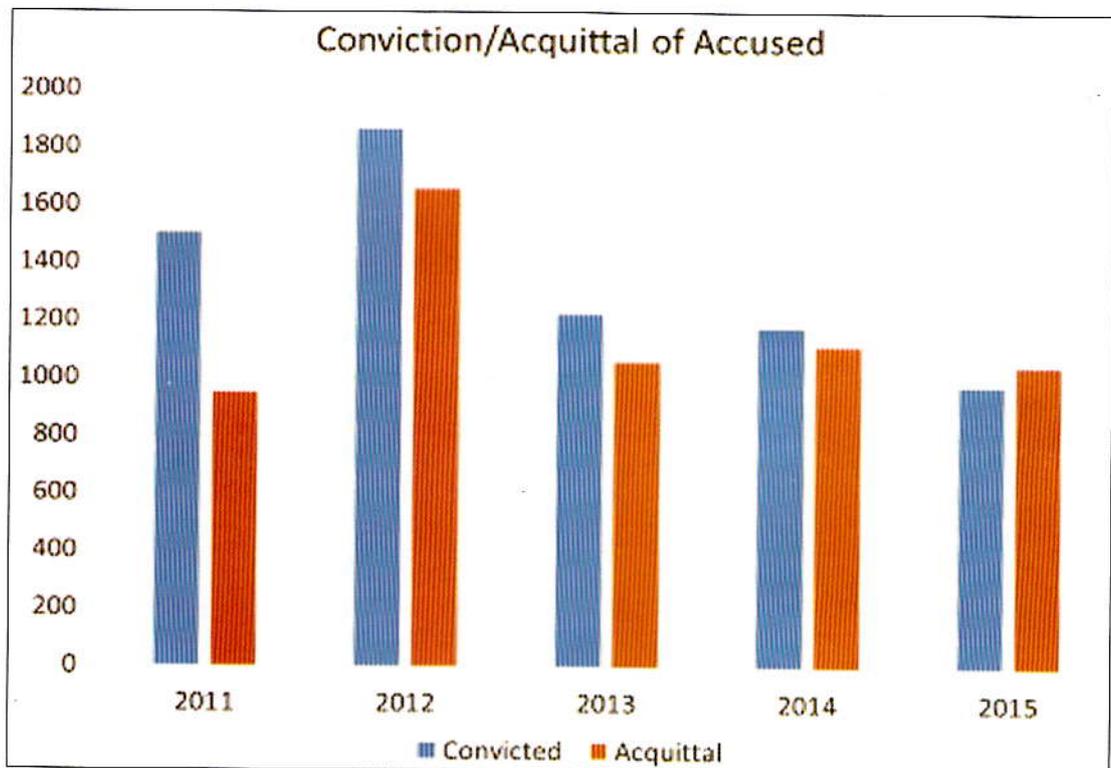


Figure 4: Conviction/Acquittal of Accused



### Operation of Mobile Court on Drugs

The trial of drug offences are generally conducted in the general judiciary system. As the judiciary is over burdened with thousands of cases, the trial of drug offences lose its importance and the criminals remain unpunished for years together. This situation encourages them to commit further crime. Moreover in many cases they escape punishment through many loopholes of the investigation and trial procedures. To overcome this situation, the Government has recently introduced Mobile Drug Court under the Mobile Court Act, 2009. The Mobile courts apprehend criminals, prosecute them on the spot, and impose punishment of short term imprisonment. There is no provision of bail in Mobile Court. The confession and

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

**Table 4: Statistics on Mobile Court Operation by DNC**

Year	Raids	Cases	Arrested
2011	6939	3724	3994
2012	9340	4871	5162
2013	9679	5244	5445
2014	14815	7948	8320
2015	14937	7487	7823

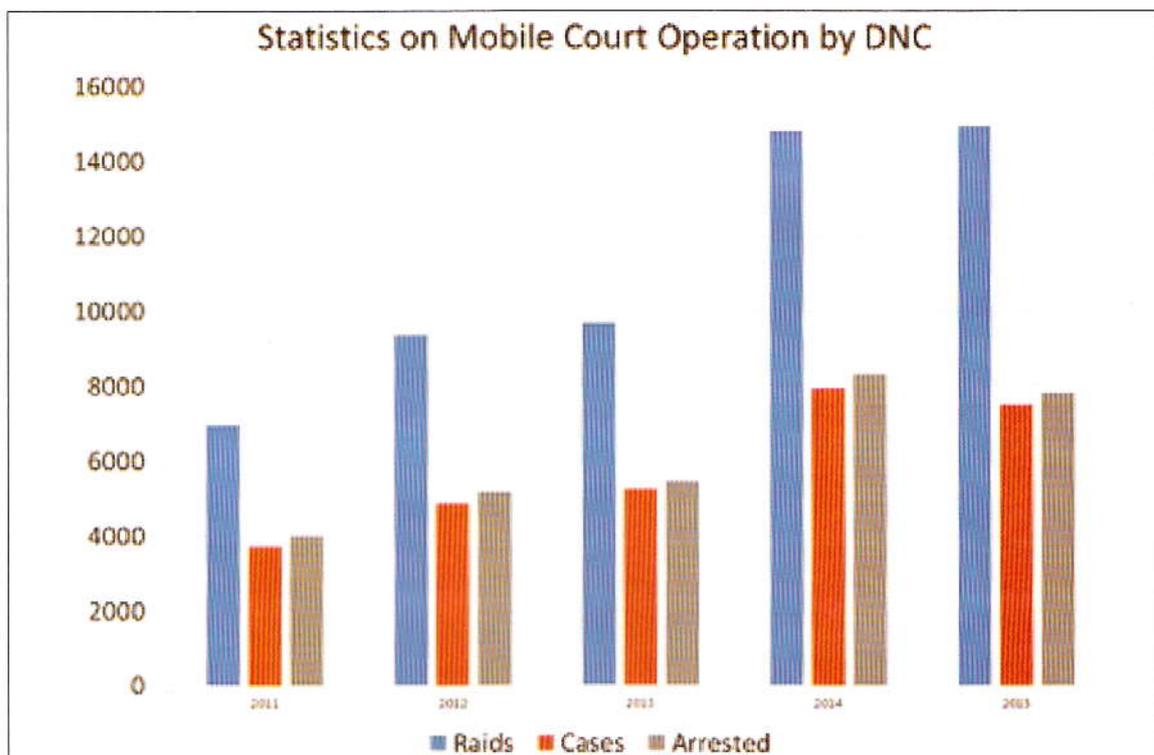


Figure 5: Statistics on Mobile Court Operation by DNC



# Chapter III

## Massive Awareness Campaign and Its Impact on Social Mobilization

The recent world witnesses many positive contribution of its citizen and at the same time it faces some disastrous activities of the mankind. Drug abuse is one the most grievous problem of time. It baffles the entire development process of world community. Drug abuse and drug trafficking have a close nexus with other grievous form of offences happening around the globe. To curb this problem, the international community have taken various fruitful steps and among those steps demand reduction is time responsive one. Coordinated effort and deliberate thinking of worlds leaders can play an important role in this regard and National, Sub-Regional, Regional and Transnational Co-ordination is must to fight this problem with strict hand. Whole nations of the world are Conscious about the adverse effect of drugs and endeavored to fight drug menace forming International Narcotics Control Bureau. United Nation Office On Drugs and crime another important global organization to fight against drug menace. All these noble organization are trying to combat drug menace triggering operation al activities but due to the Cunningness of organized criminals such drives become futile.

Under such a situation, Creating public awareness is to be considered more effective to combat drug menace. If the dormant Conscience of people is to be awaken by sensitizing them regarding bad effect of taking drugs, the human civilization and intended vulnerable group of people can be save from the heinous attack of devastating drugs.

The government of the peoples Republic of Bangladesh also engages its different agencies to disseminate anti-drug messages to the mass for being aware of the harmful effect of taking drugs.

The Department of Narcotics Control, the Nodal Agency to combat drug in the country, plays an important role in drumming up the negative aspects of drugs. The philosophy in which the department believes that if it is possible to inject the sense of awareness to the blood of general people, it will make a social movement against drugs.

The Narcotics Control Act, 1990 mandates preventive education and anti-drug campaign by its section 5 to generate public awareness against harmful effects of drugs. Subsection 1 of Section 7 of the same Act, provides the provision to form separate fund to incur the expenses of Conducting public awareness. The above mentioned Act also mandates to attach the label bearing anti-drug precautious message in case of legal use.

Realizing the effectiveness of preventive programmes, the government of the peoples Republic of Bangladesh took pragmatic steps in circulating anti-drug message to its citizen. As a modal Agency in this behalf, The Department of Narcotics Control Undertook a series of activities to gear up the preventive activities.

The DNC head office fixes target for the field offices Known as District Offices and divisional offices to conduct various awareness



programmes like seminar, discussion, Class discussion, anti-drug miking, anti-drug committee, discussion at educational institution wall-writing, to hang anti-drug billboard, banner, festoon in populous place like bus-terminal, railway-station, launch-terminal, anti-drug discussion at religious institution like mosque, Temple etc, to Conduct anti-drug Campaign at Local government institution with the elected body. There is a anti-drug in every district of the country headed by the Deputy Commissioner to perform the anti-drug activities smoothly.

The other agency of the government also launch anti-drug programmes with their respective jurisdiction to make the people aware about the

adverse effect of drugs.

Department of Narcotics Control arranges seminar with presence of Local Member of parliament, Locally elected body and with the presence of high officials of different departments of the government.

Mass media like Radio, Television, Newspaper play a significant role in sensitizing people about the bad effect of drugs by airing anti-drug film and publishing anti-drug messages to the community.

Department of Narcotics Control is publishing annual drug report of Bangladesh since 2010. Monthly bulletin of DNC envisages the overall drug scenario of the Country.

#### Statistics on Preventive and Awareness Programmes :

Prevention Education and Publication				
Task	2012	2013	2014	2015
Production & distribution of anti narcotics posters	400000	4200	5000	34500
Distribution of anti narcotics leaflets	1667	49310	150000	104000
Distribution of anti narcotics stickers	1667	14400	9500	15500
Souvenir, Bulletin	1200	5000	157500	9000
Anti narcotics discussion meetings	6466	5851	3813	4247
Anti narcotics class speech at schools and colleges	248	268	633	826
Forming of anti drug committee in Educational institute	1922	632	309	809

#### Government Stance To Combat Drug Menace

The apex body of Bangladesh to formulate drug related policy is National Narcotics Control Board (NNCB), provide proper directives and make new drug-law policy to curb drug menace. The parliamentary standing Committee for Ministry of Home Affairs recommend needful approaches to conduct awareness programmes at drug prone areas and to the vulnerable class and the Department of Narcotics Control carries out the recommendation. The said committee monitor the activities of different department which are its administrative control. Government has set up three high profile committee recently to combat drug menace. Among those committees one has the purview of preventive motivational

Source: Preventive Education Wing, DNC

programme named The Anti-Drug Awareness Building and Social Mobilization Committee comprised of Ministry of Education, Ministry of Shipping, Ministry of Women and Children Affairs, Ministry of Information, Department of Youth Development, NGO Affairs Bureau, Islamic Foundation headed by the secretary of Ministry of Education.

The Government of the Peoples Republic of Bangladesh formed another 3 committees to strengthen the awareness activities .

#### National Committee on Drug Control and Motivational Publicity

This committee consist of 19 members. Home secretary to the government is head of this commit-



tee and Director General, Department of Narcotics Control is member secretary of this committee. The rest of the members are from different ministries and department. The committee sit together .

**District Committee on Drug Control and Motivational Publicity:** In the convenient time and discuss on further improvement and observe previous decision and recommend the next course of action to fight against drug.

**District Committee on Drug Control and Motivational Publicity:**

This is another committee to operate its performance in the field level. This committee is formed with 24 members in every district. The concerned minister of the District is adviser of this committee and Deputy commissioner (DC) is head of this committee. Deputy director or Assistant Director/Superintendent of DNC is member secretary of the committee and other district level officers are members. This committee sits once in every month and oversee the anti-drug control and awareness activities in the district. This committee performs the decision of the National Committee on on drugs.

**Upazila Committee Drug Control and Motivational Publicity:** It is a 17 members committee to combat drug in Upazila level. Upazila Nirbahi Officer (UNO) is the head of this committee and Upazila Social Welfare Officer is the member secretary of the committee. Different officers of the Upazila are member of this committee. This committee performs its functions in Upazila level to combat drug menace and to make people aware of bad effect of drug. Besides these 3 committees, Divisional Task-force Committee on Law and Order headed by

Divisional Commissioner stresses on anti-drug campaign under his jurisdiction.

**Anti-Drug Committee in Educational Institution :** The government of the people's Republic of Bangladesh believes that students are the future leaders of the country. Bearing this philosophy in mind Department of Narcotics Control endeavored to form anti-drug committee in educational institution to conduct motivational lectures on prevention of drug abuse. The ministry of Education issued a circular with the format and to gear up anti-drug awareness in educational institutions.

**Observance of International Day Against Abuse and Illicit Trafficking of Drugs:**

Drug trafficking is an international problem, that is why international community is also very concerned over the issue for having a better world, for having a drug free world. The observance of international day against drug abuse and illicit trafficking on 26th June is the utmost global concern regarding drug menace.

Bangladesh government conducts countrywide programmes centering the day with the collaboration of NGOs.

The observance of international day against abuse and illicit trafficking of drugs starts with anti-drug rally and manab bandhan (human chain).

The day encompasses the following programmes; bicycle rally, essay competition on adverse effect of drugs, painting competition, debate competition, anti-drug essay competition, mass signature campaign, talk show in electronic media, special feature in printing media during bad effect of drug and so on.



Honourable Home Minister and other Special Guest in the discussion meeting regarding 26<sup>th</sup> June.



# Chapter IV

## Harm Reduction: Drug Addiction Treatment Activities

Drug abuse directly influences the economic and social aspects of a country. In Bangladesh it is a growing national concern. There are millions of drug-addicted people in Bangladesh and most of them are young, between the ages of 18 and 30. And they are from all strata of the society. A recent epidemiological survey carried out in the three divisions of Bangladesh shows that the country is going to be transformed into a potential user of drugs with the rapid increase in the number of addicts. For the safety of our people and the society from this deadly game, we have to control illicit drug transportation immediately. Our country is a land surrounded by India from three corners. The northern and eastern sides are surrounded with hills and mountains. And the western corner is mainly plain land. The hilly regions are suitable for illicit drug trafficking. The traffickers can easily hide themselves in these hilly forests and transfer the drugs safely. In our country there are many border-crossing points from where every day millions of money are being exchanged for drugs.

With the easy availability of drugs, juvenile drug addiction has grown beyond proportions, causing concerns and new threats in Bangladesh. It has been estimated that there are 445,000 street children in Bangladesh, of whom 75% (333,750) are in Dhaka City who are using one or the other drugs, often sniffing glue, cannabis, sedatives, consume alcohol, heroin and others use Yaba or inject drugs as well.

### **Treatment Facilities:**

The Government of Bangladesh provide treatment service for the drug dependent people through Central Drug Addiction Treatment Center (CTC) in Dhaka and three regional treatment centers Chittagong, Rajshahi and Khulna. The capacity of CTC is 50 beds, 40 beds for adult male patients and 10 for children patients. The government has planned to

establish more six treatment and rehabilitation centers with facilities of 50 beds in each divisional headquarters. A proposal for enhancement of the treatment facility of CTC from 50 beds to 100 beds has been submitted to the Government. Department of Narcotics Control has done an MOU with Dhaka Ahsania Mission for long term management or rehabilitation program of children drug dependence patients.

Beside the services provided by the government there also NGO and private treatment services for the drug addiction people. To guide and regulate these private and non-governmental service centers there is a rule named "Rules for establishment and running non-government level drug addiction counseling, treatment and rehabilitation center-2005". Under this rules Department of Narcotics Control, Bangladesh, issued licenses to 145 NGO and private treatment centers till December 2015. DNC has taken further steps o issue licenses throughout the country with a view to covering treatment facilities in every district of the country for drug dependent patients.

### **Training:**

#### **Addiction Professional:**

Central Drug Addiction Treatment Center organized training program for Addiction Professionals. At least one hundred fifty participants from different Government and Non Governmental Treatment and Rehabilitation centers already trained on Universal Treatment Curriculum 1, 2, 4, 4a, 6, 7 and 8 of ICCE Program of Colombo Plan.

Fourteen National Master Trainers of Bangladesh continued to finish their 9 curricula on basic level courses on Universal Treatment Curriculum started from September ,2013 . In 2015, they completed universal treatment curriculum 5 (UTC5) training programme held in the month of July in Bangkok.





Picture I –National Master Trainers of Bangladesh, Indonesia, Mexico, Argentina, Columbia, Costa Rica and Bolivia with the Facilitators from Colombo plan in the UTC 5 training programme held in July'15 in Bangkok.

Colombo Plan Drug Advisory Program(CPDAP) also trained 10 Bangladeshi Master Trainers on Child Drug Addiction Treatment Curricula. Colombo Plan started these training series from 13-23 April, 2015. During 2015, Colombo plan completed 4 curricula out of 6. This was a pioneer batch of 25 treatment practitioners from Bangladesh, India and Pakistan and Six International Master Trainers from Pakistan, India, Afghanistan, Kenya, South Africa, and Singapore – a total of 31 participants got the trainings.

#### **Echo Training :**

In 2015 , only one Echo training on universal treatment curriculum was conducted . Echo training on Universal Treatment Curriculum 6, 7 & 8 was completed from 4th May'15 – 13th May'15 in Dhaka organized by Department of Narcotics Control, Bangladesh and 25 participants were trained on the above mentioned curricula.

#### **Psycho Education for Family Members:**

Family has a great role in the treatment programme of substance use disorder. Very few family members know how to deal with a patient in early recovery stage. To educate the family members of the patients about their exact role and how to help the patients to prevent relapse, CTC

has taken programme for family counseling on every Wednesday started since October'15. Chief Consultant with his team conduct this session.

#### **Bangla translation of Universal Treatment Curricula:**

After translating UTC 1, & 2 , Bangla translation committee also completed translation on universal treatment curriculum 6, 7, 8 and had a successful review meeting with Susmita Banarjee from Colombo plan in May '15. The Secretary General of Colombo plan Mr. Kinley Dorji also visited and exchanged views with the members of the committee.

#### **Methadone Maintenance Therapy (MMT) or Oral Substitution Therapy (OST):**

In Bangladesh Oral Substitution Therapy has been introduced for Injectable drug users with the aim to improve the quality of life and prevent spread of HIV or other communicable disease such as Hepatitis B and C. Three centers for OST in different parts of Dhaka city started functioning for about 500 clients. So far client adherence to programme is excellent. There is strong demand from the client to increase the number of center in easily approachable locality as they have to attend the clinic every day of the year.



Table-I Distribution of patients by Primary Reason for Drug Use

Primary Reason	Number of Patients			
	2012	2013	2014	2015
Curiosity	235(32.68%)	211(32.07%)	182(24.56%)	147 (18.03%)
Friends Influence	442(61.47%)	399(60.64%)	505(68.15%)	626 (76.80%)
Get easy pleasure	02(0.28%)	05(0.76%)	06(0.81%)	4 (0.49%)
Psychotic Disorder	04 (0.56%)	01(0.15%)	5(0.67%)	6 (0.73%)
Adverse family	09(1.25%)	18(2.74%)	25(3.37%)	12(1.47%)
Drug use in Family	02(0.28%)		01(0.13%)	5 (0.47%)
Unemployment	00(%)	01(0.15%)	01(0.13%)	01(0.12%)
Frustration	17(2.36%)	11(1.67%)	10(1.35%)	12(1.47%)
Lack of awareness	01(0.14%)	01(0.15%)	01(0.13%)	00(00%)
Others	07(0.97%)	11(1.67%)	05 (0.67%)	2(0.36%)
Total	719 (100%)	658(100%)	741(100%)	815(100%)

Table I represents the main causes for taking drugs in Bangladesh; it shows that friends influence is most common cause and gradually increasing in percentage. Second most common cause is curiosity which is decreasing in percentage.

Table-II Distribution of patients by age group

Age (Years)	Number of Patients			
	2012	2013	2014	2015
Up to 15	31(4.31%)	08(1.22%)	23(3.10%)	47(5.76%)
16-20	61(8.48%)	80(12.16%)	102 (13.77%)	78(9.57%)
21-25	99(13.77%)	143(21.73%)	149(20.11%)	158(19.38%)
26-30	221 (30.45%)	178(27.05%)	207(27.94%)	247(30.30%)
31-35	141(19.61%)	110(16.72%)	119(16.06%)	125 (15.38%)
36-40	107(14.88%)	71(10.79%)	72(9.72%)	83 (10.18%)
41-45	40(5.56%)	39(5.93%)	39(5.26%)	51(6.25%)
46-50	14(1.95%)	23(3.50%)	23(3.10%)	16(1.96%)
51>	05(0.70%)	06(0.91%)	07(0.94%)	11(1.35%)
Total	719(100%)	657(100%)	741(100%)	815(100%)

Table II shows that most of the patients fall into 21- 30 years age group (in 2012 about 44.22%, in 2013 about 48.78%, in 2014 about 48.05% and in 2015 about 49.69%).

Table-III Distribution of Patients By Educational Status

Educational Status	Number of Patients			
	2012	2013	2014	2015
Illiterate	171(23.78%)	97(14.76%)	114(15.92%)	135(16.35%)
01-05 Years	148(20.58%)	135(20.55%)	141(19.03%)	147(18.03%)
06-10 Years	289(40.20%)	283(43.07%)	324(43.72%)	343(42.08%)
11-12 years	52(7.23%)	60(9.13%)	84(11.34%)	92(11.30%)
13-14	38(5.29%)	48(7.31%)	33(4.45%)	45(5.53%)
15>	21(2.92%)	34(5.18%)	41 5.53%	52(6.25%)
Total	719(100%)	657(100%)	741(100%)	815(100%)

Table III represents the distribution of patients by educational status, drug dependence patients who are illiterate almost decreasing in number whereas 40-43% patients have secondary school background.



**Table-IV Distribution of Patients by Employment Status**

Employment Status	Number of Patients			
	2012	2013	2014	2015
Unemployed	383 (53.27%)	290(44.14%)	381(51.42%)	341(41.84%)
Small Business	80 (11.13%)	85(12.94%)	91(12.28%)	141(17.30%)
Service	50(6.95%)	65(9.89%)	55(7.42%)	77(9.44%)
Laborer	69(9.60%)	52(7.91%)	48(6.48%)	57(6.99%)
Vehicle Driver	32(4.45%)	42(6.39%)	38(5.13%)	34(4.17%)
Student	29(4.03%)	59(8.98%)	72(9.72%)	109(13.37%)
Agriculture profession	07(0.97%)	04(0.61%)	04(0.54%)	3(0.48%)
others	69(9.60%)	60(9.13%)	52(7.02%)	53(6.50%)
total	719(100%)	657(100%)	741(100%)	815(100%)

Table IV represents the employment status of the patients. Most of the patients are unemployed. It also shows that drug abuse gradually increasing among students

**Table-V Distribution of Patients by Principal drug of Abuse**

Sl no	Name of Drugs	2012	2013	2014	2015
1.	Opioids	539 (72.34%)	356(54.10%)	320 (43.18%)	359 (44.03%)
	a. Heroin	344 (63.82%)	202 (30.70%)	178 (24.02%)	216 (26.50%)
	b. Morphine	01 (0.18%)	02 (0.30%)	04(0.54%)	07(0.85%)
	c. Phensidyl	22 (4.08%)	23 (3.50%)	23 (3.10%)	26(3.19%)
	d.Pethidine	24 (4.45%)	40 (6.08%)	28 (3.78%)	32(3.92%)
	e. Buprenorphine	148 (27.45%)	93 (14.13%)	87 (11.74%)	78(9.57%)
2.	Cannabis	119 (15.97%)	179 (27.20%)	241 (32.52%)	246(34.01%)
3.	Alcohol	07 (0.93%)	11 (1.67%)	09 (1.21%)	13(1.59%)
4.	Yaba	43 (5.77%)	68(10.33%)	133 (17.95%)	156(19.14%)
5.	Sedatives	10 (1.34%)	18 (2.73%)	15 (2.02%)	13(1.59%)
6.	Inhalant	08 (1.07%)	06(0.91%)	08 (1.08%)	15(1.84%)
7.	Cough Syrup	05 (0.67%)	05 (0.76%)	05 (0.67%)	04(0.49%)
8.	others	14 (1.87%)	15(2.28%)	10 (1.35%)	09(1.1%)
Total		745 (100%)	658(100%)	741 (100%)	815(100%)

Table- V shows the distribution of patients by principal drug of abuse. Still Opioids is the principal drug of abuse comprises around 44.03% ,43.18%, 54.10% and 72.34% in 2015, 2014, 2013 and 2012 respectively which is almost decreasing in nature. Another important thing is that Yaba use is gradually increasing in number 5.77% in 2012, 10.33% in 2013, in 2014 17.95% and 19.14% in 2015.

**Table- VI - Distribution of Patients by Route of Administration of Drugs**

Routes of Administration of Drug Abuse	Number of Patients			
	2012	2013	2014	2015
Smoking	506(67.92%)	449(68.24%)	509(68.69%)	559(68.58%)
Swallowing	59(7.92%)	57 (8.66%)	98(13.23%)	121(14.84%)
Injection	172(23.08%)	135(20.51%)	120(16.19%)	125(15.33%)
Nasal Inhalation	08(1.08%)	06 (0.91%)	10(1.35%)	8(0.98%)
others	00	00	04 (0.54%)	2(0.24%)

Table VI shows that smoking is that most common route of drug administration in our country comprises around 68%. Drug use by injectable method is decreasing in number gradually.



# Chapter V

## Roles of NGOs in Drug Demand Reduction in Bangladesh

**Iqbal Masud**

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### Introduction:

Drug Abuse has long been identified as a major problem in the developed countries of the West, but here now exists much evidence to suggest that this problem is also assuming alarming dimensions in most of the third World Countries. In the context of rigid situations being faced by the drug markets in the developed countries of Europe and America, the drug barons are gradually attempting to expand their market in the developing countries. Bangladesh has now achieved middle income country's status. Drugs problems are also increasing here alarmingly.

Bangladesh is strategically located between the Golden Triangle (covering Laos, Myanmar and Thailand) and the Golden Crescent (covering Pakistan, Afghanistan and Iran), the two major heroin producing areas of the world. It is surrounded on three sides by India and on one side by Myanmar the major producer of illicit opium and cannabis and has sea and air links with many other countries having wide demand for hard drugs.

Originally Bangladesh was seen as a transit country through which drugs from these producing countries had been shipped to points in North America and Europe. However, the distinctions among producers, transit and user countries is evolving and today, Bangladesh is both a transit and user country. Although Bangladesh is not considered a major producer country of drugs, cannabis is illegally grown in the country and some alcohol is produced both legally and illegally. In recent use of yaba has tremendously increased by the youth including schools & college students.

### The Drug Abuse Problem in Bangladesh:

In recent years, the incidence of drug trafficking has been increasing both in volume and frequency in Bangladesh. The prevalence of drug abuse is being noticed not only by the law enforcing agencies, but also by members of the public. Many aspects of the drug underworld in this country are regularly being surfaced through news media.

Before independence the number of drugs and quantity of supply was limited and obscure but after the independence these problem has increased drastically. Although it is very difficult to give an elaborate picture of the drug abuse situation in Bangladesh some estimates suggest that the country has more than 5 million drug addicts.

From different sources including news papers it is gathered that the use of phensidyl (codin Phosphate) has been increasing at an alarming rate among the youths including students. Another feature of the drug abuse is wider use of Tidigesic (beforenorfine) injection, very often sharing needles which increases the vulnerability of the users to HIV/AIDS and STD. Use of marijuana, LSD, opium, burbichuret, syduxine, sydil, mandex have also increased. Recently use of yaba by the youths has increased alarmingly. 65% drug addicts are from 19 to 28 year age group. This indicates the alarming situation now obtaining in the country requiring immediate attention to address the problem from all quarters. Considering the above-mentioned situation various activities have been implementing by the Govt to eliminate this problem. NGOs are also playing a



pivotal role to reduce the drug demand in the community and providing treatment and rehabilitation supports to the drug dependents.

### Role of NGOs

It is a hard fact that the Government of a low middle income country like Bangladesh with a heavy burden of population and with its scanty resources cannot accomplish the huge task of drug abuse control all by itself and hence it is essential that other agencies like NGOs must come forward to shoulder the responsibility in a big way. On this point of view, a good number of number NGOs have come forward to addressing the problem. Most of the NGOs are working on drug demand reduction and a limited number of NGOs are working in the field of treatment and rehabilitation. According to the information of

Directory for Drug Treatment and Rehabilitation Centers NGOs are providing treatment and rehabilitation support through 172 drug treatment and rehabilitation centers in Bangladesh.

### Demand Reduction:

NGOs are playing significant roles for drug demand reduction 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 friends, class friends & neighbors and became addicted. Massive mass awareness on the harmful effects of drug use is needed. Keeping the adverse situation in mind, NGOs are creating mass awareness on this. They are implementing following activities in this regard.



**Organize the Youth and adolescent:** NGOs 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.

**Organizing Courtyard Meetings and Discussion in the Mosque:** To aware the community level people on dangerous affects of

drug abuse NGOs are conducting 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 has increasing among the common people through this effort.

NGOs are also facilitating the Imam of the Mosque to undertake discussion on anti-drug issue in the Mosque especially on Friday before Khutba. In these way NGOs are also creating awareness on anti-drug issue.



**Organizing School and College Based Programme:** NGOs 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. The students, teachers, School Management Committee (SMC) members and

elites of society are participate in these programs, become aware and express their strong commitment towards anti-drug activities spontaneously. Awareness creation materials like posters, leaflets and stickers are also distributing in these program. Some of these discussion meetings were covered by the news media for creation mass awareness on it.



**Musical Concert, Folk-song, Street-drama, etc:** NGOs are creating mass awareness on dangerous affects on drug abuse through organizing musical concerts, folk songs, jari gan, street drama, etc. Professional baul group/popular singer perform songs and artist perform street drama highlighting the anti drug message. People of all walks of lives enjoy the concert, folk song and drama and get the anti-drug message and become aware on this issue significantly.

**Bill-board set-up, Wall Painting, etc:** Anti-drug messages are being widely disseminated by the NGOs through bill board set-up, placing festoon, signboard and wall painting. Bill boards, signboards and festoons have been setting up in the visible place. Sometimes festoon have been hanging in the indoor places like seminar, workshop venue and meeting rooms. Wall painting are also

conducting by the NGOs and disseminating the anti-drug messages with due importance. These activities have been creating immense benefit and people's awareness on the dangerous affects of drug abuse is notable increasing.

**Observance of International Day Against Abuse and Illicit Trafficking of Drugs:** NGOs are observing International Day against Drug Abuse and Illicit Trafficking on 26th June, in each year with in a befitting manner. The day is being observed through organizing rally, discussion meeting, seminar, symposium, art completion, cultural program; etc highlighting the importance of the day and harmful effects drug abuse. In observance of the Day banners, posters and stickers with various anti-drug slogans are fixed in the important public places in the country as well as Dhaka. Through these NGOs are creating mass awareness on drug abuse which ultimately inspired people to

abstain themselves from becoming drug dependent.

**Formation of Human Chain:** NGOs are forming human chain for creation mass awareness on perilous effects of drug abuse. They are also drawing attention to policy makers, decision makers and relevant authority and creating pressure for taking appropriate measures for prevention of drug abuse. People of all walks of life including university teachers, doctors, lawyers and other members of the civil society, elites of the city, the leaders of the community and the students are participated in the Human Chain. This activity is creating a great impact amongst the general public. Daily newspapers also covered the event and gave wide coverage and importance.

**Organize Anti-drug Discussion Meeting, Seminar, Round-table Conference, Talk-show:** National and local level anti-drug discussion meetings, seminars and round table conferences are frequently organizing by the NGOs. Ministers, policy makers, decision makers, relevant govt. authority, civil society representatives and mass peoples are participating in these meetings. The meetings are emphasizing the need for concerted GO-NGO and Civil Society efforts to fight the menace of drug including drug demand reduction. Sometimes they are facilitating and patronizing to organize the talk show on anti-drug issue in the TV channel. These programmes are creating tremendous impact, particularly because of huge coverage given by the media.

**Press Conference:** NGOs are organizing press conference on drug issue in different time. In these Press Conferences the prevailing drug situation of the country particularly anti-drug activities is discussed. Through these press conference drug problem is widely disseminated and mass people become aware on this issue in great extend.

**Materials Development and Distribution:** Different types of IEC/BCC materials like

posters, stickers, leaflets, booklets, flip charts highlighting the dangerous affects of drug abuse are being developed and distributed throughout the country by the NGOs frequently. Peoples of all stratum of lives are becoming aware on harmful effects of drugs through reading the message and observing the pictures.

**Organizing Training and Orientation:** To carry out the awareness activities against drug NGOs are undertaking training and orientation programme. They are trained the Master Trainers on different aspects of the drug problem. After attending the training courses these Master Trainers are going back to their respective community and organizing similar training courses for the other members of the organization/networks and community volunteers. In addition to the Master Trainers' course, orientation courses are organized for different types/groups of people such as students of vulnerable age group, community and religious leaders, teachers of primary and secondary schools and colleges under the school campaign programme

**Award Giving:** Many NGOs are giving award for best performance on anti drug activities. On yearly basis, the activities of the local organizations/network members are evaluated and awards are given to provide encouragement for more effective works. Thus the NGOs are creating mass awareness among the people of all walks of lives for drug demand reduction.

The NGOs of Bangladesh are playing very vital role in drug prevention, treatment and rehabilitation. Their roles are manifold. Simultaneously they are creating a social movement and a social defense against drug abuse through creating mass awareness and providing drug treatment & rehabilitation support. But considering the present necessity, NGOs supports are not enough. So NGOs need long way to go with the unstinted support of govt. and development partners for "creating a drug free society" in Bangladesh.



# Chapter VI

## Forensic Analysis of Substance

Central Chemical (Drugs) Laboratory

The law regarding narcotics and psychotropic substances in Bangladesh is governed by the Narcotics Control Act 1990. 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, 1990 empowers officers from Department of Narcotics Control (DNC), Police, Customs & Excise, Border Guard Bangladesh (BGB) etc. to carry out drug law enforcement measures.

According to the provision of section 50 of The Narcotics Control Act, 1990 DNC has established Central Chemical (Drugs) Laboratory on 3rd July 2001 at Gandaria, Dhaka-1204. The laboratory undertakes scientific examination of the clue materials in the crime & civil cases forwarded by the different Courts. It is the specialized and designated laboratory for testing narcotics drugs, psychotropic substance and precursor chemical as well as controlled pharmaceutical drugs in Bangladesh. Forensic Drug Testing in Central Chemical Laboratory of DNC are often called in to identify known & unknown drugs are powders, liquids & pills that may be illicit drugs.

- To provide “state of the art” as forensic science services to the law enforcement agencies and to the criminal justice community.
- To ensure all examinations and analyses are technically to be correct and to be applied not only to laboratory work, but also to written reports, scene investigations and court testimonies.

### STATISTICS OF CHEMICAL ANALYSIS OF 2015 BY ALL AGENCY IN BANGLADESH

Serial No.	Name of the Month	Positive Report	Ne gative Report	Total Report
1	January	2926	-	2926
2	February	2593	-	2593
3	March	2955	-	2955
4	April	3147	-	3147
5	May	3827	-	3827
6	June	3866	2	3868
7	July	3442	-	3442
8	August	4344	-	4344
9	September	4088	-	4088
10	October	3985	-	3985
11	November	4054	-	4054
12	December	3986	1	3987
	Grand total	43213	3	43216



There are signs that the market for amphetamine-type stimulants (ATS) is expanding: seizures and consumption levels are increasing, manufacture seems to have been spreading and new markets are developing. The

use of ATS, excluding “ecstasy”, remains widespread globally, and appears to be increasing in most regions. In 2015, an estimated 0.7 per cent of the global population aged 15-64, or 33.8 million people, had used

#### AGENCY-WISE CHEMICAL ANALYSIS FROM 2012 TO 2015 BY CCL.

Dept/DNC Region	2012		2013		2014		2015	
	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve
Dhaka Region	1350	26	1400	32	1772	11	1639	03
Khulna Region	1101		1150		1463		832	
Rajshahi Region	980		970		1191		1261	
Chittagong Region	790		760		979		656	
Bangladesh Police	28378		28801		32296		38466	
Others	130		121		170		359	
Total	32729	26	33202		37871	11	43216	03

ATS in the preceding year.

Central Chemical Laboratory of DNC procures and provides Drug Detection kits to the drug law enforcement agencies across the country. Availability of a simple, correct and 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. There are basically two categories of forensic test to analyze drugs and other unknown substances;

- Presumptive tests (such as color test) give only an indication of which type of substance is present but they can't specifically identify the substance.
- Confirmatory tests (such as GC-MS, TLC & UV-Spectrophotometer) are more specific and can determine the precise identify of the substance.

For the first time, the number of NPS actually exceeded the total number of substances under international control. NPS are substances of abuse, either in a pure form or a preparation, that are not

controlled by international drug conventions, but which may pose a public health threat. In this context, the term “new” does not necessarily refer to new inventions but to substances that have newly become available in specific markets. In general, NPS is an umbrella term for unregulated (new) psychoactive substances or products intended to mimic the effects of controlled drugs. Member States have responded to this challenge using a variety of methods within their legislative frameworks, by attempting to put single substances or their analogues under control. It has generally been observed that, when a NPS is controlled or scheduled, its use declines shortly thereafter, which has a positive impact on health-related consequences.



Objectives of the Forensic Laboratory



# Chapter VII

## Precursor Control

Anti-drug activities are carried out in Bangladesh under the purview of three UN conventions and SAARC convention. To comply with the conventions the government of Bangladesh had established the Department of Narcotics Control and enacted the Narcotics Control Act, 1990 and formulated different rules like the narcotics control rules 1999, the treatment and rehabilitation rules 2005 etc.

Among the three UN Conventions – the Single convention of Narcotic Drugs in 1961 which extended the existing control system of cultivation of plants that were grown as raw material of narcotic drugs. The objectives of the convention are to limit the possession, use, trade, distribution, import, export, production of drugs exclusively to medical and scientific purposes. The single convention had some limitation because the convention was designed mainly for plant base drugs which imposed restrictions on cannabis, coca and opium and could not ban the newly discovered psychotropic substances. For this reason, drug law enforcement agencies had no laws to prosecute the traffickers and users of these drugs.

To overcome these problems the UN convention on illicit traffic in narcotic drugs and psychotropic substances was designed in 1971. But one of the main limitations of the convention is that it was not designed to control illicit markets rather to control and regulate legitimate pharmaceutical markets to prevent their diversion into illicit markets.

To control the illicit production of plant based narcotic drugs like cocaine, heroin, morphine and the production of synthetic drugs like psychoactive substances and stimulants, the world community took initiative to regulate the precursor chemicals required to production of these drugs. The world community formulates comprehensive and coordinated strategies on precursor chemicals control through the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1988. Precursor chemical control is an important part of the international strategy to reduce the availability of narcotic drugs and

psychotropic substances as precursor chemicals are used to manufacture plant based and synthetic drugs. Regulation of legitimate trade to deny traffickers the chemicals they need is one of the most vital tools in battle against drug criminals.

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

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

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

**A reagent** is a substance which takes part in a chemical reaction with precursors during the production of drugs and it contributes itself a small portion at the molecular structure of the end product. For example – hydrochloric acid is a reagent for manufacture of amphetamine, heroin etc.

**A solvent** is a chemical used to solubilize the active chemicals and reagent to carry out the reaction at the drug manufacturing process. For example – acetone is a solvent used for manufacturing of ATS, cocaine, heroin etc. Sometimes solvent is used to purify the finished product.

**A catalyst** is a substance that helps to speed up or retard the reaction. In a reaction, catalysts are used in small quantity



### Why will we think about precursor chemicals?

One of the most important reasons, to adopt the UN convention 1988 is that to sensitize the member states about the control and monitoring of precursor chemicals which are frequently used in the manufacturing process of narcotic drugs. To save the people from the curse of drugs, world community took a number of strategies to address the drug problem in a comprehensive manner. It is evident that clandestine laboratories continue to develop new and ever more powerful drugs. So to curve the supply reduction, the availability of drugs should be under control. Based on the origin, drugs are three types like natural, semi-synthetic and synthetic. Most proportion of the drug market now a days are covered by synthetic drugs. Synthetic drugs are produced through controlled reaction between precursor chemicals. These drugs cannot be produced without certain chemicals. If we can ensure the restrictions on the availability of the chemicals required for illicit manufacture of drugs, the availability of the narcotics drugs and psychotropic drugs would be cutting down to the

society. Because there is a slogan in the drug control regime is that "No chemical, no drugs".

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

### Licit and illicit use of precursor chemicals:

The UN convention 1988 listed 22 precursor chemicals which 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 in the list and these are placed in Table-I and Table-II. Table –I contains 14 and Table-II contains 9 precursor chemicals. At 6th October 2014, Alpha-phenylacetoacetonitrile (APAAN) is included in the list as precursor chemicals.

The licit and illicit use of precursor chemicals as follows:

Table - I

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



Table- II

Sl. no.	Name of precursor chemicals	Licit use	Illicit use
16	Acetone(C <sub>3</sub> H <sub>6</sub> O)	Use as solvents, Pharmaceuticals, cosmetics, Plastics, paints, lubricants, varnish industries.	Manufacture of Heroin, synthesis of LSD, amphetamine and cocaine base to cocaineHCl.
17	Anthranilic acid (C <sub>7</sub> H <sub>7</sub> NO <sub>2</sub> )	Manufacture of dyes, Pharmaceuticals, perfumes and insect repellents.	Methaqualone and Mecloqualone
18	Ethyl ether(C <sub>4</sub> H <sub>10</sub> O)	Used as solvent in Plastics Pharmaceuticals, perfumes.	Heroin, cocaine, LSD, ATS, methadone and methaqualone.
19	Hydrochloric acid (HCl)	As catalyst and solvent in organic synthesis.	Hydrochloric salt of narcotic drugs.
20	Methyl Ethyl Ketone (C <sub>4</sub> H <sub>8</sub> O)	Solvents and manufacture of coating, degreasing agents, resins	Converts cocaine base to cocaine hydrochloride.
21	Phenylacetic acid (C <sub>8</sub> H <sub>8</sub> O <sub>2</sub> )	Perfume, Penicillin, 1-phenyl-2-propanone, pharmaceuticals etc.	Amphetamine Type Stimulants (ATS).
22	Piperidine(C <sub>5</sub> H <sub>11</sub> N)	Anesthetics, analgesics etc.	Phencyclidine & tenocyclidine.
23	Sulphuric acid(H <sub>2</sub> SO <sub>4</sub> )	Fertilizer, explosives, paper etc.	Cocaine from coca leaves.
24	Toluene (C <sub>7</sub> H <sub>8</sub> )	Solvent, manufacture of explosives, dyes, coatings etc.	Solvent for production of ATS, fentanyl, cocaine, methadone etc.

From the tables it is evident that precursor chemicals have versatile use in the industrial sector which is required for economic development of a country. On the contrary, precursor chemicals are responsible for manufacture of synthetic drugs and conversion of plant based drugs into the end products. The drug manufacturers collect the precursor chemicals by diverting from the legitimate trade. So enforcement agencies should use all sorts of tools to prevent diversion of precursor chemicals from any point.

#### **Diversion of precursor chemicals:**

Illicit drug manufacturers cannot purchase precursor chemicals directly from any reputed or legitimate company. They use fictitious name to obtain chemicals. Sometimes they change the ownership before, during or after shipment. Sometimes they used false documentations, different shipping routes, false declaration, repacking or relabeling of the products. Precursor chemicals can be diverted from any stage from its production to end use. It is fact, manufacturers of precursor chemicals may or may not be involved to divert these substances. If accurate records of production, stock and sales/distribution are not maintained by precursor chemicals manufacturing companies, those companies may be treated out of suspicion for diversion.

However, precursor chemicals can be diverted from any point mentioned below:

- a) Place of manufacture
- b) Point of sale
- c) Importation
- d) Exportation
- e) Transportation
- f) Uses
- g) Re-cycling and
- h) Destruction by court or enforcement agencies.

#### **Control mechanism precursor chemicals:**

Control mechanism of precursor chemicals would be successful when we can ensure that precursor chemicals will not be reach in clandestine laboratory to manufacture drugs by any means.

- a) To declare the diversion activities as a criminal offence by the national competent authority.
- b) Proper investigation in the diversion related incidents.
- c) Exchange of real-time information to identify and stopped the suspected consignment without interfering the legitimate trade.
- d) To ensure the pen system strictly whether a consignment should be stopped or allowed to move.



### Methods used for diversion of precursor chemicals:

Drug manufacturers used different methods to get the precursor chemicals for their clandestine laboratories. Some of them are as follows:

- i) Suppression production and undocumented sales.
- ii) Pilferage from transport vehicles
- iii) False reporting
- iv) Mis-declaration of description
- v) Forged no objection certificate (NOC)
- vi) Orders are placed in the name of no-existent firms
- vii) Use the name of a reputed company but specifying false contact address.
- viii) Forging documents
- ix) Diversion by indicating over consumption.
- x) False labeling on the containers.

### Precursor chemicals control in Bangladesh:

Bangladesh is neither a precursor chemicals producing as well as nor a drug producing country. But it is neighbor of a major precursor chemicals producing country, India and one of the largest ATS (yaba) producing country, Myanmar. So it can be assumed that Bangladesh may be used to transit or diversion point of precursor chemicals. But there is no evidence for diversion of precursor chemicals so far due to the strong control mechanism and supervision process. Bangladesh import precursor chemicals for industrial or legitimate use. To comply with the 1988 UN convention, the precursor chemicals are included in the Narcotics Control Act, 1990 as A-class drug and any operation like production, processing, possession, import, export, purchase, sale, transportation and storage of precursor chemicals without licenses/permit is treated as punishable offence. Precursor chemicals related activities are controlled and supervised under section 9 and 32 of the Narcotics Control Act, 1990 and the Narcotics Control Rules, 1999. Norephedrine and newly included Alpha-phenylacetonitrile (APAAN) are not included in the Narcotics Control Act, 1990 so far. However, these two precursors have no legitimate use in Bangladesh and does not import for any purposes.

Among the precursor chemicals only nine like

Acetic Anhydride (C<sub>4</sub>H<sub>4</sub>O<sub>3</sub>), Potassium permanganate (KMnO<sub>4</sub>), Ephedrine (C<sub>10</sub>H<sub>15</sub>NO), Pseudoephedrine (C<sub>10</sub>H<sub>15</sub>NO), Methyl Ethyl Ketone (C<sub>4</sub>H<sub>8</sub>O), Acetone (C<sub>3</sub>H<sub>6</sub>O), Toluene (C<sub>7</sub>H<sub>8</sub>), Hydrochloric acid (HCl) and Sulphuric acid (H<sub>2</sub>SO<sub>4</sub>) are imported for industrial use. These are mostly used in pharmaceuticals, garments, textiles, paint, plastics, adhesive, coating, dyeing and agro-based industries and are mainly imported from India, China, Singapore, Italy, Germany etc.

Controlling, monitoring and supervision of any kind of operations of precursors is carried out through licensing system. Under this system, no import, export, transport, shipment, manufacture, sale, distribution, purchase, possession, storage, warehousing, use can be done without a license, permit or pass from the DNC. Before issuing any license or permit, a thorough investigation is made and in some cases taken clearance from the authority concern. For every import, an inspection and assessment and import clearance is required from the DNC. The imported consignments are also inspected and verified by DNC officials just after arrival and sale, processing or uses are also monitored in the same way. The importers, exporters, manufacturers, distributors, users or any kind of operators of the precursor chemicals have legal bindings to allow any kind of inspection at any time by a DNC Official. They also bound to maintain accounts and statistics. These accounts and statistics are also verified before authorization of the import of each consignment. The operators of precursor chemicals have also accountability for any misuse, damage or diversions. In case of export and import the Pre-export Notification (PEN) system is maintained to avoid any sorts of diversion. For this mechanism there is very little scope of diversion of any precursor chemical from its licit channel in Bangladesh. Two shipments of precursor chemicals are stopped in 2015 through PEN system. One is for import without license and the rest one for using fictitious company name false address.



**Number of precursor chemicals licenses/permits except that of pharmaceuticals operations are :**

Import licenses - 146  
Retail license 83  
User licenses/permits 68 and  
Manufacture of finished product and processing licenses 42 till 2015.

For industrial use Toluene 2850.235 MT, Acetone 954.936 MT, Methyl ethyl ketone 877.16 MT and Potassium permanganate 460 MT have been imported in 2015.

**Number of licenses of precursor chemicals for pharmaceuticals operations (especially Acetic anhydride, Pseudo Ephedrine and Ephedrine) are:**

Import licenses 65  
Export licenses - 11 and  
Pharmaceuticals preparation (processing) licenses - 65.

Licenses and permits are issued to the operators on the basis of their legal requirement. INCB allocate 49021 kg of pseudo ephedrine for Bangladesh. The pharmaceutical industries have licenses of 46825 kgs of pseudoephedrine. The importation of pseudoephedrine by the pharmaceutical industries is much lower than allocation in their licenses. To rationalize the

allocation of pseudoephedrine, Department of Narcotics Control recently revised the allocation and the amount stands of 41125 kgs.

In 2015 the pharmaceutical industries imported 8115.6 kgs of pseudo ephedrine, 2278.799 kgs of Acetic Anhydride and 32 kg of ephedrine. In 2014, different pharmaceutical industries had imported 22,701 kgs of pseudoephedrine, 1213.548 kgs of Acetic Anhydride and 61 kgs of ephedrine. Statistics reveals that import of pseudoephedrine in 2015 is lower than 2014 but import of acetic anhydride and ephedrine is higher than that of 2014. It indicates that these are imported in Bangladesh on the basis of industrial requirement annually.

Precursor chemicals are very much important and plays vital role in the industrials sector as well as increase the economic condition of a nation. But these precursor chemicals are responsible for the production of synthetic or semi-synthetic drugs. Due to its geographical location, Bangladesh is vulnerable for diversion of precursor chemicals but for strong monitoring, supervisoin and legal obligation, not a single case of diversion is happened. To save the society from the curse of drugs, it is necessary to control the diversion of precursor chemicals.



# Chapter VIII

## AN OVERVIEW OF PHARMACEUTICAL DRUG AND NEW PSYCHOACTIVE SUBSTANCES (NPS) ABUSE IN BANGLADESH

Bangladesh is not a country that produces any raw material or basic substance for pharmaceutical industry. All pharmaceutical raw materials are imported from foreign countries under strict control and monitoring of the Department of Narcotics Control (DNC), Drug Administration authority, custom intelligence etc. The requirement of every pharmaceutical drug/NDPS is determined by the DNC on the basis of the recommendation of the Drug Administration under the Ministry of Health and Family Welfare.

The Government of Bangladesh (GoB) is firmly committed to the implementation of the principles and provisions of the UN and SAARC Conventions and bilateral agreements/MOU for control of pharmaceutical drugs. The GOB has enacted of the Narcotics Control Act 1990 and framed necessary Rules and Regulations and established the Department of Narcotics Control (DNC) as nodal agency for this purpose. We cooperate with regional, international even bilateral efforts of drug abuse prevention and control; We have Included 22 precursor chemicals in the Narcotics Control Act 1990 to comply with Article 12 of the 1988 UN Convention; The proposed amendment of the Narcotics Control Act 1990 includes the NDPS/pharmaceutical drugs under the UN Conventions suggests more specific and strict punishment to prevent any illicit trafficking or diversion of pharmaceutical drugs. Narcotics Control Rules, 1999 control, monitor and supervise operations of pharmaceutical drugs in industrial, scientific and medical purposes.

### **Administrative Measures Taken By the Government**

DNC Controls monitors and supervises operations of pharmaceutical drugs for industrial, scientific and medical purposes through a

licensing system introduced in the Narcotics Control Rules, 1999. No import, export, transport, shipment, manufacture, sale, distribution, purchase, possession, warehousing, use, etc. of pharmaceutical drugs can be done without a license, permit or pass issued by DNC. Importers, exporters, manufacturers, distributors, users or operators of pharmaceutical drugs have legal bindings to allow any kind of inspection at any time by a DNC Official.

In Bangladesh, there are 18 Export License, 80 Processing license, 799 Retail License to control and monitor of NDPS and Pharmaceutical Drugs and NPS (Retail Licenses are only for Pethidine and Morphine).

DNC ensure regular, adequate and uninterrupted licit supply to pharmaceutical industries and users. DNC holds periodical meeting with owners of pharmaceutical industries and solve problems. Police, Customs, RAB, BGB and Coast Guards are empowered to detect and intercept any illegal operations regarding pharmaceutical drug/NDPS. District Drug Control Committee (DDCC) to monitor and coordinate all anti-activities. There are Mobile Courts for quick trial of offenses regarding pharmaceutical drug/NDPS.

### **Exchange of Information between Importing and Exporting Countries**

Pharmaceutical raw materials are imported from India, Malaysia, Singapore and China. Exporting countries send pre-export notification (PEN). We accordingly respond. We stop unauthorized and suspected consignments.

### **Control Mechanism to Prevent Misuse/Abuse or Diversion of Pharmaceutical Drugs/ NDPS**

Every consignment of import is permitted under proper and thorough investigation of the DNC.



The importer has to furnish detailed statement of the use/operation of the last consignment of import to DNC along with the application for import permission. All imported consignments of NDPS/pharmaceutical drugs are inspected by the Customs authority at the port of entry. An officer of the DNC also inspects the imported NDPS /pharmaceutical drugs before it is put into any operation of processing into finished product. All operators of NDPS/pharmaceutical drugs are obliged by law to maintain accurate and detailed accounts and submit those to the DNC for verification. It is required by the condition of license under the Narcotics Control Act, 1990 that every manufacturer / processor of NDPS/pharmaceutical drugs should get their raw materials and finished products duly examined and certified on its accuracy and fitness from the Central Chemical Laboratory of the DNC. As per condition of license from DNC, the pharmaceutical drugs manufacturers have to take prior approval and certificate of fitness and accuracy from the Central Chemical Laboratory of the DNC before marketing. The operators of pharmaceutical drugs are accountable for any misuse, damage or diversion. Manufacturing, processing, storage, sale or uses are monitored by inspecting DNC Officials. Inspecting officers verify accounts, statistics and stocks of all pharmaceutical drugs/NDPS. There is no record of diversion of pharmaceutical drugs/NDPS from licit to illicit channel in Bangladesh. The Narcotics Control Act 1990 also controls the prescription and use of NDPS/pharmaceutical

drugs to prevent any abuse or misuse. All manufacturers of NDPS/pharmaceutical drugs are bound by law to put health and safety warning on their products to prevent diversion, misuse and abuse.

### Issuing of License

The Narcotics Control Act, 1990 restricts any operation of any NDPS/pharmaceutical drugs including export, import, manufacturing, processing, sale, distribution, warehousing, storage, transportation, dispensing without license from the DNC. DNC conducts thorough investigation before issuing any license/permit for pharmaceutical drugs/NDPS. Clearance is also required from the Police and the Department of Environment. Every import is followed by inspection on previous operations and assessment of the current requirement.

### Reasons for Import of Pharmaceutical Raw Materials

Health services and pharmaceutical industries are very fast growing & promising sectors in Bangladesh. Bangladesh is country of 160 million people with a very large market of medicinal drugs. Internal demand for pharmaceutical drugs is also on increase due to environmental factors. Our pharmaceutical export is on high demand due to ensured quality. Peoples are very much conscious about health, increase of health literacy, extension of health services to grass-root level and increasing awareness about mental health.

### Major Pharmaceutical Drugs of Abuse in Bangladesh:

Generic Name	Legal Status	Source	Percentage of Abuse
Methamphetamine (Yaba)	Illegal	Myanmar	17.95%
Codeine Preparation	Illegal	India	3.10%
Buprenorphine	Illegal	India	11.74%
Pethidine	Controlled	India & Local	3.78%
Morphine	Controlled	India & Local	0.00%
Diazepam	Controlled	India & Local	2.69%
Nitrazepam	Controlled	India & Local	0.00%



### Percentage Of Pharmaceutical Drugs Abuse Admitted into Treatment Services:

Pharmaceutical Drugs	2010	2011	2012	2013	2014
Sedative, Hypnotic and Tranquilizer	1.27	1.40	1.34	3.73	2.69
Pethidine	3.96	1.19	-----	-----	3.78
Total	5.23	2.59	1.34	3.73	6.47

N. B. Data from drug addiction treatment services.

### Existing Situation of Pharmaceutical Drugs Abuse in Bangladesh:

Most of the patients seek treatment for Heroin, Cannabis and Alcohol addiction; most widely abused pharmaceutical drugs are Yaba, Phensedyl and Buprenorphine, none of which is sourced from Bangladesh. Locally made Pharmaceutical drugs abused are diazepam and Pethidine. The percentage of Pharmaceutical drugs abuse as shown in the previous slide indicates that Pharmaceutical drugs abuse is very insignificant in Bangladesh.

N.B.: Data from drug addiction treatment services

### SEIZURE OF PHARMACEUTICAL DRUGS BY DNC:

Name of pharmaceuticals	2009	2010	2011	2012	2013	2014	2015
Acetic Anhydride	-----	-----	-----	-----	-----	-----	-----
Pseudo Ephedrine	-----	-----	-----	-----	-----	-----	-----
Ephedrine	-----	-----	-----	-----	-----	-----	-----
ATS (Yaba)	4051	14458	75857	124320	153096	676143	3379880
Pethidine (Ampoule)	92	86	60	144	82	8	21
Morphine(Ampoule)	-----	5	235	276	351	24	5
Buprenorphine(Ampoule)	18600	23457	12467	18653	9359	9263	22293
Codeine Preparation (Bottle)	60412	48046	32556	51448	48358	43740	34627
Tranquilizers (Tab)	17	5857	1746	617	100	192	372

### Number of Cases Detected By DNC Related To Pharmaceutical Drugs

Name of pharmaceuticals	2009	2010	2011	2012	2013	2014	2015
Acetic Anhydride	-----	-----	-----	-----	-----	-----	-----
Pseudo Ephedrine	-----	-----	-----	-----	-----	-----	-----
Ephedrine	-----	-----	-----	-----	-----	-----	-----
Pethidine	3	3	5	6	4	3	3
Morphine	-----	1	1	9	5	3	1
Tranquilizers	-----	1	4	8	5	17	7
% OF TOTAL CASES	0.04%	0.06%	0.11%	0.23%	0.14%	0.19%	0.10%
TOTAL CASES	7764	8019	8749	10014	10111	11723	10548



## IMPORT OF RAW MATERIALS USED FOR PHARMACEUTICAL DRUGS IN BANGLADESH:

Name of pharmaceuticals	INCB Allotment	2010	2011	2012	2013	2014	2015
Acetic Anhydride (mt)		605.97	958.77	889.14	-----	1213.548	2278.79
Ephedrine (kg)	200	-----	10	----	-----	61	32
Pseudo Ephedrine (kg)	49021	14955	16685	17685	25999.19	22701	8115.60
Alprazolam	300	25.00	39.50	5.00	36.80	68.00	47.77
Bromazepam	1200	410.00	352.00	544.00	360.00	540.10	361.09
Clobazam	1500	287	452	319	381.94	449.00	210.42
Clonazepam	800	158	149	299	225.8	504.70	441.79
Diazepam	2600	1210	585	1648.66	1443.16	1649.50	497.55
flurazepam	300	30	66	160	61	139	99
Lorazepam	600	---	5.00	---	----	7.50	5.00
Midazolam	1000	115.37	147.00	214.80	524.43	302.87	310.00
Nitrazepam	1000	360.00	270.00	180.00	540.00	445.10	120.00
Phenobarbital	5000	139.00	560.00	97.00	413.27	1600.00	2633.00

## Export of Medicinal Drugs from Bangladesh during 2015:

Generic Name of Medicine	Quantity Exported	Destination
Fentanil Citrate (Inj)	13000	Timor, Bhutan
Nitrazepam(5mg tab)	1975988	UK
Alprazolam(5mg tab)	2050000	Sri Lanka, Myanmar
Alprazolam(0.25 mg tab)	4000000	Myanmar
Clobazam( 10 mg tab)	5160000	Sri Lanka
Clonazepam(tab)	214980	Myanmar
Diazepam(5 mg tab)	300000	Myanmar
Diazepam(10 mg ing)	500000	Myanmar
Midazolam(7.5 mg tab)	216000	Sri Lanka
Phenobarbital(inj)	352100	Morishas, Bhutan



### Some Observation on the Drug Abuse Situation in Bangladesh:

No clandestine laboratory is yet detected. There is no evidence of production of heroin, amphetamine, methamphetamine, methaqualone, PCP, LSD, MDA, MDMA, MDE, cocaine, coca preparation, mescaline, or any other substances. Close proximity to the Golden Triangle makes Bangladesh vulnerable. Furthermore, Bangladesh is surrounded by India from three sides, where illicit cultivation of opium is going on. Myanmar, major ATS producing country, is close neighbor. Recently young generation is inclined to Yaba (an ATS).

Abuse or diversion of pharmaceutical drugs is not yet a problem in Bangladesh as it exists in many other countries. Our statistics on drug law enforcement reveals very insignificant seizures and arrests related to pharmaceutical products in comparison with other drugs. This is a proof of the least diversion and misuse of pharmaceutical drugs in Bangladesh. Three major abusing pharmaceutical drugs in Bangladesh, namely

codeine preparation, Buprenorphine and Yaba, restricted in Bangladesh, are smuggled from India and Myanmar. Data from treatment services reveals that only 4.84% of the patients are abusers of pharmaceutical drugs. This is a proof of least abuse of pharmaceutical drugs in Bangladesh.

### NEW PSYCHOACTIVE SUBSTANCES (NPS):

ATS (Amphetamine Type Stimulant) in the name of Yaba is a great problem for Bangladesh. Abuse of ATS in the form of Yaba tablets has increased alarmingly in the recent years. ATS is trafficked into Bangladesh from Myanmar. Young population is the major victim of Yaba. Yaba is trafficked from Maungdaw of Myanmar to Teknaf of Bangladesh by small manual/engine boats in disguise of fishing boats in the Naf River. Bangladeshi fishermen are carrying Yaba after receiving from Myanmar fishermen with fish or under fishing nets. Ketamine used for pharmaceuticals preparation has included in the NCA, 1990 as a controlled substance in 2014.

### SOUTH-EASTERN BORDER

### POINTS OF ENTRY AND ROUTES OF SMUGGLING DRUGS FROM MYANMAR TO BANGLADESH

Sl. No.	Vulnerable Points of Trafficking in Bangladesh Side	Vulnerable Points of Trafficking Drugs from Myanmar
1.	Jaliapara, St. Martin's Island, Shahporirdip.	Anauk Myinhlut, Maungdaw
2.	Jaliapara, Dakhinpara, St. Martin's Island.	Al Le Than Kyaw
3.	Dakhinpara, Jaliapara, Shahporirdip	Zawmadat
4.	Teknaf, Sabrang, Dakhinpara, Jaliapara, Shahporirdip.	Kanyinchaung, Maungdaw, Nyaunggyaung
5.	Dhumdhumia, Jadipara, Cox's Bazaar Highway, Teknaf, shahporirdip	Ale Kalaywa
6.	Dakshin Nhila, Chotapara, Chowdhurypara, Ledhapara, Dhumdhumia.	Sabaigon
7.	Noapara, Whaikhyang, Cox's Bazaar Highway, Tumburu.	Kymbouk
8.	Ukhia, Gundum, Katapahar, Balukhali Bazaar, Tumburu (BD), Whaikhyang, Noapara.	Tumburu, Taunbro, Maungdaw.



# Chapter IX

## Intelligence sharing to Combat Transnational Organized Crime

For decades, scores of criminal organizations have been concentrated around the world by using united effort i.e. by intelligence sharing against drug traffickers. Now drug is not individually hazardous for mental or physical health but also a threat for peaceful society by committing organized crimes relates to drugs i. e. Transnational Organized Crimes (TOC).

Today the threat from TOC is more complicated because criminal networks are more fluid and are using increasingly sophisticated tactics. TOC can exploit the interconnected nature of our modern trading, transportation, and transactional systems that move people and commerce throughout the global economy and across our borders. Countering TOC today requires an integrated and comprehensive approach. Such strategy sets out such an approach to raise national and international awareness about the reality of the TOC threat to international security; galvanize multilateral action to restrict the reach and influence of TOC; deprive TOC of its enabling means and infrastructure; shrink the threat TOC poses to citizen safety, national security, and governance; and ultimately defeat the TOC networks that pose the greatest threat to national security.

TOC presents sophisticated and multi-dimensional threats that cannot be addressed through law enforcement action alone. TOC networks that present a sufficiently high national security threat as to merit the focused use of complementary law enforcement and non-law enforcement assets and that may be vulnerable to whole-of-government responses. Department of Narcotics control, Bangladesh is empowered by its Act, 1990 to investigate the money laundering cases which is consecutive to TOC. Moreover Bangladesh government has enacted Money Laundering Act. (MLA) 2012 which is amended in October, 2015. As per this MLA, DNC can initiate their drug's cases for

investigating any involvement of money laundering as well as TOC.

In Bangladesh, we are not producing any harmful narcotic drugs though we are suffering from illegal narcotic drugs abusing problems which are smuggled from surrounding/ neighboring countries. To resolve these problems our efforts are both internally and externally maneuvering.

### Internal links of intelligence sharing:

- There is a forum of coordination, cooperation and networking on drug related issues at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO).
- There is a forum of coordination, cooperation and networking on drug related issues at the District level called the District Drug Control Committee (DDCC). The DDCC is headed by the Deputy Commissioner of the District. The members of this forum are: The Deputy Commissioner (Chairperson), the Superintendent of Police, the Civil Surgeon, the Deputy Director of Youth Development, a representative from the Islamic Foundation, a male social worker, a female social worker, a NGO representative, a lawyer and the regional Officer of the DNC (Member Secretary).
- There is a forum of coordination, cooperation and networking on drug related issues at the national level called the National Drug Control Committee (NDCC) which headed by the Minister of home affairs.
- Government has set up 03 (three) highly authoritative committee to reduce drug abusing situation all over the country.



The Strategic Committee Comprised of Prime ministers office, Ministry of Home affairs, Ministry of Education, Cabinet Division of the govt. headed by the principal Secretary of Honorable Prime Minister.

The Enforcement committee comprising of different law enforcers and intelligence agencies of the countries headed by the senior secretary of Ministry of home affairs (MOHA).

The anti drug awareness buliding and social mobilization committee comprised of different ministres like ministry of education, ministry of naval transport, ministry of women and child affairs, ministry of information, Department of youth development, NGO affairs bureau, Islamic foundations headed by the secretary of Ministry of Education.

Among all those 03 committees director General of DNC is playing vital role as member secretary or member of the individual committee.

➤ Bangladesh Police, Rapid Action Battalion (RAB), Customs Department, Coast Guard and Border Guard Bangladesh (BGB) are empowered to conduct raid, search, seizure and arrest in respect of drug offenses as per Narcotics Control Act 1990 and other prevailing laws of the country & the information is shared between those organization and DNC frequently.

#### ➤ **Bangladesh POLICE**

Bangladesh Police is under the administrative control of the Ministry of Home Affairs. It is headed by the Inspector General of Police of the rank and equivalent status of the Senior Secretary. The core functions of Bangladesh Police are enforcing law, preventing and detecting crime, keeping criminal records, maintaining social tranquility, protecting the fundamental right of citizens, elevating the sense of security and participating in development activities of the country. It also plays a vital role in the criminal justice system. As per nature of job and responsibilities the police department have

different branches of operational administration. These branches are: The regular police of Divisions, Districts and Thanas of the civil administration, the Metropolitan Police of different Metropolitan cities, the Special Branch, the Detective Branch, the Criminal Investigation Division, the Immigration Police, the Reserved Armed Battalion Police, the Industrial Police and Rapid Action Battalion (RAB). Besides Law enforcement, the police also perform some community based awareness activities against drugs. They sometimes make references of the drug addicts to treatment services.

#### ➤ **BORDER GUARD BANGLADESH (BGB)**

BGB is commanded by a Director General of the rank of Major General from Bangladesh Army directed under Ministry of Home Affairs (MoHA). The BGB administration and most of the officer are trained and deputed from Bangladesh Army. Border Guard Bangladesh as a paramilitary force is entrusted with the responsibility to defend the 4427 km border of the country which is known as 'ever-vigilant sentinels of the border'. Apart from its primary task of protecting the borders, preventing smuggling, human and drug trafficking etc; the member of Bangladesh Border Guard have taken part in numerous military operations displaying their courage, discipline and patriotism. They also take part in maintaining law and order situations of the country if and when required.

#### ➤ **RAPID ACTION BATTALIAN (RAB)**

Rapid Action Battalion (RAB) is an elite anti-crime and anti-terrorism unit of Bangladesh Police. It is under the General command of Inspector General of Police (IGP). The head of elite force Rapid Action Battalion (RAB) is the Director General of the rank and equivalent status of Additional Inspector General of police. RAB has been successful in apprehending many high profile local terrorists including godfather of drug smuggling.



### ➤ **COAST GUARD**

The Bangladesh Coast Guard is the maritime border patrol agency of Bangladesh. It is a unique force that carries out an array of civil and military responsibilities touching almost every facet of the Bangladesh maritime environment.

Since then the Coast Guard has been rapidly expanded and has been active in several high profile anti-piracy operations in close conjunction with the Bangladesh Navy, Bangladesh Army, BGB, Bangladesh Police and Department of Narcotics Control. Being the principal maritime law enforcing authority it implements both national and international maritime laws.

### ➤ **DEPARTMENT OF PRISON**

The Inspector General of Prison is the head of the organizations and directed under Ministry of Home Affairs. Prisons are mainly the custodian of all sorts of arrestees both before and after conviction. There are about 68 prisons in Bangladesh, among which 13 are Central Jails and 55 are District Jails including a female prison. Among the arrestees there are also drug abusers. Sometimes drug addicted persons are made over to the prisons by the parents to make them free of addiction in a confined state. Majority of the drug peddlers are also habituated to drugs and when they are put into prison, they need treatment for their addiction. Each of the prison in Bangladesh has hospital. The Narcotics Control Act, 1990 provides provision for declaring these hospitals as drug addiction treatment centre.

The Department of Prison provides treatment services to drug dependent jail mates at Comilla, Jessore and Rajshahi Central Jail. They also work with some NGOs on prevention of HIV among drug users.

### ➤ **CUSTOMS**

Customs is primarily responsible for collection of all duties and taxes at the import. Apart from collection of government revenue, it is also responsible

for trade facilitation enforcement of government regulations, production of society and environmental protection, protection of foreign trade statistic, trade compliance and protection of cultural heritage. At the legal ports of entry, it is also an important agency to apprehend illicit trafficking of drugs. The customs authority in Hazrat Shah Jalal International Air Port (HSIA) at Dhaka and the bigger sea port Chittagong seized several big consignments of Heroin, Cannabis, Ketamine & pseudoephedrine and cocaine in sunflower oil which were going to be smuggled to any third Country like Europe, South east Asia, Africa or any other destinations. As the customs authority is not empowered to investigate drugs offences, whatever cases are detected by them, is handed over either to police or to the Department of Narcotics Control.

### ➤ **ANSAR & VDP**

Ansar is a law enforcement agency in Bangladesh under the administrative control of the Ministry of Home Affairs. It is headed by the Director General of the rank and status of Additional Secretary.

Their primary responsibility is to maintain the law and order situation assisting by the Police and to maintain the security of human body, social services & partake to raiding against any crime along with drugs crimes. The Ansar Bahini is a basic component of the organization and based up to union level. The Village Defense Party (VDP) is a totally a voluntary and community based organization. Main focus of the VDP is socio-economics, Human touch, Human rights Development, public welfare, law and order and Human security. As per Section 43 of the Narcotics Control Act, 1990 Ansar-VDP shall assist the Police and DNC in raid, search, seizure and arrest in drug related offences. They can also provide information on drug crime as they are posted up to village level. The best role that the Ansar-VDP can play is in generation of public awareness against drugs, anti-drug campaign and community mobilization.



- DNC personnel usually ask for any support from above all those relevant agencies while conducting any operation against illicit drug dealers or related offenders in the country.

#### External Level:

- Information sharing with UN Bodies like UNODC and INCB (PEN, PRISM Alerts) and APG (Asia Pacific Groups).
- Information sharing with Regional Bodies: Colombo Plan, SAARC (SDOMD), BIMSTEC.
- Bilateral agreement with Myanmar (CCDAC-Central Committee for Drug Abuse Control) for suppression of illicit drug trafficking on 01-12-1994. Up to this, two times DG level talks have been held between two countries.
- Bilateral agreement with India (NCB- Narcotic Control Bureau) for suppression of illicit drug trafficking in 2006. Following this 4th times DG level talks have been held between Bangladesh and India.
- MoU with Iran for drug abuse prevention and control
- Our country is closely working with other some countries like USA { DEA -Drug Enforcement Administration}, Canada (Canadian Mountain Police), Iran, South Korea (KOICA) etc to combat illicit drug trafficking, illegal financial flows as well as Transnational Organized Crimes. Our government declares zero tolerance against illegal (harmful) drugs and we are trying to establish this in our country.
- Our joint effort is to target, disrupt, and defeat the TOC networks that pose the greatest threat to the safety and security of our national security interests. These include criminal networks—including transnational criminal gangs—that traffic drugs, illegal flows of finance. Further, we will seek to prevent collaboration between criminal and terrorist networks and deprive them of their critical resources and infrastructure relevant to drug trafficking or twisted from illegal drugs.

We want to build new partnerships—with industry, finance, academia, civil society and non-governmental organizations—to combat

TOC networks that operate in the illicit and licit worlds. We will also fight criminal networks with an alliance of legitimate networks, and ensure the freedom of the press so that the media and journalists may safely expose the harms inflicted by TOC. We will expand and deepen our understanding, cooperation, and information sharing at home with State and local agencies, with foreign partners, and with multilateral institutions.

DNC has some successful operational records regarding seizure of remarkable amount of cocaine from Hazrat Sahjalal International Airport (HSIA) at Dhaka as per overseas information of DEA. There we could apprehend few foreign nationals of Peru, Spain and Pakistan involved differently in the cases.

We also get important intelligence regarding drug trafficking from NCB, India. UNODC, Colombo plan authority also maintaining a very good co operation with DNC to combat illicit drug trafficking and treatment of drug abusers in our country.

We have co operational establishment regarding training from India, Colombo plan, South Korea and UNODC. Our Customs intelligence has also seized a large consignment of liquid cocaine in Sunflower oil from Chittagong sea port on 06 June 2015 imported from Bolivia.

These are few good co operational example regarding sharing of intelligence internationally.

Formation of 'South Asian Regional Intelligence and Co ordination Center on Transnational Organized Crime (SARRIC - TOC)' is under consideration of Bangladesh Government to prevent illicit drug trafficking, money laundering as well as illegal financial flows.

We also remain committed to strengthening the regulation and oversight of the illegal financial flows, appropriate to the systemic risk posed as per close coordination of Bangladesh Financial Intelligence Unit (BFIU) and Asia pacific Group (APG). The fight against terrorism and terrorist financing is a major priority for the Bangladesh.

