



Annual Drug Report

Bangladesh, 2020



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Department of Narcotics Control

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



ANNUAL **DRUG REPORT** BANGLADESH, 2020



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





Minister

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

MESSAGE



I am pleased to know that the Department of Narcotics Control (DNC), Bangladesh is going to publish the Annual Drug Report Bangladesh-2020.

The world community is concerned about drug problem because illicit drugs are produced in one country and abused other parts of the globe. Though Bangladesh does not produce drugs but we are the victim of it. Drugs abused in Bangladesh is trafficking from our neighboring countries. Statistics from past few years show that our young generation is getting incline to Amphetamine types stimulant (ATS, known as Yaba, coming from Myanmar. It posing a major threat to our family, society and also country's economy as a whole. To mitigate the problem, government has taken various initiatives and strategies. Department of Narcotics control has arranged a bilateral talks between the DG, DNC and Head of the CCDAC of Myanmar of 15th December 2020.

In the recent past, Bangladesh is also facing challenges from new substances like khat, phenethyl amine, crystal meth and Lysergic Acid Diethylamide (LSD). Due to comprehensive and co-ordinated effort of the drug law enforcement agencies, smugglers were arrested related to this incidents. The Government is firmly committed to counter drug offences and abuse of drugs. Our Honorable Prime Minister Sheikh Hasina has given directives to all to adopt "Zero Tolerance" to combat drug menace. The government has Taken initiatives to strengthen the organizational capacity of DNC and modernize it with equipment and logistics.

We enacted the Narcotics Control Act, 2018 to make it time-responsive by upholding the international drug control convention. We have amended the Narcotics Control Act, 2018 in 2020 to fix up the dedicated court for trial of drug related offences within a stipulated time.

I hope, the Annual Drug Report Bangladesh-2020 will reveal the overall drug scenario of Bangladesh including drug trends, nature and extent, people involved with it, routes of trafficking, treatment facilities, etc, so that we can make policy and take necessary action to tackle the problem. I thank all the effort maker who has worked hard and spent their valuable time in publishing the Annual Drug Report Bangladesh-2020.

Joy Bangla, Joy Bangabandhu.
Long Live Bangladesh.


Asaduzzaman Khan, MP



Secretary

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

MESSAGE



It is my pleasure to inform all concerned that the Department of Narcotics Control (DNC) will publish the Annual Drug Report of Bangladesh-2020, which would disseminate the drug situation of Bangladesh.

Drug dealing, consumption, and illicit trafficking of drugs is a multi-dimensional and multi-disciplinary issue. It is not only a problem within itself but also the root of many other social problems. Drugs affect the law and order situation and destroy our youths. The use of drugs impedes the productivity and potential of human resources and obstructs our development activities. Considering the severity, the Government of Bangladesh has declared a "Zero Tolerance" against drugs.

Department of Narcotics Control (DNC) is being strengthened by enhancing its workforce, organizational setup, equipment, and logistic resources. However, due to various external factors, DNC alone cannot fight against this issue. Police, BGB, Coast Guard, RAB and Customs are carrying out operational and enforcement activities. In addition, other law enforcement agencies and government organizations also extended their supports to combat this situation. Besides, the Government bodies, the NGO's and the civil societies are contributing a lot.

I appreciate the efforts of the Department of Narcotics Control in publishing the annual drug report of Bangladesh, 2020.

Md Mokabbir Hossain



Director General

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

FOREWORD



At present, illicit Drug is a worldwide hazard which has been rising immensely day by day. The increasing trend of drug abuse is, alarming not only to Bangladesh but also to the global society in the world. Article 18(1) of the Constitution of the People's Republic of Bangladesh encompasses the basic principle of prevention and control of drugs in Bangladesh. The Government has enacted the Narcotics Control Act, 2018 repealing previous Narcotics Control Act, 1990 to address the drug related drugs issues like control of narcotics, supply and demand reduction, prevention of drugs abuse and trafficking, treatment and rehabilitation of substance abusers more effectively.

Honorable Prime Minister Sheikh Hasina has declared "Zero Tolerance" to curb down drug related crimes. In pursuance of the above principle, the Department of Narcotics Control (DNC) along with other law enforcing agencies are working relentlessly for saving our future generation from the harmful effect of drug at any cost.

Bangladesh is neither an illicit drug producing nor an exporting country. Geographical location of Bangladesh is in between the Golden Triangle- covering Laos, Myanmar and Thailand and the Golden Crescent- covering Pakistan, Afghanistan and Iran makes it vulnerable to drug abuse. Illicit drugs are inflowing to Bangladesh from our neighboring countries India and Myanmar.

The Government has formed different committees at the National, District and Upazila level to control drug problem and create awareness among the people across the country involving government, semi-government, autonomous bodies, civil society organization and NGOs in fighting against drugs to build a drug-free Bangladesh.

I would like to convey my thanks and gratitude to all DNC's officials who have worked hard to accomplish the task of publishing this Annual Drug Report of Bangladesh, 2020.

Muhammed Ahsanul Jabbar

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Editorial



Department of Narcotics Control publishes Annual Drug Report of Bangladesh regularly in order to unveil the nature and extent of substance abuse i.e. drug abuse, its severity and impact on physical and mental health as well as the society and also to find the way out of this problem. I hope, the Annual Drug Report of Bangladesh, 2020 would go a long way to understand and analyze the present drug scenario of the country. It would help to find out the root causes of drug abuse, to uncover the routes and trends, mode of drug trafficking, to unveil the ways to tackle the drug menace, to find out the means in order to give treatment to drug addicted people as well as to get them back to the main stream of society i.e. to indicate the suggestive way to come out of this evil curse. Covid-19 pandemic situation, the whole world facing at a time also added new fuel to fire to the existing drug abuse problem. During the Covid-19 disaster, drug abuse problem also goes on simultaneously and parallelly noticed.

The data from drug addiction treatment services also 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. Drug addiction is now prevalent everywhere in Bangladesh; in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. The slums and densely populated parts of cities have high prevalence of abuse of these drugs. Government and Non Government Organizations (NGOs) are fighting together in combating drug menace particularly in harm reduction and awareness campaign.

Annual Drug Report of Bangladesh, 2020 is developed using the DNC database and the data from field-level offices. We tried our level best to reflect the actual drug scenario of the country and also regional perspective. We highlighted the role of the Department of Narcotics Control along with the role of other government agencies of the country like Bangladesh Police, the Border Guard Bangladesh, Coast Guard, the Customs Intelligence, the Security Services Division of the Ministry of Home Affairs, the Ministry of Education, the Ministry of Information and the role of NGOs also to fight against drugs.

Finally I would like to offer my heartiest and sincere thanks to the Director General for his knowledgeable and all-out support and cooperation to make this Annual Drug Report of Bangladesh, 2020 complete. I would like to extend my sincere gratitude to Additional Director General for monitoring, guiding and observing the entire activities regarding Annual Drug Report of Bangladesh, 2020. I would like to thank also all directors and all other DNC officials including concerned members of the editorial board paid necessary assistance to bring to light this Annual Drug Report on stipulated time.

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


Md. Nuruzzaman Sharif *etc*

Executive Summary

The scenario of Drug Addiction Problem unveiled in the Annual Drug Report of Bangladesh, 2020 presents that in Bangladesh drug has spreaded from the cities to the villages, from high society to middle and low class. Bangladesh at present is seriously affected by drug abuse and the problems associated with it.

Yaba is currently the most popular drugs among young generation in Bangladesh. There are many different versions of yaba and the most common are pink, orange, reddish or white in color. In Bangladesh, the detection of cases and seizure of Yaba increased during 2020. More than 70% of the seizure of Yaba was made at Chattogram because border of Cox's Bazar of Chattogram Zone is the route of smuggling Yaba into Bangladesh.

Consumption of Cannabis is traditional in Bangladesh. The prevalence of cannabis is higher than any other drugs in Bangladesh. Most of the country's cannabis is smuggled through eastern border-Cumilla, Brahmanbaria and it is mainly for Dhaka. The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol.

In recent years, the problem of drug addiction as a social problem has gradually increased. It has created many problems within the family, society and country. Due to availability of drugs, societies will be paralyzed, and the next generation will be gradually crippled. The trend of drug consumption is higher in youth and adolescents. Students are mostly victims to drug abuse. According to the number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction is 34.01% & it has increased 43.38% during 2020 in comparison with the previous year. Yaba treatment seekers are in the second position. The number of treatment seekers for Phensedyl addiction has increased again in 2020. The production, sale, and consumption of alcoholic beverages are strictly prohibited by law. Alcohol in Bangladesh is regulated and restricted. Bangladesh has one of the lowest alcohol consumption in Asia. According to the data of drug addiction treatment services, only 1.02% of the treatment seekers have problem with addiction to alcohol. Prevalence of abuse of sedative, hypnotic and tranquilizer drugs. Drugs are more prominent among the female population, population under stress, anxiety or mood disorder and the people with other psychiatric problems.

The drug consumption rate is higher in adolescents and youths aged between 15 and 30 years. They come from different economical levels of the society. Influence of friends is one of the leading causes. The causes of drug abuse comprise individual and family characteristics, social and environmental factors. Other reasons include curiosity, excitement, despair and frustration due to continuous failure in their jobs, poverty and easy access to drugs and mental stress due to family problems and following the western culture of drug use. People of age group from 16 to 40 comprises 75.64% of the drug abusing population in Bangladesh. Abuse of drugs by people of age group 21-25 years is the highest, age group 26-30 & 16-20 years are the second highest and age group 31-35 years is the third highest. Vehicle drivers are one of the most vulnerable groups for drugs in Bangladesh.

The Narcotics Control Act, 2018 prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass. Department of Narcotics Control, Bangladesh, issued licenses to 73 NGO and 360 private treatment centers till December 2020.

During the COVID-19 pandemic have reduced drug abuse prevention program and the access to drug treatment for many. The Civil society organizations in Bangladesh are contributing to the drug demand reduction since long. In 2020, according to that rules for the first time in Bangladesh, the Department of Narcotics Control distributed BDT 1,00,00,000 among 91 non-government treatment and rehabilitation center which are extending treatment services to drug addicted people.

Central Drug Addiction Treatment Centre supported by Department of Narcotic Control, Bangladesh conducted four echo training programme on universal treatment curriculum from January, 2020 to December, 2020 was also conducted. In total 189 participants from a different background (psychiatrist, doctor, clinical psychologist, psychologist, nurse, recovering addict, clinic owner, etc.) were trained on the above-mentioned curricula.

As the regular programme activities were disrupted during the COVID-19 pandemic, innovative steps were taken to mitigate the challenges imposed by the lock down situation. As a nodal agency, The Department of Narcotics Control is working wholeheartedly to curve down Transnational Organized Crime (TOC) through intelligence sharing with other law enforcement agencies. Bangladesh Financial Intelligence Unit (BFIU) is also playing a vital role to coordinate Money Laundering (ML), illegal financial flows originated from drugs and from others sources as well as to prevent Transnational Organized Crime (TOC).

Precursor chemicals related activities are controlled and supervised under Narcotics Control Act, 2018. Still amended-2020, the NPS problem in Bangladesh is not severe but as an early control measure regarding NPS, DNC has rectified the Narcotics Control Act. This Laboratory of DNC procures and provides Drug Detection kits to the drug law enforcement agencies across the country. Chemical test reports are recognized as expert opinion in the Learned Court for drug trail to the drug offence.

Present Government of Bangladesh is trying heart and soul to combat illicit drug menace as well as other crimes by adopting internal powerful mechanism including operational and prevention strategies together. Department of Narcotics Control acting with firm determination to implement the 'Zero Tolerance' to drug related crimes which adopted and declared by the honorable Prime Minister and to make the young generation of the country free from drug addiction. Bangladesh is actively trying to keep strong engagement with Myanmar in order to save the young generation from the curse of Yaba through bi-lateral co-operation.

Contents

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

Country Overview: Bangladesh Perspective	Page 11-37
---	---------------

Drug Law Enforcement	Page 38-47
----------------------	---------------

Demand Reduction	Page 48-51
------------------	---------------

HARM REDUCTION	Page 52-61
----------------	---------------

Transnational Organized Crime (TOC) and Intelligence Sharing	Page 62-65
---	---------------

Precursor chemicals : Bangladesh perspective	Page 66-70
---	---------------

Abused Pharmaceuticals Drugs and New Psychoactive Substances (NPS)	Page 71-73
---	---------------

Forensic Analysis of Central Chemical (Drugs) Laboratory	Page 74-81
---	---------------

Photo Gallery	Page 82-88
---------------	---------------

Country Overview: Bangladesh Perspective

1. Introduction

Abuse of narcotics and psychotropic substances is on the rise worldwide and Bangladesh is no exception to this. Bangladesh is seriously affected by drug abuse and the problems associated with it. Over the past two decades there has been an increasing trend towards drug use. Poly drug use is now a well-established pattern of drug abuse. To complement the effects of preferred drugs, users select a substitute from a range of drugs. The use of substances causes significant health and social problems for the people who use them and also for others in their families and communities.

1.1 Current Drug Scenario:

Bangladesh is situated in the crucial point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. Bangladesh is a land surrounded by India from three corners. The four

thousand one hundred fifty six kilometer land border of India by three sides and two hundred fifty kilometer land border of Myanmar at the south east corner work as the geographical factor.

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

Table 1: Statistics on Divisional wise Number of Cases and Seizure of Drugs by the DNC in 2020 (Source DNC Database)

Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Divisional Narcotics Control Office, Dhaka	318	1.461	62	2126	11.4	3155	690.633	117	6176	1423	242823
Divisional Narcotics Control Office, Mymensingh	79	0.277	4	58	0.5	439	46.423	20	368	63	3597

Name of Offices	Heroin (kg)		Codeine (Phensedyl) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Divisional Narcotics Control Office, Chattogram	0	0	98	4840	2	1267	849.766	0	0	1289	1454206
Divisional Narcotics Control Office, Rajshahi	531	4.86	277	14607	14.3	961	165.459	25	9950	465	39760
Divisional Narcotics Control Office, Rangpur	89	0.654	149	5361	1	957	404.067	90	2532	147	24393
Divisional Narcotics Control Office, Khulna	34	0.533	137	3501	0.5	1116	220.794	40	2058	214	17994
Divisional Narcotics Control Office, Barishal	0	0	4	31	0	336	37.86	0	0	138	4216
Divisional Narcotics Control Office, Sylhet	0	0	7	265	0	557	242.444	0	0	127	25127
Intelligence Wing	36	1.165	21	1256	0	306	84.804	0	1	228	214382
Total	1087	8.95	759	32045	29.7	9094	2742.25	292	21085	4094	2026498

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

Name of Drugs	Name of The Year				
	2016	2017	2018	2019	2020
Heroin (in kg)	266.785	401.633	451.506	323.279	210.438
Codeine preparation (Bottle)	566525	720843	715529	976663	1007977
Codeine (loose) (in liter)	275.68	338.72	539.95	1831.05	129.4
Cannabis (in kg)	47104.655	69989.508	60295.124	32657.699	50078.549
Cocaine	5.05	0.75	272	1	3.893
Buprenorphine (Ampoule)	152740	109063	128708	41236	124608
Total No. of Cases	69739	106546	119878	124098	85718
Total Number of Accused	87014	132893	161323	162847	113543



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

Name of Article Seized	2016	2017	2018	2019	2020
Sale Proceeds of Drugs (BDT)	2265804	5115565	9019095	8513832	5901537
Car (Number)	16	14	23	14	21
Truck/Covered Van (Number)	12	13	11	5	5
Auto Rickshaw (Number)	8	23	15	11	18
Bus (Number)	0	0	3	1	3
Arms (Number)	6	8	9	7	5
Bullet (number)	102	26	34	42	33
Mobile Phone (Number)	69	162	308	332	202

1.1.1 Yaba

Yaba is a combination of a number of stimulants-methamphetamine and caffeine. The 'crazy medicine' Yaba is Cheap, potent and highly addictive synthetic drug. Yaba is in tablet form. There are many different versions of yaba and the most common are pink, orange, reddish or white in color seized by law enforcing agencies. Abusers commonly smoke the drug off tinfoil, though it can be ingested orally or crushed and snorted. Yaba is currently the most popular drugs among young generation in Bangladesh. Most of the yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochain states and nearer to the border of Myanmar-Bangladesh. The river Naaf and the coastal area of Bangladesh-Myanmar border are the most critical places for the inflow of Yaba from Myanmar to Bangladesh.

In Bangladesh, the detection of cases and seizure of Yaba increased during 2020. During 2019 & 2020, the seizure of Yaba was 30446328 & 36381017 tablets respectively. The ratio of increase in 2020 is 19.49% in comparison with last year. According to the case filed by the DNC, 34.76% cases are detected at Dhaka Zone, 1.5% at Mymensing Zone, 31.48% at Chattogram Zone, 11.35% at Rajshahi Zone, 3.59% at Rangpur Zone, 5.23% at Khulna Zone, 3.37% at Barishal Zone, 3.10% at Sylhet Zone, 51% of case was detected by intelligence wing of DNC in all over the country.

The seizures of Yaba were made 11.98% at Dhaka Zone, 0.18% at Mymensing Zone, 71.76% at

Chattogram Zone, 1.96% at Rajshahi Zone, 1.20% at Rangpur Zone, 0.89% at Khulna Zone, 0.21% at Barishal Zone & 1.24% at Sylhet Zone. 10.57% of seizure was made by intelligence wing of DNC in all over the country. More than 70% of the seizure of Yaba was made at Chattogram because border of Cox's Bazar of Chattogram Zone is the route of smuggling Yaba into Bangladesh.



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



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

1.1.2 Heroin

Heroin is a semi-synthetic opioid. It is made from morphine that has been chemically processed. Heroin is a highly addictive drug. In its pure form, heroin is a fine, white, bitter-tasting powder that dissolves in water. Street heroin may come in the form of a white powder, a brown and sometimes grainy substance or a dark brown sticky gum. It can be injected with a needle. Heroin can also be smoked or snorted up the nose.

According to the cases of Heroin, the ratio of the detection of Heroin cases were 29.25% in Dhaka Zone, 7.27% at Mymensing Zone, 48.85% in Rajshahi Zone, 8.19% at Rangpur Zone & 3.13% in Khulna Zone. 3.31% of case was detected by intelligence wing of DNC in all over the country. The seizures of Heroin were 16.33% in Dhaka Zone, 3.09% at Mymensing Zone, 54.30% in Rajshahi Zone, 7.31% at Rangpur Zone & 5.96% in Khulna Zone. 13.02% of seizure was made by intelligence wing of DNC in all over the country. Therefore it appears that Rajshahi Zone has the highest prevalence of detection and seizure of Heroin. The next maximum prevalence of heroin is at Dhaka Zone.

1.1.3 Codeine (Phensedyl)

Codeine is an opioid pain reliever. It is used to treat mild to moderately severe pain. It is also used combined with other medications to reduce coughing. It is not intended for long-term use. Codeine is derived from the poppy plant, *Papaver somniferum*. A small amount of ingested codeine is converted to morphine in the body. Codeine increases tolerance to pain, reducing existing discomfort. In addition to decreasing pain, codeine also causes sedation, drowsiness, and respiratory depression.

According to the statistics of the cases and seizures of Phensedyl, 16.33% cases were detected in Dhaka zone, 3.09% at Mymensing zone, 12.29% in Chattogram Zone, 52.7% in Rajshahi Zone, 19.63% in Rangpur Zone, 18.05% in Khulna Zone, 0.53% in Barishal Zone & 0.92% in Sylhet Zone. 2.77 % of case was detected by intelligence wing of DNC in all over the country. In case of seizure, it was 6.63% in Dhaka Zone, 0.18% in Mymensingh zone, 15.10% in Chattogram Zone, 45.58% in Rajshahi Zone, 16.73 % in Rangpur Zone, 10.93% in Khulna Zone, 0.10% in Barishal Zone & 0.83% in Sylhet Zone. 3.91% of seizure was made by intelligence wing of DNC in all

over the country.



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



Figure: Seizures of Phensedyl in 2019 (Regional percentages)

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

1.1.4 Cannabis

Cannabis is a plant-based drug. This drug refers to the leaves and flowering portions of cannabis. Cannabis is typically smoked. In various parts of the world, different preparations of the cannabis plant are eaten or fumes from the ignited plant material are inhaled. Cannabis is one of the most widely abused drugs in the world. It is a psychoactive drug from the Cannabis plant used primarily for medical or recreational purposes. It grows wild in many of the tropical and temperate areas



of the world. The main active ingredients in cannabis are cannabidiol and delta-9 tetrahydro-cannabinol, commonly known as THC. Cannabis refers to a group of three plants with psychoactive properties, known as *Cannabis sativa*, *Cannabis indica*, and *Cannabis ruderalis*.



Figure: Seizures of Cannabis from 2016 to 2020 (in kg)

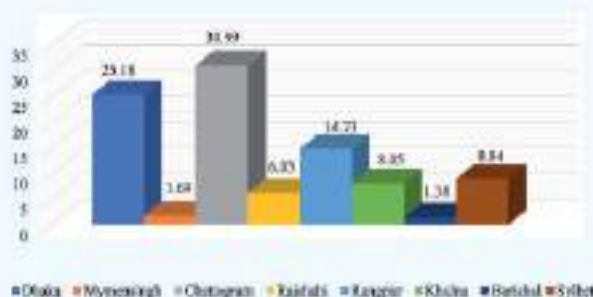


Table: Seizures of Cannabis in 2020 (Regional percentages)

Consumption of Cannabis is traditional in Bangladesh. Cannabis has been used for recreational, religious, spiritual, and medicinal purposes. The prevalence of cannabis is higher than any other drugs in Bangladesh. Cannabis comprises 52.55 % of all the cases detected by the DNC during 2020. In question of detection of cannabis cases Dhaka Zone comprises 34.69%, Mymensingh Zone comprises 4.83%, Chattogram Zone comprises 13.93%, Rajshahi Zone comprises 10.57%, Rangpur Zone comprises 10.52%, Khulna Zone comprises 12.27%, Barisal Zone

comprises 3.69% & Sylhet Zone comprises 6.12%. 3.36% of case was detected by intelligence wing of DNC in all over the country.

The seizures of cannabis are 25.18% in Dhaka Zone, 1.69% in Mymensingh Zone, 30.99% in Chattogram Zone, 6.03% in Rajshahi Zone, 14.73% in Rangpur Zone, 8.05% in Khulna Zone, 1.38% in Barishal Zone and 8.84% in Sylhet Zone. 3.09% of seizure was made by intelligence wing of DNC in all over the country. Most of the country's cannabis is smuggled through eastern border- Cumilla, Brahmanbaria and it is mainly for Dhaka.

1.1.5 Buprenorphine

Buprenorphine ($C_{29}H_{41}NO_4$) is an opioid medication used to treat pain and opioid addiction. It is a semi-synthetic opioid derived from thebaine. Buprenorphine tablets are approved for use in adults to treat opioid dependence, injections are used to manage severe pain in adults and children ages 2 years and older and patches are used in adults to manage severe pain that needs continuous, long-term treatment with an opioid.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. It appears from the Table that 40.07% of the cases of Buprenorphine are detected in Dhaka Zone, 6.85% in Mymensingh Zone, 47.19% in Rajshahi Zone, 12% in Rangpur Zone & 9.76% in Khulna Zone.



Figure: Seizures of Buprenorphine by DNC from 2016 to 2020

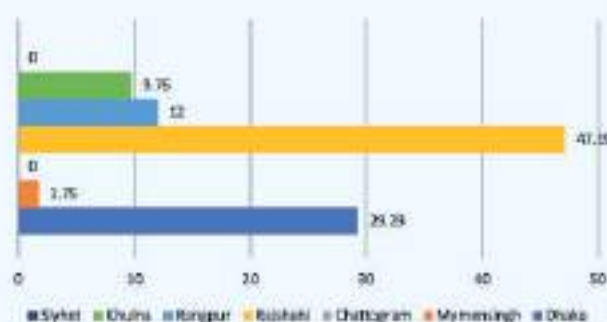


Figure: Seizures of Buprenorphine in 2020
(Regional percentages)

According to the seizure, it has been observed that 29.29% of the Buprenorphine are seized in Dhaka Zone 1.75% in Mymensingh Zone, 47.19% in Rajshahi Zone, 12% in Rangpur Zone & 9.76% in Khulna Zone. There was no Case & Seizure of Buprenorphine reported in Barishal, Sylhet zone in 2020. According to the above data of case, Rajshahi is the highest prevalence area of Buprenorphine.

1.2 Recent Trends and Patterns of Drug Abuse

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

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

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

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

1.2.1 Yaba (ATS)

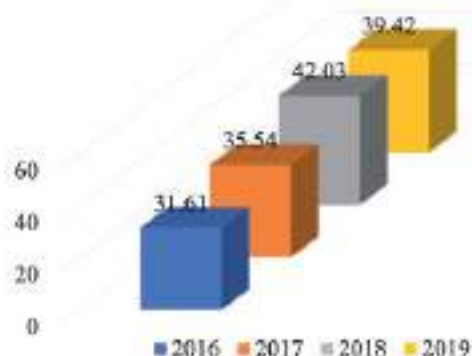
According to the data of table, the ratio of decrease of seizure in 2020 is 19.49% in comparison with last year. According to the number of patients admitted for treatment of drug, the number of treatment seekers for Yaba addiction is 27.92% & it has decreased 29.17 % during 2020 in comparison with the previous year.



Source: DNC Data Base

Figure : Seizure of Yaba from
2016 to 2020 (pieces)



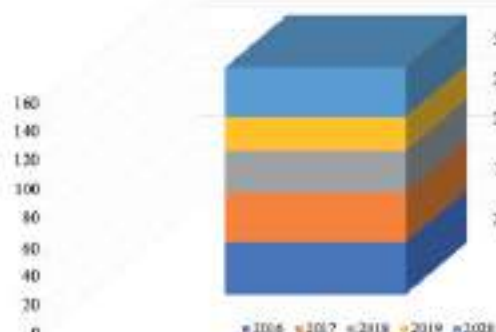


Source: DNC Data Base

Figure: ... Patients admitted to treatment services for Yaba addiction

1.2.2 Heroin

Heroin is very addictive. Many people who take it develop a use disorder. Heroin flooded the drug market in 1980s. According to the number of patients admitted for treatment of drug, the number of treatment seekers for heroin addiction is 34.01% & it has increased 43.38% during 2020 in comparison with the previous year.



Source: DNC Data Base

Figure: Patients admitted to treatment services for heroin addiction

During the year 2020 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was 210.438 kg and decreased 34.91% in comparison with the last year. In 2016, the seizure of heroin was

266.785 kg. But after that it increased to a great extent in 2018 (451.506 kg). The seizure of heroin has decreased again and it has a great fall in 2020.



Source: DNC Data Base.

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

1.2.3 Codeine based syrup- Phensedyl

This statistics of seizure indicates that during 2016, 2017 & 2018 it is almost stable. But it has an increase in 2019 and 2020. According to the data from treatment services, the number of treatment seekers for Phensedyl addiction has increased again in 2020. It was being decreased gradually since 2019 due to shortage of Phensedyl & availability of yaba in any corner of the country.

The seizures of Phensedyl by all agencies in Bangladesh from 2016 to 2020 are as following:



Source: DNC Data Base

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

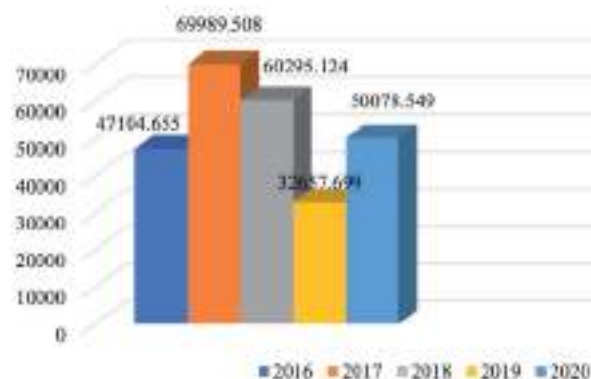


Source: DNC Data Base

Figure: Patients admitted for Phensedyl addiction

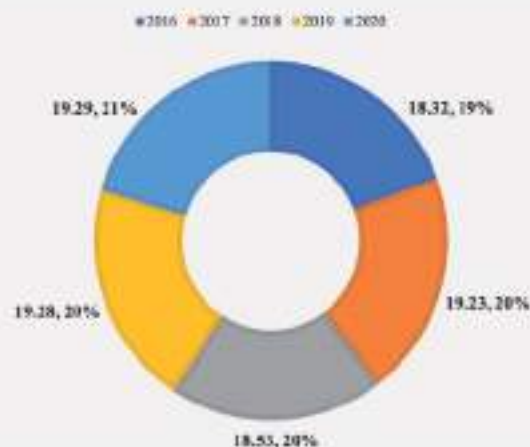
1.2.4 Cannabis

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



Source: DNC Data Base

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



Source: DNC Data Base

Figure: Patients admitted for Cannabis addiction

According to the case statistics of the seizures of cannabis by all agencies in Bangladesh from 2016 to 2020, it was being increased though a little fall in 2020 and a great fall in 2019. According to the data from treatment services, the number of treatment seekers for Cannabis addiction is almost stable after 2016.

1.2.5 Buprenorphine

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



Source: DNC Database

Figure: Patients admitted to treatment services for Buprenorphine addiction



According to the data from treatment services, the number of treatment seekers for Buprenorphine addiction is decreasing gradually though a little increase in 2018. Again according to the data of seizures of Buprenorphine, in 2020, it has increased 202.18% in comparison with the previous year.



Source: DNC Data Base

Figure: Seizure of Buprenorphine (Ampoule)

1.2.6 Alcohol

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

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

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

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

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

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

The seizure of illicit country liquor & Cholai mod during the year 2020 was 10962.87 liters and the amount of foreign liquor in that period was 155.84 liters, 2317 bottles and 5587 cans of Beer. During the year 2020 the Department of Narcotics Control detected a total of 17304 cases (including cases in Mobile Court) and made 18321 arrests (including arrests in Mobile Court) of which 1361 (7.86%) cases and 1421 (7.76%) arrests were related to offences in connection with alcohol.

According to the data of drug addiction treatment services, only 1.02% of the treatment seekers have problem with addiction to alcohol. People with alcohol habit very rarely seek treatment because it does not hamper their regular life and consequences of alcohol

abuse is not visible and acute like the problem of Yaba, heroin, Phensedyl or injecting drugs.



Source: DNC Data Base

Figure: Patients admitted to treatment services for alcohol addiction

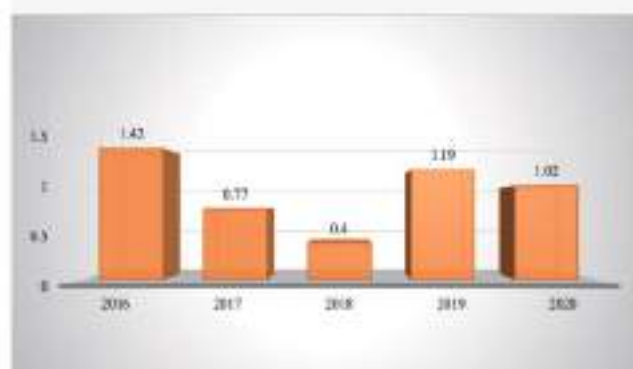
1.2.7 Sedative, Hypnotic and Tranquilizer Drugs

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

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

The data from drug addiction treatment services shows that very few people seek treatment for addiction to sedative, hypnotic and tranquilizer drugs. The

Prevalence of abuse of these drugs is more prominent among the female population, population under stress, anxiety or mood disorder and the people with other psychiatric problems.



Source: DNC Data Base

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

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

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

The causes of drug abuse comprise individual and family characteristics, social and environmental factors.

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

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

According to the following Table, influence of friends is the principal cause (58.50%) of taking drugs. The second major cause appears to be curiosity (40%).



Primary causes of drug abuse	2016(%)	2017(%)	2018(%)	2019(%)	2020(%)
Curiosity	32.84	24.15	17.13	49.49	40.00
Influence of friends	64.44	74.92	81.27	49.83	58.50
Desire to get easy pleasure	0.25	0.15	00	00	0.50
Psychological disorder	0.86	0.15	0.20	0.17	00
Adverse atmosphere in the family	0.37	0.31	00	0.17	0.50
Easy access to drugs	0.12	0.15	00	00	0.50
Unemployment	0.12	00	00	0.17	00
Frustration	0.49	00	0.80	0.17	00
Lack of drug awareness	0.12	0.15	0.20	00	00
Complication about Treatment	0.37	00	00	00	00

Source: DNC Data Base

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

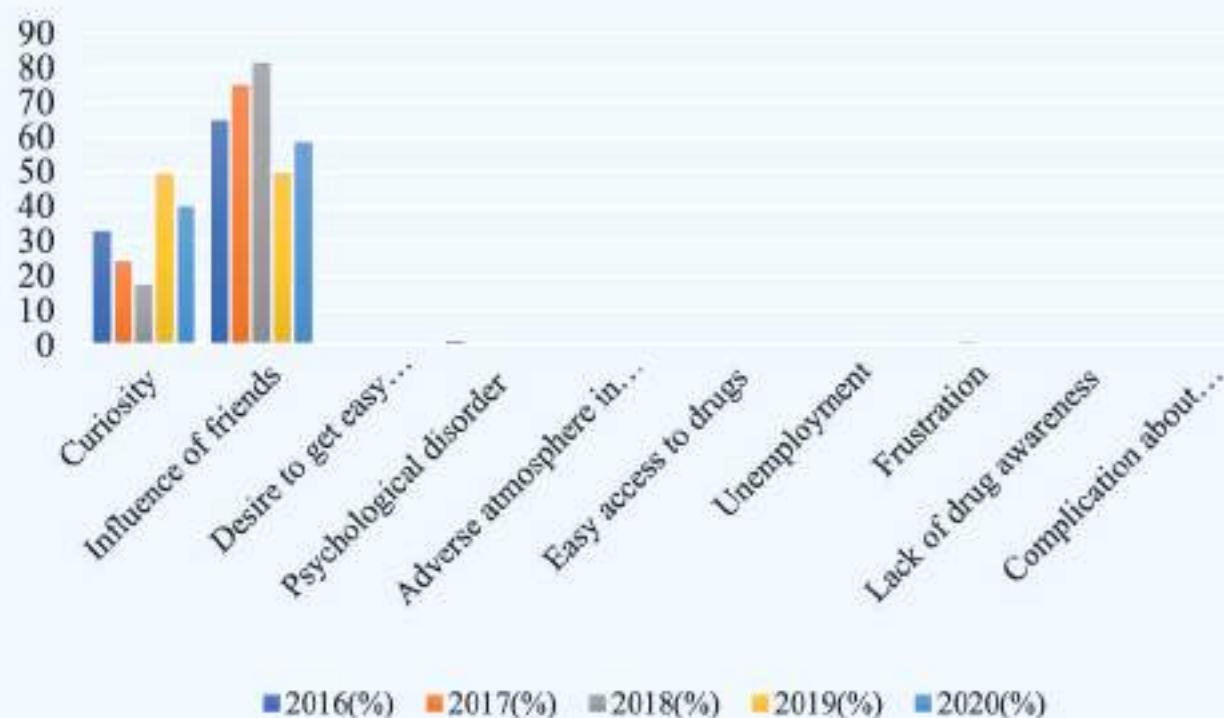


Figure: Primary causes of drug abuse of the patients under treatment programs

According to the following Table, people of age group from 16 to 40 comprises 75.64% of the drug abusing population in Bangladesh. Abuse of drugs by people of age group 21-25 years is the highest, age group 26-30 & 16-20 years are the second highest and age group 31-35 years is the third highest. On the other

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

Age Group	2016(%)	2017(%)	2018(%)	2019(%)	2020(%)
Up to 15 Years	2.58	2.31	3.39	4.44	4.57
16 - 20 Years	20.65	19.85	22.31	22.70	17.26
21 - 25 Years	18.97	19.23	20.72	16.72	25.89
26 - 30 Years	20.90	24.15	17.93	21.16	17.26
31 - 35 Years	16.39	16.15	16.33	12.29	15.23
36 - 40 Years	11.48	11.08	8.96	11.26	8.63
41 - 45 Years	4.90	3.69	4.58	4.10	3.05
46 - 50 Years	1.94	2.31	3.78	5.12	6.09
Over 50 Years	2.19	1.23	1.99	2.22	2.03

Source: DNC Data Base

Table 05 : Age distribution of the drug abusers

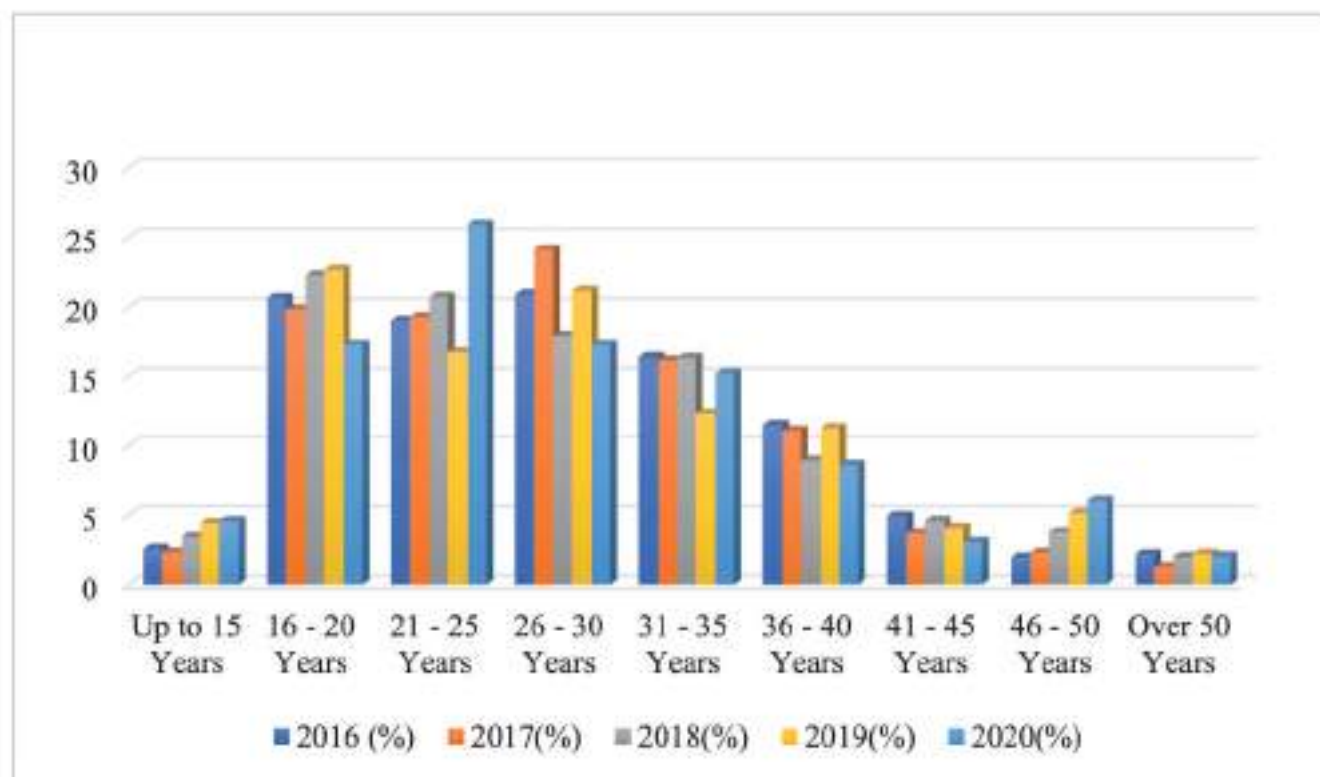


Figure 22 : Age distribution of the drug abusers

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

that 61.42% of drug addicts admitted in the treatment program are illiterate, less educated and they could not complete their secondary level of education. People with higher education are less involved in drugs.

Education Status	2016(%)	2017(%)	2018(%)	2019(%)	2020(%)
Illiterate	18.28	23.54	43.46	36.35	25.38
01 - 05 Years	19.62	20.31	14.29	14.85	18.78
06 - 09 Years	25.27	19.38	14.89	15.87	17.26
10 Years	16.13	13.85	12.27	17.58	20.30
11 - 12 Years	9.27	12.62	8.05	9.90	10.66
13 - 14 Years	8.06	5.23	3.42	1.88	3.55
15 + Years	3.23	5.08	3.62	3.58	4.06

Source: DNC Data Base

Table 06 : Educational status of the drug abusers

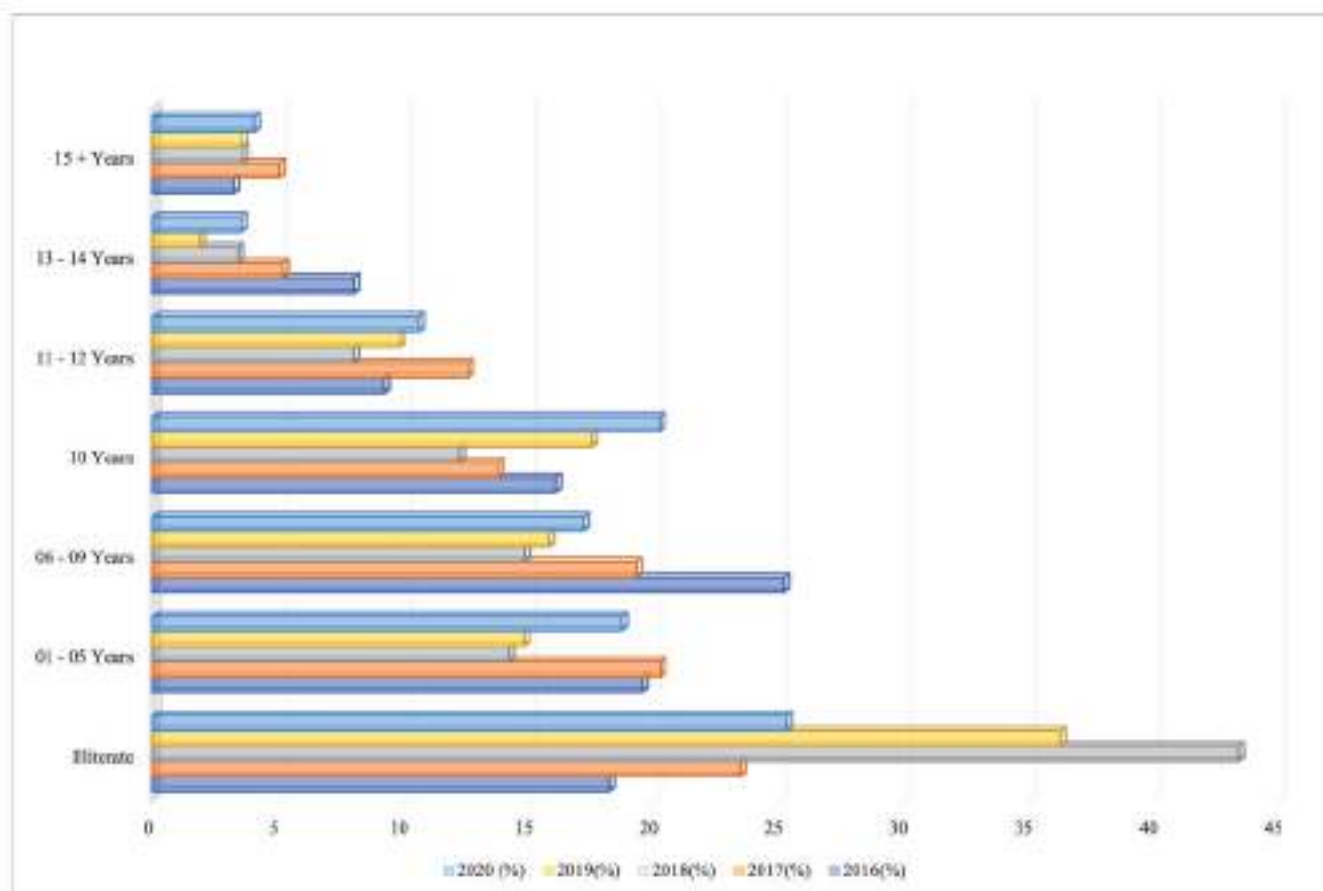


Figure 23 : Distribution of patients by self- income



According to the data from the treatment services during 2020, people with income Tk.5001 - Tk.10000 is the 2nd highest group (16.67%) and income Tk.15001 - Tk.20000 is the third highest group (15.15%) for addiction to drugs. But the person with no income

group is the highest group (26.77%) for addiction to drugs who are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes.

Self - Income Group	2016(%)	2017(%)	2018(%)	2019(%)	2020(%)
No Income	11.13	31.62	53.69	36.54	26.77
Up to Tk.1000	3.34	0.86	0.45	0.71	1.01
Tk.1001 - Tk.2000	5.98	1.37	0.45	0.53	00
Tk.2001 - Tk.3000	5.15	1.03	1.12	1.43	00
Tk.3001 - Tk.4000	0.28	0.34	0.22	0.36	1.01
Tk.4001 - Tk.5000	5.84	5.33	3.80	5.35	5.56
Tk.5001 - Tk.10000	28.09	19.93	14.77	22.82	16.67
Tk.10001 - Tk.15000	22.53	10.65	7.83	7.84	15.15
Tk.15001 - Tk.20000	6.82	14.78	8.28	14.08	13.64
Tk.20001 - Tk.25000	3.48	4.64	1.57	2.32	3.54
Tk.25001 - Tk.30000	3.20	3.61	4.25	4.10	6.57
Tk.30001 and Above	4.17	20.92	3.58	3.92	10.10

Source: DNC Data Base

Table 07 : Distribution of patients by self- income

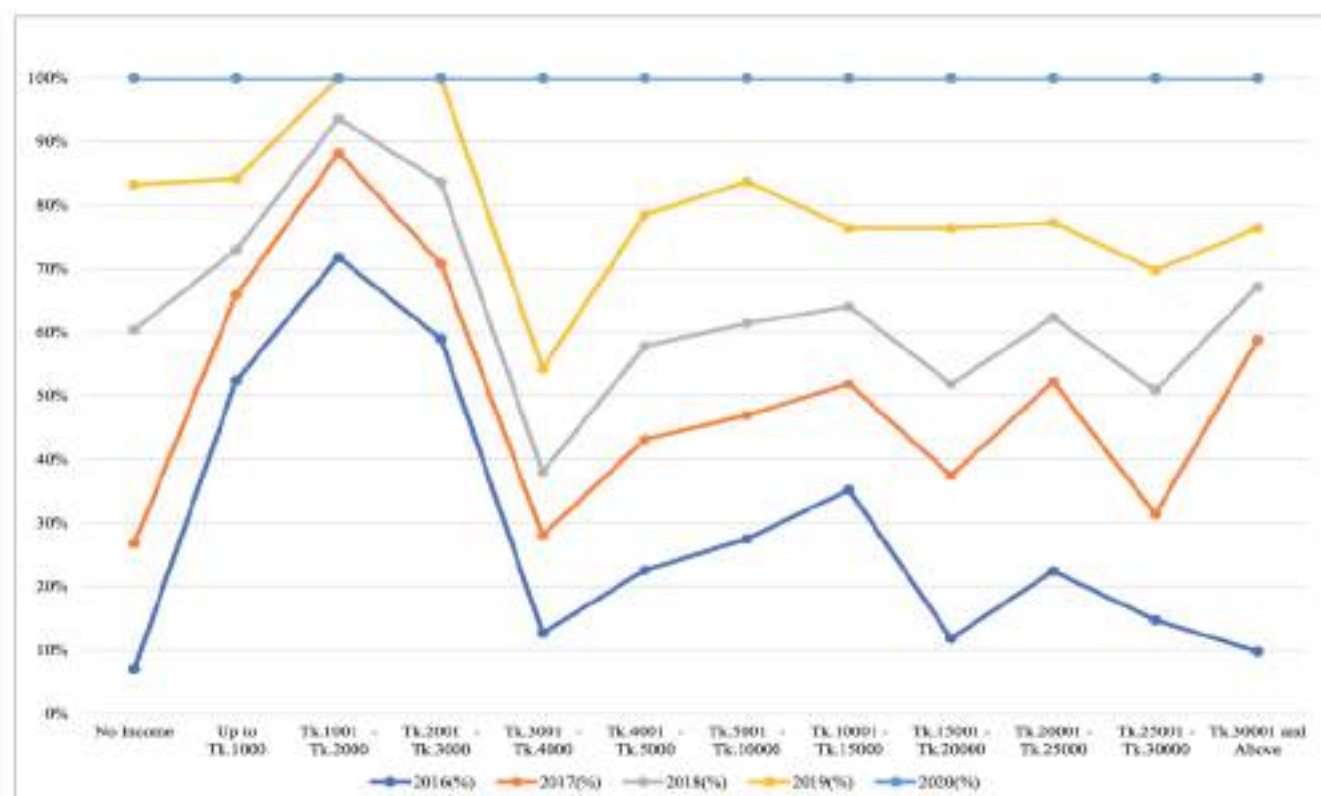


Figure 24 : Distribution of patients by self- income

From the Table of self income of the drug abusers, it has been observed that the lower middle class population is the 2nd largest group (16.67%) and middle class population is the 3rd largest group (15.15%) to abuse

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

Occupational Group	2016(%)	2017(%)	2018(%)	2019(%)	2020(%)
Unemployed	44.22	47.23	53.92	41.30	57.87
Small Business	16.80	12.62	16.90	21.84	7.11
Service (Private/Public)	10.08	9.23	5.84	4.78	8.12
Laborer	7.93	7.85	10.26	11.43	5.08
Vehicle Driver	5.78	5.69	4.02	3.75	5.08
Student	8.60	11.23	5.23	10.24	11.68
Agriculture profession	1.08	0.77	0.60	1.19	00
Others	5.51	5.38	3.22	5.46	5.08

Source: DNC Data Base

Table 08 : Distribution of patients by self-occupation

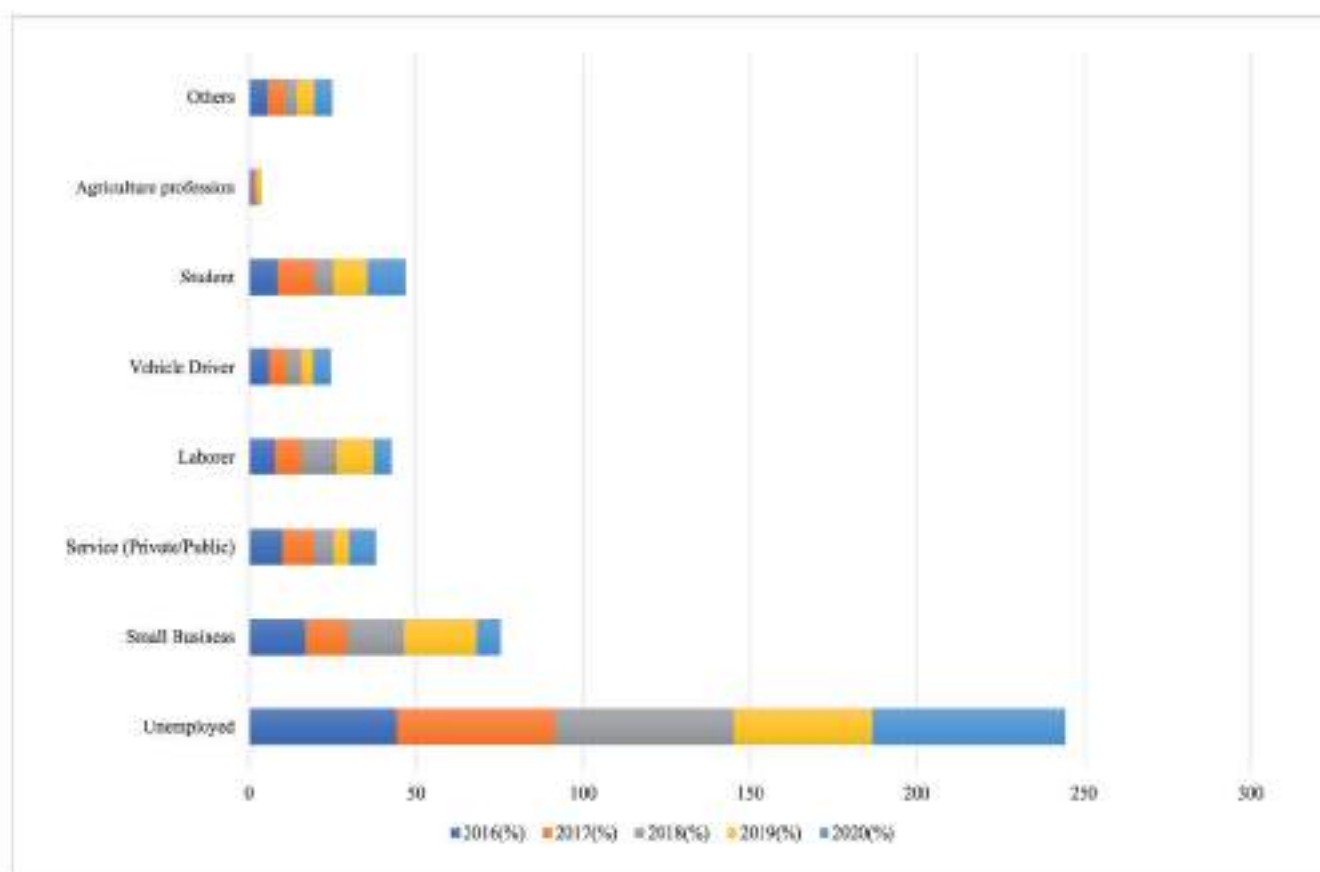


Figure 25 : Distribution of patients by self-occupation

On reviewing the Table of professional distribution of drug abusers under treatment services during 2020, it has been observed that majority (57.87%) of them is unemployed and they have no specific profession. The other major professional groups are small businessmen,

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

Drug Name	2016(%)	2017(%)	2018(%)	2019(%)	2020(%)
Heroin	36.26	33.85	29.08	23.72	34.01
Phensedyl	1.94	2.00	1.00	0.51	3.05
Cannabis	18.32	19.23	18.53	19.28	19.29
Injecting Drug	5.17	4.31	5.98	5.02	3.56
Poly drugs	0.26	0.15	00	00	00
Alcohol	1.03	0.77	1.00	1.02	1.02
Yaba	31.61	35.54	42.03	39.42	27.92
Sleeping pill	2.84	0.77	0.40	1.19	1.02
Glue	00	0.62	00	0.51	0.52
Others	2.84	2.15	1.39	7.85	9.64

Source: DNC Data Base

Table 09 : Distribution of patients by principal drug of abuse

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

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

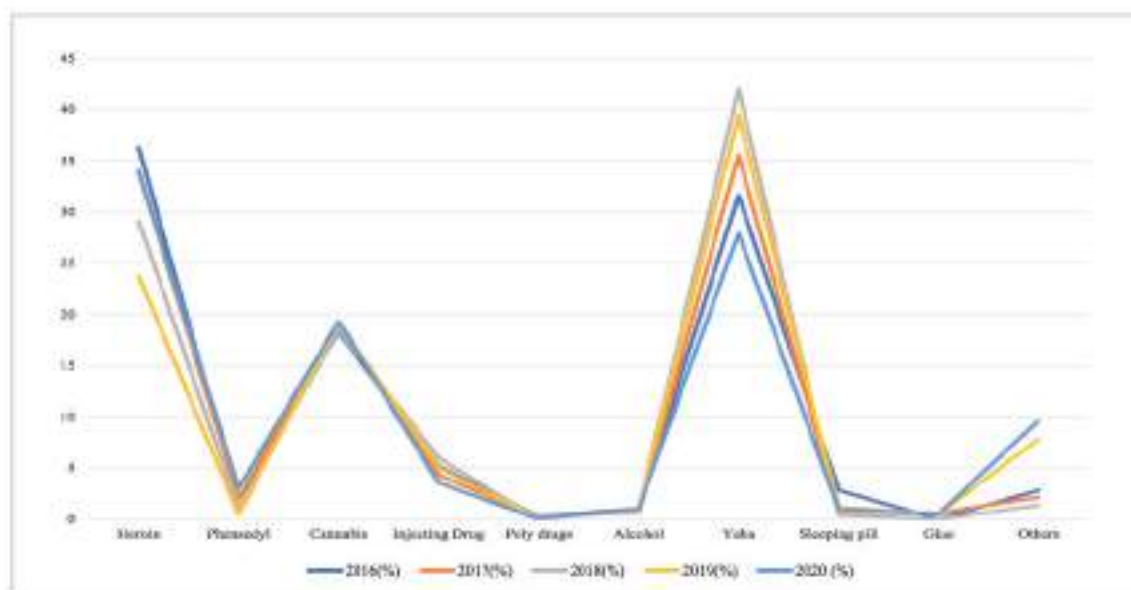


Figure 26 : Distribution of patients by principal drug of abuse

According to the data on principal drug of abuse by treatment seekers during 2020, Yaba stands first position comprising 34.01% with a decrease of 43.38% in comparison with previous year. Yaba stands second position comprising 27.92%. Cannabis stands in third position comprising 19.29% with a slight increase in comparison with previous year. Injecting drug stands fourth comprising 3.56% with a decrease of 29.08% in comparison with previous year.

1.4 Extent of Drug Supply

1.4.1 Opium

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

1.4.2 Morphine

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

Year	Morphine Injection (Ampoules)	Morphine (Tablet Pcs)
2016-17	95,960	97,530
2017-18	96,310	1,99,260
2017-18	1,82,885	1,98,670
2018-19	1,82,885	1,98,670
2019-20	2,87,085	2,63,370
2020-21	3,98,475	2,96,670

Source: DNC Data Base

Table 23: Production of morphine in Bangladesh

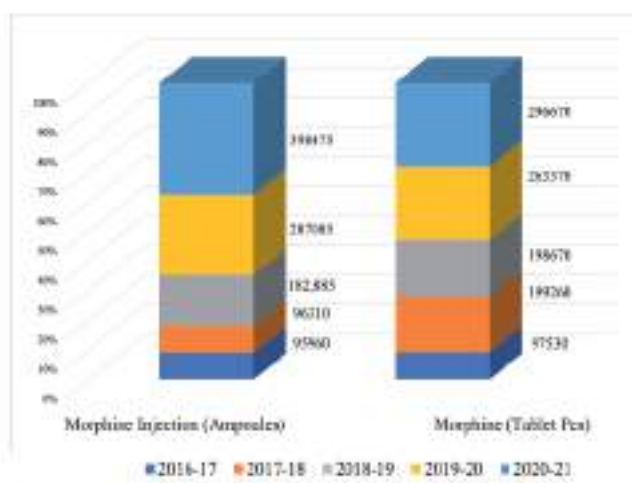


Figure: Production of morphine Injection and Morphine Tablet in Bangladesh

1.4.3 Pethidine hydrochloride

Pethidine is a synthetic opioid pain medication of the phenylpiperidine class which is indicated for the treatment of moderate to severe pain. It is delivered as a hydrochloride salt in tablets, as a syrup, or by intramuscular, subcutaneous, or intravenous injection. For much of the 20th century, pethidine was the opioid of choice for many physicians. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. In 2020-21 fiscal, Gonoshasthro Pharmaceutical Ltd and Essential Drugs Company Ltd imported 158 Kg & 790 gram Pethidine Hydrochloride respectively. Pethidine hydrochloride is widely used as an analgesic for the relief of moderate to severe pain including: obstetric analgesia; pre-operative medication and analgesia during anesthesia; post-operative analgesia.



Year	Amount of Production (Ampoules)
2016-17	5,92,950
2017-18	6,86,595
2018-19	9,71,865
2019-20	9,84,490
2020-21	13,97,510

Source: DNC Data Base

Table 24: Production of Pethidine in Bangladesh



Figure: ... Production of Pethidine in Bangladesh

According to the number of patients admitted in treatment services for Pethidine addiction, it has gradually increased up to 2019. But in 2020, it has decreased a little. It has a decrease of 28.57% in comparison with previous year.

Year	2016	2017	2018	2019	2020
Percentage of patients admitted	1.03	3.69	4.98	4.27	3.05

Source: DNC Data Base

Table 25: Patients admitted to treatment services for Pethidine addiction

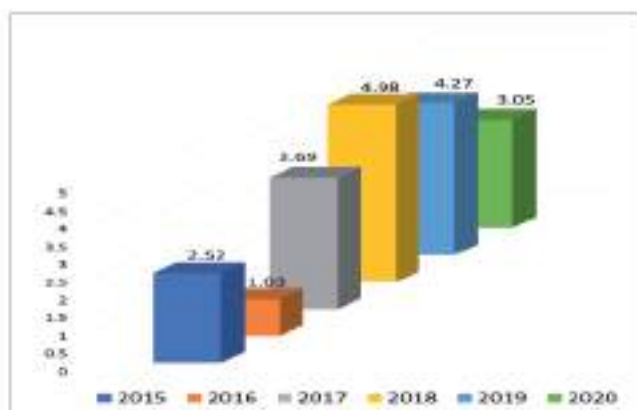


Figure: Patients admitted to treatment services for Pethidine addiction

1.4.4 Drug Market Analysis

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

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

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

More than 71% of the seizure of Yaba is made at Chattogram Division. Cox's Bazar and Chattogram Metropolitan area has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. Though the seizure of Yaba at Dhaka is more than 11.98%, it still remains one of the biggest markets of Yaba in Bangladesh.

*Table 6: Points of entry and routes of smuggling drugs from Myanmar to Bangladesh

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

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

According to the cases and amount of seizure, the big markets of Phensedyl are big markets are Jashore, Dinajpur, Bogura, Brahmanbaria, Rajshahi, Kushtia. But the biggest Phensedyl market is at Dhaka and most of the consignments of Phensedyl seized at those area and different parts of the country were bound to Dhaka.

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

Dhaka is the main cannabis market in Bangladesh. The other big markets are Kishoreganj, Mymensingh, Faridpur, Chattogram Metro, Cumilla, Brahmanbaria, Noakhali, Kurigram, Sunamganj, Moulvibazar and



Rangpur. Most of the Cannabis seized in the country is smuggled from India and Nepal.

According to the cases and highest amount of seizure, Cox'sbazar has the highest prevalence of Buprenorphine. The second highest market is at Dhaka Metropolitan and other big markets are Bogura, Chapainawabgang, Natore and Dinajpur. Recently, smuggling of injecting drugs, namely Buprenorphine in

different trade names has increased to a great extent.

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

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

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

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

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

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

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

Table 17: Some New Routes of Phensedyl Trafficking

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

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

1.5 New Challenges and measures taken:

The new principles of restriction, control, monitoring, supervision, prevention, education, public welfare, public awareness campaign, social mobilization, treatment and rehabilitation in connection with the problems of drugs and their abuses are newly

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

- Training on drug law enforcement, modern investigative techniques and data management;
- Assistance and support for infra-structural development;
- Supply of modern equipment and devices for intercepting illicit trafficking of drugs and precursors;
- Setting up special devices at all the ports of entries to intercept smuggling of drugs and precursor chemicals;
- Setting up DNC's Drug Testing Laboratory in every division.
- Conducting survey, research, documentation and data management on drug abuse, Prevention and control;
- Conducting operations against notorious and armed drug dealers by the unarmed DNC officials.
- Lack of manpower of DNC.
- Geographical location of Bangladesh and porous border with India and Myanmar.
- The prevalence of new synthetic, semi synthetic drugs & NPS.
- Lack of Drug detection Kits, Mobile tracking instrument, vehicles and other logistics supports to combat drug trafficking.
- The failure of making people well aware of the bad effects of the abuse of drug and involvement of mass people with the anti drug campaign.
- Taking instant preventive measures along with increasing surveillance on the traffickers of drugs by boat at the river Naaf and the coastal areas.
- Exchange of information for identifying and destroying illegal drug processing sites, clandestine laboratories and illicit cultivation of cannabis and opium poppy with the neighboring countries.

1.6 Measures Taken:

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

To implement the vision 2021 and 2041 set by the government and to build the Department of Narcotics Control as experienced and skillful in all fields of drugs, workforce has been increased from 1706 to 3059. The office of the narcotics Control has been set up in every district.

In the last 05 Years, 69787 cases have been filed and 74899 accused have been arrested by conducting 248210 raids. Along with 8242509 pieces Yaba, 133966 bottle Phensedyl, 60.05 kg Heroin, 15011.885 kg Cannabis with huge amount of other illegal narcotics items has been seized.

Currently there are four treatment and rehabilitation centers under DNC in four divisional cities- Dhaka, Chottagram, Khulna and Rajshahi. It is a 124-bed capacity treatment and rehabilitation center at Dhaka and rest of those are 25-bed capacity. 200-bed capacity treatment and rehabilitation centers will be installed in all divisional cities in future. There are some 360 anti-drug treatment and rehabilitation centers are in operation under private sector in all districts. Aiming to enhance skills of those rehab centers, 1599 people were provided ECHO training since 2013. From 2012 to 2020, 134835 & 85372 people were provided treatment in government and non-government organization respectively.

The construction works of 05 divisional office building of Dhaka, Chattogram, Rajshahi, Sylhet and Barisal have been completed under Annual Development Project (ADP). The Construction works of 14 storied building designed for the headquarters of the department has been finished in 2018 with the cost of 23.77 crore under development project. 13 prosecutors and 129 staves have been recruited in 2020. 1603 posts are vacant up to 2020.

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

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

According to the bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, the two countries are sharing information with Bangladesh on drug trafficking on a real-time basis and assisting one another on investigative techniques for interdicting all narcotic, synthetic & medicinal drugs. DNC is closely working with DEA of USA and SPO of Korea

Republic. DEA of USA shared Information with DNC at regular basis and as a result, huge amount of Cocaine was seized several times at Hazrat Shahjalal international airport in Dhaka. Bangladesh has signed MOU with South Korea to implement a project covering strengthening of DNC through the development of ICT, forensic lab and providing training for DNC official.

A total of 66500 glossy PVC posters and 2,00,000 pcs Ruler Scale marking adverse effect of drugs in human body have been distributed in every educational institution across the country. 28000 posters and 29 lac leaflets marking adverse effect of drugs have been purchased in 2020. 56 Kiosks for anti drug campaign have been allocated in every district for setting up in public places in 2020. In the 2020-21 financial year, DNC has got allocation of budget of Tk. 195,14,00,000/-. DNC earned as revenue Tk. 663300000/- up to May/2020 of this fiscal.

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

1.7 Achievement in 2020:

DNC filed important cases in 2020:

13650 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Chattogram Bijghat on 11 January, 2020. The raid conducted by DNC, Chattogram Metropolitan.

5000 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Kolatali, Cox'sbazar on 30 January, 2020. The raid conducted by DNC, Cox'sbazar.

6000 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Link road, Cox'sbazar on 3 February, 2020. The raid conducted by DNC, Cox'sbazar.



7700 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Banoful & Co. Cox'sbazar on 3 February, 2020. The raid conducted by DNC, Cox'sbazar.

55 gm Crystal methamphetamine (Ice) seized with 01 notorious accused arrested from Dania Rasulpur, Jatrabari, Dhaka on 5 February, 2020. The raid conducted by DNC, Dhaka Metropolitan (South).

5910 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Kolatali Cox'sbazar on 11 February, 2020. The raid conducted by DNC, Cox'sbazar.

6800 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Merine drive road, Cox'sbazar on 24 February, 2020. The raid conducted by DNC, Cox'sbazar.

7000 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from Khulsi, Chattagram metropolitan on 24 April, 2020. The raid conducted by DNC, Chattagram metropolitan.

24000 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from Chandgaon, Chattagram on 4 May, 2020. The raid conducted by DNC, Chattagram Metropolitan.

5500 pcs Yaba (Amphetamine based Tablet) seized with 01 notorious accused arrested from Bahar chara, Cox'sbazar on 7 July, 2020. The raid conducted by DNC, Cox'sbazar.

20 kg Cannabis seized with 1 notorious accused arrested from Komlapur, Motijheel, Dhaka on 24 June, 2020. The raid conducted by DNC, Dhaka Metropolitan (South).

5.5 kg Cannabis seized with 1 notorious accused arrested from Sadhurram, Kurigram on 7 July, 2020. The raid conducted by DNC, Kurigram.

1500 ampule Buprenorphine type injection seized with 2 notorious accused arrested from Moddha Charal, Baliadangi of Thakurgaon on 9 August, 2020. The raid conducted by DNC, Thakurgaon District.

9 kg Cannabis seized with 1 notorious accused arrested from Kalirbazar, Bijoynagar, Brahmanbaria on 12 August, 2020. The raid conducted by DNC, Brahmanbaria.

20 kg Cannabis seized with 4 notorious accused arrested from Vadurpur Bus stand, Brahmanbaria on 17 August, 2020. The raid conducted by DNC, Brahmanbaria.

200 litre Isopropanon & 600 litre Methanol seized with 1 accused arrested from Hatkhola, Wari of Dhaka metropolitan (South) on 17 August, 2020. The raid conducted by DNC, Dhaka Metropolitan (South).

9500 pcs Yaba (Amphetamine based Tablet) seized with 2 notorious accused arrested from Eid gaon bazaar of Cox'sbazar on 19 August, 2020. The raid conducted by DNC, Cox'sbazar.

48 kg Cannabis seized with 4 notorious accused arrested from Viti daudpur, Brahmanbaria on 26 August, 2020. The raid conducted by DNC, Brahmanbaria.

5000 pcs Yaba (Amphetamine based Tablet) with 1 notorious accused arrested from Hinla Bazar, Teknaf of Cox'sbazar on 29 August, 2020. The raid conducted by DNC, Teknaf special zone.

18 kg Cannabis and 185 bottle of Phensedyl seized with 4 notorious accused arrested from Biallishor of Brahmanbaria on 2 September, 2020. The raid conducted by DNC, Brahmanbaria district.

5320 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from Whaikong, Teknaf of Cox'sbazar on 4 September, 2020. The raid conducted by Teknaf special zone of DNC.

10000 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from Kotowali, Chattagram on 5 September, 2020. The raid conducted by Chattagram Metropolitan of DNC.

40 kg Cannabis seized with 1 notorious accused arrested from Uttar Nuniarchara on 22 September, 2020. The raid conducted by DNC, Cox'sbazar.



6000 pcs Yaba (Amphetamine based Tablet) with 1 notorious accused arrested from Hinla station bazaar, Teknaf of Cox'sbazar on 24 September, 2020. The raid conducted by Teknaf special zone of DNC.

10000 pcs Yaba (Amphetamine based Tablet) seized with 3 notorious accused arrested from Shah Amanot Bridge, Bakolia on 27 September, 2020. The raid conducted by Chatagram Metropolitan of DNC.

6000 pcs Yaba (Amphetamine based Tablet) with 2 notorious accused arrested from Cox'sbazar on 7 October, 2020. The raid conducted by Cox'sbazar of DNC.

5000 pcs yaba seized with 1 notorious accused arrested from Hinla, Teknaf of Cox'sbazar on 7 October, 2020. The raid conducted by DNC, Teknaf special zone.

5000 pcs yaba seized with 1 notorious accused arrested from Dania, Jatrabari on 7 October, 2020. The raid conducted by DNC, Dhaka Metropolitan (South).

5000 pcs Yaba (Amphetamine based Tablet) seized with 1 notorious accused arrested from Shah Amanot Bridge, Chatagram on 12 October, 2020. The raid conducted by Chatagram metropolitan of DNC.

305 bottle Codiene based syrup (Phensedyl) seized with 3 notorious accused arrested from Shahbazpur bridge, Sorail of Brahmanbaria on 14 October, 2020. The raid conducted by Brahmanbaria district of DNC.

10000 pcs Yaba (Amphetamine based Tablet) with 2 notorious accused arrested from Baharchara of Noakhali para of Teknaf on 14 October, 2020. The raid conducted by Teknaf special zone of DNC.

10000 pcs Yaba (Amphetamine based Tablet) with 1 notorious accused arrested from Ukhia kachabazar on 18 October, 2020. The raid conducted by Teknaf special zone of DNC.

12 kg Cannabis seized with 2 notorious accused arrested from Laxmipur of kasba on 5 November, 2020. The raid conducted by DNC, Brahmanbaria district.

8 kg Cannabis and 16 bottle Escuf seized with 3 notorious accused arrested from kashinagar, Bijoy nagar of Brahmanbaria on 5 November, 2020. The raid conducted by DNC, Brahmanbaria district.

9000 pcs yaba seized with 2 notorious accused arrested from Rajkhali of Shah Amanot Bridge on 9 November, 2020. The raid conducted by DNC, Chatagram Metropolitan.

14 kg Cannabis seized with 3 notorious accused arrested from Biallishor, Sadar of Brahmanbaria on 11 November, 2020. The raid conducted by DNC, Brahmanbaria district.

40.155 kg cannabis and a pick-up van seized with 1 notorious accused arrested from Ruddeshor, kaliganj of Lalmonirhat on 12 November, 2020. The raid conducted by DNC, Lalmonirhat.

10 kg Cannabis and 103 pcs yaba seized with 1 notorious accused arrested from Suhilpur, sadar of Brahmanbaria on 18 November, 2020. The raid conducted by DNC, Brahmanbaria district.

6000 pcs yaba seized with 1 notorious accused arrested from Uattar Romaliarchara of Cox'sbazar on 18 November, 2020. The raid conducted by DNC, Cox'sbazar district.

57600 pcs yaba seized with 4 notorious accused arrested from Puran Pallanpara of Teknaf on 18 November, 2020. The raid conducted by DNC, Teknaf special zone.

20000 pcs yaba seized with 3 notorious accused arrested from Karnafuli of Chatagram on 19 November, 2020. The raid conducted by DNC, Chatagram Metropolitan.

10000 pcs yaba seized with 2 notorious accused arrested from Ukhia of Cox'sbazar on 19 November, 2020. The raid conducted by DNC, Cox'sbazar district.

5000 pcs yaba seized with 2 notorious accused arrested from Kalabibir dighi, Anwara of Chatagram on 24 November, 2020. The raid conducted by DNC, Chatagram district.



5000 pcs yaba seized with 1 notorious accused arrested from Notun bridge, Bakolia on 4 December, 2020. The raid conducted by DNC, Cox'sbazar district.

100 kg Cannabis and 20 bottle Phensedyl seized with 3 notorious accused arrested from Uattar Rajbaria kandi, Sorail of Brahmanpara on 7 December, 2020. The raid conducted by DNC, Brahmanpara district.

8000 pcs yaba seized with 3 notorious accused arrested from Khodaibari of Cox'sbazar on 12 December, 2020. The raid conducted by DNC, Cox'sbazar district.

65000 pcs yaba seized with 3 notorious accused arrested from Oliabad seabeach of Cox'sbazar on 15 December, 2020. The raid conducted by DNC, Cox'sbazar district.

8000 pcs yaba seized with 2 notorious accused arrested from Kolataqli of Cox'sbazar on 22 December, 2020. The raid conducted by DNC, Cox'sbazar district.

9000 pcs yaba seized with 1 notorious accused arrested from Bazarghata of Cox'sbazar on 28 December, 2020. The raid conducted by DNC, Cox'sbazar district.

5400 pcs yaba seized with 1 notorious accused arrested from Jaliapalong, Ukhia of Cox'sbazar on 29 December, 2020. The raid conducted by DNC, Cox'sbazar district.

6000 pcs yaba seized with 1 notorious accused arrested from Kolatali of Cox'sbazar on 30 December, 2020. The raid conducted by DNC, Cox'sbazar district.



Love Life
Be Away from Drug

Drug Law Enforcement

2.1 Legal Status

2.1.1 The Narcotics Control Act of 2018

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

This Act has a very significant view that the Government of Bangladesh enacted the Narcotics Control Act, 2018 by replacing all the earlier legislation. This new act is enacted in pursuance of the principles of the Article 18(1) of the Constitution of the People's Republic of Bangladesh. Article 18(1) provides that: "the State shall regard the raising of the level of nutrition and the improvement of public health as its primary duties, and in particular shall adopt effective measures to prevent the consumption, except for medical purposes or for such other purposes as may be prescribed by law, of alcoholic and other intoxicating drinks and of drugs which are injurious to health."

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



The Narcotics Control Act, 2018 prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass (section 9). DNC issues licenses, permits or passes. However, they cannot be issued to persons with criminal record (sections 13 & 14). Handling precursors without the requisite license permit or pass awards rigorous imprisonment of 1 to 5 years and a fine (Up to 10 kg/lit precursor); 05 to 10 years (Up to 50 kg/lit precursor) and a fine; 10 years to life imprisonment and a fine (above 50kg/lit precursor) while violation of any condition of license awards a fine of 1 Lakh taka (sections 15). Importers require an import license and an import authorization from the Department of Narcotics Control to import precursors. On arrival of the consignment, DNC verifies the physical stock and use of the precursor. Bangladesh does not export any precursors. Most imports are from India, Malaysia, Singapore, China, Japan, the UK and Italy.

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

The main focus of this law is on defining various crimes, imposing prohibition, control and regulations of legal and illegal drug related activities, issue, inspection and cancellation of licenses, permits and passes, treatment of drug addicts, penal provisions for various drug offences, search, seizure, arrests, investigation, prosecution, forfeiture of property, prevention of money laundering, application of controlled delivery techniques, financial investigation, revenue collection and control of precursor chemicals. The Narcotics control Act, 2018 provides legal sanctions and punishment for narcotic crime in Bangladesh. The sections related to offences and punishments are: 9, 10,

11, 12, 15, 36, 37, 38, 39, 40, 41, 42, 43, 46, 47 and 55. This law classifies all drugs falling under the UN conventions into three major classes, viz. A class drug, B class drug and C class drug according to their harmful effects and criminality involved.

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

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

Sections 16 and 17 provide provision for cancellations and suspension of licenses/permits for breach of any condition. Section 20 has the provision for inspection of licenses. Section 26 provides the grounds for seizure and forfeiture of illicit drugs and precursor chemicals. Section 28 has the provision for disposal of seized drugs and precursors and forfeiture of the assets derived from illicit business of drugs and precursors. Section 23 empowers the law enforcement officials for search and seizure of any illicit drugs and precursors and arrest of offenders without warrants. Section 24 has provisions for special search of body to detect illicit drugs and precursors. Section 30 empowers the DNC officials for investigation of offences relating to drugs and precursors. Section 29 deals with the disposal of

arrested persons and seized drugs or precursors. The Narcotics Control Act, 2018 provides direct provision for investigation of money laundering. Sections 33 and 34 of this Act refer to financial investigation and freezing of assets derived from illicit business of drugs and precursors. The law provides the legal basis for the Chemical Laboratories of the Department of Narcotics Control and its proper functioning in respect of forensic analysis of all seized drugs and suspicious substances. The Laboratories which are established and approved by the government according to the section 62 of the act caters to the needs of all the agencies charged with the responsibilities of drug enforcement and thereby it plays an important role in quick disposal of drug cases under trial.

2.1.2 Other Related Laws and Rules

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

- A. The special Power Act, 1975: This law particularly deals with prevention and control of smuggling. As drug is one of the major items of smuggling in Bangladesh, this law also addresses issues related to drugs. The main jurisdiction of this law is within five kilometers of the border. It is also applicable in other areas of the country in respect of drugs which are smuggled from other countries.
- B. Customs Act: Though the Customs Act deals with collection of Customs Duty on import and export of various commodities and prevention of smuggling, it also covers the issues related to import and export of narcotic drugs, psychotropic substances and precursor chemicals.
- C. Prevention of Money Laundering Act, 2002
- D. Coast Guard Act, 1995
- E. The code of criminal Procedure, 1898.
- F. The Evidence Act, 1872.
- G. The narcotics Control Rules, 1999.
- H. The National Narcotics Control Board Fund Rules, 2001.
- I. The Private Treatment and Rehabilitation Center Rules 2005.

2.2 Search, Seizure And Arrest

The operations of search, seizures and arrests are guided mainly by Section 23 of the Narcotics Control Act, 2018. The other relevant Sections are:-Sections 20,21,24,25,26, and 35. The enforcement Officials of the Department of Narcotics Controls, the Police, RAB, Customs, BGB and Coast Guard are empowered to conduct search, seizures and arrests. The law provides for mutual cooperation among the different law enforcement agencies as and when required for conduct of search, seizure and arrests. It is the requirement of the Law to draw a search list in Presence of independent witnesses with description of the place of occurrence, name and addresses of the accused, description of the seized articles along with the description of the quantity of article seized, signatories of the eyewitnesses of seizures and comments of the officer in-charge of the search and seizure. The drugs or any article related to commitment of a drug offence is liable for seizure under section 26 of the Narcotics Control Act, 2018. It is mandatory for every officer conducting any search, seizure or arrest to send a report regarding the search , seizure or arrest to his/her controlling officer immediately and lodge Ezahar (complain) in the concurrent Police Station. The Executive Magistrates are also empowered to conduct search, seizures and arrests under the provisions of the Mobile Court Act, 2009. The Master Law for the procedures of search, seizures and arrests is the Code of Criminal Procedure, 1898.



Year	2016	2017	2018	2019	2020
Raid	33024	39585	47407	63055	65139
Case	9773	11612	13793	17305	17304
Case Arrests	10465	12651	15116	18346	18321

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

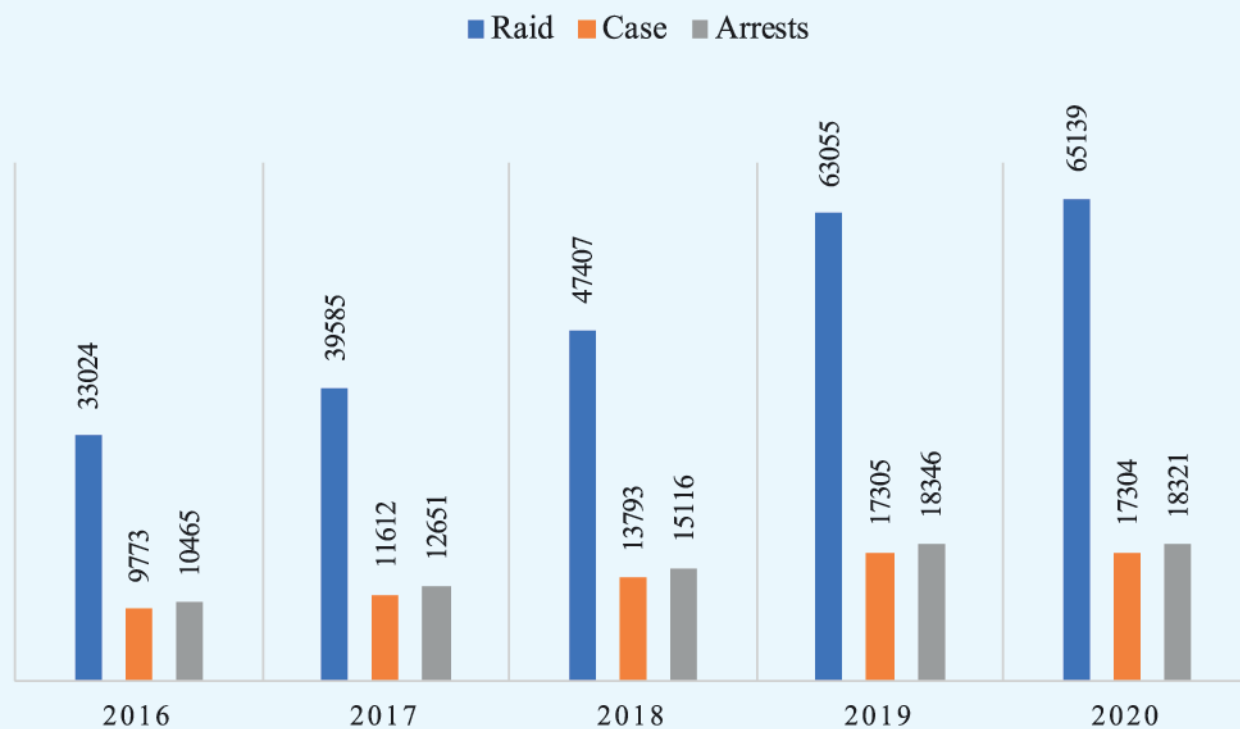


Figure 30 : Statistics of the raids, cases and arrests by DNC

Year	Case	Arrests
2016	69739	87014
2017	106546	132893
2018	119878	161323
2019	124098	162847
2020	85718	113543

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

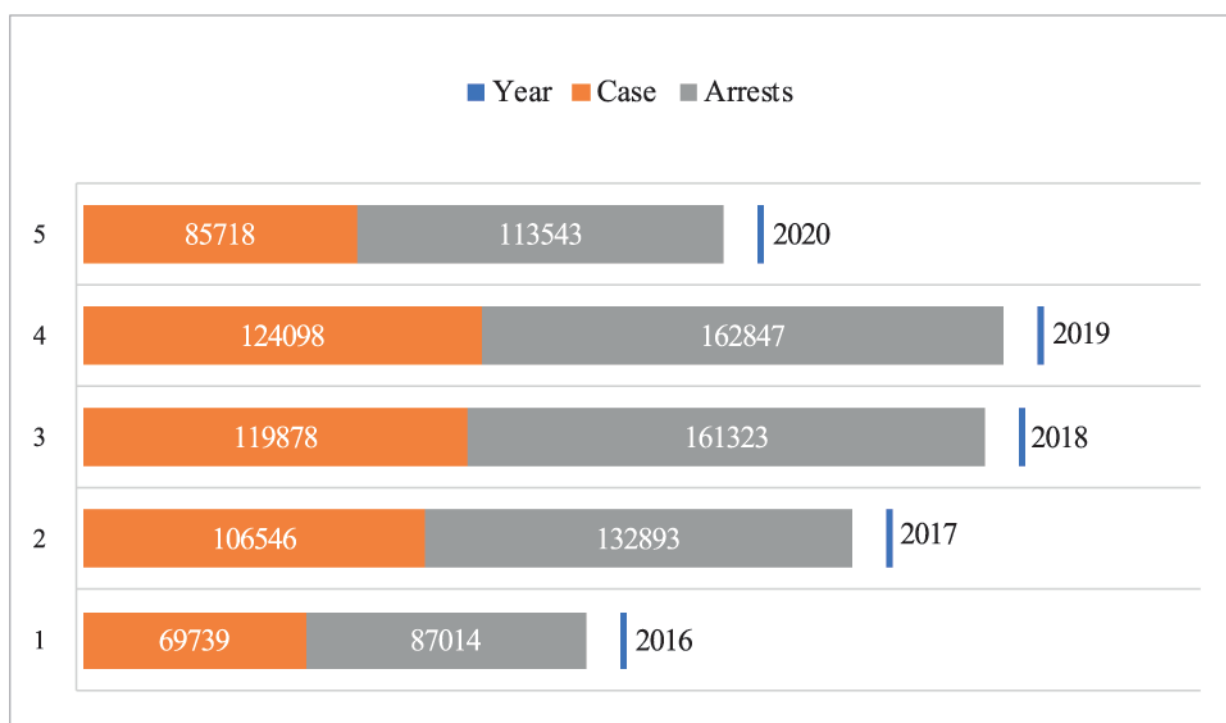


Figure 31 : Statistics of the cases and arrests by all law enforcement agencies

2.3 Investigation

Only DNC and Bangladesh Police are empowered to investigate offences under the Narcotics Control Act, 2018. The enforcement officers of the rank of Sub-Inspector or above of these departments can investigate drug offences. The main purposes of the investigation are gathering evidence on crime and clarify the motives and other relevant issues of an offence. In Bangladesh the investigation is generally followed by search, seizures and arrests. But pre-arrest investigation is also possible as per requirement of particular situation. The

investigation officer generally visits the place of occurrence, draws sketch map with detailed description of the place of occurrence, takes photographs, examines the eye witnesses, collects material and documentary evidences, obtains chemical examiners reports on the drugs seized and writes case diary on regular activities of his/her investigation. If an accused is arrested with seizure of drugs the law permits only 30 working days for completion of the investigation. Otherwise the time limit for completion of investigation is 60 working days.

2.4 Prosecution and trial

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

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

Year	Disposal of Cases					Conviction/Acquittal of Accused					Pending Cases
	Conviction	Rate	Acquittal	Rate	Total	Convicted	Rate	Acquitted	Rate	Total	
2016	2356	44%	2992	56%	5348	2927	41%	4206	59%	7133	64107
2017	1016	40%	1528	60%	2544	1065	(40%)	1615	60%	2680	
2018	592	42%	843	58%	1435	631	41%	911	59%	1542	
2019	642	39%	1012	61%	1654	678	39%	1078	61%	1765	
2020	310	43%	412	57%	722	333	43%	433	57%	766	

Table 20 : Statistics on Disposal of Cases under Trial

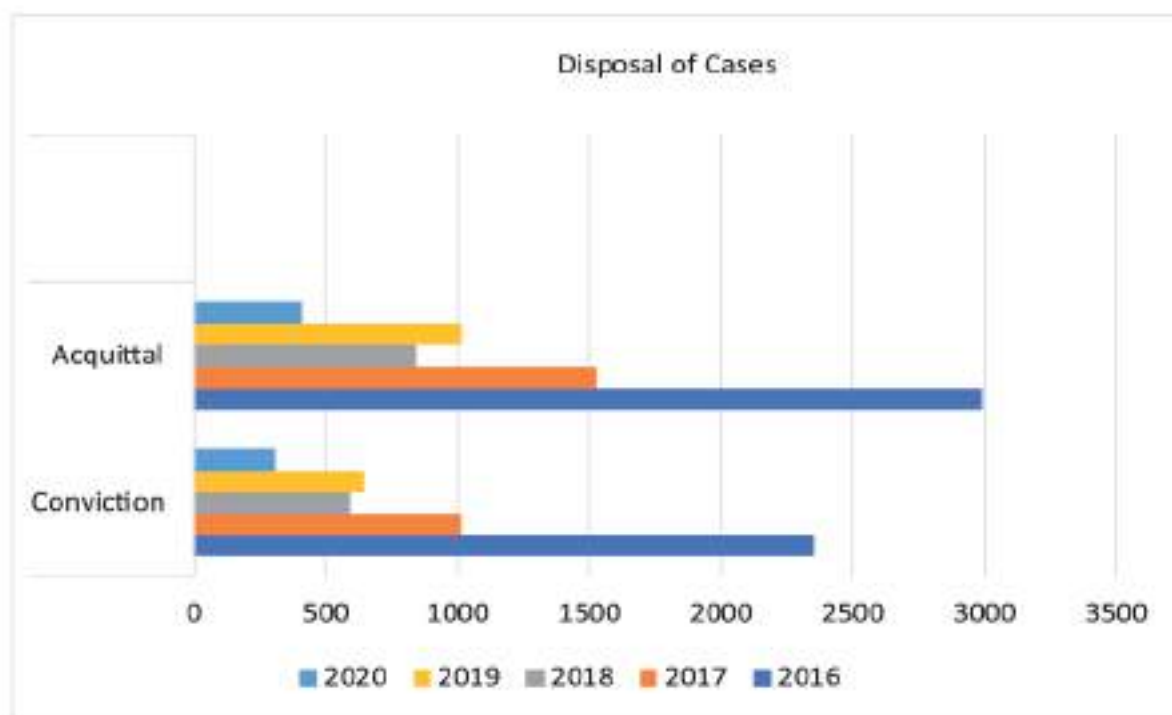


Figure 32 : Disposal of Cases

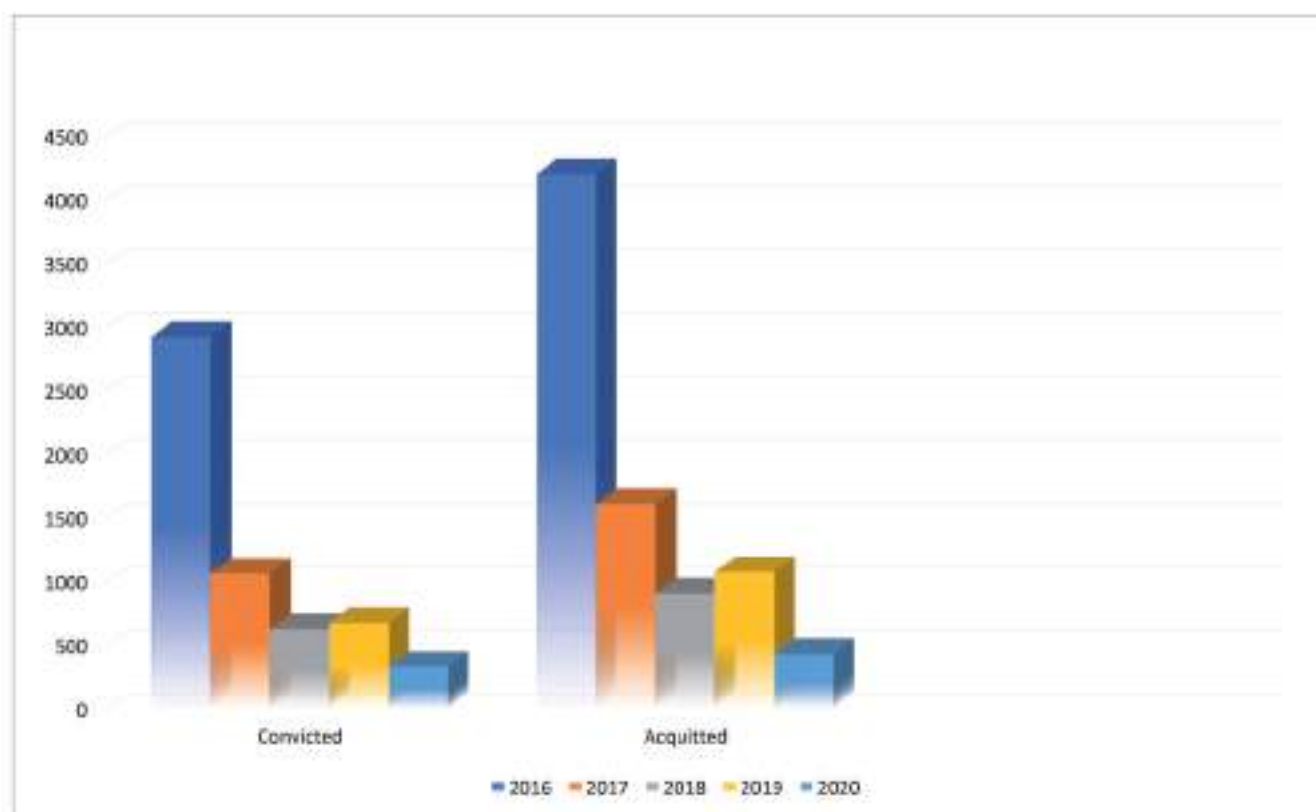


Figure 33 : Conviction/Acquittal of Accused

2.5 Operation of mobile court on drugs

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

To overcome this situation, the Government has recently introduced Mobile Court for drug offences under the Mobile Court Act, 2009. The Mobile courts apprehend criminals, prosecute them on the spot, and impose punishment of short term imprisonment. There is no provision of bail in Mobile Court. The confession and sends the criminals to jail. These sorts of summary trial have been found very effective to control crime, speed up trial system and enhance people's consciousness on drugs and related offences.

2.6 Organizational set up:

The Department of Narcotics Control (DNC) is a multifunctional agency under the administrative control of the Security Services Division, Ministry of Home

Affairs. It came into operation in January 1990 with a total of the different kinds of manpower of 1274. After that, its manpower became 1706 in 2015 and 3059 in 2018. The DNC is the nodal agency for prevention and control of drug abuse and their illicit trafficking in Bangladesh. It is headed by Director General. All the activities of this Department is run through its four main wings (a). Administration and Finances, (b). Operations and Intelligence, (c). Preventive Education, Research and Publication, and (d). Treatment and Rehabilitation. Out of headquarters, this Department runs its entire administration through its 8 Zonal office, 8 Zonal Intelligence offices, 64 district office and 68 prosecution unit. Besides this Department collect revenue and supervises the production, marketing, distribution and sale of alcohol, spirits, liquor and beer through 5 distilleries, 1 brewery and 13 warehouses. The Department runs its drug addiction treatment programs through Central Drug Addiction Treatment Centre (CTC) at Dhaka and regional drug addiction



Year	Raids	Cases	Arrested	Conviction	Acquittal
2016	13541	6430	6592	6591	01
2017	12212	5991	6044	6044	00
2018	13821	6776	6866	6866	00
2019	18424	9444	9484	9484	0
2020	23193	10471	10498	10498	00

Table 21 : Statistics on Mobile Court Operation by DNC

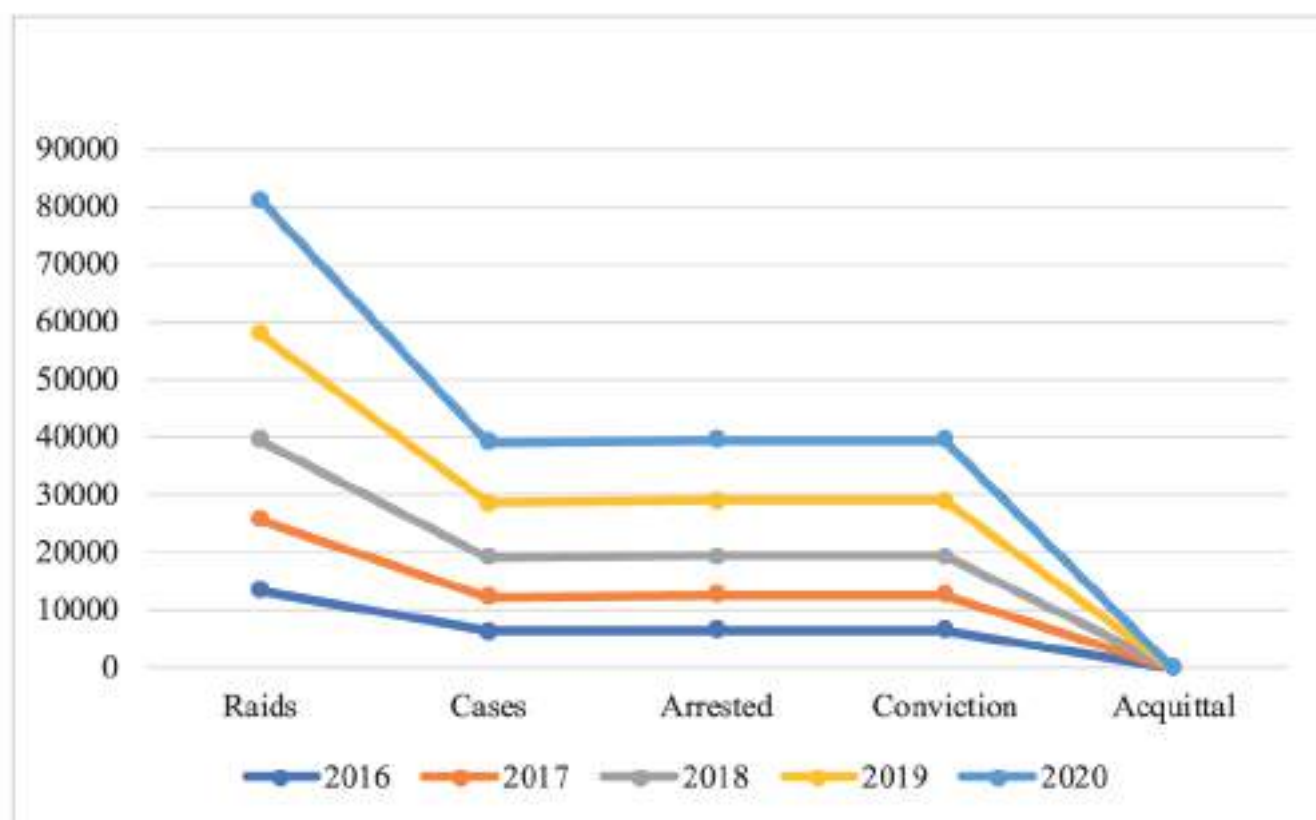


Figure 34 : Statistics on Mobile Court Operation by DNC

treatment centers at Chattogram, Rajshahi and Khulna. The Central Drug Testing Laboratory of the department for chemical tests of seized drugs is located at Gendaria, Dhaka. There are 64 prosecution units at 64 district headquarters of the Department to assist trial of drug offences in criminal Courts. The Department came into operation in under-staff condition with the manpower of the erstwhile Narcotics and Liquor Directorate and a few surplus manpower of different government

organizations absorbed in this Department through the Ministry Public Administration since its establishment. 206 employees of different categories have been newly appointed during 2019. Enhancement of the manpower of the DNC through reorganizing of the organizational set up is under process in the Ministry of Home Affairs. This reorganization suggests for expansion of the programs of treatment and rehabilitation, increases of

the manpower of Circle Offices, Empowerment of the prosecution, intelligence and preventive education wing and enhances the overall capacity and capability of the DNC. Out of 3032 sanctioned manpower the DNC is currently working with its existing manpower of total 1317 and 1715 posts are vacant. It means that almost 56% of the posts are vacant at present. Among this 3032 sanctioned manpower, only 1688 persons are for the purpose of law enforcement and control of crimes related to drugs. But due to shortage of manpower, only around 759 people are currently working in the whole country for law enforcement and control of crimes related to drugs.

2.7 Inter agency Coordination:

There is a forum of coordination on drug related issues at the Upazilla level called the Upazilla Drug Control Committee which is headed by the Upazilla Nirbahi Officer (UNO), at the District level called the District Drug Control Committee (DDCC) is headed by the Deputy Commissioner and at the national level called the National Anti Drug Committee (NADC) & National Drug Control Advisory Committee (NDCAC).

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

Police, RAB, Customs, Coast Guard and BGB empowers to conduct raid, search, seizure and arrest in respect of drug offenses as per Narcotics Control Act, 2018. DNC exchanges information about new trends

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

The Department of Prison provides treatment services to drug dependent jail mates at Comilla, Jessore and Rajshahi Central Jail. DNC arranges anti drug awareness program for drug dependant jail mates in the prisons with the help of the jail officials. There is an anti drug committee in every educational institutions except Primary schools. DNC arranges anti drug campaign in the educational institutions with the help of anti drug committee and education officials. Police, RAB, BGB, Coast Guard, Ansar-VDP also perform anti drug awareness campaign against drugs.

2.8 MODUS-OPERANDI OF DRUG TRAFFICKING IN BANGLADESH

The traffickers are always innovative about their modus-operandi in carrying, possessing, concealment, storing, and selling drugs. In transportation of drugs, there are two kind of concealment. Body concealment and concealment in transport vehicles. Under-privileged women and children are commonly employed for carrying and peddling drugs. Women carriers are largely engaged for body concealment of drugs. Small amounts of heroin and yaba are trafficked in body fitting, under concealment in the undergarments of the women carriers, in costumes, in luggage and in other belongings of the carriers. Phensedyl and cannabis are concealed in special type of jackets and in belts fastened at waist, thigh and legs.



The women carriers wear these special types of belts and jackets under their garments and cover their whole body with Borkha. Men are also found to wear this special type of belts for carrying drugs. Shoes, anklets, corset belts, under wears, etc. are also used for carrying heroin and small amounts of cannabis.

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

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

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

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



Demand Reduction

In pursuance of the Narcotics Control Act, the Department of Narcotics Control (DNC) is conducting awareness campaign against illegal drugs all over the country round the year as a part of demand reduction. The Department of Narcotics Control along with the cooperation of different law enforcement agencies, ministries, government offices, non-government organizations and educational institutions are working together to create a social movement through awareness campaign against substances abuse. DNC also 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.

In the last two decades of 21st century, it is the major challenge for almost every country to combat against terrible aggression of illegal drugs. The anxieties and inquietude is unbound for those family whose members are drug addicted. Government, related law enforcement agencies and NGOs are working together against illicit drugs.

To curb this problem, the international community has taken various effective steps and among those steps demand reduction is time-responsive one. Coordinating efforts and deliberate role in this regard and national, sub-regional and transnational co-ordination is must to fight the problem in strict hand. All nations of the world are conscious about the adverse effects of drugs and endeavored to fight against drug menace forming global organizations e.g. International Narcotics Control Board (INCB), United Nation Office on Drugs and Crime

(UNODC). All these noble organizations are trying to combat against drug menace triggering operational activities but due to the cunning of organized criminals such drives become futile.

Department of Narcotics Control (DNC) enacts The Narcotics Control Act, 2018 (Amended 2020) which mandates preventive education and anti-drug campaign by its section 6 to general/mass public awareness against harmful effects of drugs. The above international act also mandates to attach the label bearing anti-drug precautionous message in case of legal use. Basically, the preventive education, research and publication wing of DNC conducts demand reduction related activities of all kinds of drugs throughout the year.

Anti-drug awareness activities in Mass media Sector and Social Network:

There is a very close relation between supply and demand. If demand can be reduced then supply would be reduced automatically. Besides, DNC emphasizes on raising public awareness against illicit drugs. Among the massive awareness some are mentioned below:

- Extensive month-long campaign across the country against illicit drugs and its abuse.
- Involve people of all classes and profession to raise awareness against illicit drugs throughout the country.



- Digital campaign against illicit drugs throughout the country.
- Formation of anti-drug committee at all educational institutions, regular seminar, assemblies and meeting conducts/hold among the teachers, students, guardians, Committee members of school managing committee and college governing bodies against drugs.
- Advertising anti-drug activities through documentary, short film, print and electronic media.
- Awareness activities based on social media and internet.
- Awakening of religious values to decrease demand of drugs.
- Using LED Billboard, KIOSK and Digital van in anti-drug campaign.
- Program on 'Say no to drugs' activities.
- Guiding and monitoring the anti-drug activities of NGOs.
- Conducting research on various aspects of drugs.
- Distributing scales bearing anti-drug slogan.
- Formation of policies and program for prevention and control drugs.
- Formation of anti-drug volunteer groups to motivate young people at the upazila level.

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

Task	2016	2017	2018	2019	2020
Production & Distribution of anti- narcotics Posters	157785	164236	--	--	--
Distribution of anti- narcotics leaflets	9,47,570	8,70,549	14,20,000	2,65,000	--
Distribution of anti- narcotics Stickers	75,131	8,000	--	9,500	--
Distribution of Souvenir	2,000	2,600	2,200	3,000	--
Anti- narcotics discussion meetings	6,607	7,261	8,898	4,475	2,483
Anti- narcotics class speech at schools and colleges	1,469	2,460	5,447	15,735	1,670
Forming of Anti- narcotics committee in educational institute	8,335	1,872	1,941	2,200	560

To protect the people from Covid-19 pandemic, the government of Bangladesh declared lock-down from March 2020 for which awareness campaign in person against drugs is hampered for certain time. But preventing activities were not stopped. During the covid-19 situation the DNC conducts anti-drug campaign through digital media. Preventive activities conducted by DNC against drug abuse are follows:

- a) Making anti-drug short film;
- b) Creating TV spot / TVC on drug abuse;
- c) Preparing anti-drug theme song by renowned singer;

d) Uploading everyday drug related crime and anti-drug awareness activities across the country on Facebook page and Facebook live page;

e) Forming anti-drug voluntary committee in upazilla level to create awareness regarding the adverse effects of drugs among the mass people.

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

1. National Narcotics control Adviser Committee:
The committee consists of 23 members under the



chair of Honorable Home Minister. Director General, Department of Narcotics Control is working as the member Secretary of this committee. This committee provides advices to formulate anti-drug work plan as well as demand reduction.

2. **National Anti-drug committee:** This committee comprises of 51 members, Honorable Home Minister and Honorable chairman of the Parliamentary standing committee on Ministry of Home Affairs are the advisors of the committee. Secretary, Security Services Division, Ministry of Home Affairs is the chair and Director General, Department of Narcotics Control is the member secretary of the committee. Representatives from different Ministries, law enforcement officials and members of the civil society are the members of the committee. This committee sits together two times in a year to evaluate drug abuse situation, prevention and anti-drug awareness campaign.

3. **District Narcotics Control and Publicity Committee:** This committee consists of 34 members including public representatives, government officials, NGO representatives and member of civil society headed by the Deputy commissioner. Honorable Members of the Parliament and Chairman of Zilla Parishad are the advisors of the committee. Deputy Director of the Department of Narcotics Control is the member Secretary of the committee. This committee co-ordinates anti-drug activities and evaluates the overall narcotics control scenario of district in every month.

4. **Upazilla Narcotics Control and Publicity Committee:** This committee consists of 22 members. Upazila committee has formed headed by Upazilla Nirbahi Officer (UNO). The Honorable Member of Parliament and Chairman of the upazilla parishad are the advisors of the committee. Upazilla Secondary Education Officer is the member secretary of this committee. Head of educational institutions, religious leader, public representatives from Union parishad and municipality and journalist are the members of the committee. This committee undertakes and implements drug abuse prevention and anti-drug awareness activities in upazilla level.

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

As drug trafficking is an international problem, so international community is very much concerned over the issue for having a drug free better world. Purposes of the observance of international day against drug abuse and illicit trafficking on 26th June are to provide the message to the people about the harmful effects of drugs.

Department of Narcotics Control along with different relevant organizations undertakes countrywide different programmes centering the day likes anti-drug rally and human chain, cycle rally, essay writing competition, art competition, debate competition, arranging talk show on electronic media, publishes special feature in printing media regarding harmful effects of drugs and so on. Due to Corona epidemic this year 26 June has been celebrated very limitedly.



Honorable Home Minister Mr. Asaduzzaman Khan, MP delivered his speech virtually in the discussion meeting regarding 26th June 2021.



Honorable Secretary of Security Services Division in the Ministry of Home Affairs Mr. Md Mokabbir Hossain delivered his speech virtually in the discussion meeting regarding 26th June 2021.



Honorable Director General of DNC and are other guests in the discussion meeting regarding 26th June 2021.

Role of Civil Society in Anti-Drug Activities:

The Curse of drugs has reached everywhere of society. To eradicate the drug related harms from our society, combined and co-ordinated efforts have to be taken from people of all walks of life of the society along with Government initiatives. NGOs are playing a vital role in the field of anti-drug campaign. After getting registration 80 NGOs are working in different parts of the country against drug abuse through creating awareness activities.

Recommendations:

The Civil society organizations in Bangladesh are contributing to the drug demand reduction since long. However, the efforts are still not sufficient. More initiatives need to be taken in future to combat Substance Use Disorders. According to the World Drug Report, few recommendations are mentioned below:

- Strengthen interventions targeting specific group population, in preventing substance abuse and progression to substance abuse disorders as well as strengthen overdose prevention interventions.
- Scale up scientific evidence-based interventions for the treatment of Substance Use Disorders that take a multi-factorial approach.
- Stigma associated with Substance Use Disorders also needs to be addressed by promoting the understanding the factors that influence the initiation of Substance Use Disorders which are often beyond the control of an individual.
- By promoting an understanding that Substance Use Disorders is a complex, multifaceted and relapsing chronic condition that requires continuing care and interventions drawn from many disciplines can help reduce or remove the stigma associated with Substance Use Disorders.

Harm Reduction

INTRODUCTION:

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

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

In the context of Bangladesh where moral model of addiction dominates over disease model of addiction restricts investments of resources and intellects in the harm reduction sector. Currently harm reduction constitutes treatment facilities (inpatient and outpatient based detoxification, outpatient service), echo training to develop service provider in substance use disorder management, technical assistance, psycho-education for

family member's, opioid substitution therapy (OST), drop in centers and needle exchange program etc. Overall harm reduction activities in Bangladesh will be described below under the title of treatment facilities, echo training and opioid substitution therapy (OST) in Bangladesh.

TREATMENT FACILITIES:

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

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

Beside the services provided by the government there are NGO's and private treatment services for the people with substance use disorder. Department of



Narcotics Control, Bangladesh, issued licenses to 73 NGO and 360 private treatment centers till December 2020.

To enhance treatment quality and increase capacity of non-government treatment and rehabilitation center and NGO's in 2019 Government donation rules for non-

government treatment and rehabilitation center was approved by the ministry of state. In 2020, according to that rules for the first time in Bangladesh, the Department of Narcotics Control distributed BDT 1,00,00,000 among 91 non-government treatment and rehabilitation center.

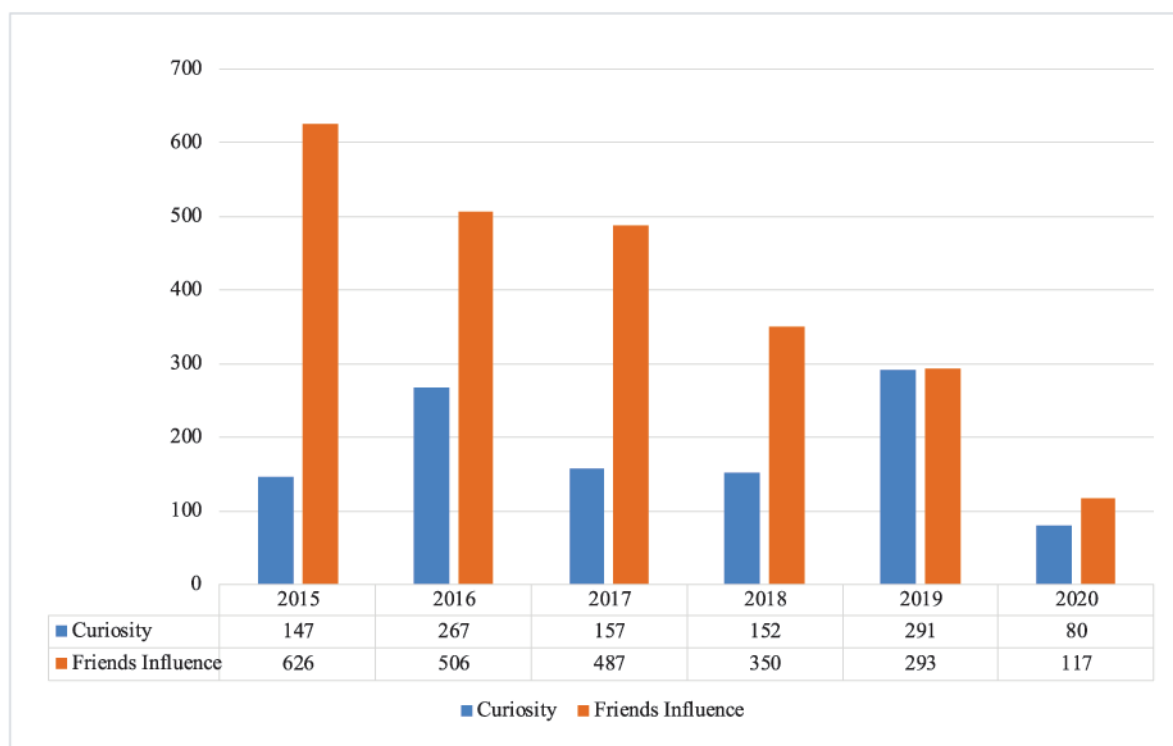


Figure – I : The graphical presentation of distribution of patients by most frequent primary reason for substance use in central drug addiction treatment center, Dhaka, Bangladesh

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

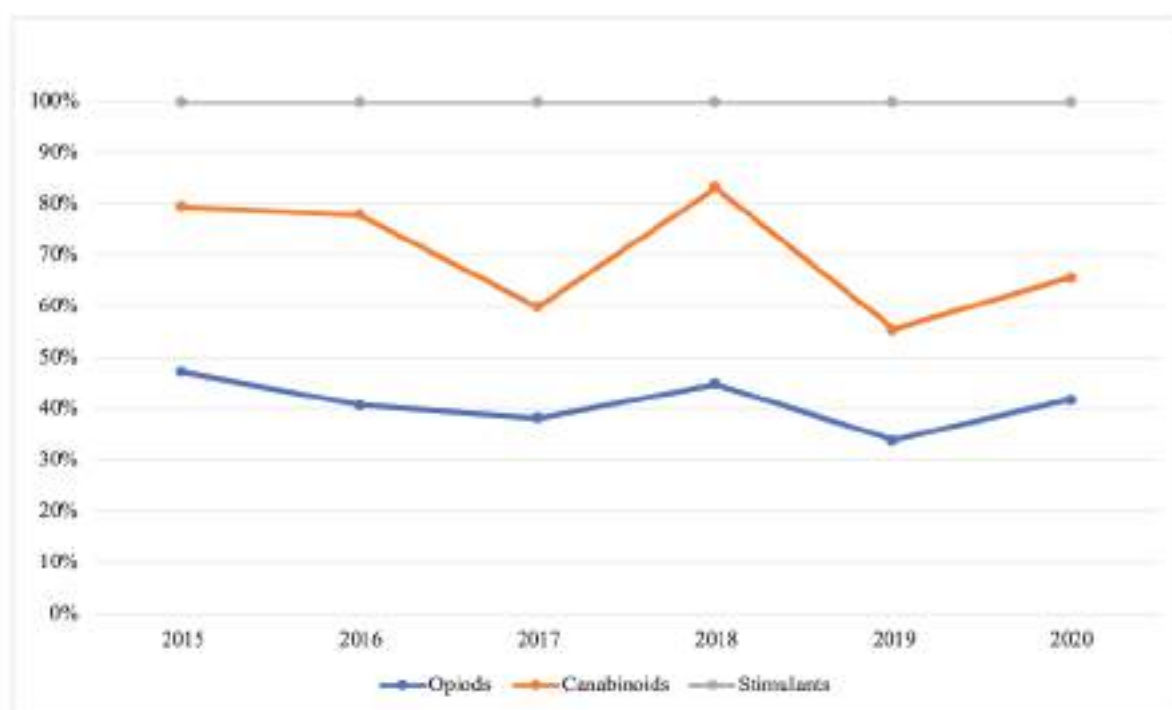


Figure – II : The graphical presentation of three main substances of use in central drug addiction treatment center, Dhaka, Bangladesh

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

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

Age (Years)	Number of Patients (%)				
	2016	2017	2018	2019	2020
Up to 15	20 (2.52%)	15 (2.31%)	17 (3.39%)	26 (4.44%)	9,14(4.57%)
16-20	169 (21.26%)	129 (19.85%)	113(22.51%)	134 (22.70%)	34.52(17.26%)
21-30	147 (18.49%)	125 (19.23%)	100 (19.92%)	98 (16.72%)	51.78(25.89%)
26-30	166 (20.88%)	157 (24.15%)	93 (18.53%)	125 (21.16%)	34.52(17.26%)
31-35	130 (16.35%)	105 (16.15%)	83 (16.53%)	72 (12.29%)	30.46(15.23%)
36-40	89 (11.19%)	72 (11.08%)	44 (8.77%)	66 (11.26%)	17.26(8.63%)
41-45	39 (4.91%)	24 (3.69%)	23 (4.58%)	24 (4.10%)	6.1(3.05%)
46-50	18 (2.26%)	15 (3.69%)	19 (3.78%)	30 (5.12%)	12.18(6.09%)
51>	17 (2.14%)	8 (1.23%)	10 (1.99%)	13 (2.22%)	4.06(2.03%)
Total	815(100%)	795(100%)	502 (100%)	589 (100%)	200 (100%)



Table I shows that in central drug addiction treatment center, Dhaka, Bangladesh 16-40 year age group includes most of the sample where 21-30 year age group shares highest and more than 1.5 fold higher than 2019

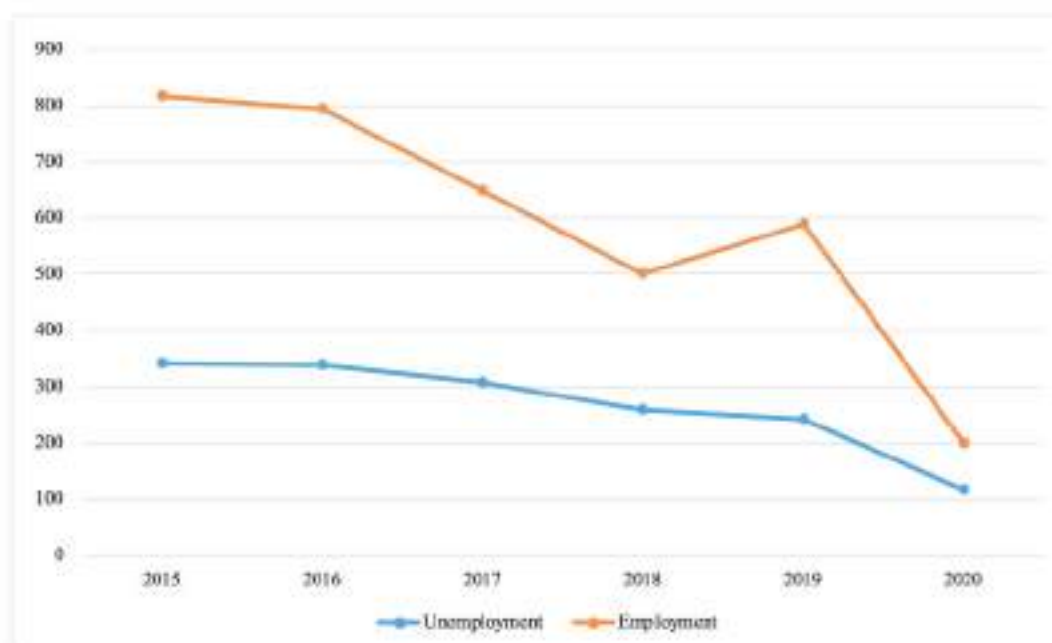


Figure – III : The graphical presentation of distribution of patients by occupation in central drug addiction treatment center, Dhaka, Bangladesh on 2020

Figure –III shows that among the respondent employment was higher than unemployment in 2020, which was nearly same on 2019.

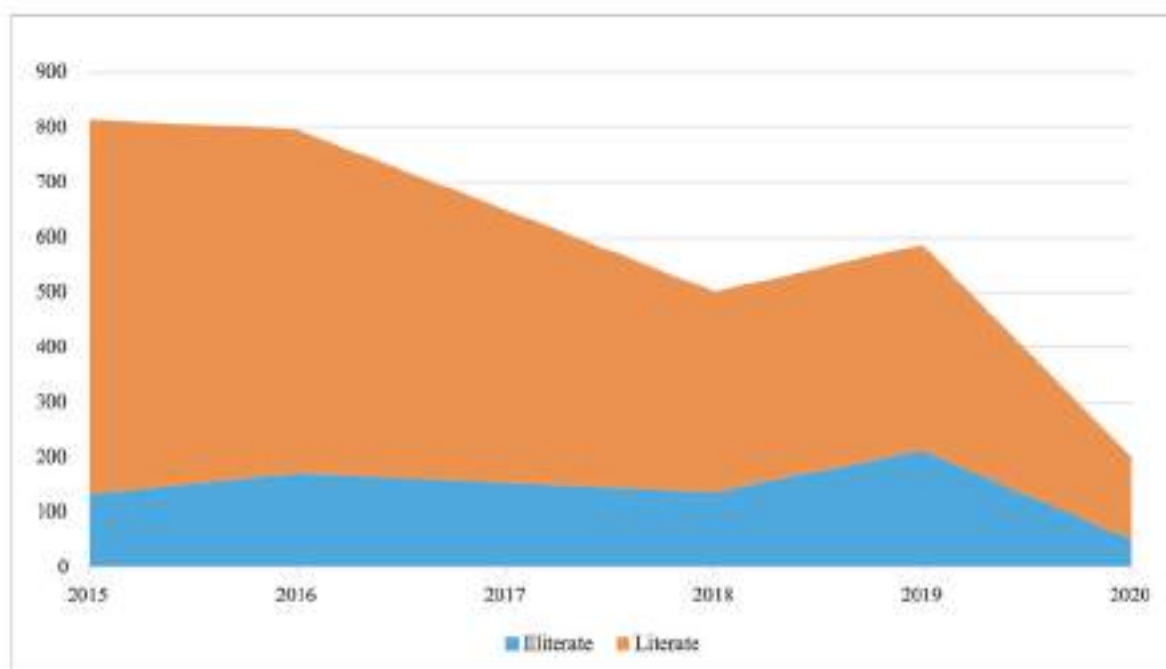


Figure-IV Distribution of Patients by literacy in central drug addiction treatment center, Dhaka, Bangladesh

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

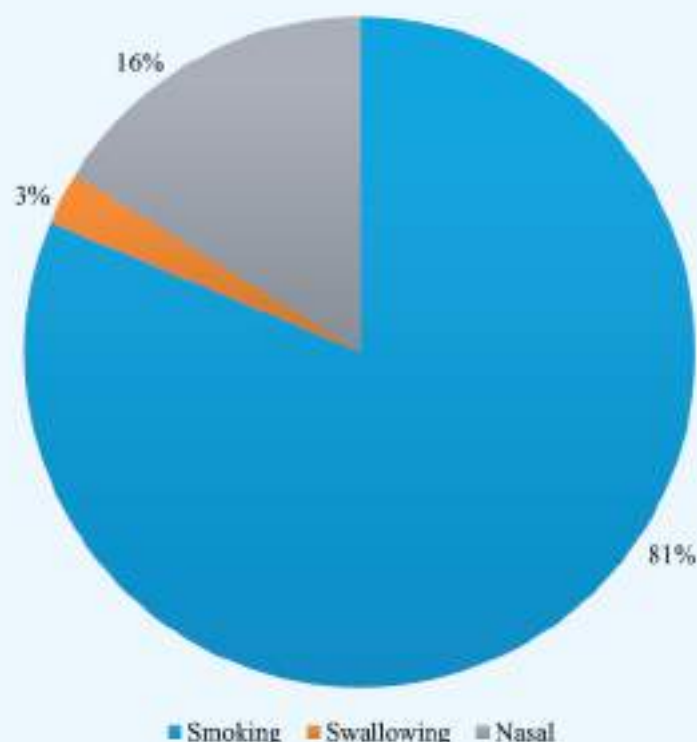


Figure-V Distribution of patients by route of administration of drugs in central drug addiction treatment center, Dhaka, Bangladesh.

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

ECHO TRAINING:

Central Drug Addiction Treatment Centre supported by Department of Narcotic Control, Bangladesh conducted four echo training programme on universal treatment curriculum from January, 2020 to

December, 2020 was also conducted. In total 189 participants from a different background (psychiatrist, doctor, clinical psychologist, psychologist, nurse, recovering addict, clinic owner, etc.) were trained on the above-mentioned curricula.



Director General, Additional Director General and Chief consultant of Department of Narcotics Control with the participants of Bangladesh in the 46th UTC training programme held on 22-31 December 2020 in Dhaka, Bangladesh.



Director General, and Chief consultant of Department of Narcotics Control with the participants of Bangladesh in the 46th UTC training programme held on 22-31 December 2020 in Dhaka, Bangladesh.



Director General, Department of Narcotics Control with the participants of Bangladesh in the 46th UTC training programme held on 22-31 December 2020 in Dhaka, Bangladesh.

PSYCHO EDUCATION FOR FAMILY MEMBERS:

In the treatment and rehabilitation programme of substance use disorder role of family is relatively unique in comparison to other psychiatric disorder. All the way to care family need to play the pivotal role along with clinical staff and patient. To train the family members of the patients about their co-dependence, expected role and way to help the patients to prevent relapse, CTC has taken programme for family psycho-education on every Wednesday from 11:00 am to 12:00 am started since October, 2015. These psycho education sessions conducted according to a semi structured outline to achieve and maintain recovery for both patient and their caregiver, delivered as 4 week

programme where anyone who missed a session could catch up if s/he just joined the missed session which will be repeated on next month. Each session conducted by chief consultant, resident psychiatrist, rehabilitation officer, occupational therapist, matron (junior) with support from social welfare department. From January 2020 to 18th March 2020, 12 family psycho-education classes have been conducted. After March, 2020 due to covid-19 pandemic as several health related prohibition including special leave and not to arrange any mass gathering was declared thereby psycho education for family members was postponed. This initiative was highly appreciated by both from patient and their family.



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

To prevent relapse and promote recovery in addition to family psycho education 2 relapse prevention group started from 2 February, 2020, which run up to 6 June, 2020 where number of participants was 5-10 to each group. Though patients response was great but due to covid pandemic this relapse prevention group also pros ponded.

OPIOID SUBSTITUTION THERAPY (OST) IN BANGLADESH

Opioid substitution therapy (OST) is an effective, evidence-based intervention recommended by WHO and other United Nations agencies to prevent HIV transmission among opioid injectors and to treat drug dependence. Its goal is to improve the health status and psychological and social wellbeing of the opiate-dependent person.

OST in the treatment of opioid dependence is effective in reducing illicit opioid use and injection frequency (hence the transmission of HIV and hepatitis B and C). It also increases safe injection practices,

reduces engagement in illegal Introduction activities, reduces the likelihood of incarceration and increases the likelihood of employment. All these factors together mean that OST stabilizes patients' lives, providing substantial benefits for patients, their families, and the broader community.

Present situation of OST in Bangladesh

One of the major harm reduction strategies for PWID population that has been pioneered in Bangladesh by icddr,b in 2010 is the OST, also known as Methadone Maintenance Therapy (MMT). At present, icddr,b and save the children Bangladesh combined had 2600 PWID under the MMT programme under direct supervision of Department of Narcotics Control (DNC) and AIDS/STD Programme Directorate General of Health Services Ministry of Health and Family Welfare, 2019. Below table is showing the number of OST clients receiving methadone in all over Bangladesh.

Table II: OST clinics in Bangladesh

Table II shows OST clinics in Bangladesh in 2020.

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

Innovative approach in OST service

As the regular programme activities were disrupted during the COVID-19 pandemic, innovative steps were taken to mitigate the challenges imposed by the lock down situation. Use of telemedicine benefited the OST clients who were unable to visit the clinics due to illness or lock down.



Picture (from top-left clockwise): a. Telemedicine consultations with OST clients b. Bio-metric (finger print) identification system c. OST clients using finger print device d. Oral fluid drug screening device panel e. Oral fluid sample collecting tool f. Methadone bottle. Liquid syrup form of methadone h. Digital Tab-based data entry system

Bio-metric identification of OST clients ensured the proper identification of the patients and correct administration of the methadone dose. Newer methods for drug screening using oral fluid samples proved to be feasible and beneficial to both the programme and the patients. Take home doses were provided throughout the OST clinics in Bangladesh to ensure treatment

adherence and continuity. Tab based digital data entry system was established to avail a paper free work environment and to ensure rapid data entry and processing.

OST services during COVID-19 outbreak and take home dose

As methadone needs to be taken daily, United Nations Office on Drugs and Crime (UNODC) recommends provision of take-home dose to the OST clients during the lockdown situation as clients cannot visit the OST clinics daily. Clients were provided with take home doses, especially for those who are elderly with COPD, DM, HTN, HIV, TB; clients living far away, female clients, already taking home dose. 7-14 days take home dose was provided as per UNODC guideline.

Maintaining social distancing and awareness is another major challenge. The OST clinics displayed posters on COVID-19 transmission and social distancing. Every client was encouraged to wear face mask as per government's instruction. Circles were painted on the floor with 3 feet distance.



Clients receiving methadone from a MMT clinic in Dhaka



Take home dose in a sealed graduated container

CONCLUSION:

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

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

Transnational Organized Crime (TOC) and Intelligence Sharing

Introduction:

At Present, illicit drugs trafficking trend has changed due to Corona Virus Pandemic situation. Drug traders are taking this opportunity to run their business smoothly. They are also harnessing new methods for fulfilling their illegal purposes. As a result, demand of illicit drugs is increasing day by day as well as Transnational Organized Crime (TOC) is mounting exponentially throughout the world. It threatens peace and human security, violates human right and undermines economic, social, cultural, political and civil development of societies around the world. Illegal drugs trade includes manufacture and distribution of drugs that is often controlled by organized crime and gangs. Transnational crimes include: money laundering; human smuggling; cyber crime; and trafficking of humans, drugs, weapons, kidnapping, people smuggling, endangered species, body parts, or nuclear material, sex slavery, terrorism offences etc.

In brief, Transnational Organized Crime (TOC) is organized crime coordinated across national and international borders, involving groups or markets of individuals working in more than one country to plan and execute illegal business ventures.

As a nodal agency, The Department of Narcotics Control is working wholeheartedly to curve down Transnational Organized Crime (TOC) through intelligence sharing with other law enforcement agencies. Basically, Intelligence sharing related activities is done through Intelligence Wing of the DNC.

The Department of Narcotics Control is empowered by its Act 2018 (Revised 2020) to investigate the money laundering cases as well as to TOC. Moreover, Bangladesh government has established money laundering Act 2012 which is amended in October, 2015. As per this Act, The DNC can investigate illicit drugs related money laundering cases as well as TOC. Bangladesh Financial Intelligence Unit (BFIU) is coordinating all concerned law enforcing agencies. All LEA's of the country are trying to combat the drug menace through their internal cooperation and internal information sharing.

The DNC's Intelligence Wing:

The DNC maintains a close surveillance on the overall drug situation of the country through its Operation and Intelligence Wing. One Additional Director at DNC Headquarter is in charge of the Intelligence wing of DNC. He is assisted by 08 Divisional Intelligence Office. Each of the Intelligence District office Comprises of 1 Deputy Director, 1 Assistant Director, 1 Inspector, 2 Sub-Inspector, 3 Assistant Sub Inspector and 5 Sepoys. The Total manpower of DNC's Intelligence wing is 143. This manpower is very much inadequate to cover the whole country. To overcome this deficiency, the Intelligence officers of the DNC deploy suitable sources in high-risk areas of drug crime. They maintain regular liaison with the sources for collecting intelligence. In spite of its shortage of manpower, scarcity of necessary logistics support as well as the ongoing Covid-19 pandemic Situation, the DNC's Operation wing in co-operation with Intelligence Wing files 17,304 drug cases, arrests



18,321 drug peddlers, Seizes 2026498 pieces Yaba (Methamphetamine) Tablet, 8.950 Kg Heroine, 2742.250 Kg Cannabis, 30632 Bottles Phensidyl in 2020 and recovers huge quantity of different kinds of illicit drugs.

Internal Information sharing mechanisms:

The present government is highly committed to diminish the awful situation of illegal drugs throughout the country. To fulfill its commitment, the Government has declared "Zero Tolerance" against illicit drugs. With the Motto of "Zero Tolerance" against illicit drugs, The DNC is working relentlessly with all relevant ministries, agencies and departments individually or jointly. To address this problem, the Government has formed some committees which are being discussed below:

Strategic Committee:

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

The Enforcement committee:

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

The anti-drug awareness and social movement committee:

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

Core Committee:

Apart from this as per direction of Enforcement

committee a CORE COMMITTEE comprises all LEA's intelligence organizations headed by DG DNC also working to reduce supply of drugs. The Committees are working to co-ordinate all level and ways of mechanisms to reduce the jeopardy of drugs in Bangladesh.

Coordination Forum:

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

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

NNAC:

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

BFIU role against TOC:

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



Areas of Cooperation among LEA's:

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

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

The DNC's External Activities to Combat TOC

- The DNC attends each meeting of the Commission on Narcotics Drugs (CND), the apex body to make policy and formulate regulations to gear up the anti-drug activities over the globe.
- The DNC follows the very principles of another vital international body which regulates and supervises the entire anti-drug activities the International Narcotics Control Board (INCB).
- The DNC's Intelligence Wing organizes and participates in domestic and international seminar and workshop on Drug Trafficking.
- The DNC has close connection with Drug Enforcement Administration (DEA) which contributed us to discover sensational cases

related to Cocaine and New Psychotropic Substances (NPS).

- The DNC personnel attend various regional meetings, seminars, symposia and workshop to ameliorate the intelligence sharing activities in the region.
- The DNC maintains a good relation with SAARC Drug Offences Monitoring Desk (SDOMD) to exchange intelligence and other relevant offences information.
- The DNC combats narco offences related to Money Laundering. It maintains close connectivity with Bangladesh Financial Intelligence Unit (BFIU) in the case of conducting Money Laundering cases.
- The DNC participates the Head of National Drug Law Enforcement Agencies meetings (HONLEA) each year.
- The DNC follows the very principles of another vital International body named International Narcotics Control Board (INCB) which regulates and supervises the entire anti-drug activities.

Transnational Co-operation to combat illegal Drugs:

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

- ❖ Colombo Plan, SAARC (SDOMD)-Bangladesh is also signatory to the SAARC convention of Narcotic drugs and Psychotropic Substances, 1990.
- ❖ The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC)- is an international organization of seven nations of South Asia and South East



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

- ❖ Bilateral agreement with Myanmar and India for suppression of illicit drug trafficking held on 01-12-1994 and 2006 respectively. Under bilateral agreement with India and Myanmar for suppression of illicit drug trafficking, 05 (five) times and 04 (four) times DG level talks have been held between Bangladesh & India and between Bangladesh & Myanmar respectively. Bangladesh signed MOU with Iran for drug abuse prevention and control.
- ❖ MOU with Drug Enforcement Agency (DEA), USA. DNC is closely working with DEA to combat international drug smugglers those are trying to use Bangladesh as a safe transit route of drug smuggling. Already DNC has some successful story of seizure of Cocaine and ATS from our International airport as per information shared by DEA.
- ❖ Bangladesh built up a relation of bilateral

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

- ❖ Bangladesh has close partnerships on drug abuse prevention and control with the Colombo Plan for Cooperative, Economic and Social Development in Asia and the Pacific and 19 countries including China, Myanmar and the South Asian Association for Regional Cooperation member States. Those partnerships involve the exchange of information and technical assistance.
- ❖ Our country and India have close cooperation mechanisms for law enforcement and drug control, including regular meetings at the political and technical levels. The two countries have instances to share information on drug trafficking on a real-time basis and to assist one another in the investigation of drug cases. Bangladesh has an effective and integrated joint border management approach with India.

Intelligence expert opined - If 'knowledge is power' it can also be deduced that intelligence is a form of power itself. "Information can support the exercise of other forms of power. So real time intelligence sharing and implementation of shared intelligence is the best way to resolve the problem of drug menace, ML and TOC.



**No Drugs No Death
Want Drugs Free Life**

Precursor chemicals: Bangladesh perspective

What are precursor chemicals?

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

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

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

Why will we think about precursor chemicals?

One of the most important reasons, to comply the UN convention 1988 is that to sensitize the member states about the control and monitor of precursor chemicals that are frequently used in the manufacturing process of narcotic drugs. To save the people from the curse of drugs, the world community took several strategies to address the drug problem comprehensively.

Clandestine laboratories continue to develop new and ever more powerful drugs. So to 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. The most proportion of the drug market nowadays is covered by synthetic drugs which are produced through a controlled reaction between precursor chemicals. These drugs cannot be produced without certain chemicals. If we can ensure the restrictions on the availability of the chemicals required for the illicit manufacture of drugs, the availability of the narcotics drugs and psychotropic drugs would be cutting down on society. Because there is a slogan in the drug control regime is that " No chemical, no drugs".

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

Licit and illicit use of precursor chemicals:

The UN convention 1988 listed 30 precursor chemicals that are frequently used in the illicit manufacture of narcotic drugs and psychotropic



substances. Till October 2000, there were 22 precursor chemicals in the list but in November 2000 norephedrine was included. Precursor chemicals are placed in Table-I and Table-II. Table -I and Table-II contain 18 and 8 precursor chemicals respectively. On 6th October

2014, Alpha- phenyl acetoacetonitrile (APAAN) was included in the list as precursor chemicals. 4-Anilino-N-phenethylpiperidine (ANPP) and N-phenethyl-4-piperidone (NPP) were included in Table I of the 1988 Convention effective on 18 October 2017.

The licit and illicit use of precursor chemicals as follows:

Table - I

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

Table - I

Sl. no.	Name of precursor chemicals	Licit use	Illicit use
17	Methyl alpha-phenethylpiperidine (MAPA)	Very limited	Amphetamine Type Stimulants (ATS) -Yaba
18	Phenylacetic acid (C ₈ H ₈ O ₂)	2-propanone, pharmaceuticals etc.	Stimulants (ATS).
19	3,4-MDP-2-P methyl glycidate ("PMK glycidate")	Very limited	Amphetamine Type Stimulants (ATS) -Yaba
20	3,4-MDP-2-P methyl glycidate acid ("PMK acid glycidate")	Very limited	Amphetamine Type Stimulants (ATS) -Yaba
21	4-Anilino-N phenethylpiperidine- (ANPP)	Very limited	Amphetamine Type Stimulants (ATS) -Yaba
22	N-phenethyl-4-piperidone (NPP)	Very limited	Amphetamine Type Stimulants (ATS)

Table- II

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



Precursor chemicals control in Bangladesh:

Among the precursor chemicals only a small portion of Toluene is produced in Bangladesh which is not sufficient required for industrial uses. The rest quantity of toluene is imported. Bangladesh is a neighbor of a major precursor chemicals producing country, India, and one of the largest ATS (yaba) producing country, Myanmar. So, we are more cautious about the operation, movement & diversion of precursor chemicals. Bangladesh import precursor chemicals for industrial and/or legitimate use. The importers have to take a license from the Department of Narcotics Control. Any person who fails to submit the legal requirements of a license or a permit shall be guilty of an offense and liable.

To comply with the 1988 UN convention, the precursor chemicals are included in the Narcotics Control Act, 2018(amended 2020) as A-class drug and any operation like production, processing, possession, import, export, purchase, sale, transportation, and storage of precursor chemicals without licenses/permit is treated as a punishable offense. Precursor chemicals related activities are controlled and supervised under sub-section 9(2) of the Narcotics Control Act, 2018. However, few precursors have no legitimate use in Bangladesh and do not import for any purposes.

Among the precursor chemicals only eight like Acetone(C₃H₆O), Toluene (C₇H₈), Acetic Anhydride (C₄H₄O₃), Potassium permanganate (KMnO₄), Ephedrine (C₁₀H₁₅NO), Methyl Ethyl Ketone (C₄H₈O), Hydrochloric acid (HCl), and Sulphuric acid(H₂SO₄) are imported for industrial use. These are mostly used in pharmaceuticals, garments, textiles, paints, plastics, adhesive, coating, dyeing and agro-based industries, are mainly imported from India, China, Singapore, Italy, Germany, etc.

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

Currently license status of precursor chemicals issued from Department of Narcotics Control has given below:

Import	Retail	Production & Processing	User	Total
89	39	19	46	193

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

Acetone(C₃H₆O):

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

Annual quota MT	Import MT			
9394.92	2017	2018	2019	2020
	818.56	1358.145	1400.543	1072.651

Statistics illustrates that trend of importation of acetone is started increasing from 2017 to 2019 while 2020 shows a slight lower.

Toluene (C₇H₈):

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

Annual quota MT	Import MT			
11300.947	2017	2018	2019	2020
	3281.901	3898.2984	4818.46	4355.758

The import statement reveals that in 2019 the import of toluene has increased by 23.6% in compare to 2018 and 2020 it is near about 462 metric ton lower than previous year.

Methyl Ethyl Ketone (C₄H₈O):

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

Annual quota MT	Import MT			
4644.265	2017	2018	2019	2020
	574.789	842.561	1064.916	1435.462

Data infers that the demand of MEK is increasing gradually between 2017 and 2020 and the final year it has reached the peak with 1435.462 metric ton.

Potassium permanganate (KMnO_4):

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

Annual quota MT	Import MT			
3017.50	2017	2018	2019	2020
	1470	1402.20	797	2715.005

From the above-mentioned data, it can be seen that from 2017 to 2019, the import of potassium permanganate was in decreasing trend, and in 2020 it is increased fourfold than that of previous year.

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

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

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

Annual quota kg	Import kg			
100	2017	2018	2019	2020
	35	--	99	70

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

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

Annual quota MT	Import MT			
3828.75	2017	2018	2019	2020
	1759.589	842.917	2124	3194.996

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

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

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

Conclusion:

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

References:

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



Abused Pharmaceuticals Drugs and New Psychoactive Substances (NPS)

Abused Pharmaceuticals Drugs

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

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

Although there is no national survey on the nature and extent of the drug abuse in the country experts unanimously believed that the problem of drug abuse is on the rise within the country. Experts term the drug abuse scenario in the country as dynamic and believed to have changed over some time. Now, Amphetamine type stimulant tablet named Yaba has emerged to be the major drug of abuse in the country. As per Department

of Narcotics Control statistics, the seizures of Yaba by law enforcement agencies have grown by many times from 2009 to 2020. This indeed is a matter of concern for Bangladeshi authorities. A few years ago, codeine-based cough syrups were the main drug of abuse in the country. The persistent engagement and cooperation between agencies of Bangladesh and India and some serious measures taken by Indian agencies have led to a decline in the trafficking of Codeine based cough syrups.

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

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

Physicians believed that easy access, availability,



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

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

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

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

The pharmaceutical drugs with psychoactive

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

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

New psychoactive substances (NPS)

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

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

The use of NPS is often linked to health problems. In general, side effects of NPS range from seizures to agitation, aggression, acute psychosis as well as the potential development of dependence. NPS users have frequently been hospitalized with severe intoxications. Safety data on toxicity and carcinogenic potential of



many NPS are not available or very limited, and information on long-term adverse effects or risks are still largely unknown. The purity and composition of products containing NPS are often not known, which places users at high risk as evidenced by hospital emergency admissions and deaths, sometimes associated with poly-substance use. NPS are proliferating at an unprecedented rate, posing a significant risk to public health and a challenge to drug policy. Often, little is known about the adverse health effects and social harms of NPS, which pose a considerable challenge for prevention and treatment. Monitoring, information sharing, and risk awareness are needed to counter this new drug problem.

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

majority are stimulants, followed by synthetic cannabinoid receptor agonists and classic hallucinogens.

Since NPS is not controlled under the International Drug Control Conventions, their legal status can differ widely from countries have implemented legal responses to control NPS, with many countries having used or amended existing legislation and others having used innovative legal instruments. Several countries where a large number of different NPS has rapidly emerged, have adopted controls on entire substance groups of NPS using a so-called generic approach, or have introduced analog legislation that invokes the principle of "chemical similarity" to an already controlled substance to control substances not explicitly mentioned in the legislation. At the international level, up to 2020, the Commission on Narcotic Drugs decided to place some NPS under international control.

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



Forensic Analysis of Central Chemical (Drugs) Laboratory

United Nations Convention against Transnational Organized Crime (UNTOC) for which UNODC is the guardian, in re-enforcing international cooperation in the fight against trafficking, through, its provisions, inter alia, on mutual legal assistance, extradition and the seizing, freezing and forfeiture of the instrumentalities and proceeds of crime. As with other forms of crime, criminal groups use, to their advantage, gaps in legal and regulatory frameworks, weaknesses in capacity and the lack of resources of regulatory, enforcement and criminal justice officials, as well as difficulties in international cooperation. At the same time, the prospect of the comparatively low risk of detection and prosecution in relation to the potential income make the production and trafficking in falsified medical products an attractive commodity to criminal groups, who conduct their activities with little regard to the physical and financial detriment, if not the exploitation, of others.

Forensic Laboratory, Dhaka a premier forensic institution of the country was originally established 3rd July 2001 in order to carry out the provision of section 62 of the Narcotics Control Act, (NCA) 1990. Its location is old Dhaka at 174 distillery Road, Gandaria, Dhaka-1204 at the own land 2.04 acres of DNC. The law regarding narcotics and psychotropic substances in Bangladesh is governed by the Narcotics Control Act 2018. Department of Narcotics Control (DNC) is a nodal agency for all drugs related issues in Bangladesh. The task of combating drug trafficking is complex and sophisticated because of its linkages with other crimes

like corruption, tax evasion, human trafficking, money laundering and crimes of violence, terrorism etc. In a well thought out strategy to ensure monitoring, spread and effectiveness of the law, The Narcotics Control Act, 2018 empowers officers from Department of Narcotics Control (DNC), Police, Customs and Excise, Border Guard Bangladesh (BGB) etc. to carry out drug law enforcement measures. The laboratory undertakes scientific examination of the clue materials in the crime and civil cases forwarded by the different Courts. It is the specialized and designated laboratory for analyzing narcotics drugs, psychotropic substance and precursor chemical as well as controlled pharmaceutical drugs in Bangladesh.

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





Figure 1: Typical LSD in the Forensic Laboratory of DNC.

Data from law enforcement agencies, drug cartels are manufacturing large quantities of methamphetamine in nondescript towns and villages in Myanmar. Methamphetamine is the most widely abused synthetic drug produced in Myanmar. It is used across all genders, ages, and socio-economic levels. Has a high rate of addiction, a low rate of sustained recovery, and is relatively inexpensive to manufacture. The Myanmar methamphetamine threat is a two prong problem. Small Capacity Production Labs (SCPLs) (based in the Chicken) Methamphetamine manufactured by Myanmar (large "Super Labs" in Myanmar & elsewhere). Common synthetic drugs are 'Yaba' (illegally manufactured pills containing methamphetamine). Young people are displaying a preference for these types of drugs because rather than sedative the users, they strong social dis-inhibitive and energy releasing components. The reason for this, perhaps, is that pseudoephedrine, the principal raw material in the manufacture of the drug, is available in Myanmar.

According to the provision of the NCA, 2018 any required substances test in connection with any

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

Statistics of Chemical analysis of all agencies in 2020

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

Agency wise Chemical analysis from 2016 to 2020 by Forensic Lab.

Division of DNC & Others	2016		2017		2018		2019		2020	
	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve	+Ve	-Ve
Dhaka Division	6501		8663		6798		2998		2051	
Khulna Division	3832		6571		3305		1528		908	
Rajshahi Division	2083		4122		2115		1861		1105	
Chattogram Division	2776		4896		2685		2191		1929	
Barishal Division	1370	02	2431	01	1338	00	108	00	419	00
Rangpur Division	1033		1467		1133		200		850	
Sylhet Division	833		1830		1027		116		595	
Mymensing Division	989		1297		1089		113		287	
Bangladesh Police	30378		36338		31022		27964		7361	
Others	1011		1109		933		243		425	
Total	50806	02	68724	01	51445	00	37322	00	15930	00

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

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



Table 1: Statistics on District & Divisional wise Number of Cases and Seizure of Drugs by the DNC in 2020 (Source DNC Database)

Name of Offices	Heroin (kg)		Codeine based syrup (Phensedyl/Eskuf) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Dhaka Metro Region (North)	23	0.152	30	1297	10	966	113.002	18	209	295	119583
Dhaka Metro Region (south)	2	0.022	9	257	1.4	785	94.261	64	3326	233	69353
District Narcotics Control Office, Dhaka	24	0.157	0	0	0	304	40.94	2	45	269	14853
District Narcotics Control Office, Narayanganj	40	0.272	1	10	0	210	70.31	4	50	46	3171
District Narcotics Control Office, Gazipur	8	0.122	3	82	0	120	34.547	20	2213	98	17823
District Narcotics Control Office, Narsingdi	1	0.004	8	293	0	64	140.8	0	0	23	1746
District Narcotics Control Office, Munshiganj	18	0.048	0	0	0	93	26.891	0	0	30	1667
District Narcotics Control Office, Manikganj	78	0.383	0	0	0	18	11.8	9	333	24	2325
District Narcotics Control Office, Kishoreganj	1	0.01	5	36	0	243	97.864	0	0	79	3504
District Narcotics Control Office, Tangail	16	0.044	0	0	0	6	1.62	0	0	134	2347
District Narcotics Control Office, Faridpur	0	0	5	114	0	114	25.06	0	0	68	3424
District Narcotics Control Office, Gopalganj	0	0	1	37	0	48	2.679	0	0	32	558
District Narcotics Control Office, Madaripur	2	0.05	0	0	0	67	14.615	0	0	8	404
District Narcotics Control Office, Shariatpur	0	0	0	0	0	56	5.76	0	0	29	869
District Narcotics Control Office, Rajbari	105	0.197	0	0	0	61	10.484	0	0	55	1196
Divisional Narcotics Control Office, Dhaka	318	1.461	62	2126	11.4	3155	690.633	117	6176	1423	242823
District Narcotics Control Office, Mymensingh	44	0.22	3	20	0.5	138	20.258	19	353	40	1787
District Narcotics Control Office, Jamalpur	1	0.001	0	0	0	142	9.36	0	0	7	493
District Narcotics Control Office, Sherpur	30	0.048	1	38	0	90	7.43	0	0	8	1067
District Narcotics Control Office, Netrokona	4	0.008	0	0	0	69	9.375	1	15	8	250

Name of Offices	Heroin (kg)		Codeine based syrup (Phensedyl/Eskuf) Seizure			Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (pcs)	
	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Divisional Narcotics Control Office, Mymensingh	79	0.277	4	58	0.5	439	46.423	20	368	63	3597
Chattogram Metro Region, Chattogram	0	0	2	375	2	476	77.66	0	0	389	617543
District Narcotics Control Office, Chattogram	0	0	1	30	0	24	8.965	0	0	161	189972
District Narcotics Control Office, Cox's Bazar	0	0	1	50	0	20	41.085	0	0	115	208269
Taknaf Special Zone, Cox's Bazar	0	0	0	0	0	34	4.675	0	0	175	329581
District Narcotics Control Office, Noakhali	0	0	1	37	0	70	18.186	0	0	49	1602
District Narcotics Control Office, Feni	0	0	4	114	0	201	39.365	0	0	34	35008
District Narcotics Control Office, Lakshmipur	0	0	0	0	0	30	4.903	0	0	38	880
District Narcotics Control Office, Cumilla	0	0	27	1152	0	192	89.68	0	0	117	33663
District Narcotics Control Office, Chandpur	0	0	5	165	0	75	21.492	0	0	117	19952
District Narcotics Control Office, Brahmanbaria	0	0	57	2917	0	86	538.55	0	0	68	15738
District Narcotics Control Office, Bandarban	0	0	0	0	0	6	1.6	0	0	0	0
District Narcotics Control Office, Rangamati	0	0	0	0	0	21	1.865	0	0	18	1946
District Narcotics Control Office, Khagrachari	0	0	0	0	0	32	1.74	0	0	8	52
Divisional Narcotics Control Office, Chattogram	0	0	98	4840	2	1267	849.766	0	0	1289	1454206
District Narcotics Control Office, Rajshahi	263	2.043	44	1571	5.8	101	13.761	0	0	26	7373
District Narcotics Control Office, Naogaon	14	0.786	12	737	0	102	7.485	1	8	14	7934
District Narcotics Control Office, Chapainawabgan	10	0.738	25	1392	6.5	198	26.13	1	20	142	9869
District Narcotics Control Office, Natore	44	0.122	12	405	0	182	25.26	0	0	55	627



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	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Pabna	184	0.381	16	454	0	188	24.913	2	2	74	2499
District Narcotics Control Office, Sirajganj	6	0.704	77	4514	2	39	21.622	8	6521	8	6416
District Narcotics Control Office, Bogura	9	0.081	72	5303	0	77	42.15	8	2520	133	4690
District Narcotics Control Office, Joypurhat	1	0.005	19	231	0	74	4.138	5	879	13	352
Divisional Narcotics Control Office, Rajshahi	531	4.86	277	14607	14.3	961	165.459	25	9950	465	39760
District Narcotics Control Office, Rangpur	29	0.389	15	381	0	112	48.97	0	0	46	7964
District Narcotics Control Office, Kurigram	15	0.028	17	419	0.5	98	102.455	0	0	11	2546
District Narcotics Control Office, Dinajpur	5	0.098	53	2482	0	262	39.15	20	87	28	4520
District Narcotics Control Office, Gaibandha	3	0.029	21	735	0	106	17.65	2	310	21	1626
District Narcotics Control Office, Lalmonirhat	4	0.004	22	1139	0.5	126	151.448	1	8	9	1795
District Narcotics Control Office, Nilphamari	28	0.098	8	18	0	67	24.704	0	0	17	4500
District Narcotics Control Office, Thakurgaon	5	0.008	7	85	0	65	4.385	2	1502	8	602
District Narcotics Control Office, Panchagarh	0	0	6	102	0	121	15.305	65	625	7	840
Divisional Narcotics Control Office, Rajshahi	89	0.654	149	5361	1	957	404.067	90	2532	147	24393
District Narcotics Control Office, Khulna	1	0.025	16	441	0.5	203	17.963	2	6	84	8479
District Narcotics Control Office, Satkhira	0	0	44	560	0	142	24.491	0	0	13	313
District Narcotics Control Office, Bagerhat	0	0	1	1	0	89	13.037	0	0	18	670
District Narcotics Control Office, Jessore	3	0.01	35	1735	0	152	68.636	0	0	31	3745
District Narcotics Control Office, Narail	0	0	0	0	0	70	2.352	0	0	11	2279

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	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
District Narcotics Control Office, Magura	2	0.4	1	6	0	68	5.765	8	387	27	1275
District Narcotics Control Office, Kushtia	3	0.057	16	270	0	124	19.61	1	678	10	506
District Narcotics Control Office, Meherpur	24	0.038	7	137	0	58	4.115	0	0	6	281
District Narcotics Control Office, Chuadanga	0	0	9	242	0	101	50.61	29	987	11	328
District Narcotics Control Office, Jhenaidah	1	0.003	8	109	0	109	14.215	0	0	3	118
Divisional Narcotics Control Office, Khulna	34	0.533	137	3501	0.5	1116	220.794	40	2058	214	17994
District Narcotics Control Office, Barishal	0	0	0	0	0	133	11.505	0	0	4	997
District Narcotics Control Office, Jhalokati	0	0	0	0	0	24	2.186	0	0	24	740
District Narcotics Control Office, Pirojpur	0	0	3	29	0	50	5.085	0	0	15	526
District Narcotics Control Office, Barguna	0	0	1	2	0	50	11.33	0	0	26	695
District Narcotics Control Office, Patuakhali	0	0	0	0	0	39	2.368	0	0	47	667
District Narcotics Control Office, Bhola	0	0	0	0	0	40	5.386	0	0	22	591
Divisional Narcotics Control Office, Barishal	0	0	4	31	0	336	37.86	0	0	138	4216
District Narcotics Control Office, Sylhet	0	0	0	0	0	208	16.72	0	0	42	4710
District Narcotics Control Office, Sunamganj	0	0	0	0	0	103	127.804	0	0	20	15734
District Narcotics Control Office, Moulvibazar	0	0	1	14	0	138	13.49	0	0	17	1143
District Narcotics Control Office, Habiganj	0	0	6	251	0	108	84.43	0	0	48	3540
Divisional Narcotics Control Office, Sylhet	0	0	7	265	0	557	242.444	0	0	127	25127
Divisional Narcotics Control Intelligence Office, Dhaka	3	0.018	2	70	0	57	20.059	0	0	93	44983



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	case	seizure	case	Bottle	Loose	case	seizure	case	seizure	case	seizure
Divisional Narcotics Control Intelligence Office, Chattogram	0	0	0	0	0	15	0.98	0	0	86	161170
Divisional Narcotics Control Intelligence Office, Rajshahi	32	1.145	18	1169	0	74	13.37	0	0	5	1070
Divisional Narcotics Control Intelligence Office, Khulna	1	0.002	0	0	0	73	10.81	0	0	8	697
Divisional Narcotics Control Intelligence Office, Barishal	0	0	0	0	0	43	1.955	0	1	8	497
Divisional Narcotics Control Intelligence Office, Sylhet	0	0	1	17	0	36	37.475	0	0	26	5795
Divisional Narcotics Control Intelligence Office, Mymensingh	0	0	0	0	0	1	0.06	0	0	0	0
Divisional Narcotics Control Intelligence Office, Rangpur	0	0	0	0	0	7	0.095	0	0	2	170
Intelligence Wing	36	1.165	21	1256	0	306	84.804	0	1	228	214382
Total	1087	8.95	759	32045	29.7	9094	2742.25	292	21085	4094	2026498



**Drugs or Death
Choice is yours'?**

Photo Gallery



4th bilateral talks (Online platform-zoom) between DNC, Bangladesh and CCDAC, Myanmar on December, 2020



4th bilateral talks (Online platform-zoom) between DNC, Bangladesh and CCDAC, Myanmar on December, 2020

Photo Gallery



Meeting of the National Narcotics Control Advisory Committee chaired by Honourable Home Minister of Government of The People's Republic of Bangladesh Mr. Asaduzzaman Khan MP held on 27 December, 2020



Mr. Muhammed Ahsanul Jabbar, Director General, DNC addressed in a workshop on Combatting Illegal Drugs Trafficking by using courier service and express cargo

Photo Gallery



5400 pcs Methamphetamine tablet (Yaba) seized with 3 accused arrested by
Dhaka Metropolitan (South) of DNC



4000 pcs Methamphetamine tablet (Yaba) seized with 1 accused arrested by
Dhaka Metropolitan (South) of DNC

Photo Gallery



Methamphetamine tablet (Yaba) and Arms seized by
Dhaka Metropolitan (North) of DNC



2 kg crystal Methamphetamine (ICE) seized with 1 accused arrested by
Teknaf Special Zone, Cox'sbazar of DNC

Photo Gallery



Huge amount of Cannabis and Codeine based syrup (Phensedyl) seized with 2 accused arrested by Brahmanbaria District office of DNC



62150 USD, Tk 57000, 1 Private Car and 3 cell phones seized with 2 accused arrested by Bogura District office of DNC

Photo Gallery



65000 pcs Methamphetamine tablet (Yaba) seized with 1 accused arrested by
Teknaf Special Zone, Cox's Bazar of DNC



11600 pcs Methamphetamine tablet (Yaba) seized with 3 accused arrested by
Dhaka Metropolitan (South) of DNC

Photo Gallery



500 bottles of Codeine based syrup (Phensedyl) seized with 1 accused arrested by Bogura District office of DNC



175 bottles of Codeine based syrup (Phensedyl) seized with 4 accused arrested by Dhaka Metropolitan (South) of DNC

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

**Stop Drugs:
Save Lives!**



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