



ANNUAL DRUG REPORT OF BANGLADESH, 2013



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



VISION AND MISSION

VISION: To build a drug-free Bangladesh.

MISSION: Our mission is to limit the use of drugs strictly to legitimate purposes, and prevent any kind of their diversions through an effective system of control, intervention, monitoring, and inspection, through reduction of their illicit demand and supply at one end, and ensure their supply for legitimate purposes on the other end, as well as to reduce and minimize the related harms of abuses in the line of the Constitution of Bangladesh and the UN Conventions, through effective policy, systems, infrastructures and organizational capability, where human potential is maximally released leading to total development and well being of the citizens of Bangladesh, and building a healthy environment for enhancing the quality of our life in all respect, and try to maintain a drug free Bangladesh.

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Asaduzzaman Khan, MP
State Minister
Ministry of Home Affairs
Government of the People's Republic
of Bangladesh

MESSAGE



The problem of abuse and illicit trafficking of drugs is like an iceberg of which we can see only the peak. The underlying curses of drugs are disruption of the fabric of the whole society, deterioration of the law and order situation and threat to national economy, security and public health. Drug syndicates in many countries exist as a parallel evil power to the Government.

Father of our nation Bangabandhu Sheikh Mujibur Rahman had a dream to establish a peaceful, healthy and prosperous nation through his life-long battle. His able daughter our honorable Prime Minister Her Excellency Janonetri Sheikh Hasina is very much eager and committed to fulfill the dream of our father of nation. But drugs have become the main obstacle to achieve this goal. Drugs are ruining our young generation, who are the vitality of the nation. It is evident from reports and studies that more than 80% of the drug abusers are youth. Drug abuse has become a major threat to our public health. Illicit drug-money is fueling into severe inflation of money and augmenting corruption unrest all over the society. Drugs have appeared as root of many social vices and perversions. Therefore we cannot sit idle. It is high time to fight against drugs with all of our zeal and efforts.

The Government of Bangladesh is firmly committed to combat the menace of drugs at any cost. But to win the battle we need appropriate policy and proper planning. The effectiveness of proper policy or planning and success of their implementation depends on accurate assessment of the nature and extent of the drug problem in Bangladesh. I hope that the Annual Drug Report of Bangladesh, 2013 will give us a concrete and accurate picture of various aspects of the contemporary drug problem in Bangladesh. I also hope that this report will be a useful guideline for the policy makers of Bangladesh in all their anti-drug efforts. I thank all those who worked hard to prepare and publish this Annual Drug Report.

Joy Bangla
Joy Bangabandhu
Long live Bangladesh.



Asaduzzaman Khan, MP



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

MESSAGE



It is a great pleasure for me to know that the Department of Narcotics Control (DNC) is going to publish the Annual Drug Report of Bangladesh, 2013.

Abuse and illicit trafficking of drugs is a complex problem. It is not only a problem within itself, but also the root of many other problems and curses. Most of the social crimes are committed under influence of drugs. Drugs directly affect the law and order situation. It has negative impacts on the overall socio-economic development. The abuse of drugs destroys the productivity and vitality of the work force. It directly hampers economic growth. Almost 50% of the detected criminal offences in Bangladesh are drug-related. Drug abusers are generally involved in serious crimes like theft, robbery, burgling, snatching, kidnapping, extortion, etc. for collecting money to buy drugs. Abuse of drugs is a major cause of spreading HIV/AIDS.

As policy makers we need to know the nature, scope and magnitude of the drug problem in Bangladesh. The earlier annual drug reports of the DNC were very informative and comprehensive containing multiple features. I am hopeful that this upcoming one will significantly contribute to all concerned authorities for better understanding and assessment of the drug problem in Bangladesh.

I welcome the Department of Narcotics Control for publishing the Annual Drug Report of Bangladesh, 2013 and express my heartiest thanks to all who worked hard for it.

Dr. Md. Mozammel Haque Khan
Senior Secretary



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

FOREWORD



Abuse and illicit trafficking of drugs is a multi-disciplinary and multi-dimensional problem. It is deeply rooted in our society and associated with all other psycho-social problems. In many cases it is the root of other problems too. No single approach has been proved to be effective in the fight against the drug menace. Therefore, the Government of Bangladesh has involved concerned Ministries and representatives of leading sectors of the society in the National Narcotics Control Board (NNCB) so that concerned authorities, agencies, even the NGOs can play their respective role in the fields of prevention and control of the abuse and illicit trafficking of drugs which include all the activities of demand, supply and harm reduction.

Article 18 of the Constitution of Bangladesh provides the basic principles of prevention and control of drugs in Bangladesh. The Narcotics Control Act, 1990 is the major instrument for implementing these principles. Though the Department of Narcotics Control (DNC) has the primary responsibility of management and suppression of all the problems related to demand, supply and harms of drugs in Bangladesh, other law enforcement agencies are also vested with duties and responsibilities of enforcing this law in their respective jurisdiction. In fact, the Border Guard Bangladesh (BGB) plays the major role for preventing smuggling of drugs into Bangladesh. Besides Police, Rapid Action Battalion (RAB), Coast Guard and Customs Department with their presence at every nook and corner in the country render the most significant service for suppression of all sorts of drug-crimes. Therefore, we have tried to put forward the available data of their performance as much as possible.

We have been publishing Annual Drug Report of Bangladesh since 2010 and this one will be the 4th. Our effort was to make it better than the earlier issues. We do not know how much we have succeeded in our mission. We leave the judgment to the readers. I thank all officials who have worked for it. I specially thank Md. Abu Taleb, Additional Director Dhaka Zone for his devoted hard work preparing and editing this Report. I hope this report may render significant contribution to enhance the knowledge and understanding of the drug situation in Bangladesh for all concerned.

Mohammad Atwar Rahman
 Director General

EDITORIAL



The situation of abuse and illicit trafficking of drugs is subject to constant change. Preparation of any report in this regard needs continuous and appropriate research and study. But unfortunately we do not have such research or study in Bangladesh. Though the Research and Publication Wing of the DNC is primarily responsible for this job, the people work here are not expert or experienced in this field. Therefore I had to shoulder this responsibility at the eleventh hour as I had experience of preparing and editing the earlier three issues of this report. It was indeed a herculean task for me, because I had to complete this report in a very short span of time and I did not get current data and information ready for this report except those documented in the previous issues.

The database of DNC is not so much rich and well organized. Therefore most of the information was collected from the field offices, even through telephone. Though the DNC is the Nodal Agency and primarily responsible for prevention and control of the drug problem in Bangladesh, we honestly recognize that other law enforcement agencies and the NGOs are playing a vital role in this respect and information of all their contribution in the fight against drugs could make this report richer. We tried to communicate with many of our working partners both at GO and NGO level for information on their achievements and contributions. But very few could response within this short period of time. Therefore we had to complete this report with whatever data we had in hand.

This Annual Drug Report is supposed to be the mirror of the situation of abuse and illicit trafficking of drugs in Bangladesh and all the efforts of all concerned with it. But we were compelled to keep the volume of this report within our limited financial ability. Therefore we could not put everything in this publication. Our focus is on explaining the situation of abuse and illicit trafficking of drugs in Bangladesh. The pictures used in this report are mostly from the archive of the DNC. Besides we have some pictures from internet. In this Report, we have also attempted to highlight the role and performances of various agencies in reduction of the demand, supply and harms of drugs in Bangladesh. Mistakes and faults may be inevitable for hurry in preparing the draft. We do not deserve any credit. However any constructive criticism and suggestion would be helpful for our future guidance.

Thanks and gratitude to the DG, ADG, Directors and other officials of the DNC for their valuable guidance and cooperation for preparing this report. Thanks to all field officials of the DNC for readily providing with necessary data and information used in this report. Also thanks to the officials and staffs of DNC's Computer Cell for providing with whatever data they had. Thanks to all other agencies and organizations for supplying whatever information and data they had for enriching this report.



Md. Abu Taleb

Additional Director

Department of Narcotics Control

EXECUTIVE SUMMARY

Bangladesh, though not a drug producing country has now become a victim of drug. The current drug-problem in Bangladesh is based on its historical perspectives, geographic location, ethnicity, tradition and heritage. Opium, cannabis and alcohol existed all through Mughal and pre-British period, but it no how affected the main stream of the society. The British colonial rulers introduced the consumption and commercial operations of drugs to earn revenue which continued even after liberation. Drug as a problem emerged mainly during mid-eighties in association with changes in global drug scenario. To combat this menace in Bangladesh, a new narcotics law was enacted and the DNC was established with new concepts of preventive education, public awareness campaign, community mobilization and people's motivation against drugs and treatment and rehabilitation of addicts to meet demand of contemporary time.

Though traditional drugs cannabis and alcohol have been prevailing yet, opium has been replaced by new drugs heroin, phensedyl, injecting drugs, yaba and glue respectively with the passage of time for last three decades. Drugs once concentrated in densely populated urban societies of big cities are now spreading over rural areas. Drugs have been shifted from upper to middle and lower middle class of population. 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. Criminal activities and various perversions in association with drugs are on increase. Drugs have now become a threat to the national economy, public health, peace, social integrity and law and order situation of the whole society of Bangladesh. Modus-operandi of illicit drug trafficking and patterns of their abuse are changing.

Most of the drugs abused in Bangladesh are sourced from India through our western and eastern borders. Illicit cultivation of opium poppy and cannabis and presence of clandestine labs in Indian territory at western and eastern border are related to smuggling heroin, phensedyl and cannabis into Bangladesh. Yaba is mainly smuggled from Myanmar and presence of yaba manufacturing labs in Myanmar near south-eastern border has increased the drug vulnerability of Bangladesh. The drug traffickers are very innovative in modus-operandi for concealment, smuggling and marketing drugs. Though most of the smuggled drugs are bound for Dhaka, its biggest market in Bangladesh, other big cities and townships on or near the smuggling routes are also being affected by drugs. The data on seizure, arrest, prosecution and treatment services indicate that illicit trafficking and abuse of major drugs of abuse especially Yaba are increasing tremendously.

Bangladesh as signatory to all international and regional drug conventions is taking part in all the global activities of prevention and control of drugs. The organizational abilities are being enhanced and working capabilities of law enforcement personnel and treatment professionals are being increased through training and other supportive measures. We are also extending all our cooperation and coordination with neighboring countries under bilateral agreements, protocols, and MOU. Though the DNC is the Nodal Agency for drug control in Bangladesh all other relevant Government agencies and organizations along with the NGO partners at home and abroad are working hard in all the ways of the reduction of the demand, supply and harms of drugs in Bangladesh, but the problem is still on increase like other parts of the world.



TABLE OF CONTENTS

Background and Historical Perspective of the Drug Control Programs in Bangladesh	9
Drug Abuse Scenario in Bangladesh	17
Scenario of Illicit Drug Trafficking	37
Supply Reduction	45
Demand Reduction	57
Harm Reduction	61
Organizations, Capabilities and Activities	65
Coordination and Cooperation	81

BACKGROUND AND HISTORICAL PERSPECTIVE OF THE DRUG CONTROL PROGRAMS IN BANGLADESH

INTRODUCTION

Bangladesh, though not a drug producing country, is vulnerable for drug abuse for its geographical location. The international narcotics producing zone, Golden Crescent, consisting Pakistan, Afghanistan and Iran is located in its north-west. The Golden Triangle consisting Myanmar, Laos and Thailand is located at its south-east corner. The experts in this field consider this geographical location, close proximity of drug producing zones, in-transit use of the country for international drug trafficking, rapid urbanization, increase of population, vast development and use of internet and IT, lack of social awareness etc, as causes of the increase of drug problem in Bangladesh.

The drug problem in Bangladesh is also closely related with the drug problem in India and Myanmar. The four thousand kilometer land border of India by three sides and two hundred fifty kilometer land border of Myanmar at the south-east corner work as another geographical factor. All the law enforcement agencies in Bangladesh including Police, BGB, RAB, Coast Guard and Ansar are working diligently to combat the drug menace in Bangladesh. Bangladesh applies all the universal techniques of drug control, the supply reduction, demand reduction and harm reduction in light of the real time situation as practiced all over the world.

The demand and supply of drugs in Bangladesh is constantly changing in course of time and perspectives. Increased demand is

inviting increased supply. The patterns of use are also shifting. Till 1970 only cannabis, opium, and alcohol were used in this country. Mritasanjibani Sura, an Ayurvedic health tonic containing alcohol was added after 1970. After that, heroin and Phensedyl (a codeine preparation) in 1990, injecting drugs in 2000, Yaba (ATS) in 2005 and glue sniffing in 2008 emerged as new drugs. At present Yaba is the drug of top popularity among the young generation.

PRE-BRITISH PERIOD

We do not have much information regarding use and control of drugs in Bangladesh during pre-British period. Winemaking had existed throughout most of the history of this sub-continent but was particularly encouraged during the time of the Portuguese and British colonization of the subcontinent. Viticulture was believed to have been introduced to India by Persian traders sometime in the 4th millennium BC. Historians believe that these early plantings were used mostly for table grapes or grape juice rather than the production of alcoholic beverage. During the Vedic period of the 2nd and 1st millennia, the Aryan tribes of the region were known for their indulgence in intoxicating drink and it seems probable that wine was a current beverage. The religious text of the Vedas mentions at least one alcoholic drink that may have been wine related - sura which seems to have been a type of rice wine that was fermented with honey. The first known

mention of grape-based wines was in the late 4th century BC writings of Chanakya who was the chief minister of Emperor Chandragupta Maurya. In his writings, Chanakya condemns the use of alcohol while chronicling the emperor and his court's frequent indulgence of a style of grape wine known as Madhu. In the centuries that would follow, wine became the privileged drink of the Kshatriya or noble class while the lower caste typically drank alcohol made from wheat, barley and millet.

It appears from Charja Gitika, the oldest form of Bengali literature written during 300 to 1000 AD, that the tribal population of ancient Bengal were used to alcoholic drinks. Cannabis had been being traditionally used in this country from the pre-historic period. The Hindu God Shiva is legendary for His inclination to Ganja and Bhang. Saints of this country had been using Ganja from time immemorial. Manufacture, trade and use of alcoholic drinks, cannabis and opium continued all over India including Bengal during the whole period of Mughal reign. During Babur's and Jahangir's reign the trade was especially directed towards alcohol exchange. It probably was the same during the rest of the Great Mughals' reign but the autobiographies and court chronicles had very little information about this issue. However, there are records and journals written by individual foreign travelers and members of the Mughal court, which strongly suggest the overuse of alcohol and its social connection within the people and castes. The Great Mughals were not only connoisseurs of alcohol; they were often overusing it, too. Alcohol was also considered a gift of goodwill, especially between sailors and merchants. Evidence of that were the records and journals of the British East India Company. The employees of East India Company in Bengal often requested for wine supply for themselves and for gifts for the monarch. Wine and alcohol in general was as well used for negotiations and, was therefore a very important part of the trading process. But still there was control on alcohol.

Immediately after taking over the position of emperor, the emperor Jahangir issued twelve edicts to win popular support and smooth running of the administration. In one of those edicts making or selling liquor was prohibited although he admitted he had been drinking since he was eighteen. Under the rule of the Muslim Mughal Empire, alcohol was prohibited in accordance to Islamic dietary laws. Under British rule during the Victorian era, viticulture and winemaking was strongly encouraged as a domestic source of revenue for the British colonists.

Opium was brought to Bangladesh by Arabian sailors and merchants during 9th century mainly as medicine and healing substance. Its medicinal properties were clearly known in the thirteenth century. It wasn't until the 15th century that Persia and India started to consume opium for euphoric purpose. Its consumption started changing from medicinal to recreational purposes during the seventeenth century in Bengal. It became a threat when people started smoking it as a mix of tobacco and opium. The consumption of opium made it a profitable item in the intra-Asian trade. This trade was a large source of revenue for the Mughal dynasty.

BRITISH PERIOD

As the downfall of the Mughal Empire started in 1658, the British through the East India Company took over the major cultivation and production of opium. During this time Indian merchants held the monopoly over the Bengal opium trade. This made it very hard for Britain to farm a large amount of poppies, convert them into opium, and sell it to China. Instead, for about 100 years, Britain traded with the Indian merchants in Bengal for opium. The East India Company conquered Bengal in 1757 and established monopoly over the opium trade by 1767 in Bengal. Before they conquered Bengal they were only exporting 15 tons of opium to China. After conquering Bengal they were able to export 75 tons of opium to China increasing their

exportation of opium to China by 500%. This extreme exportation of opium made it a commodity not just a luxury. It was also what led to the opium wars.

Prior to the British, the opium trades were controlled by the Nawabs of Bengal, opened to the cultivation of large plantations that provided immense economic wealth for the British Empire and an immense social and economic burden for the Chinese during the Eighteenth and Nineteenth Centuries. After two significant battles in 1764 and 1767 the British Empire managed to unified and centralize the before fragmented territories at little economic and military costs. The East India Company's establishment of new opium factories in Bengal quickly repaid the costs



An opium factory in Bengal established by the East India Company

incurred by the British Crown in their new domination of the Indian Raj. In 1764 the British East India Company won the Battle of Buxar against the Nawab of Bengal and the Nawab of Awadh. This victory for the British meant the signing of the Treaty of Allahabad that allowed the East India Company to "administer the revenues of approximately 400,000 km. Furthermore, the victory in Palassey brought in its wake an unprecedented expansion of English private trade. "Company agents abused the newly acquired political privileges to make deep inroads into the internal trade of Bengal. Simultaneously, there was a perceptible shift in Bengal's trading orientation; the decline of markets in West Asia combined with the increasing popularity of Indian raw cotton and

opium in Chinese and South-east Asian markets encouraged English private traders to look east once more." By 1773 the British established a monopoly controlling the trade of all the commodities produced and they began to prepare the production in large plantations of opium by the establishment of a house of credit to local producers. By the last quarter of the Eighteenth Century, the East India Company had already started producing opium in large quantities. As soon as 1785, the trade of opium made up to 15 percent of all the revenues done by the Company.

The Opium Act, 1857 and the Opium Act, 1878 were enacted by the British Indian Government for the undisturbed collection of revenue. The East India Company started production and trade of opium and cannabis in this subcontinent on commercial basis in the middle of eighteenth century, which eventually went under the control of the British Indian Government. In spite of social stigma and religious ban, the consumption of liquor spread all over the country during the British reign. At the beginning of last century the British ruler established distillery in this country for manufacture and trade alcohol, spirit and liquor.

Apart from establishing distillery, and introducing trade of opium and cannabis, the British Indian Government established Bengal Excise Department at the beginning of the last century to control cannabis and alcohol production along with their opium trade, with a view to earn revenue from those. The Bengal Excise Act, 1909 and rules made there under served these purposes. The other legislation enacted to control the drug trade in the past were: The Dangerous Drugs Act-1930, The Opium Smoking Act-1932, The Dangerous Drugs Rules-1939, etc. The principal objectives of these legislation were to ensure and regulate revenue collection from drugs. Prevention and control measures were byproducts of these laws and applicable only to illicit production and trade of drugs, which were again a means to ensure an undisturbed flow of revenue.



PRE-LIBERATION PERIOD (PAKISTAN PERIOD)

Apart from the tradition and heritage of trade of opium and cannabis since British reign, Bangladesh has always been vulnerable to drug abuse because of its close proximity to major narcotics producing area the Golden Triangle. Lack of social consciousness about drugs, a very high unemployment rate, invasion of alien culture and a decrease in moral values and social integrity have widened this vulnerability. Enactment of the Prohibition Rules, 1950 was the first attempt for prevention of drug abuse in Bangladesh (during the erstwhile East Pakistan), which imposed control and supervision on consumption of alcohol by introducing a permit system. Introduction of the Consumers Pass system under Opium Sales Rules, 1957 was another attempt for prevention of opium consumption. Starting from 1960, the number of opium consumers passes and the amount of opium allotted under these passes, were gradually reduced until a complete elimination in 1984.

POST-LIBERATION PERIOD

The current efforts for prevention of drugs in Bangladesh started from 1982. The principal measures taken there after by the Governments to control drugs are:

A. DRUG ORDINANCE, 1982

This ordinance imposed ban on some health tonic containing alcohol, alcohol-made homeo patent medicines and injurious drugs containing narcotics, sedatives, hypnotics and tranquilizers, which were being largely abused at that time.

B. BAN ON CANNABIS

Elimination of the Ganja (Cannabis) cultivation system in 1987 and imposition of ban on production, trade and consumption of cannabis from 1989 were other important measures taken by the government for prevention of cannabis abuse in this country.

C. BAN ON OPIUM IN 1984

In pursuance of provisions of the Single Convention on Narcotic Drugs 1961, the Government of Bangladesh banned the trade and consumption of opium in 1984.

D. BAN ON MRITASANJIBANI SURA

In 1984, the government also banned the production, trade and consumption of Mritasanjibani Sura-an Ayurvedic health tonic, containing 42% proof spirit, which was largely being abused as a substitute to liquor.

E. AMENDMENT OF THE DANGEROUS DRUGS ACT-1930

The amendment of the Dangerous Drugs Act, 1930 was another important measure taken by the Government for prevention and control of drug abuse in Bangladesh in 1988, where lifetime imprisonment and death penalty were prescribed for some offenses related to narcotic drugs.

F. ESTABLISHMENT OF DRUG ADDICTION TREATMENT CENTER

In recognition of the harmful effects and threats of the drug addiction on public health, the government established a drug addiction treatment center at Tejgaon, Dhaka in 1988 for treatment and detoxification of drug addiction.

NEW ERA OF 1990

ENACTMENT OF THE NARCOTICS CONTROL ACT, 1990

The most important measure taken by the Government of Bangladesh for drug control was the enactment of the Narcotics Control Act, 1990 by replacing all the earlier legislation enacted mainly to serve the colonial interest of the British Indian government. This new Act is enacted in pursuance of the basic 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 the Single Convention on Narcotic Drugs 1961, the UN Convention on Narcotic Drugs and Psychotropic Substances 1971, the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988, and the SAARC Convention on Narcotic Drugs and Psychotropic Substances 1990. The Government of Bangladesh is under obligation to take necessary policies and measures in line of these UN and SAARC Conventions. The earlier legislation were not adequate and in the line of meeting these obligations. Therefore this new law was enacted to meet the requirement of the Constitution of Bangladesh, as well as the Conventions. This law is further amended in 2000, 2002 and 2004 in order to allow improved enforcement of the provisions of UN and SAARC Conventions including provisions for treatment and rehabilitation of drug addicts, prevention of money laundering, application of controlled delivery techniques, financial investigation, assets forfeitures and control of precursor chemicals. An effective rule for control of psychotropic substances and precursor chemicals under this law has also been framed and a system of monitor and control on narcotic drugs, psychotropic substances and precursor chemicals has been introduced through a licensing system. Another Rule on generating and utilizing the fund of National Narcotics Control Board has been framed to facilitate the financial support from individuals and agencies of home and abroad. Another rule for control, monitoring and supporting the programs for treatment and rehabilitation is in force from 2005.

We control, monitor and supervise any kind of operations of drugs or precursors in industrial,

scientific and medical purposes through a licensing system introduced in the Narcotics Control Rules, 1999. Under this system, no import, export, transport, shipment, manufacture, sale, distribution, purchase, possession, storage, warehousing, use, etc. can be done without a license, permit or pass from the DNC. The importers, exporters, manufacturers, distributors, users or any kind of operators of the drugs or precursor chemicals have legal bindings to allow any kind of inspection at any time by a DNC Official. The operators of drugs or precursor chemicals have also accountability for any misuse, damage or diversion. Before issuing any license or permit for any operation of drugs or precursors, a thorough investigation is made and we take clearance from the Police and Department of Environment. Before every import, there is an inspection and assessment on the requirement. Each consignment of import requires a clearance from the DNC. The imported consignments are also inspected and verified just after arrival. The sale, processing or uses are also monitored by an inspecting DNC Official. All the licensees are bound by law to maintain accounts and statistics on any operation of drugs or precursor chemicals. The inspecting officers verify these accounts and statistics in course of their inspection. These accounts and statistics are also verified before authorization of the import of each consignment. So, there is very little scope of diversion.

ESTABLISHMENT OF THE DEPARTMENT OF NARCOTICS CONTROL

East India Company made a declaration for investment in opium business in 1683. In 1767 they made a joint concern of trade with one general agent for all opium produced in India and engaged some employees to supervise and conduct opium trade. British Indian Government nationalized the Opium trade in 1857 and enacted the Opium Act, 1857. The company employees became govt. employees called Opium Officers. In 1878, the new Opium Act was enacted empowering the opium officers with law enforcement function. In 1909, the Excise Act was



enacted and Excise and Salt Department was established to administer revenue collection from salt, cannabis and liquor. After 1947, the portion of this department in East Bengal was reorganized as Excise and Taxation Department of East Pakistan. In 1976, it was reorganized as the Dept. of Narcotics and Liquor. In 1990 it was again reorganized and strengthened as the Department of Narcotics Control under Section 8 of the new law the Narcotics Control Act, 1990.

Article 18 of our Constitution provides legal obligations for restriction and control of harmful narcotic drugs, psychotropic substances and precursor chemicals as well as establishing the Department of Narcotics Control (DNC). The other basics of the establishment of the DNC are: Article 17 of the Single Convention on Narcotic Drugs, 1961 and Article 6 of the Convention on Psychotropic Substances, 1971.

This department, established under the President's Secretariat in January '90, is placed under the administrative control of the Ministry of Home Affairs since 1991. It is primarily responsible for administration and enforcement of the Narcotics Control Act, 1990. Its total manpower is 1283, which includes 91 class I officers, 54 class II officers, 1033 class III officers and staff and 105 class IV staff. The DNC has 34 major offices throughout the country, which includes one Headquarters at Dhaka, four Zonal offices at civil Divisional Headquarters, 25 Regional Offices at major District Headquarters, 4 Zonal Intelligence Offices and 109 Circle Offices. The DNC headquarters has four major branches of administration and an Intelligence Wing. A Director supervises each of the four branches of the administration. The branches are:

- i. Administration, Training, Finance and Common Service,
- ii. Operation, Trafficking and Intelligence,
- iii. Preventive Education, Research and Publication, and
- iv) Treatment and Rehabilitation.

The administration and operation branches are directly engaged in drug enforcement activities, whereas the others are engaged in prevention, treatment and rehabilitation activities.

ESTABLISHMENT OF NATIONAL NARCOTICS CONTROL BOARD (NNCB)

The National Narcotics Control Board (NNCB) consisting honorable Ministers of 11 Ministries, 3 Secretaries and 5 leading personalities of 5 leading sectors of the society as Members is the highest policy formulating body of the country and the DNC acts as its secretariat for implementing all its decisions and policies. As head of the DNC the Director General is the Member Secretary of this Board. The important functions of the Board are:

- a. Control of the import, export, manufacture, marketing, supply and use of drugs.
- b. Treatment and rehabilitation of the drug addicts.
- c. Reduce the possible harmful effects of drugs.
- d. Reduction of the demand for drugs; for example preventive education, public awareness, anti-drug campaign and social mobilization against drugs.
- e. Evaluation and coordination of the entire drug related activities of DNC and relevant Ministries and departments.
- f. Adopting any necessary measure for successful implementation of aforesaid activities.

THIRTEENTH MEETING OF THE NNCB

The important decisions of the 13th meeting of the National Narcotics Control Board (NNCB) held on 03/03/2013 are as follows:

1. Presence of the witness at all courts of trial of the drug cases should be ensured. Secretary of Law, Judiciary and



Parliamentary Affairs should take necessary measures to allocate budget for allowances to witnesses in consultation with the judiciary. The DNC should arrange witness's allowances to its retired officials and employees from its regular budget subject to approval of the Ministry of Finance. The DNC should inform the Ministry of Law, Judiciary and Parliamentary Affairs of the information about court-wise cases and witnesses.

2. The DNC should fix complain box for drug related offences at the areas of each Police Station of the country.
3. The DNC should prepare Standard Operating Procedure (SOP) on raid, search, seizure and arrest and submit it to the Ministry of Home affairs by March 2013.
4. Each of the District Magistrate should be requested to designate an Executive Magistrate for conducting Mobile Courts on drug related crimes.
5. The specialist committee of the Ministry of Home Affairs should submit their report on abuse of drugs in Shisha Bars by March 2013.
6. All the law enforcement agencies should intensify their anti-drug efforts and inter-agency coordination in this respect. The organizational capabilities of the DNC should be enhanced. Coordination among the judiciary and law enforcement agencies should be further strengthened so that the drug offenders and convicts do not get bail or acquittal. The BSTI should be requested to ensure the manufacture of energy drinks as per international standard and international ratio of ingredients. This issue should be included in the national import-export policy. A compliance report to this effect should be placed in the next Board meeting. The Ministry of Education should introduce regular anti-drug campaign and dope test in educational institutions with the assistance of the Health Education Department of the Ministry of Health and Family welfare.
7. The Ministry of Health and Family Welfare should take action so that no Sildenafil citrate, Tadalafil citrate or their ingredients are used in manufacturing or trade of Viagra or similar sex stimulating substances from any industry.
8. The Ministry of Home Affairs should take all necessary actions to send proposal to Ministry of Law and Parliamentary Affairs for designating the Additional District and Session Judge Court as Special Drug Court.
9. The Board accords on principle approval for establishment of Alamotkhana (storage room for safe custody of seized drugs and evidences of drug offences) and incinerator for destruction of confiscated drugs. Necessary infrastructure should be built and rules should be framed for this purpose subject to approval of the appropriate authority.
10. A complete rules and procedures on issuing liquor licenses for hotel, restaurant, bar and shops should be framed and submitted to the Ministry of Home affairs for necessary approval.
11. The Board accords approval on principle for issuing bar licenses for the sake of tourism and foreign investment.
12. An official of the DNC should be posted to the mobile phone tracking establishment of the Government.
13. The DNC should take necessary action to prepare DPP for construction of its Headquarters at its own land at 41, Segun Bagicha, Dhaka.

14. The DNC should take necessary steps to include necessary transports and telephones at its TO&E.
15. The DNC can use the seized transports in its operational and preventive educational activities. It should send proposal to the Ministry of Home affairs for deploying drivers and using fuel from its regular budgets. The DNC should take actions for procurement of necessary equipment and reference standards for its drug testing laboratory.
16. Existing rate of taxes of alcohol and fees on licenses and permits should be revised rationally.
17. The final draft for amendment of the Narcotics Control Act, 1990 should be submitted to the Ministry of Home Affairs by March 2013.
18. The Board accords its approval for expenditure of Taka one million from the NNCB Fund.
19. Public awareness campaign against abuse and adverse effects of drugs should be strengthened in print and electronic media.
20. The Ministry of Education should be requested to launch motivational campaign in educational institutions against drug abuse. New anti-drug committees should be formed in educational institutions still left without such committees. The DNC should provide special and technical supports in this respect.
21. The Board accords its approval on principle for revision of the rate of fees for licenses of drug addiction treatment centers.
22. Formation of the National Certification Board for drug addiction treatment professionals should be expedited.



13th Meeting of the National Narcotics Control Board (NNCB) of Bangladesh

ESTABLISHMENT OF NATIONAL NARCOTICS CONTROL BOARD FUND

National Narcotics Control Board (NNCB) Fund was established through formation of the National Narcotics Control Board (fund management and expenditure) Rules 2001 to ensure and encourage the financial participation of mass population and the donor agencies under Section 7 of the Narcotics Control Act, 1990 in anti-drug campaign, generation of public awareness and treatment and rehabilitation of the drug addicts. The sources of money in this fund are allocated money from the Government, donation from foreign government or agencies or international organizations, donation from any local authority, donation from any person or institution, sale proceeds of confiscated properties of drug traffickers, recovered proceeds of drugs in any raid and seizure, or money from any other sources. The opening balance of the Board Fund in 2013 was taka 24,40,164.44. Gain during the whole year from difference sources was taka 20,69,001.00. The expenditure for taxes during 2013 was taka 41, 129.9. The closing balance of 2013 was taka 44,68,035.49. ■

DRUG ABUSE SCENARIO IN BANGLADESH

DRUG-PRONE AREAS

The prevalence of any drug in any particular area is closely related to geographic factors, socio-economic condition, marketing facilities, availability, religion and cultural aspects. Almost 85% populations of Bangladesh live in rural areas. They are mostly peasants and their main profession is cultivation of farming lands. Consumption of any kind of drugs except tobacco is rare among this rural population. Therefore rural areas are less vulnerable for prevalence of any kind of drugs than the urban areas.

It appears from different studies that in urban life, working classes of population are the major group of population consuming low priced drugs like cannabis, tranquilizers, injecting drugs and heroin. These classes of population generally live in slums and in densely populated areas of the cities. Therefore the slums and densely populated parts of cities have high prevalence of abuse of these drugs.

There is very high prevalence of consumption of alcohol among the tribal communities of Hill Tract areas and among the Garo community in greater Mymensingh and the Shaontal community in North-western part of the country. Almost in every big city there are colonies for some lower castes and low-profession people called Sweeper, Dom, Cobbler, Dhangors and Methor. As a part of their profession and daily life they are used to drink home-made alcoholic beverage regularly. Therefore consumption of alcoholic drinks is also very high among these communities throughout the country. The labors of tea gardens in North-eastern part of the country called "coolis" are also used to drink home-made alcoholic drink

and country liquor regularly as a part of their daily life. Therefore the prevalence of country liquor and other alcoholic drinks is very high among this community.

Yaba and Phensedyl for their very high price are mainly consumed among the upper and upper middle classes of population. Yaba, as considered as a symbol of smartness, has the highest prevalence among the student communities of private universities and English medium education system.

To buy drugs, someone first needs money. Therefore any kind of drugs have higher prevalence in areas with higher circulation of money and higher earning-opportunities. Dhaka being the capital of the country has the highest urban population (almost 10% of the whole population of the country and almost 58% of the urban population of the country), has the highest money circulation, has the highest economic activities, and has the highest earning opportunities and the highest number of slum dwelling population. Approximately two and half million drug abusers live in Dhaka. Therefore Dhaka 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.

On analysis of recent years data on drug abusers, it reveals that the most drug-prone areas in Bangladesh are district wise mainly: Dhaka, Narayanganj, Gazipur, Mymensingh, Chittagong, Comilla, Sylhet, Brahmanbaria, Cox's Bazaar, Rajshahi, Pabna, Bogra, Chapai Nawabganj, Joypurhat, Rangpur, Dinajpur, Khulna, Barisal, Sathkira, Jessore.



Bangladesh is surrounded by India from three sides and only 280 kilometer border with Myanmar from south-eastern side. At most all the 32 border districts are vulnerable for drug trafficking. Namely district wise border points for smuggling drugs are:

Sathkira: Kalaroa, Debhata, Bhomra, Kulia;

Jessore: Chowgacha, Benapole, Sharsha, Jhikargacha,

Chuadanga-Meherpur: Damurhuda, Jibon nagar, Mujibnagar,

Rajshahi: Bagha, Charghat, Belpukuria, Godagari,

Chapai Nawabganj: Shibganj, Gomastapur,

Joypurhat: Akkelpur, Panchbibi,

Dinajpur: Phulbari, Birampur, Halli, Hakimpur, Biral, Porsa,

Kurigram: Roumari, Nagesheri,

Sherpur: Jhinaigati, Nalitabari,

Mymensing-Netrokona: Haluaghat, Dhobaura, Durgapur,

Sylhet: Jakigonj, Chunarughat, Madhobpur,

Bramhanbaria: Kasba, Akhawra, Bijoy nagar,

Comilla: Chawddagram, Burichang, Bramhanpara, Bibirbazar,

Feni: Sagolnaiya, Phulgazi, Porshuram,

Cox's Bazar: Teknaf, Ukhia.

Most of the drugs are smuggled into Bangladesh through the borders of Sathkira, Jessore, Rajshahi, Joypurhat and Dinajpur at the Western region and Comilla and Bramhanbaria at the Eastern region. Yaba is mainly smuggled through the Bangladesh-Myanmar border at extreme South-Eastern area of Cox's Bazaar District. The smuggled drugs travel from the border to Dhaka and other Major cities mainly through road and rail routes. Therefore townships on these routes are also affected by

abuse of drugs. On review of the recent seizure statistics and studies or media reports on prevalence of the abuse of drugs, we see that apart from the major drug market 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, Sathkira, Jessore, Khulna, Faridpur, Comilla, Bramhanbaria, and Narshingdi district are also drug-prone areas. The nearest townships and surrounding areas of Dhaka is also highly affected by drugs for easy communication, mobility and availability of drugs. Gazipur, Narayanganj, Savar, Tangail and Mymensingh are thus affected by drugs.

Seizure statistics alone cannot give a clear picture of the prevalence of drugs in any area, because there are many other factors and indicators to give understanding of the drug situation of any area. Moreover seizures occur by chance and seizure in any area does not necessarily mean that the drug was definitely for consumption in that area. However seizure is still considered as the most dominating indicator of the prevalence of drug in an area. However if we analyze the Table of statistics on region-wise number of cases and seizure of drugs by the DNC in 2013, it gives us a rough idea of the flow of supply and availability of drugs in different regions of Bangladesh.

If we review the cases of heroin we see that the ratio of the detection of heroin cases were 31.58% in Dhaka Zone, 8.11% in Chittagong Zone, 9.71% in Khulna Zone and 50.60% in Rajshahi Zone. The seizures of heroin were 25.24% in Dhaka Zone, 17.03% in Chittagong Zone, 16.52% in Khulna Zone and 33.58% in Rajshahi Zone. Therefore it appears that Rajshahi Zone has the highest prevalence of both detection and seizure of heroin. Dhaka as the biggest drug market in Bangladesh with 10% of the total population and almost 50% of the urban population of the country was supposed to be in top of seizure and cases of heroin, but practically Rajshahi secures this

STATISTICS ON REGION-WISE NUMBER OF CASES AND SEIZURE OF DRUGS BY THE DNC IN 2013

Name of Region	Heroin (kg)		Codeine (Phensedyl) (Bottle)		Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (Tablet)		Energy drink (Bottle)	
	Case	Seizure	case	Seizure	Case	seizure	case	seizure	case	seizure	Case	Seizure
Dhaka Metro.	54	0.840	44	3368	1182	228.489	126	3720	202	33719		
Dhaka Region	87	0.852	36	1818	454	823.111	5	130	106	9117	06	2931
Mymensingh	34	0.497	28	302	413	166.827	22	1394	14	506		
Faridpur	49	0.366	32	2549	187	260.944	00	0000	29	1783	02	452
Tangail	7	0.102	05	145	130	79.645	00	0000	22	908	00	00
Jamalpur	3	0.006			52	18.156	1	5			7	288
Dhaka Intelligence			5	3702	12	72.515			5	1800		
Total of Dhaka Zone	234	2.663	150	11884	2430	1649.687	154	5403	378	47833	15	3671
Chittagong Metro	19	0.956	34	2358	91	188.958			90	47917		
Chittagong Reg.	1	0.032	2	153	19	7.952			3	1100		
Sylhet	27	0.073	8	250	230	40.467			4	84		
Noakhali	2	0.004	21	504	91	124.805			7	377	23	2251
Comilla	1	0.008	40	1441	95	493.350	6	43	26	890	9	510
Cox's Bazaar	5	0.011	1	114	52	13.416			52	39414		
Khagrachari					1	0.014						
Bandarban												
Rangamati												
Chittagong Intelli.	5	0.040	3	42	19	123.761			20	11837		
Total of Chittagong Zone	60	1.084	109	4862	598	992.723	6	43	182	101619	32	2761
Khulna	34	0.175	91	3286	390	139.884	2	25	13	226		
Jessore	21	0.188	123	5907	269	24.921			5	370	3	538
Kushtia	14	0.080	22	350	179	33.436	8	99	1	7		
Barisal	3	0.009	4	1083	100	12.580			1	28	4	85
Patuakhali			4	44	54	14.306			17	254		
Khulna Intelligen			4	52	39	9.160			2	50		
Total of Khulna Zone	72	0.452	248	10722	1031	234.287	10	124	39	935	7	623
Rajshahi	256	4.625	180	7127	439	45.135	16	1377	15	1045	2	4
Pabna	62	0.897	82	5977	302	37.151	14	1416	9	530		
Bogra	17	0.182	55	1580	106	70.475	3	220	2	11		
Rangpur	21	0.090	72	1634	302	88.904						
Dinajpur	12	0.071	90	3591	78	37.365	3	230				
Rajshahi Intelli	7	0.486	9	426	24	2.903	1	28	1	1023		
Total of Rajshahi Zone	375	6.351	488	20335	1251	281.933	37	3271	27	2132	2	4
Grand Total	741	10.550	955	47803	5310	3158.630	207	8841	626	152519	56	7059

position. The main reason behind this may be that Lalgola, the most defamed place for clandestine manufacture of heroin is adjacent to Rajshahi. More over highest number of cases and highest amount of seizure do not mean that Rajshahi has the highest prevalence of heroin. Most of the large seizures were from Dhaka-bound transports. But still apart from Dhaka, Rajshahi has the highest

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



If we review the cases and seizures of Phensedyl we see that 15.07% cases were detected in Dhaka zone, 10.95% in Chittagong Zone, 24.92% in Khulna Zone and 49.04% in Rajshahi Zone. In case of seizure, it was 24.86% in Dhaka Zone, 10.17% in Chittagong Zone, 22.43% in Khulna Zone and 42.54% in Rajshahi Zone. Here we see the same picture as it was in case of heroin. In case of Phensedyl Rajshahi is also at the top position, because most of the cultivation of poppy and location of the Phensedyl producing clandestine laboratories in India are adjacent to Rajshahi. Therefore prevalence of Phensedyl in Rajshahi is naturally more than any other parts of the country. But Rajshahi is not the biggest market. The biggest Phensedyl market is at Dhaka and most of the consignments of Phensedyl seized at Rajshahi were Dhaka-bound. The other Phensedyl affected areas of the country are the adjacent areas of Dhaka city and Faridpur of Dhaka Zone, Comilla of Chittagong Zone, Khulna and Jessore of Khulna Zone, and Rajshahi, Pabna and Dinajpur of Rajshahi Zone. Apart from the City of Dhaka and Rajshahi the most Phensedyl affected area of the country is Comilla Sub-Zone, because it is the second biggest smuggling route of Phensedyl from India.

Cannabis appears to be largest item of case and seizure among all drugs. It comprises 46.91 % of all the cases detected by the DNC during 2013. In question of detection of cannabis cases Dhaka Zone comprises 45.76%, Chittagong Zone 11.26%, Khulna Zone 19.42% and Rajshahi Zone 23.56%. The seizures of cannabis are 52.23% in Dhaka Zone, 31.43% in Chittagong Zone, 7.42% in Khulna Zone and 8.92% in Rajshahi Zone. It appears that Dhaka is the biggest market of cannabis. Though the market at Chittagong Zone appears to be higher and almost near the size of Dhaka, it is not really such as appears in the Table, because more than one third of the country's cannabis are smuggled through Comilla border alone and it is mainly for Dhaka. It appears from media reports that there is a booming of cannabis cultivation in Tripura near Bangladesh border

since 2011 and most of those are smuggled into Bangladesh through Comilla border. Dhaka alone comprises more than 33% of the cannabis market in Bangladesh. The other big markets are Mymensingh and Faridpur in Dhaka Zone, Chittagong Metro, Comilla and Noakhali in Chittagong Zone, Khulna, Jessore and Kushtia in Khulna Zone and Rajshahi, Rangpur and Bogra in Rajshahi Zone.

The prevalence of Buprenorphine is comparatively less than cannabis, Phensedyl, Heroin and alcohol. Though a few years ago it was concentrated at north Bengal, by last four years it has the highest prevalence at Dhaka. It appears from the Table that 74.40% of the cases of Buprenorphine are detected at Dhaka, 2.90% at Chittagong, 4.83% at Khulna and 17.87% at Rajshahi Zone. If we review the seizure, we see that 61.11% of the Buprenorphine are seized at Dhaka Zone, 0.49% at Chittagong Zone, 1.40% at Khulna Zone and 37.00% at Rajshahi Zone. More than 61% of the markets of Buprenorphine are at Dhaka. The second highest market is at Rajshahi comprising almost 18%. The other big markets are Mymensingh, Rajshahi, Pabna, Bogra and Dinajpur. The most alarming aspect of Buprenorphine is that it has the highest vulnerability of spreading HIV/AIDS, because it is used by injection and often sharing needles. The tea garden areas of Sylhet Sub-Zone, the Hill Tracts areas and the coastal areas of Khulna Zone are almost free from Buprenorphine.

Among all the drugs, Yaba has been the most burning issue during last few years. Both the detection of cases and seizure of Yaba increased tremendously during 2013. During 2009 the seizure of Yaba was 129644 tablets, but during 2010, 2011, 2012 and 2013 it became 812716, 1360186, 1951392 and 2821528 tablets respectively. The ratio of increase in 2013 is 2076.36% in comparison with 2009 and 44.59% in comparison with last year. This unbelievable increase of the seizure of Yaba over the period of last five years indicates how fast its prevalence is

increasing. If we review the number of cases of Yaba we see that 60.38% cases are detected at Dhaka Zone, 29.07% at Chittagong Zone, 6.23% at Khulna Zone and 4.31% at Rajshahi Zone. The seizures of Yaba are made 31.36% at Dhaka Zone, 66.63% at Chittagong Zone, 0.61% at Khulna Zone and 1.40% at Rajshahi Zone. More than 66% of the seizure of Yaba is made at Chittagong because borders of Cox's Bazaar of Chittagong Zone is the route of smuggling Yaba into Bangladesh. Though the seizure of Yaba at Dhaka is 31% it still remains the biggest market of Yaba in Bangladesh. Two years back Dhaka comprised more than 90% of the Yaba market in Bangladesh. But situation is changing over periods of time. Recent media reports indicate that it is gradually spreading towards other parts of the country, even to the rural areas. Apart from Dhaka, Chittagong Metro and Cox's Bazaar has the highest prevalence of Yaba, because it is smuggled from Myanmar through this route. The hill Tracts areas of Chittagong Zone, Tea Garden Areas of Greater Sylhet, Jessore, Kushtia, and Bogra, Rangpur and Dinajpur of Rajshahi Zone have less prevalence of Yaba.

Energy drinks are claimed by its producers as non-alcoholic and non-drug nerve stimulating and energy producing drinks. Those contain some chemical substances which are not yet under the purview of the control of the Narcotics Control Act or any similar law of the country, or any international convention. But the young generation of Bangladesh is currently inclined to it very seriously. Beer or similar alcoholic drinks are not accessible to mass population. Therefore the young generation has accepted it widely. During last four years energy drinks have been being abused by the young generation like any intoxicating drug. Therefore the law enforcement agencies started to seize those. Some of the samples of the seized energy drinks have been found to contain opiate on chemical tests. Therefore it is now considered as a drug. During 2013 we collected samples of 46 variety of energy drink from local market and conducting chemical

tests of those we surprisingly found that most of the energy drinks contain sildenafil citrate or Tadalafil citrate which are known to be sex stimulating pharmaceutical substances used for treatment of impotency. In Bangladesh majority of the consumers of energy drinks are adolescents and use of sex stimulating substances in energy drinks are creating serious harm to our young generation. The recent increase of sex related crimes and sex perversions may be a consequence of using sex stimulating substances in energy drinks. On consideration of this serious issue we have recently proposed inclusion of these sex stimulating substances in the schedule of the Narcotics Control Act, 1990. The statistics of seizure shows that during 2013 there were only 56 cases of energy drinks with seizure of 7059 bottles. The seizures are made mainly at Dhaka and Chittagong zone. The less number of the seizure of energy drinks is due to the fact that it is not yet under the control of the Narcotics Control Act 1990.

TRENDS AND PATTERNS OF DRUG ABUSE

Drugs and precursor chemicals are used in the production processes of a considerable number of commodities, goods and utilities of our day to day life. Therefore we cannot think of a society completely free from drugs. The most vital issue is that use of drugs must be limited to their legitimate and required lawful purposes. To meet the requirement of drugs for these legitimate and lawful purposes, their regular and adequate supply and availability also need to be ensured. But the problem is that where there is legal use of anything, its illegal use and diversion also take place.

Drug related disabilities and problems are still not considered as a disease. People seek treatment only in cases of liver cirrhosis, hepatitis-B,C, overdose crisis, or severe withdrawal syndrome. Problems like frustration, depression, anxiety, excitement, insomnia, etc. are less attended. In

most cases people with these sorts of problem do not go to a physician. Rather they go on self-medication with sleeping pills and tranquilizers. Almost 80% of the sleeping pills are sold without prescription. Almost 90% of these pill users become dependent on sleeping pills and tranquilizers. Abuse of sedative, hypnotics and tranquilizers (commonly known as sleeping pill), is a "hidden problem" in Bangladesh and their long-term adverse effects are sometimes more severe than those of heroin or Phensedyl. However, people are gradually being conscious that drug-addiction is a disease like many other disease in our society. Establishment of so many Detoxification Centers in the city of Dhaka and in other District Towns indicates that drug addiction is increasingly being emerged as a public health problem.

In Bangladesh, incidence of injecting heroin is almost rare. Only Buprenorphine is abused in Bangladesh through intravenous injection. "Chasing the Dragon" is the popular method of using heroin in Bangladesh. A codeine-mixed cough syrup named Phensedyl was at the top of popularity during last two decade, but recently it is being replaced by Yaba (an ATS tablet). Traditional smoking of cannabis is still prevailing among all segment of population. A new substance called "dandy" (adhesive made from toluene) has emerged as a very cheap and popular drug among the street children.

Though the number of intravenous drug abusers in Bangladesh is still negligible, sometimes the heroin smokers and Phensedyl abusers practice injecting Pethidine and Buprenorphine in combination with sedatives when heroin and Phensedyl are not available. The uses of drugs through injection in Bangladesh are practiced in a very unhygienic condition. Needles are often contaminated and shared among the fellow drug users in spite of many prevention and awareness programs run by NGOs. Therefore the drug abusers of needle-sub-culture are in a vulnerable position to be infected with HIV/AIDS.

In Bangladesh, paraphernalia for abusing drugs are also changing due to modernization of technology. Once upon a time cannabis had been smoked in traditional bowls of hookah. But now it is being smoked putting into cigarette rolls. At the beginning Yaba was swallowed, but now it is being smoked in combination with various smoking preparations at Shisha bars. Buprenorphine was injected single at the beginning, but it is now injected in combination with liquid tranquilizers.

Drug abuse once mainly concentrated in urban areas, are now expanding from urban to rural areas. During last decade youth were the major drug abusing group of population, but recently it is expanding rapidly among adolescent and street children. Recently school and college going girls are being inclined to drugs under influences of their boyfriends. Girls of rich families and fashioned in western style are more visible in practice of drugs. In Gulshan, Baridhara, Banani, Dhanmondi and Uttara in the city of Dhaka many recreation clubs have been established. These recreation clubs very often arrange raving parties at the weekends where young girls and boys dances with the rhythm of music for whole night. It is alleged that there are plenty of abuse of Yaba, ketamine and other date raping drugs at these parties.

The slum dwelling marginalized women, being engaged in carrying and peddling drugs are being victim of drug addiction more and more. Though the students of general education system are comparatively free from drugs, drug abuse is increasing among the student community of private universities and English medium education system to a great extent. Some of the five star hotels in the city of Dhaka introduced Shisha bars to entertain their foreign guests. But recently the youngsters have seriously been inclined to it where they also practice perverted culture and illegal sexual behaviors along with practicing heroin, Cannabis and Yaba.

As there are restrictions on any kind of drugs and very strict control on alcoholic beverages,

many commercial companies import or locally manufacture non-alcoholic energy drinks. Though these drinks are supposed to be free of any intoxicating drugs recent seizures show that nerve and sex stimulant substances and chemicals are added to those to enhance energy and sex urge. The importers and manufactures are advertising these merchandises very attractively in electronic and print media. Under influence of these advertisements the so called energy drinks are gaining popularity among the young generation very rapidly.

The trends of the social, cultural and behavioral changes among our young generation, particularly the emerging of so many recreational clubs, culture of raving parties, night clubs, disco parties and DJ parties in Dhaka indicate a favorable environment of the emergence of Ketamine abuse in Bangladesh, because Ketamine co-exists with these situations almost everywhere in the world. In response to a proposal from INCB, Ketamine has been declared and included as drug in the schedule of the Narcotics Control Act, 1990.

PREVALENCE OF DRUG ABUSE

A. OPIUM

Currently there is no opium consumer in the country. Even we do not have any pharmaceutical use of opium. The data of the drug addiction treatment services also shows that there is no incidence of opium addiction in Bangladesh. But still there were seizures of 4.84 kg and 11.62 kg of Indian originated opium in Bangladesh during 2012 and 2013. May be those were bound for trafficking elsewhere.

B. MORPHINE

As a life saving drug and very effective pain killer, it has medical use for palliative care, post operative pain management and for management of acute

pain of heart disease and cancer. Bangladesh has a quota of 100 kg of morphine from the INCB. At present three pharmaceutical industries produce morphine injections and tablets. It is manufactured and sold through license system under strict supervision and monitoring of the DNC. There is no diversion or abuse of morphine in Bangladesh. The statistics on seizure of drugs shows no seizure of morphine in Bangladesh. The data on treatment services shows no admission of patients into the treatment services for morphine addiction during 2012 and 2013. The Production of morphine in Bangladesh for last five years is as following:

STATISTICS ON PRODUCTION OF MORPHINE IN BANGLADESH

Year	Morphine Injection	Morphine Tablet
2007 - 08	198780 ampoule	----
2008 - 09	119870 ampoule	-----
2009 - 10	198555 ampoule	102020 tablet
2010 - 11	98103 ampoule	82 130 tablet
2011 - 12	198253 ampoule	236980 tablet
2011 - 13	298075 ampoule	533440 tablet

Source: DNC Data Base

It is to mention that legitimate production and use of morphine have increased to a great extent during last two years. The reason is that acute pain related diseases like cancer has increased to a great extent in Bangladesh. Number of surgical operations in hospitals has increased. Use of pain management medicines has also increased in palliative care services.

C. PETHIDINE HYDROCHLORIDE

Pethidine hydrochloride is widely used in any kind of surgical operations in Bangladesh as pain killer, as narcotic analgesic and for deep sedation. Bangladesh has a quota of 420 kg of Pethidine hydrochloride from the INCB. For its very high addictive potentiality, Pethidine was once the major injecting drug of abuse in Bangladesh. Due to emergence of Buprenorphine during last three decades, and very high price, the abuse of Pethidine has come down to a remarkable level.

Moreover due to availability of Nalbuphine from local pharmaceutical industry and smuggling of Pentazocine from India, there is very limited abuse of Pethidine at present.

STATISTICS ON PRODUCTION OF PETHIDINE IN BANGLADESH

Year	Amount of Production
2007 - 08	1083239 ampoule
2008 - 09	1219771 ampoule
2009 - 10	1269661 ampoule
2010 - 11	1046798 ampoule
2011 - 12	1204268 ampoule
2012 - 13	1432625 ampoule

Source: DNC Data Base

The amount of seizure of Pethidine by all law enforcement agencies during 2011 was 295 ampoules but in 2013 it became 25183 ampoules. Though the abuse of Pethidine in Bangladesh is not so much significant the explanation of this increase of its seizure may be that it is used as a substitute to Buprenorphine and the seizure of Buprenorphine decreased from 157995 ampoules in 2012 to 99509 ampoules in 2013. If we study the number of patients admitted in treatment services for Pethidine addiction, we see that it has gradually decreased. No patient sought treatment for pethidine addiction after 2011.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR PETHIDINE ADDICTION

Year	2009	2010	2011	2012	2013
Percentage of patients admitted for Pethidine addiction	6.69	3.96	1.19	---	---

Source: DNC Data Base

D. HEROIN

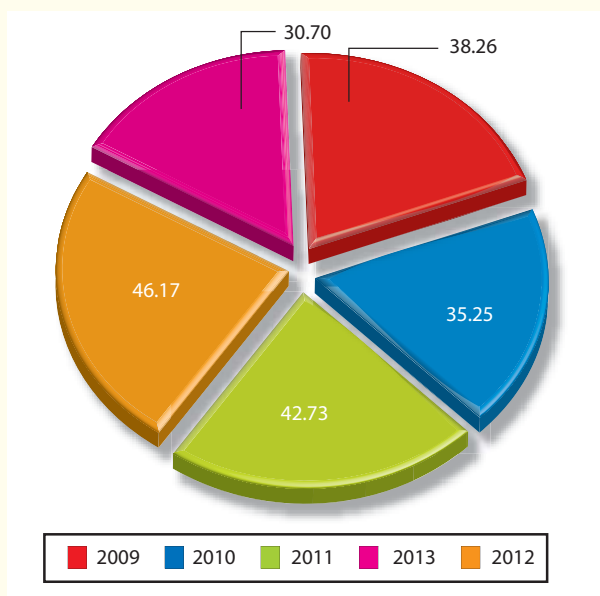
Heroin abused in Bangladesh is mostly in crude and impure form with reddish to grey color. It is reddish or gray in color because its manufacturing process from morphine base to heroin is mostly half done. Superior grade white heroin is almost absent in Bangladesh. We have not yet been able to

determine the exact purity level of heroin sold at street level in Bangladesh, but we know from various sources that it is adulterated several times after entering into Bangladesh from its source country India. It reveals from various reports that the purity level of heroin in Indian local market varies from 5% to 10%. Therefore we can presume that in Bangladesh this purity level will never exceed 5%. If we take an account of the total drug market in Bangladesh, it will appear that the number of heroin abusers is much less than those of cannabis, alcohol and Phensedyl (codeine). Data from treatment centers shows the highest number of heroin abusing treatment seekers because consequences of heroin abuse are more visible and severe than other drugs. But if the number of patients admitted for treatment of drug addiction is reviewed, we see that the number of treatment seekers for heroin addiction has decreased 33.50% during 2013 in comparison with the previous year.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR HEROIN ADDICTION

Year	2009	2010	2011	2012	2013
Percentage of patients admitted for heroin addiction	38.26	35.25	42.73	46.17	30.70

Source: DNC Data Base



In recent times, the media focus is on the latest drug Yaba (ATS). Therefore heroin is no more considered as the major drug of abuse. From the Table below we see that during the year 2010 the amount of seizure of heroin by all law enforcement agencies in Bangladesh was highest (188.186 kg). But after that it decreased to a great extent in 2011 (107.499 kg). During last two years it is almost stable with a slight increase because young generation have been shifting from heroin to Yaba.

STATISTICS OF THE SEIZURE OF HEROIN BY ALL LAW ENFORCEMENT AGENCIES IN BANGLADESH

Year	2009	2010	2011	2012	2013
Heroin Seized	159.783	188.186	107.499	124.92	123.73

Source: DNC Data Base

E. PHENSEDYL (CODIENE PHOSPHATE)

Though Phensedyl is a legal medicinal drug in India, most of the Phensedyl smuggled into Bangladesh are manufactured in the illegal clandestine laboratories near the borders in Indian territory. The seizure of bulk amount of liquid Phensedyl in plastic containers in our Western and Eastern bordering Districts and variation in their codeine contents confirms the existence of these clandestine laboratories. One of the major cause of



DNC's Dhaka Metro raiding team with huge amount of seized phensedyl and an arrested woman phensedyl dealer

popularity of Phensedyl in Bangladesh is that it is compatible both to the smoker and non-smoker population. The other reasons are its good taste, easy availability, easy marketing facility, easy using method and lower health risk. The abuse of Phensedyl spread over almost all the urban and industrial areas in Bangladesh over last two decades. It is observed that for very high range of price, the prevalence of Phensedyl abuse is comparatively less among the lower income group of population.

On the basis of bilateral dialogue between the drug control authorities of the two countries, the Indian Government has imposed restriction on the movement of codeine within 50 kilometers of the border and has reduced the allotment of codeine for pharmaceutical industries. As a result there has been temporary scarcity on the supply of Phensedyl in Bangladesh and for very high price and severe scarcity, Phensedyl is being highly adulterated with molasses, liquid sugar and similar substances. The seizures of Phensedyl by all agencies in Bangladesh from 2009 to 2013 are as following:

Year	2009	2010	2011	2012	2013
Quantity of Seizure (bottle)	1117354	961260	932874	1291078	987661

Source: DNC Data Base

This statistics indicates that though prevalence of Phensedyl increased during 2012 it has again decreased. If we take an account of the data from treatment services we see that number of treatment seekers for Phensedyl addiction is decreasing gradually though it increased a little during 2012.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR PHENSEDYL ADDICTION

Year	2009	2010	2011	2012	2013
Percentage of patients admitted for Phensedyl addiction	6.46%	3.58%	2.02%	02.95	4.26

Source: DNC Data Base

F. CANNABIS

Cultivation and consumption of cannabis was traditional in Bangladesh. Naogaon District was famous for cannabis cultivation from time immemorial. During British reign the East India Company introduced large commercial cultivation of cannabis and it became a source of Government revenue. For expansion of commercial market of cannabis, vending system was introduced all over Bengal. It was a major item of export to other parts of British India, even to other parts of the world as well. The cultivation of cannabis continued till



DNC's Dhaka Metro raiding team with huge amount of seized ganja and three arrested drug traffickers

1987 under government control. Any kind of operation of cannabis including its cultivation, trade and consumption in Bangladesh have been banned since December 1989. But this ban could not annihilate the demand for cannabis in the society. The consumers started planting cannabis here and there or at home and ultimately small scale commercial cultivation also began to occur illegally.

STATISTICS ON SEIZURE OF CANNABIS DURING LAST FIVE YEARS

Year	2009	2010	2011	2012	2013
Seizure of Cannabis (kg)	32955.581	48749.357	54244	38702	35012.54

Source: DNC Data Base

Cannabis was and still is a main drug of abuse in Bangladesh. If we review the following case statistics of the seizures of cannabis by all agencies in Bangladesh from 2009 to 2013, we find that it is decreasing after 2011.

COMPARATIVE STUDY OF THE PRIMARY DRUG FOR WHICH PATIENTS ARE ADMITTED TO TREATMENT SERVICES DURING 2013

Name of drug addicted to	Heroin	Phensidyl	Ganja	Injected Drug	Yaba
Percentage	30.70	4.26	27.20	20.00	10.33

Source: DNC Data Base

If we review the above data on the comparative study of the primary drug for which patients are admitted to treatment services during 2013, we see that apart from heroin abuse cannabis abuse is the second cause of admissions into treatment services. There is no survey on the size of the cannabis market in Bangladesh. An unofficial estimate says that the number of cannabis smokers may be approximately 12,00,000. The major portion of cannabis now abused in Bangladesh is smuggled from India and Nepal. Besides this, The areas for illicit cultivation of cannabis are: the hilly areas of Chittagong and Chittagong Hill Tracts, Sunamganj, Bramhanbaria, remote rural areas of greater Mymensingh, Jamalpur, Faridpur, Tangail, Manikganj, Pabna, Natore, Bogra, Joypurhat, Rangpur, Gaibandha, Naogaon, Kushtia, Meherpur, Chuadanga, Jhinaidaha, Satkhira, Jessore, etc. There is also wild growth of Bhang (a species of cannabis plant) in many parts of the country. But smoking Bhang is not as much popular as cannabis because its THC (Tetra Hydro Cannabinol) content is very low.

G. ALCOHOL

Alcohol is the most widely known and criticized intoxicating substance in Bangladesh. In fact to mean any intoxicating substance, most of the people indicate alcohol, which in Bengali language is called "Mod". In Muslim community it is restricted and in other communities it has no general social acceptance. The law permits non Muslim populations to take alcohol under an effective permit system. The major alcoholic drinks available in Bangladesh are overseas liquor and spirit, wine, beer, country liquor and Tari

(fermented palm or date juice). Only one Government-owned distillery produces liquor or drinking alcohol in Bangladesh. Four private-owned distilleries produce commercial and industrial alcohol and spirits in Bangladesh. Besides the legal production there also exist illegal distillations of liquor by tribal people and people of lower castes all over the country. Though it appears from the statistics of permits for consumption of liquor, that there are 68925 permits for consumption of country liquor and 14471 permits for consumption of foreign liquor during the year 2013, the actual number of people drink alcohol may be more than this figure. During the year 2012-13 the consumption of liquor produced within the country and supplied from the legal sources were 3526535.99 proof liters of country liquor and 972118.94 proof liters of foreign liquor. But the actual amount of liquor consumed is much higher than this figure.

The seizure of illicit country liquor and foreign liquor during the year 2013 was 163161.693 liters and 211803 liters respectively. During the year 2013 the Department of Narcotics Control detected a total of 5865 cases (excluding cases in Mobile Court) and made 6419 arrests (excluding arrests in Mobile Court) of which 929 (15.83%) cases and 963(15%) arrests were related to offences in connection with alcohol. In this statistics alcohol stands as the second largest subject of drug related crime in Bangladesh and of course the second



DNC's Dhaka Metro raiding team with huge amount of seized Beer and foreign liquor

priority drug of abuse in Bangladesh. But if we review the data of drug addiction treatment services we see that only 1.67% of the treatment seekers have problem with addiction to alcohol. This figure obviously does not reflect the real picture of the magnitude of the drug problem in Bangladesh. Because people with alcohol habit very rarely seek treatment because it does not hamper their regular life and consequences of alcohol abuse is not visible and acute like the problem of heroin, Phensedyl or injecting drugs.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR ALCOHOL ADDICTION

Year	2009	2010	2011	2012	2013
Percentage of patients admitted for alcohol addiction	1.06	1.53	0.76	1.61	1.67

Source: DNC Data Base

H. BUPRENORPHINE

Buprenorphine, a product of India, clinically used for blocking opiate receptors was not supposed to be a drug of abuse for intoxicating purpose. But unfortunately this is one of the major and the most popular injecting drug of abuse in Bangladesh. As Buprenorphine has both the capability of blocking the opiate receptors and producing morphine-like dependence, many of the heroin abusers have switched from heroin to Buprenorphine because it is very cheap and it is very effective as an anti-dote to withdrawal syndrome of heroin addiction. Till 2010, the abuse of Buprenorphine was on increase but afterwards it is decreasing gradually during last three years. It is often injected intravenous in combination with sedatives, tranquilizers and anti-histamine. Initially it was found under the trade name Tidijesic. But now it is available under the trade names Lupijesic, Bunojesic, Tunojesic, etc.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR BUPRENORPHINE ADDICTION

Year	2009	2010	2011	2012	2013
Percentage of patients admitted for Buprenorphine addiction	17.71	31.54	27.56	23.22	20.00

Source: DNC Data Base



If we review five years data of treatment seekers for Buprenorphine addiction we see that it comprises almost 24% of the total patients enrolled in drug addiction treatment programs. Again if we have a look on the data of seizures of Buprenorphine, we see that starting from 2007, it increased almost thirty times till 2012 but during 2013 it has decreased 37.01% in comparison with 2012. Thus it appears that abuse of injecting drug, especially Buprenorphine, was a rising and rapid increasing problem in Bangladesh till 2012 but after that due to intensive NGO activities against injecting drugs and HIV and partially for epidemic of Yaba it has a declining sign.

STATISTICS ON SEIZURE OF BUPRENORPHINE

Year	2007	2008	2009	2010	2011	2012	2013
Amount of Buprenorphine seized	5331	45921	89469	69158	118890	157995	99509

Source: DNC Data Base

I. YABA (ATS)

Amphetamine type stimulant drug Yaba is sourced from Myanmar. Though the main ingredient of Yaba is methamphetamine, amphetamine or pseudoephedrine can also be used for manufacturing Yaba. For enhancing its stimulant effects, other stimulants such as caffeine or similar substances can be added to it. To decrease or balance the stimulant effects, sometimes any narcotics, sedative or tranquilizers are added to it. Yaba is generally flavored with vanilla, orange or lemon. The color of Yaba found in Bangladesh is generally red or orange. But white or green Yaba is also available in the South-Eastern part of the country.

The young generation of Bangladesh is the main victim of Yaba. Criminal activities in association with Yaba trade have also increased to a great extent. As per recent media reports many of the young students in English medium school and colleges and students of some private universities are being hooked to Yaba and consequently they are being dropped out from the education system. It is also instigating perversion among the young generation. The river Naff and the coastal area of Bangladesh-Myanmar border are the most critical

places for the inflow of Yaba from Myanmar to Bangladesh.

STATISTICS ON SEIZURE OF YABA DURING 2008 TO 2013

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

Source: DNC Data Base

It appears from the above table that the illicit trafficking and abuse of Yaba has increased more than 7621% over last six years. Recently it has become the number one smuggling item from Myanmar. Our intelligence reports say that there are Yaba manufacturing factories at Maungdaw in Myanmar within 10 kilometers of the border of Bangladesh. In the major cities of Bangladesh, women and students are recently found engaged in trading Yaba. Most of the Bangladeshi citizens arrested with Yaba are Rohingas of Teknaf and Cox's Bazaar.

J. TOLUENE

Toluene based-adhesive called "Dandy" or "Denty" is the latest intoxicant in Bangladesh. It is found in casket made of tin. It has been introduced in Bangladesh only five to seven years ago. Street children are pioneer to sniff adhesive for getting intoxicated. It is very cheap any easily available at hardware stores. The active ingredient of these adhesives to create intoxication is toluene.

As heroin, Phensedyl or Yaba are comparatively costly, the street children practice glue or adhesive very cheaply. One gram of dandy costs approximately taka 10 to 15 and this amount is sufficient for three to four children to get intoxicated. Though toluene as a precursor chemical is under control of the DNC, the adhesives cannot be controlled or restricted because they are widely used in various industrial, repairing and household purposes. The adhesive abusers are taking the advantage of this decontrolled situation on adhesive. Even the society is not yet aware on the potentiality of the intoxicating aspect of adhesive. Generally the glue

is put in a polythine bag and its fume or odor is sniffed or inhaled by putting the mouth inside the bag. The number glue sniffing people in Bangladesh is not yet so much in comparison with other drugs. But the data from drug addiction treatment services shows that it is increasing rapidly.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR TOLUENE ADDICTION

Year	2009	2010	2011	2012	2013
Percentage of patients admitted for toluene addiction	0.12	0.51	1.01	1.07	0.91

Source: DNC Data Base

K. SEDATIVE, HYPNOTIC AND TRANQUILIZER DRUGS

Sedative, hypnotic and tranquilizer drugs, commonly known as sleeping pills, are psychiatric medicines and generally prescribed by the physicians for mood disorder, insomnia, anxiety, restlessness, tension, excitation and other psychiatric and neurological disorders. Besides physicians' prescription, lots of people use these medicines on self prescription for sound sleep or for relaxation from tension.

The Narcotics Control Act' 1990 provides a system of control on import, manufacture, sale, prescription and use of sedative, hypnotics, tranquilizers in Bangladesh, as required under the UN Convention on Psychotropic Substances 1971. The pharmaceutical companies import the raw materials and conduct manufacture under licenses/permits from the Department of Narcotics Control. We do not have yet any assessment on the real medical requirement of these drugs in Bangladesh. 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. It is to note that diazepam tops the list 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. Withdrawal syndrome or side effects of these drugs are not so much severe as those are in case of heroin or injecting drugs. Therefore less people seek treatment for addiction to these drugs. But the volume of production and sale of these drugs indicates that these are largely abused. It reveals from the reports of psychiatric physicians that mental illness and psychiatric disorders are severely on increase in the country. 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. These sorts of people generally do not seek any medical treatment. They are called the drug abusing hidden population.

PATIENTS ADMITTED TO TREATMENT SERVICES FOR SEDATIVE, HYPNOTIC AND TRANQUILIZER ADDICTION

Year	2009	2010	2011	2012	2013
Percentage of patients admitted for sedative, hypnotic and tranquilizer addiction	2.11	1.27	1.40	1.34	3.73

Source: DNC Data Base

L. TODDY

Toddy is a traditional alcoholic beverage from fermented juice of date or palm in the rural area of Bangladesh. It is generally available during summer season from palm juice and during winter season from date juice. The alcoholic volume of toddy is 5%-10%. The tribal groups, or under privileged class population drink toddy during ritual programs and for social recreational purposes. The popular view about toddy is that it helps reducing dehydration and body heat during the hot summer. The north-western part of Bangladesh has the highest prevalence of toddy use. For emergence of modern and new drugs, the

number of the consumers of toddy has recently decreased to a great extent.

various regions of the country, it at least gives us some indication of the real picture.

AN OVERVIEW ON THE PROFILE OF DRUG ABUSERS AND THE DRUG ABUSING SITUATION IN BANGLADESH

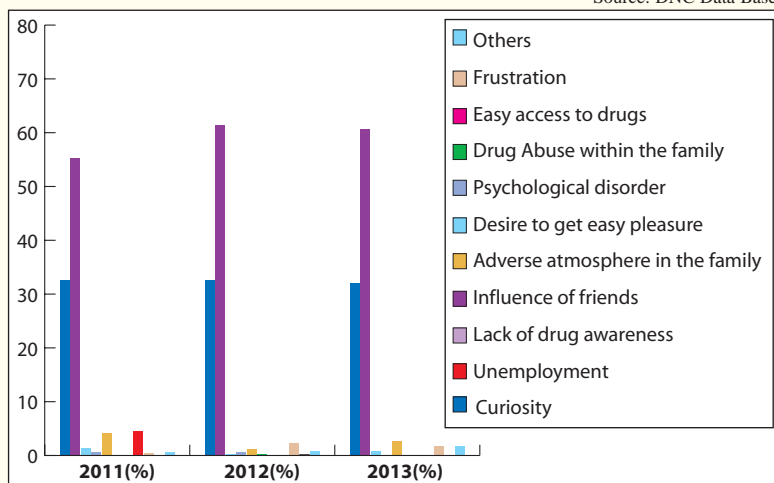
Theoretically a vulnerable person for drug use is he, who has biological and genetic components of being drug user; who is uninformed of the dangers of drug use; who is in a state of poor physical and mental health; who is under-privileged and unsatisfied with the quality of his life-standard; who has a poorly integrated personality; who lives in an unfavorable family and social environment; who is frequently faced with easily available drugs. But So far till today, there is no epidemiological and nationwide survey on the drug using population in Bangladesh. Whatever information we have in this respect, is based on media reports, individual studies, academic writings and the information from the data base of the Department of Narcotics Control (DNC).

Having a look at the following Table, we see that influence of friends is the principal cause (60.64%) of taking drugs. The second major cause appears to be curiosity (32.07%). Other causes are frustration, adverse family environment etc. Desire to get easy pleasure also plays important role for individual's inclination to drugs. But we cannot consider these factors behind drug addiction as universal, because these are based on only the information from the patients under drug addiction treatment programs. However as the patients represent cross section of population and

PRIMARY CAUSES OF DRUG ABUSE OF THE PATIENTS UNDER TREATMENT PROGRAMS:

Primary causes of drug abuse	2011(%)	2012(%)	2013(%)
Curiosity	32.62	32.68	32.07
Influence of friends	55.29	61.47	60.64
Desire to get easy pleasure	1.39	0.28	0.76
Psychological disorder	0.63	0.56	0.15
Adverse atmosphere in the family	4.16	1.25	2.74
Drug Abuse within the family	0.13	0.28	0.00
Easy access to drugs	0.13	0.00	0.00
Unemployment	4.53	0.00	0.15
Frustration	0.38	2.36	1.76
Lack of drug awareness	0.13	0.14	0.15
Others	0.63	0.83	1.67
Total	100.00	100.00	100.00

Source: DNC Data Base



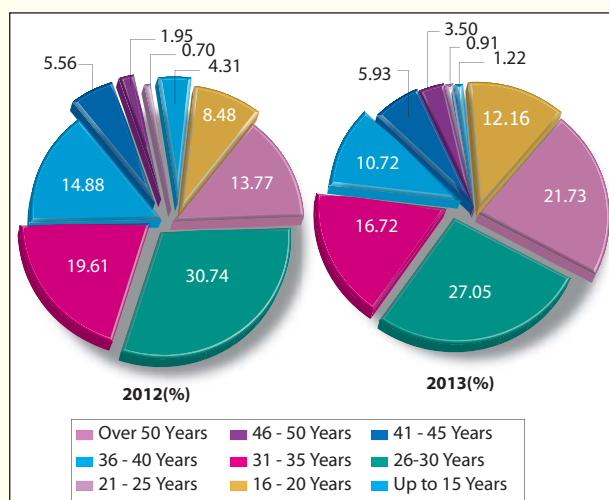
We know from scientific researches that for biological, particularly for endocrinal reasons, youth is the most vulnerable age for addiction to drugs. The global statistics and statistics of all previous studies and reports in Bangladesh also support this proposition. The following Table on study on the drug abusers under treatment programs in Bangladesh during 2013 shows that people of age group from 16 to 40 comprises 88.38% of the drug abusing population in Bangladesh. Since long we have been telling that

around 80% of the drug users in Bangladesh are youth. The data from the Table of study on drug users during 2013 have match with this information.

AGE DISTRIBUTION OF THE DRUG ABUSERS

Age Group	2012(%)	2013(%)
Up to 15 Years	4.31	1.22
16 - 20 Years	8.48	12.16
21 - 25 Years	13.77	21.73
26 - 30 Years	30.74	27.05
31 - 35 Years	19.61	16.72
36 - 40 Years	14.88	10.72
41 - 45 Years	5.56	5.93
46 - 50 Years	1.95	3.50
Over 50 Years	0.70	0.91
Total	100.00	100.00

Source: DNC Data Base



Abuse of drugs by people of age over 50 years is the lowest and people of age group up to 15 years have the second lowest prevalence of drug abuse. But it is still very much alarming because involvement of children, especially the street children in trafficking and abusing drugs have increased to a great extent recently. In "Annual Drug Report of Bangladesh 2011" we had a paragraph on drug abuse among the street children in Bangladesh. There we have explained the scenario as much as possible. We do not exactly

know how many people abuse drugs in Bangladesh, because we do not have any nationwide authentic survey in this respect. However media reports state that there may be 5,000,000 drug abusers in Bangladesh; and this figure is cited in many speeches and discussions over the table. Though not authentic, if we consider this figure, then the number of drug abusers among the child population comes to 61000. Children of marginalized population, especially the street children in Bangladesh are victim of many problems, situations and curses including malnutrition, lack of education, lack of health services, lack of recreational facilities and so on; and drugs have added fuel to their problems.

Addiction to drug is something that depends on individual's biological, environmental and personal factors. People with biological vulnerability, genetic pre-disposition and high risk personality traits cannot escape drugs if he lives in a vulnerable family, social and cultural environment. But knowledge, awareness and motivation sometimes immune individual against drug abuse and education of course is an important factor for these immune and preventive attributes against drugs. Therefore educational status is important for someone's being or not being addicted to drugs.

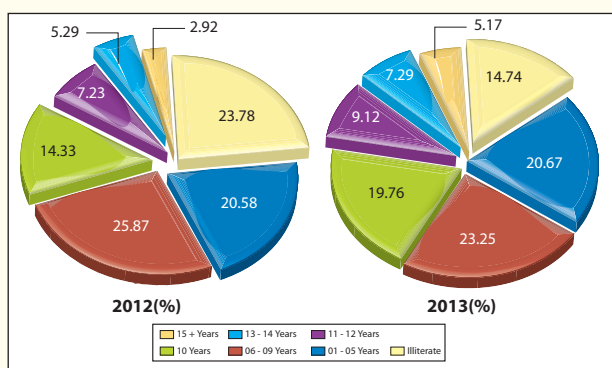
If we study the data from the treatment of drug addiction services in Bangladesh during 2013 we see that the highest percentage of addicted population is illiterate, less educated and not having education over ten years. On summation of these three groups we see that 78.42% of drug addicts admitted in the treatment program are illiterate, less educated and they could not complete their secondary level of education. Therefore less education stands as a cause of addiction to drugs. Moreover being dropped out from the educational system may make the people under study incapable of getting any job or doing anything worthy; which again can make them feel insignificant in the society causing lack of coping skill and frustration about life and career. We find

in the study that people with higher education are less involved in drugs, because education helps them making judgment and right choice about drugs.

EDUCATIONAL STATUS OF THE DRUG ABUSERS:

Education Status	2012(%)	2013(%)
Illiterate	23.78	14.74
01 - 05 Years	20.58	20.67
06 - 09 Years	25.87	23.25
10 Years	14.33	19.76
11 - 12 Years	7.23	9.12
13 - 14 Years	5.29	7.29
15 + Years	2.92	5.17
Total	100.00	100.00

Source: DNC Data Base



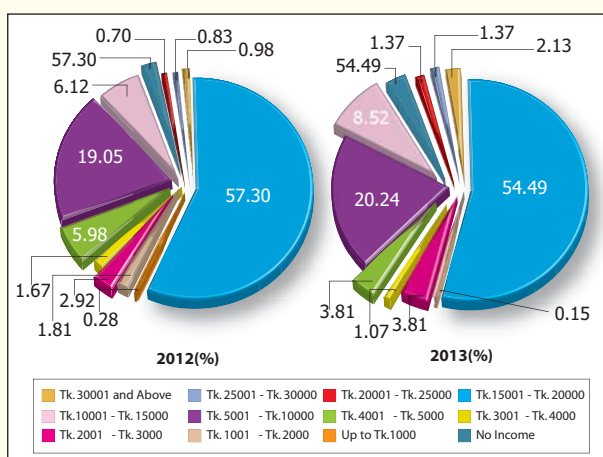
Once it was thought that the habit of drugs is for rich people. In fact rich and developed countries were more affected by drugs than the poor or less developed countries. From this point of view Bangladesh as one of the world's least developed country was not supposed to face a problem of drug abuse. But the real scenario is different. As estimated by the NGOs and media, the number of drug abusing people in Bangladesh was almost 4.6 million during the year 2010. This number may be higher in 2013. Therefore poverty is not a barrier for flourishing the drug market in Bangladesh. Rather if we have a look at the data from the treatment services during 2013, we are astonished to see that people with no income are the highest group (54.49%) for addiction to drugs. Here no income means they have no legal source

of income. May be that these people are dependent on their parents or on heads of family, or they may manage money to buy drugs by extortion, theft, or other social crimes. There are also people who get the supply of their daily doses of drugs in lieu of peddling drugs on behalf of some real drug traders.

DISTRIBUTION OF PATIENTS BY SELF- INCOME

Self - Income Group	2012(%)	2013(%)
No Income	57.30	54.49
Up to Tk.1000	0.28	0.00
Tk.1001 - Tk.2000	1.81	0.15
Tk.2001 - Tk.3000	2.92	3.81
Tk.3001 - Tk.4000	1.67	1.07
Tk.4001 - Tk.5000	5.98	3.81
Tk.5001 - Tk.10000	19.05	20.24
Tk.10001 - Tk.15000	6.12	8.52
Tk.15001 - Tk.20000	2.36	3.04
Tk.20001 - Tk.25000	0.70	1.37
Tk.25001 - Tk.30000	0.83	1.37
Tk.30001 and Above	0.98	2.13
Total	100.00	100.00

Source: DNC Data Base



Whatever may be the situation we see from the Table that people with less income are the majority of drug abusers. From the Table of self income of the drug abusers we see that middle class population are the second largest group to abuse drug. Therefore the drug problem in Bangladesh

prevails mainly within poor and middle class of population. But at the same time we need to keep in mind that to buy drugs someone needs at least some money. Therefore beggars or people in extreme poverty shall not take drugs because they are not at all capable of keeping their drug habit.

DISTRIBUTION OF PATIENTS BY FAMILY INCOME

Family - Income Group	2012(%)	2013(%)
No Income	0.00	0.30
Up to Tk.1000	0.70	0.30
Tk.1001 - Tk.2000	0.97	0.61
Tk.2001 - Tk.3000	12.52	9.13
Tk.3001 - Tk.4000	5.56	2.13
Tk.4001 - Tk.5000	10.85	9.13
Tk.5001 - Tk.10000	35.74	30.44
Tk.10001 - Tk.15000	14.33	16.13
Tk.15001 - Tk.20000	9.60	14.92
Tk.20001 - Tk.25000	2.64	2.89
Tk.25001 - Tk.30000	2.92	5.33
Tk.30001 - Tk.40000	1.67	2.89
Tk.40001 - Tk.50000	1.39	3.65
Tk.50001 - Tk.75000	0.56	0.61
Tk.75001 - Tk.100000	0.42	1.22
Tk.100001 - Tk.200000	0.00	0.30
Tk.200001 - Tk.500000	0.00	0.00
Tk.500001 and above	0.14	0.00
Total (%)	100.00	100.00

Source: DNC Data Base

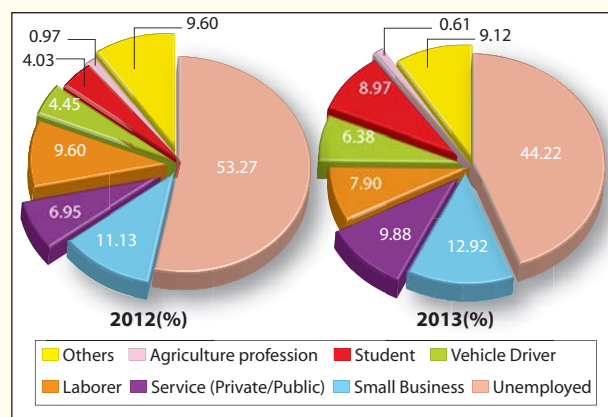
If we study the family income of the drug abusing people, the same picture reveals. People under extreme poverty (monthly income up to taka 2000/) comprise only 1.21% of the drug abusing population. The majority (61.49%) are from middle class with monthly family income of Taka 5001 to 20000. People with monthly family income of Taka 20001 and above comprises only 16.89%. Therefore we finally see that the middle and lower middle class of population is the major victim of drug abuse in Bangladesh.

The major causal aspects of drug abuse are biological factors, genetic pre-disposition, individual's personality traits and surrounding socio-economic and cultural environmental factors. Profession is a major component of the surrounding socio-economy. Drug dealers are the most vulnerable group for abusing drugs for their close contact and affiliation with drugs. There are stressful professions where the situation compels an individual to be hooked to drugs. In many profession people need extra energy and stamina to maintain the level of performance, and under influence of myths and misconceptions about effectiveness of drugs people start abusing those.

DISTRIBUTION OF PATIENTS BY SELF-OCCUPATION

Occupational Group	2012(%)	2013(%)
Unemployed	53.27	44.22
Small Business	11.13	12.92
Service (Private/Public)	6.95	9.88
Laborer	9.60	7.90
Vehicle Driver	4.45	6.38
Student	4.03	8.97
Agriculture profession	0.97	0.61
Others	9.60	9.12
Total	100.00	100.00

Source: DNC Data Base



On reviewing the Table of professional distribution of drug abusers under treatment services during 2013, we find that majority (44.22%) of them is unemployed and they have no



specific profession. May be that these people were themselves drug peddlers or they get their daily doses of drugs in lieu of selling drugs on behalf of a drug dealer. Or may be that these people are just dropped out from educational system, they have no job and they are dependent on their family. The other major professional groups are small businessmen, service holders and students. These sorts of people work very hard. They have very few opportunities for mental recreation and amusement. Generally they practice cheap drugs like cannabis or alcohol just for having a little pleasure from the monotony of their hardship in daily life.

Vehicle drivers are one of the most vulnerable groups for drugs in Bangladesh. Most of the bus, truck and lorry drivers drink alcohol. They believe that alcohol helps them gaining extra energy for long drive and keeping them awaken and alert. But practically this is quite a wrong concept. In fact most of the road accidents occur under influence of alcohol. An overdose of alcohol often cause blur eye and visual hallucination. In Bangladesh abuse of drugs is mostly concentrated in urban areas. In recent times though the rural areas are reported to be affected by drugs, the farmers or peasants are rarely involved in it. The Table of drug abuser's professional distribution also demonstrates the same picture. Here we see that peasants in agriculture profession are the smallest group of drug abusers representing only 0.61%.

Which one is the most dominating and widely abused drug in Bangladesh, is a commonly asked question. We get different answers from different group of people in different time. The popular and ancient view is that alcohol and cannabis are the most widely abused and dominating drug in Bangladesh. But after emergence of heroin during mid eighties, the media enlightened heroin so much that it became the focus of all talks and discussions. The policy makers, the law enforcement officials, the service provider NGOs, the social workers, and all other concerned diverted all their attention to heroin. There was a

time when heroin became the real hero in the drug world in Bangladesh. At the beginning of nineties, Phensedyl, a codeine- mixed cough syrup, took over the place of heroin. The media, the law enforcement agencies, the whole society concentrated their attention to Phensedyl. In the mean time prevention of HIV/AIDS became a major national issue. Researchers and policy makers observed that one of the major causes of spreading HIV/AIDS is injecting drugs. Therefore the donors, the NGOs, the service providers, the researchers, everybody started talking on relation between use of injecting drugs and spread of HIV.

Though nobody demanded injecting drug to be major drug of abuse, but donors, NGOs and service providers put all their attention on it. Yaba, an ATS, emerged in Bangladesh in the middle of last decade. Initially it was concentrated among the adolescents of aristocratic society, particularly among the English medium students of Dhaka city. But very soon it became a symbol of smartness, fashion and aristocracy. Model girls, film heroines, singers, dancers and many of the celebrities became a subject of media reports for abusing Yaba. In many cases children of rich people even university students were found involved in Yaba trading. In fact Yaba has occupied most of the attention of media during last five years. Many of the concerned people have started pointing Yaba as the number one drug in Bangladesh at present. There are of course many reasons behind these sorts of people's perception on Yaba. If we have a look on the statistics of the seizures of drugs over last five years we are astonished to see that the seizures of Yaba have increased from 129644 tablets to 2821528 tablets, i.e. more than 2076% only within five years in jumping mode. Therefore we see that in the passage of time different drugs have dominated in the drug market of Bangladesh in different situation.

Year	2009	2010	2011	2012	2013
Seizure of Yaba	129644	812716	1360186	1951392	2821528

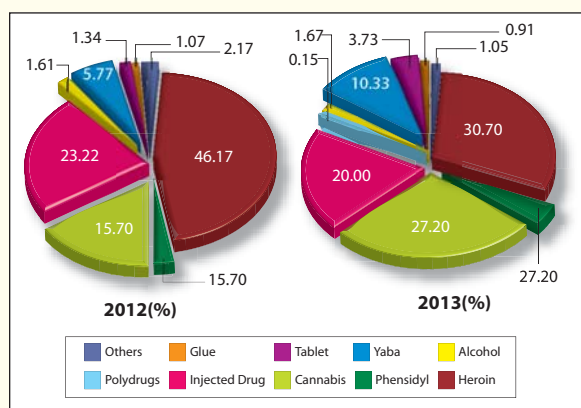
Source: DNC Data Base

In absence of any survey or authentic data, it is really hard to determine which one is the dominating and most widely abused drug in Bangladesh. Drug abusers sometimes use more than one drug. There are poly drug abusers. Moreover they often switch from one drug to another as per availability and other prevailing situations. Whatever data we have on the abuse of drugs are mainly from the treatment programs and from the law enforcement and judicial records. Data from treatment records do not actually represent the real situation of the country. People seek treatment mainly when their regular life is disturbed for the miseries and suffering caused by addiction. Severe and visible harms and hazards associated with abuse of drugs are other factors those compel someone to seek treatment. From this point of view harder is the drug, greater is the treatment seekers in number.

DISTRIBUTION OF PATIENTS BY PRINCIPAL DRUG OF ABUSE

Drug Name	2012(%)	2013(%)
Heroin	46.17	30.70
Phensidyl	02.95	4.26
Cannabis	15.70	27.20
Injected Drug	23.22	20.00
Poly drugs	0.00	0.15
Alcohol	1.61	1.67
Yaba	5.77	10.33
Tablet	1.34	3.73
Glue	1.07	0.91
Others	2.17	1.05
Total	100.00	100.00

Source: DNC Data Base



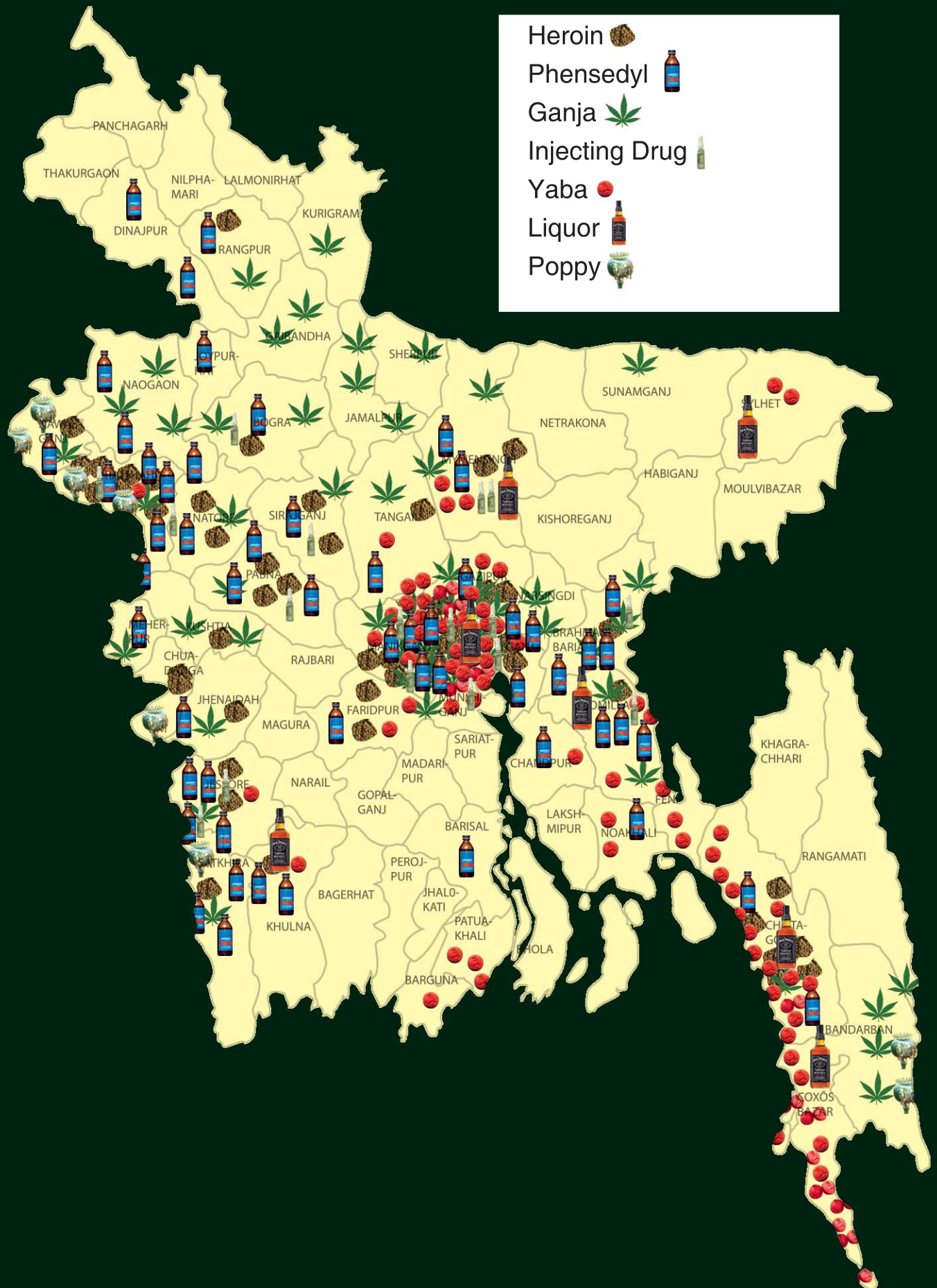
social crime and most contemporary burning issue of the country, is generally committed by naughty boys who in most cases are abusers of drugs. ■

If we review the statistics on principal drug of abuse by treatment seekers during 2013, heroin appears to be the number one drug comprising 30.70% though it has decreased 33.50% from previous year. Cannabis stands second comprising 27.20% with an increase of 73.25% in comparison with previous year. Injecting drugs stand in third position comprising 20.00% with a little decrease in comparison with previous year. It is to note the treatment seeking people in case of Yaba is increasing very rapidly from 5.77% in 2012 to 10.33% in 2013 with an increase of 79.02%.



The Girl in red circle killed both of her parents under influence of drugs

DRUG-PRONE AREAS IN BANGLADESH



SCENARIO OF ILLICIT DRUG TRAFFICKING

CURRENT TRENDS

Demand and supply of drugs enhance and support each other in a vicious circle. All the indicators, signs and symptoms confirm that drug abusing population in Bangladesh is on increase. Therefore we have no doubt that illicit trafficking of drugs as a whole is also on increase. But with the emergence of Yaba, there have been a change in the drug trafficking scenario in Bangladesh. Yaba is gradually replacing the top popularity of heroin and Phensedyl. The current statistics of seizures indicate a serious increase in the inflow of Yaba during 2013. The amount of the seizure of Yaba during 2013 is 2076.36% more than that of five years ago and 44.59% higher than 2012. There have also been Yaba trafficking syndicates at Cox's Bazaar and Teknaf. These syndicates have also links in Myanmar. Most of the consignments of Yaba are smuggled through Teknaf of Cox's Bazaar. The quantity of the bulks of seizures of Yaba at a time is also on increase. Even it is whispered that the traffickers are manufacturing Yaba in Bangladeshi territory in collaboration with their mates in Myanmar.

Trafficking of injecting drug was on increase till 2012, but during 2013 it has decreased 37.01% in comparison with the figure of 2012. It may be an effect of Government's anti-AIDS campaign and extensive NGO movement in this respect. Illicit trafficking of cannabis was on increase till 2011, but after that it is decreasing gradually. There are extensive cultivations of opium poppy at the Indian territories at western border. The Indian poppy cultivators are often expanding their activities in Bangladeshi territory in connivance with the bordering people in Bangladesh. But till date there is no detection of clandestine heroin or Phensedyl Lab in Bangladesh. Most of the illicit

cultivation of poppy in Bangladeshi territory of the border area are instantly detected and destroyed by our Border Guards. In Bangladesh-Myanmar border Bangladesh Army plays vital role in this respect.

On review of the statistics of seizures we find that there is a little decrease in the trafficking of heroin and Phensedyl. Starting from 2007 to 2010 heroin was on increase but after that it decreased in 2011 and since 2012 it is almost static with a slight increase. Trafficking of Phensedyl was on increase till 2009. But during last four years it is almost static except a sharp increase in 2012. As per commitments under the bilateral agreement, the Indian Authority has imposed control on movements of codeine within 50 kilometers of the borders. They have reduced the allotment of codeine for pharmaceutical purposes and took action against many of the Phensedyl traffickers near the border. As a result trafficking of Phensedyl is static and more or less under control.

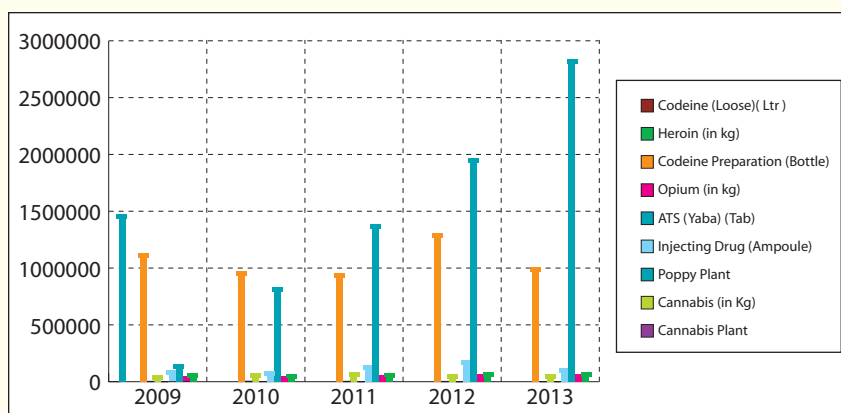
Though there is no consumption of opium in Bangladesh, there were seizures of 11.69, 8.07, 4.84 and 11.62 kg in 2010, 2011, 2012 and 2013. The seizure of heroin was on a gradually increase till 2010. But during 2013, it decreased from 188.186 kg to 123.625 kg. On review of the overall market of heroin in Bangladesh, it appears that there is some decrease in the consumption of heroin. The seizure of a particular drug is one of the indicators of its prevalence both in abuse and trafficking. But this is not all to explain the situation. Sometimes decrease in one drug is the result of increase in another substitute drug. If we review the trends of the seizure statistics of Buprenorphine, we see that during 2010, 2011 and 2012 it was 69158, 118890 and 157995 ampoules

respectively. Here the rate of increase from 2011 to 2012 is 71.91%. But after that it became 99509 ampoules in 2013 with 37.01% decrease. Now if we do an equation of the seizure of Buprenorphine with seizure of Yaba we see that Yaba has replaced Buprenorphine. In fact drugs always substitute each other. When there is increase in one drug it cause decrease in another one and sometimes we call it “balloon effect”.

STATISTICS ON THE SEIZURE OF DRUGS BY ALL AGENCIES IN BANGLADESH

Name of Drugs	2009	2010	2011	2012	2013
Poppy Plant	1450210	-	-	-	-
Opium (in kg)	-	11.69	8.07	4.84	11.62
Heroin (in kg)	159.783	188.186	107.499	124.92	123.73
Codeine Preparation (Bottle)	1117354	961260	932874	1291078	987661
Codeine (Loose) (Ltr)	2955.300	4119.185	3228	2613	857.55
Cannabis (in Kg)	32955.581	48749.357	54244	38702	35012.54
Cannabis Plant	791	1760	742	485	666
Injecting Drug (Ampoule)	89469	69158	118890	157995	99509
ATS (Yaba) (Tab)	129644	812716	1360186	1951392	2821528

Source: DNC Data Base



Heroin, Phensedyl and cannabis are smuggled into Bangladesh through the borders of Jessore-Satkhira and Rajshahi-Chanpai Nababganj at western side and Comilla- Bramhanbaria at Eastern side. The western border being mostly plain land and within the easy access of most part of India is more convenient for the traffickers and

these are the major routes of smuggling. But recently trafficking of cannabis through Eastern border has increased to a great extent because there are illicit cannabis cultivation of cannabis at the vast areas of Assam and Tripura. The main route of smuggling injecting drug is through the border of Joypurhat and Dinajpur. The border of Rajshahi and Satkhira is also used for smuggling injecting drugs. All the legal imports of precursor chemicals

are commenced through the port of Chittagong. But recent speculation suggests that illicit consignments of precursor chemicals such as toluene and acetone might be smuggled into Bangladesh under false declaration and in disguise of other uncontrolled chemicals. Illicit consignments of foreign liquor are generally smuggled into Bangladesh through Chittagong port. Legally imported liquor for duty free bonded warehouses and in certain cases under diplomatic privilege are alleged to be diverted to illegal markets.

MODUS-OPERANDI

As Bangladesh is not a drug producing country, drugs are mostly smuggled from out sides of the country. Phensedyl is absolutely sourced from India. Heroin with very high adulteration and impurities of brownish color is mostly sourced from India.

However good quality of heroin sourced from Golden Triangle area are also sometimes penetrated into the South-eastern part of Bangladesh mostly for further shipment to Europe and America by sea. Cannabis enters into Bangladesh through all the three borders with India. It appears from media reports that recently commercial cultivation of cannabis is taking place

in Eastern states of India, particularly in Assam, Tripura and Manipur and entering into Bangladesh through the borders of Comilla and Bramhanbaria. The big consignments of recent seizure of cannabis in Bangladesh are from this area. Buprenorphine is also absolutely sourced from India. Earlier South-western border was mainly used for smuggling Buprenorphine. But recent seizures indicate that North-western border of Bogra and Joypurhat District is the main route of trafficking Buprenorphine. Medicines delivering covered vans travelling from capital to these areas are alleged to be used by the traffickers to carry Buprenorphine on their way back to the capital, because it is very easy to conceal Buprenorphine injections in packages and boxes of other injectable medicines.

The main source of Yaba is Myanmar. It appears from reports of Myanmar drug control authority that most of the Yaba is produced in clandestine laboratories located at China-Myanmar border of Shan and Cochin States. The insurgent groups of these areas are reported to be involved in manufacture and trafficking Yaba in different parts of the world. Bangladesh, being one of Myanmar's next door neighbor, and having recent high demand, have become a major market of Yaba. Most of the consignments travel from China-Myanmar border to Yangon and enter in Bangladesh directly by sea route from Yangon to Teknaf, or they first come to Maungdaw by road by different route and then travel from Maungdaw to different places of Teknaf and Cox's Bazaar. Fishing boats are largely used for smuggling Yaba. As reported by the drug controlling authority in Myanmar, a little amount of cannabis, Buprenorphine and tranquilizers are smuggled from Bangladesh to Myanmar through barter system in exchange of Yaba. Bangladeshi eggs, medicines, toilet preparations, fuel, fertilizers, etc. are also exchanged for Yaba.

The small amounts of drugs are generally carried through concealment in body-fitting, in costumes, in luggage and in other belongings. Very

special jackets and costumes are used to carry heroin and Phensedyl in human body. Heroin and Yaba are put into latex-made condoms and swallowed by the traffickers. Sometimes rectum or vagina is also used for concealment of small amounts of drugs in course of trafficking. Shoes, anklets, corset belts, under wears, sanitary towels are also used for carrying heroin, Yaba or small amounts of cannabis. Flexible plastic and rubber pipes full of loose Phensedyl are tied around legs,



Women are used for smuggling ganja in body-fitting. This Woman was carrying 30 kg Ganja fitted on all over her body.

thighs and hips by the drug carrier to avoid interception. Women carriers are largely engaged for body concealment of drugs. Women with borkha pretending to be pregnant are the common suspects as drug carriers in body-fitting. The traffickers are also found to use human dead body for concealment of drugs in course of trafficking. In many cases coffins are used for concealment and carrying drugs.

Medium and large consignments are smuggled under camouflage or concealment in bags, cartons,



Smuggling of Cannabis concealed in jackfruit

and baskets of fruits, fishes, eggs, vegetables, rice, potatoes, or similar commodities. Coffins, gas cylinders, oil containers, coconuts shells, jack fruits, pumpkins, even the stomachs of the cows, especially those coming from India, have been found to be ideal for concealment of drugs. Under-privileged women and street children are commonly employed for carrying and peddling drugs. The drug carrier women sometimes borrow or rent children of other poor women or children of their relatives and keep those children in their arms to avoid suspicion of the law enforcement officials in course trafficking. Even new born babies are used for these purposes. There are many incidents of detecting heroin, Yaba, or cannabis from children in school uniform with school bags. Drugs are put in school bags to avoid suspicion. Toys, baby foods, nappies, cosmetic bags, tooth paste tubes, cans of food and drinks, any kind of belonging are used for concealment of drugs depending on the amount, size, nature and shape of the drug. 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 in course of trafficking.

Big consignments are smuggled under the coverage of freights of licit commercial import commodities. The cavities and specially made

secret chambers and false bottoms of oil tankers, gas cylinders, Lorries, trucks, buses, cars, trains, covered vans, microbuses, ambulances, boats, or any other suitable transports are also used for concealment of drugs in course of trafficking. We have also detected drugs concealed in the hollows space or secretly made chambers in timber logs. The two biggest consignments of heroin seized from Dhaka international airport were concealed in soap packets and in tubes of tooth pastes. The cavities in body of trains, cars and microbuses are also used for concealment of drugs.

There have been organized trafficking gangs comprising citizens of Myanmar and Myanmar-origin Rohingas of Cox's Bazaar and Teknaf at the south Eastern border of the Country to deal in Yaba. Individual and small traffickers generally do not use the legal ports of entry of smuggling small consignments of drugs. Avoiding the legal ports of entry, earlier the big consignments were also smuggled through suitable spots and routes of the border. But recent seizures indicate that the traffickers are also using the legal ports for illicit trafficking of drugs under concealment of legal commodities.

Routes and spots of illicit trafficking of drugs are not static. They are constantly shifted from one place to another. The drug traffickers also keep surveillance on the activities of the law enforcement agencies. When there is any significant seizure or arrest at a particular route or spot, the traffickers immediately shift their routes. When the there is enhanced activities of the law enforcement agencies at any particular route the smugglers immediately shift their site of operation. Sometimes the smugglers use reverse routes and divert their movements to escape the interception by law enforcement agencies.

The small towns and trade centers by the borders are used as transit points for smuggling drugs. There are local agents of the traffickers at the border, who provide shelter and protection to the smugglers. They have also to pay tax or extortion money to local influential people. The

smugglers prefer the jungles, canals, rivers, or uncommon rural paths across the borders rather than using the roads and highways to avoid risks of detection by the law enforcement agencies.

The drug traffickers are really very cunning and innovative in their style and modus-operandi



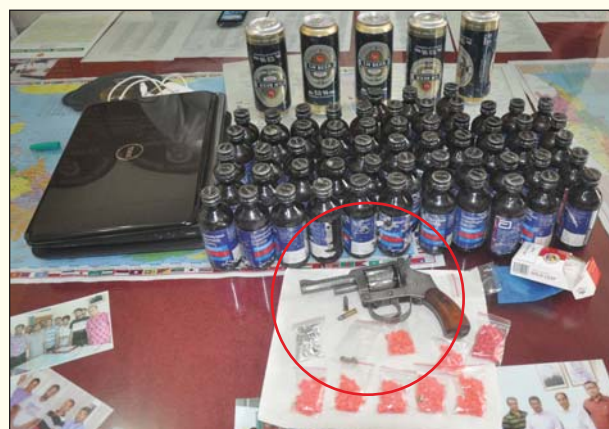
DNC's Dhaka Metro raiding team with 3kg of cocaine and an arrested peruvian citizen who is a member of international drug trafficking syndicate

in trafficking drugs. Their methods and techniques are in many cases beyond the horizon of imagination. When any consignment of drug moves from one place to another in course of trafficking, generally the traffickers deploy a navigating vehicle a few kilometers ahead to give a clearing signal continuously to the drug carrying main vehicle. The traffickers follow the signals and keep moving. When there is any signal for danger from law enforcement agencies they immediately make diversion of their movement and trafficking route. The traffickers prefer night and solitary roads and avoid check posts for their movements. Consignments are loaded and unloaded in disguise of legal commercial commodities. They do not deploy any unknown person in loading or unloading operations.

The traffickers split the stock of drugs in the process of storage to minimize the risk of seizures and other related losses. Store places are generally located at a reasonable distance from the marketing places to avoid the risks of seizure of the whole lot all together at a time. Underground secret

chambers, ditches, hollow chambers between two walls, water preservers or ponds, secret chambers of furniture, graves etc. are ideal places of concealment during storages. Small amount of any drug may be concealed anywhere. Cell phones play a vital role in current drug trafficking and trading. We have seizure of cell phone along with drugs almost in every case. The traffickers use several SIM cards. They very frequently change their SIM card and mobile phone set so that the law enforcement agencies would not easily trace their location and identity. They generally do not attend any unknown phone call. The drug traders have introduced home delivery services for drugs.

The drug traffickers very largely deploy street children in peddling drugs. These peddlers are always mobile at the street corners or near the approach areas of the slums or other drug peddling areas. The recent trends of abuse and trafficking of drugs indicate that though few years ago it was concentrated mostly in urban areas by now it has spread over almost all rural areas. Till last year Yaba was mainly a concern of major cities. But in 2013 there are many media reports about abuse of Yaba in remote rural areas of the country. Drug is now the main source of earning for the anti-social elements and miscreants. We are being encountered by the criminals in most search and seizure operations of drugs. One of major seizure items along with drugs are now illegal arms.



Drugs dellers are now mostly armed. DNC's Dhaka Metro raiding team recovered loaded revolver along with huge amount of yaba and phensedyl.

TRAFFICKING THROUGH COURIER SERVICES

Both national and international courier services play a vital role in transportation of goods and parcels at home and abroad. There are five to six international courier services operating in Bangladesh. The number of local courier services is more than thirty. Though there are some rules and regulations or code of conducts for operations of these courier services, in practice there is very loose supervision or surveillance on their activities in Bangladesh. This lack of supervision has made the courier services most vulnerable to be used as media for illicit trafficking of drugs both at national and international context. Several cases of illegal shipments of pseudoephedrine-based pharmaceutical products from Bangladesh through international courier services were detected in South American countries a few years back. All the addresses of senders used in these shipments were found to be false and traceless in investigation of these cases.

Though we do not have specific data, there is allegation that consignments of Phensedyl and cannabis are sometimes transported within the country through local courier services. Financial transaction and money laundering through courier services is a very frequent current practice in Bangladesh. Identity of the senders and recipients are not verified. Only the number of mobile phone is used as the identity and reference of both senders and recipients and in Bangladesh nobody can be traced with a mobile SIM or phone number because it is issued carelessly. Therefore courier services in Bangladesh are very much vulnerable for illicit trafficking of drugs.

SPOTS AND ROUTES OF ILLICIT DRUG TRAFFICKING

Both the western and eastern border of Bangladesh is vulnerable for trafficking drugs from India because they are mostly plain lands

with easy road communications. There are business centers and townships at these areas with easy facilities of transit and storage. There is frequent mobility of various business commodities from these areas. We have no information about the number of drug traffickers in Bangladesh. However about 40,000-43,000 drug cases are detected with more than 45,000 arrests annually in Bangladesh. These are mainly from major cities and towns at the border areas. These arrestees are mainly carriers and retail sellers of drugs. The financiers, patrons and godfathers are seldom arrested for want of appropriate evidence. It is whispered that influential persons linked with political parties are in many cases behind the big incidents of drug smuggling. Less educated, unemployed and under-privileged women and children are also engaged in activities related to drug trading for their easy availability.

Most of the drug carriers illegally cross the border and collect drug from their Indian counterparts, who facilitate them to easily cross the borders with drugs. In this region, it is a common practice for the illicit drug manufacturers, to change the trade name, shape, color, label size of the containers of drugs. This has happened more in case of codeine-based Phensedyl and Buprenorphine. As India surrounds Bangladesh by three sides, almost all the points and routes of smuggling are located at Indo-Bangladesh border. Only Yaba is smuggled from Myanmar through the Bay of Bengal and the outlet of the river Naff at Myanmar-Bangladesh border at the extreme South-east corner of the country.

Both the Drug Control Nodal Agencies of Bangladesh and India have been mutually sharing information on routes, spots and drug traffickers operation across the border in all the past bilateral talks. Depending on law enforcement efforts and other related variables/factors from both the sides, these routes and spots are being shifted every now and then. Bangladesh has 30 Districts and 100

Upazilla (Sub-Districts) at the border with India. The number of border outposts in Bangladesh is 547, The average distance of one border out post of another is 7.5 kilometer which is still inadequate as per real needs and hard for strict surveillance. People at the borders of both the countries in many cases have close socio-cultural and economic relations. Remarkable portions of the border population are involved in smuggling. Therefore it will not be exaggeration to say that all the 4097.7 kilometers of the Indo-Bangla border is vulnerable

for illicit trafficking of drugs. But each spot or route of the border does not have the same importance for smuggling/illicit trafficking of drugs. The trafficking of drugs depends mostly on easy availability, easy transport and communication facilities, volume of profit and status of the strictness of law enforcement. The vulnerable point of smuggling and inflow of drugs from India and Myanmar into Bangladesh and their routes are as following:

WESTERN BORDER (Indian State of Paschimbanga)

Districts	Vulnerable Points of Trafficking in Bangladesh Side	Counter Areas at Indian Side
Satkhira	Kaliganj, Debhata, Bhomra, Itinda, Kalaroa, Kakdanga, Palashpur	Hingatgar, Hasnabad, Taki, Bashirhat, Swarupnagar, Baduria & adjacent areas of North 24 Pargana, Paschimbanga.
Jessore	Benapole, Putkhali, Chowgacha, Narayanpur, Sharsha and adjacent area. 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, Shardha, 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.
Chapai Nowabganj	Bholahat, Shabajpur, Binodpur, Kansat	Roghunathganj, Aurangabad, Kaliachak of Maldah, Paschimbanga
Joypurhat	Panchbibi,	Krishnapura, Raghunathganj, Balughat, Aurangabad, Nimtita, Bamongola of South Dinajpur, Paschimbanga.
Dinajpur	Ghoraghat, Phulbari, Birampur, Hilli, Hakimpur, Kamalpur, Akashkarpur, Birai	English Bazaar, Balurghat, Nimtita, Gangarampur, Banshibazar, Patiram and adjacent area of South Dinajpur, Paschimbanga, Balurghat

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

EASTERN BORDER (Indian States of Assam, Tripura and Mizoram):

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

South-Eastern Border MYANMAR TO BANGLADESH

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

It is to note that borders of Jessore, Satkhira, Rajshahi, Bramhanbaria and Comilla Districts at Bangladesh side and borders of North 24 Pargonas, Murshidabad and Maldah Districts of Paschimbanga and borders of West Tripura Districts of Tripura States are mostly used for trafficking Codeine preparations, heroin and

Buprenorphine. One of our intelligence report states that illicit cultivation and trafficking of cannabis are taking place near the bordering areas of West Tripura District, especially Sabrum, Karbuk Amarpur, Khoai, Kailashar, Sonamura and Belonia of West Tripura, Tripura State. ■

Intelligence Zone	No. of Information Collected	Operation Conducted by Intelligence wing	Case Detected	No. of Information Supplied to Operation Wing	Futile
Dhaka	125	125	22	00	103
Chittagong	452	348	82	109	266
Khulna	244	124	45	120	79
Rajshahi	448	340	90	108	250
Total	1269	937	239	337	698

STATISTICS OF SEIZURE AND ARREST BY THE INTELLIGENCE WING OF THE

Name of Intelligence Zone	Heroin(kg)		Codeine (Phensedyl)(Bottle)		Cannabis (kg)		Buprenorphine (Ampoule)		ATS (Yaba) (Tablet)		Energy Drink (Bottle)	
	Case	Seizure	case	Seizure	Case	seizure	case	seizure	case	seizure	Case	Seizure
Dhaka			5	3702	12	72.515			5	1800		
Chittagong	5	0.040	3	42	19	123.761			20	11837		
Khulna			4	52	39	9.160			2	50		
Rajshahi	7	0.486	9	426	24	2.903	1	28	1	1023		
Total	12	0.526	21	3838	94	208.339	1	28	28	14710		

Khulna. Each of these offices is headed by a Deputy Director. There are two Assistant Directors, two Superintendents, one Sub-Inspector and four Sepoys at each Zonal intelligence office. The intelligence officials and staffs generally collect information on drug related crime and hand those over the operational wings of their respective jurisdiction.

OPERATION: RAID, SEARCH, SEIZURE, ARREST

The activities of the Department of Narcotics Control are performed from three points of views. Among these the most important is reduction of the supply of drugs, which is the main objective of the operation wing of DNC. This wing performs necessary planning and implementation of suppression of drug-crimes, prevention of illicit drug trafficking, enquiry, intelligence, inspection, investigation and innovation of new techniques for those. It also conducts joint operations against drug-crimes in collaboration with other law enforcement agencies, such as Bangladesh Police, Rapid Action Battalion, Border Guard Bangladesh, Bangladesh Coast Guard, Bangladesh Customs and Bangladesh Railway Police. The important activities of this wing are:

- intelligence, operation (raid, search, seizure and arrest), enquiry, suppression of drug-crimes, prevention of drug smuggling;
- Conduct country-wide operation for suppression of drug-crime with assistance of all law enforcement agencies of the country;
- Conduct investigation, prosecution, appeal, and revision of all drug related criminal cases lodged by the DNC;
- Conduct operation of Mobile Court against drug-crime;

- Provide witnesses in the Court in course of Trial of drug offences;
- Lawful disposal of drugs and other seized articles after confiscation by Court.
- Eradication and destruction of drugs and drug-producing plants;
- Provide training to the enforcement and intelligence officials and employees of DNC on crime-suppression and intelligence;
- Preparation, maintenance, management and use of appropriate statistics and data on intelligence, operation (raid, search, seizure and arrest), prosecution, trial, punishment and disposal of the seized drugs and articles;
- Communication with SDOMD and other international, regional and foreign agencies regarding exchange of information on drug related crimes.



DNC's Dhaka Metro raiding team with huge amount of different seized drugs and 8 arrested drug dealers from Kawran Bazaar rail slum.

On review of the statistics of last five years, it appears that overall drug related crimes are on increase and seizures of Yaba, Phensedyl, injecting drugs and foreign liquor is increasing alarmingly. The DNC and other law enforcement agencies are trying their best to control drug-crime. The following initiatives/programs have been undertaken to suppress drug crimes and make the country free of drugs:

- a. Initiatives for control of drug-crime have been under taken through more activities and coordination of the law enforcement agencies.
- b. An initiative has been under taken for regular coordination between the law enforcement agencies and the judiciary so that the arrested and convicted accused of Yaba, heroin and Phensedyl do not get bail.
- c. The DNC officials and employees are being provided with various computer-based training and training at NSI and BGB training academy to enhance their institutional capabilities in control of drug-crime.
- d. The DNC officials/employees have been instructed to take all legal measures against drug containing so-called hazardous energy drinks used abundantly all over Bangladesh. BSTI(Bangladesh Standard and Testing Institution) has formed a committee consisting representative from this Department to ensure international standard and use of ingredients of international ratio in manufacture of energy drinks.

DESIGNATION OF COURTS FOR TRIAL OF DRUG-CASES

At present 56% of the cases are disposed of by imposing conviction in trial. The main cause of acquittal of 44% is various obstacles in producing evidences in Court. As a result the rate of conviction is decreasing at one end and the number pending cases are increasing in other end. Almost forty nine thousand cases lodged by the DNC are pending for trial in Courts. To face this situation attempt has been taken to establish separate Drug-Courts in each District as it exists in many countries of the world.

STEPS FOR TRACKING THE MOBILE PHONES USED BY THE DRUG OFFENDERS

The drug dealers in most cases are currently using mobile phones for communication in their illegal drug-businesses. The DNC does not currently have any arrangement for tracking the mobile phone numbers of the drug traders procured through secret sources before conducting the raids. As a result anti-drug operations are not achieving the desired goals being unable to specifically identify the locations of the drug dealers and their carriers. The operations of raid, search, seizure and arrest are guided by the Narcotics Control Act, 1990. The DNC, Police, RAB, Customs, BGB and Coast Guard are empowered to conduct raid, search, seizures and arrests. 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.

DRUG RELATED CASES FROM 2009 TO 2013

Year	By all law enforcing agencies		By DNC	
	Cases	Arrest	Cases	arrest
1	2	3	4	5
2009	27441	34315	7764	7966
2010	29662	37508	8019	8283
2011	37245	47309	8749	9336
2012	43717	54100	10014	11040
2013	40250	47531	10111	10990

Source: DNC Data Base

From the above mentioned data, it is revealed that number of drug related cases and arrest is increased in every year and individually DNC has a remarkable role with limited resources to control over drug related crimes.

Raid, Search, seizure and arrest are the major components of the supply reduction activities related to drugs. Almost every law enforcement agency in Bangladesh conducts raid, search, seizure and arrest. The DNC conducts all operational and enforcement activities through its



109 Circle Offices. DNC's Circles are generally located at Civil District Headquarters with same jurisdiction of a District, except a few exemptions. There are 14 Circle in Dhaka Metropolitan City and 6 Circle in Chittagong Metropolitan City. There are 25 Regional offices to supervise the activities of the Circles. Each of DNC's Circle Offices has a sanctioned manpower of 6 persons headed by an Inspector. Currently the Circles are manned by 3-4 persons on average. Whenever required, the Circle Inspectors seek assistance and support from Police or RAB. In border areas, they are also assisted by the BGB. Besides the individual operations, the Circle Inspectors also conduct raid, search, seizure and arrests in combination with the District Anti-smuggling Task Force (formed by different law enforcing agencies including intelligence organizations) directed under District Administration. Moreover, there are also Mobile Courts operated by the District Magistracy. Other law enforcement agencies such as Police, RAB, BGB and Coast Guard also conduct anti-drug operations in course of discharging duties in their own operational jurisdiction.

If we have a look at the following consolidated and comparative statistics of drug related seizures, cases and arrests in Bangladesh, the trends of illicit drug trafficking in general, appear to be increasing gradually. During the year 2009, the total number of cases was 27441 with a total arrest of 34315. But over last five years, it has been

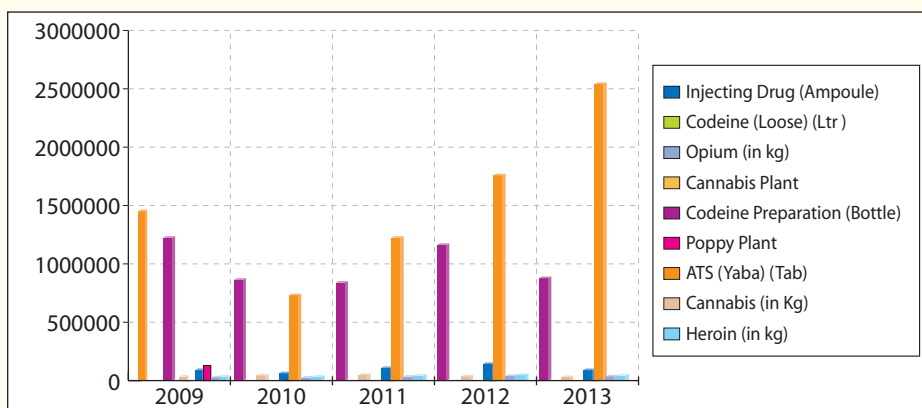
increasing gradually. Number of drug related cases detected by all agencies during 2013 is 40250 with 47531 arrests. If we compare these figures with figures of last year, we find that detection of drug related cases has increased 46.67% during 2013 with an increase of 38.51% in arrests. The rate of increase in detection of cases and arrests in 2012 is much higher than that of other years.

Both the statistical Tables of the seizures, arrests and cases by all law enforcement agencies and DNC alone in Bangladesh indicate that almost all drug-related crimes are on the increase. These increases in crimes are also indicators of escalating drug abuse problem in Bangladesh. Most of the drug offences are related to carrying, possession and sale of drugs. The carriers and possessors, however, are not drug traders by

CONSOLIDATED STATISTICS ON SEIZURE OF DRUGS BY ALL AGENCIES IN BANGLADESH

Name of Drugs	2009	2010	2011	2012	2013
Poppy Plant	1450210	-	-	-	-
Opium (in kg)	-	11.69	8.07	4.84	11.62
Heroin (in kg)	159.783	188.186	107.499	124.92	123.73
Codeine Preparation (Bottle)	1117354	961260	932874	1291078	987661
Codeine (Loose) (Ltr)	2955.300	4119.185	3228	2613	857.55
Cannabis (in Kg)	32955.581	48749.357	54244	38702	35012.54
Cannabis Plant	791	1760	742	485	666
Injecting Drug Ampoule)	89469	69158	118890	157995	99509
ATS (Yaba) (Tab)	129644	812716	1360186	1951392	2821528

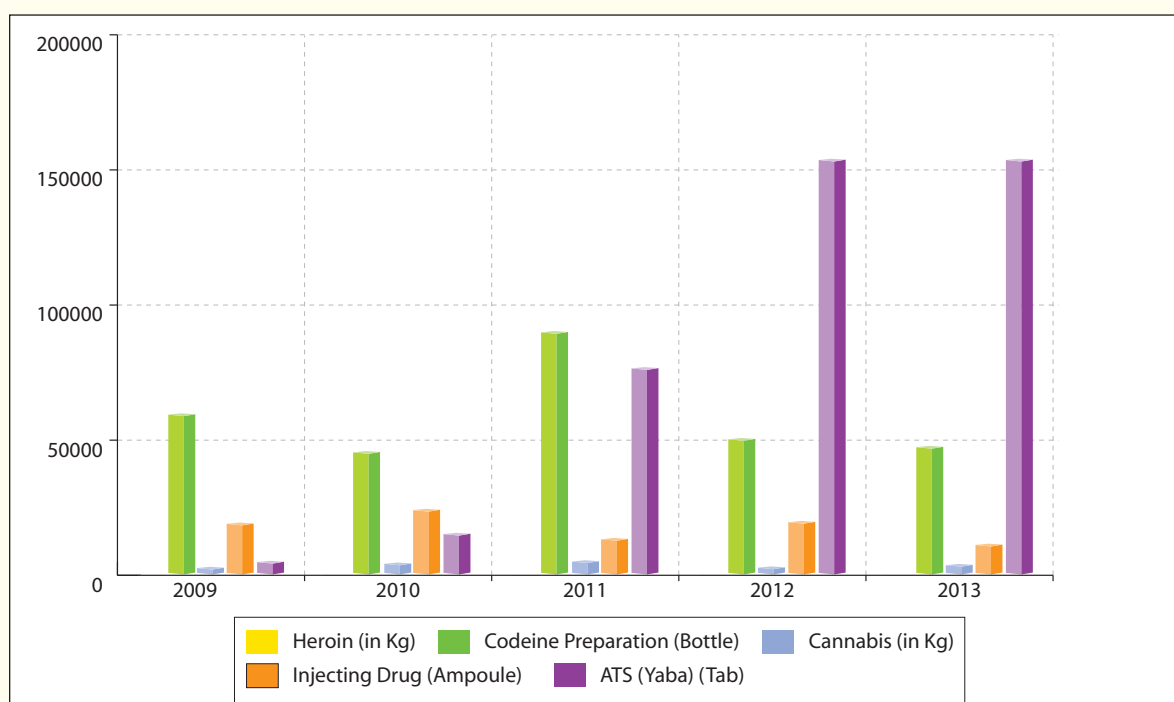
Source: DNC Data Base



STATISTICS ON THE SEIZURE OF DRUGS BY THE DNC (2009-2013)

NAME OF DRUGS	2009	2010	2011	2012	2013
Heroin (in Kg)	21.189	9.515	8.092	11.033	10.621
Codeine Preparation (Bottle)	58875	45531	89341	49760	46833
Cannabis (in Kg)	2101	3673	4518	2237	3159
Injecting Drug (Ampoule)	18771	23548	12762	19073	9942
ATS (Yaba) (Tab)	4051	14458	75857	124320	153096

Source: DNC Data Base



COMPARATIVE STUDY ON CASES AND ARREST OF DNC AND OTHER LAW ENFORCING AGENCIES IN BANGLADESH.

themselves. They are mostly employees of the real traffickers on daily wage or commission basis.

If we analyze the above two Tables it appears that DNC though run by only 1283 manpower (only 621 are engaged in enforcement activities) and work without any arms it detected 25.04% of all drug related cases and conducted

Year	Cases			Arrests		
	All Agencies	DNC		All Agencies	DNC	
2009	27441	7764	28.29%	34315	7966	23.21%
2010	29662	8019	27.03%	37508	8283	22.08%
2011	37245	8749	23.49%	47309	9336	19.73%
2012	43717	10014	22.91%	54100	11040	20.41%
2013	40250	10111	25.12%	47531	10990	23.12%
Total	178315	44657	25.04%	220763	47615	21.57%
Average of 5 Years	35663	8931.4	25.04%	44152.6	9523	21.57%

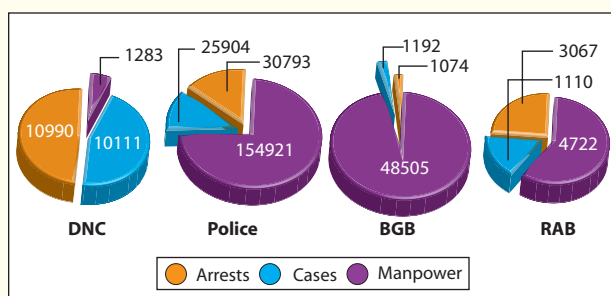
Source: DNC Data Base

21.57% of all drug related arrests during last five years. The ratio of seizures of drugs is also of almost same proportion in comparison with all other law enforcement agencies. If we judge the achievement of DNC in the comparative perspectives of the logistics and manpower of other law enforcement agencies, we find DNC's role very significant in control of drug related crimes in Bangladesh.

COMPARATIVE STUDY ON THE MANPOWER, CASES AND ARRESTS MADE BY DNC, POLICE, BGB AND RAB IN BANGLADESH

Organization	Manpower	Cases	Arrests
DNC	1283	10111	10990
Police	154921	25904	30793
BGB	48505	1192	1074
RAB	11103	3067	4722

Source: DNC Data Base



OPERATION OF MOBILE COURTS ON DRUGS

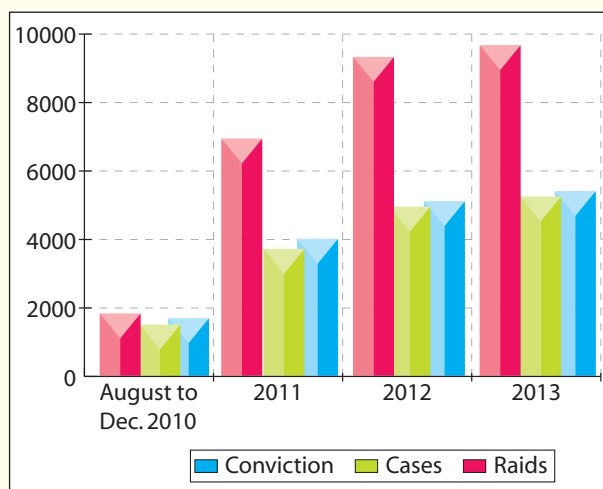
The Government has introduced Mobile Courts through promulgation of the Mobile Court Act, 2009. Under this Act, the Mobile Courts apprehend criminals, prosecute them on the spot, and impose short term punishment on confession. There is no provision of bail in Mobile Court. These sorts of summary trial have been found very effective to control crime, speed up trial system and enhance public awareness on drugs and related offences. Mobile Courts against drug-crimes have been launched within DNC since August 2010. The drug-offenders are being

convicted on the spot. During the period of August 2010 to December 2013, a total of 27817 raids have been conducted, 15356 cases have been detected and 16292 drug offenders have been imposed conviction of different terms of imprisonments and fine of total amount of taka 82,59,934.00 have been realized from the offenders.

STATISTICS OF MOBILE COURT OPERATION FROM AUGUST 2010 TO 2013

Year	Raids	Cases	Conviction
1	2	3	4
August to Dec. 2010	1859	1517	1691
2011	6939	3724	3994
2012	9340	4871	5162
2013	9679	5244	5445
Total	27817	15356	16292

Source: Operation wing, DNC



PROSECUTION & TRIAL OF DRUG OFFENCES

Trial of drug cases is done in the general judiciary system. The initiation of a case is done in the Courts of Judicial Magistrate. Trial of offences punishable with imprisonment up to 5 years is commenced in Judicial Magistrate Court of the District. Trials of offences liable for more punishment take place in District and Session Judge Courts. Mobile Courts can conduct trial of offences liable for punishment up to 5 years

imprisonment, but it can impose penalty only up to two years of imprisonment. General judiciary is over burdened with cases of variety nature. For quick disposal of cases of important and serious nature there are special Courts in each Districts like Forest and Environment Court, Electricity Court, Women and Child Abuse Trial Court, etc. Total number of drug related cases in Bangladesh per annum is almost forty thousand which comprises almost 50% of the criminal offences committed each year in Bangladesh. Therefore we strongly feel for establishment of Special Courts for trial of drug related offences at each District.

The DNC has a prosecution wing to conduct cases in Courts of trial. But it has only 13 Prosecutors and 37 Assistant Prosecutors only at 25 District Headquarters. The rest 39 Districts lack supervision and attendance from the DNC in trial of drug cases. It is observed that trial of drug offences attended by Prosecutors of DNC is concluded almost with 80% of conviction where as trial of drug offences without attendance of DNC's prosecutors yield less than 40% of conviction. On review of the statistics of disposal of DNC's 5 years drug cases it appears that only approximately 25% of the cases detected by the DNC each year is disposed of in trial and the rest 75% remain pending. The average number of cases yearly disposed of during last five years is 2424.6 of which 57.05% ends in conviction and 42.95% ends in acquittal. Among an average of 2453 drug offenders during last 5 years 55.67% are convicted and rest 44.33% are acquitted. The most alarming

scenario of the prosecution and trial of drug cases is that the number of pending cases is increasing

STATISTICS ON DISPOSAL OF CASES DETECTED BY DNC DURING LAST 5 YEARS

Year	No. of Cases			No. of Accused		
	Total	Convicted	Acquittal	Total	Convicted	Acquittal
2009	1814	1019	795	1692	932	760
2010	2414	1480	934	2335	1317	1018
2011	2335	1444	891	2450	1501	949
2012	3494	1846	1648	3513	1860	1653
2013	2066	1127	939	2275	1218	1057
Total of 5 Years	12123	6916	5207	12265	6828	5437
Average of 5 Years	2424.6	1383.2	1041.4	2453	1365.6	1087.4

Source: Operation wing, DNC

STATISTICS ON DISPOSAL OF CASES DETECTED BY DNC DURING 2013

Month	Conviction	Acquittal	Total	Comments
January	123	107	230	
February	93	116	209	
March	179	60	239	
April	161	82	243	
May	119	244	363	
June	68	31	99	
July	57	35	92	
August	62	23	85	
September	72	122	194	
October	53	26	79	
November	77	53	130	
December	63	40	103	
Total	1127	939	2066	Under trial cases 49524

Source: Operation wing, DNC

each year. To solve this problem we are putting much stress on conducting Mobile court where though the offenders get less punishment, at least the judiciary is not being over burdened with pending cases in this system.

Drug related cases are increasing in every year and a remarkable number of cases are remaining pending at the end of the years. This situation is a bar for the DNC official or executants to perform their daily duties as they are supposed to substantiate the cases before the court as a witness or manoeuvred official.



DESCRIPTION OF SOME IMPORTANT CASES DETECTED BY POLICE DURING 2013

Sl. No.	Case No. & Police Station	Date	District and Police Station	No. of Accused	Article Seized
1	25-Uttara, west	22.02.13	DMP, Uttara,	06	Heroin 720 grm, Tk. 3600/
2	53-Joydevpur	16.03.13	Gazipur, joydevpur	01	Cannabis 144 kg
3	29-Ukhia	24.08.13	Cox's Bazaar, Ukhia	04	Yaba 27,550 pc
4	19-Kotowali	13.05.13	Faridpur, Kotowali	02	Phensedyl 10200 bottle, Covered Van 1
5	13-Nababganj	15.06.13	Dhaka, Nababganj	02	Heroin 3.5 kg, Ganja 1kg
6	01-Kalabagan	01.03.13	DMP, Kalabagan	02	Yaba 18000 pc
7	29- Motijheel	20.06.13	DMP, Motijheel	05	Yaba 15000 pc
8	11-Jatrabari	04.10.13	DMP, Jatrabari	02	Yaba 4500 pc
9	44-Pallabi	19.02.13	DMP, Pallabi	03	Phensedyl 2170 bottle
10	12-Akbarshah	14.07.13	CMP, Akbarshah	01	Yaba 7600 pc
11	19-Pahartali	20.01.13	CMP, Pahartali	03	Yaba 5000 pc
12	26-Sonadanga	28.09.13	KMP, Sonadanga	02	Phensedyl 517 bottle , Truck 1
13	04-Khalishpur	10.10.13	KMP, Khalishpur	04	Ganja 30 kg
14	45-Rajpara	27.05.13	RMP, Rajpara	02	Phensedyl 575 bottle
15	10-Rajpara	07.12.13	RMP, Rajpara	01	Heroin 75 grm
16	09-Moghol Bazaar	22.09.13	SMP, Moghol Bazaar	02	Phensedyl 510 bottle, Microbus 1
17	18-Shah Paran	29.08.13	SMP, Shah Paran	01	Yaba 953 pc
18	04-Gajaria	04.09.13	Munshiganj, Gajaria	02	Yaba 2000 pc
19	25-Manikganj	13.06.13	Manikganj, Manikganj	02	Phensedyl 4720 bottle
20	03-Joydevpur	02.01.13	Joydevpur, Gazipur	06	Ganja 240 kg
21	19-Jamalpur	10.11.13	Jamalpur, Jamalpur	03	Yaba 4000 pc
22	29-Kalihati	27.04.13	Jamalpur, Kalihati	02	Phensedyl 5125 bottle, Truck 1
23	30-Teknaf	17.07.13	Teknaf, Cox's Bazaar	03	Yaba 14000 pc
24	50-Teknaf	24.08.13	Teknaf, Cox's Bazaar	02	Yaba 16000 pc
25	69-Cox's Bazaar	27.08.13	Cox's Bazaar,	01	ID Liquor 2025 litre
26	67-Cox's Bazaar	30.08.13	Cox's Bazaar	03	Beer 1925 can
27	21-Daudkandi	29.05.13	Daudkandi, Comilla	01	Phensedyl 250 bottle, Ganja 15 kg
28	61-Kotowali	22.03.13	Comilla, Kotowali	03	Ganja 100 kg
29	71-Bramhanbaria	22.08.13	Bramhanbaria	04	Ganja 100 kg, Truck 1
30	95-Bramhanbaria	31.12.13	Bramhanbaria	03	Phensedyl 500
31	23-Monirampur	22.01.13	Jessore, Monirampur	03	Phensedyl 7050 bottle
32	14-Jhikargacha	14.05.13	Jessore, Jhikargacha	03	Phensedyl 4175 bottle
33	30-Jhikargacha	27.08.13	Jessore, Jhikargacha	06	Phensedyl 4444 bottle
34	03-Jhikargacha	02.05.13	Jessore, Jhikargacha	03	Phensedyl 2609 bottle
35	08-Jhinaidaha	02.05.13	Jhinaidaha	02	Phensedyl 3000 bottle, Car 1
36	05-Charghat	06.04.13	Rajshahi, Charghat	02	Heroin 2.3 kg
37	09-Sirajgonj	26.06.13	Sirajgonj	03	Phensedyl 1920 bottle
38	08-Raigonj	23.10.13	Sirajgonj, Raigonj	01	Phensedyl 1800 bottle
39	12-Sariakandi	21.10.13	Bogra, Sariakandi	01	Ganja 80 kg
40	42-Bogra Sadar	15.10.13	Bogra Sadar, Bogra	04	Yaba 1100 pc
41	06-Nesarabad	17.12.13	Pirojpur, Nesarabad	07	Ganja 12 kg
42	37-Lalmonirhat	25.11.13	Lalmonirhat	02	Ganja 127 kg, Truck 1
43	08-Akhaura Rail PS	26.04.13	Comilla, Akhaura	08	Ganja 51 kg
44	29-Kalihati	07.04.13	Tangail, Kalihati		Phensedyl 5126 bottle

DESCRIPTION OF SOME IMPORTANT CASES DETECTED BY DNC DURING 2013

Sl. No.	Case No. & Police Station	Date	Region & Circle	No. of Accused	Article Seized
1	31- Kotowali	12.01.13	Barisal, Sadar	03	Phensedyl 1009 bottle, Mini truck 01
2	42-Zatrabari	15.01.13	Dhaka Metro, Sabujbagh	03	Yaba 500 pc
3	35- Kotowali	25.01.13	Sylhet, Sadar East	04	Yaba 2500 pc
4	07-Rampura	09.02.13	Dhaka Metro, Sabujbagh	01	Yaba 1000 pc
5	37-Zatrabari	27.02.13	Dhaka Metro, Gulshan	01	Yaba 1800 pc
6	85-Zatrabari	27.02.13	Dhaka Metro, Gulshan	03	Yaba 2000 pc
7	09-Rajoir	04.02.13	Faridpur, Madaripur	02	Cannabis 15 kg
8	08-Bangabandhu Setu West	13.03.13	Pabna, Sirajganj	01	Buprenorphine 1192
9	11-Batiaghata	08.04.13	Khulna, Sadar South	02	Phensedyl 680, Motor Cycle 1
10	06-Hazaribugh	08.04.13	Dhaka Metro, Gulshan	02	Heroin 100 grm, Yaba 300
11	23-Bangshal	18.04.13	Dhaka Metro, Uttara	01	Yaba 600 pc
12	07-Ramna	03.05.13	Dhaka Metro, Sabujbagh	02	Yaba 1000 pc
13	19-Pabna	05.05.13	Pabna, Pabna Sadar	02	Heroin 100 grm, Mobile set 2
14	05-Patkelghata	07.05.13	Khulna, Satkhira	02	Phensedyl 300 bottle, Car 1
15	05-Bangabandhu Setu West	11.05.13	Pabna, Sirajganj	01	Heroin 400 grm
16	22-Tejgaon	11.06.13	Dhaka Metro, Tejgaon	01	Cocaine 3 kg
17	12-Tarash	25.08.13	Pabna, Sirajgonj	02	Phensedyl 1149 bottle, Truck 1
18	05-Bongshal	04.08.13	Dhaka Metro, Kotowali	02	Cannabis 20 kg
19	24-Mugda	31.08.13	Dhaka Metro, Gulshan	02	Yaba 2700 pc
20	22-Kaliganj	18.08.13	Khulna, Kaliganj	01	Phensedyl 500 bottle
21	03-Tangail Sadar	01.09.13	Dhaka Metro, Kotowali	01	Phensedyl 300 pc, Car 1
22	04-Tangail Sadar	01.09.13	Dhaka Metro, Kotowali	02	Yaba 600 pc, Microbus 1
23	05-Salonga	05.09.13	Pabna, Shahzadpur	03	Phensedyl 700 bottle
24	10-Turag	08.09.13	Dhaka Metro, Dhanmondi	02	Yaba 1000 pc
25	11-Bishmamvarpur	20.09.13	Sylhet, Sadar East	01	Foreign Liquor 188 Litre
26	15-Ramna	09.10.13	Dhaka Metro, Sabujbagh	04	Phensedyl 700 bottle
27	17-Jagannathpur	21.10.13	Sylhet, Sunamganj	01	Foreign Liquor 100 bottle
28	20-Sutrapur	31.10.13	Dhaka metro, Uttara	03	Phensedyl 723 bottle

Source: Operation wing, DNC

ILLICIT CULTIVATION OF POPPY

Illicit cultivation of opium poppy in very remote and inaccessible area of Myanmar-Bangladesh border in Bandarban District is still going on in spite of the destruction of those by Bangladesh Army and BGB. We do not have specific data on the number of plants destroyed. It reveals from media reports that 50 acres of poppy fields in remote hilly area of Bandarban near Myanmar border were destroyed in February, 2013. This is only the detected cultivation. The undetected cultivation may be several times more than this

figure. The Intelligence Wing of DNC also detected 12 acres of land under poppy cultivation in the no-mans land area near Maldah District of West Bengal of India oposit to Shibganj border of District Chanpai Nababganj. Similar cultivation of illicit poppy also commenced abundantly in vast areas no-mans land of the western border of Bangladesh. All the poppy cultivation in Western border area of Bangladesh are done in connivence with the poppy cultivators of India across the border and the entire amount of opium produced from this cultivation is destined for the clandestine laboratories of heroin and phensedyl located at different places in Indian territory of West Bengal.



Members of BGB are destroying illicitly cultivated poppy plants in remote area of Bandarban near Myanmar border.

CHEMICAL EXAMINATION OF DRUGS

Chemical examination of seized drugs is the most vital aspect of the investigation process of a drug offence. The seized drug is a material evidence of offence related to drug. Therefore it is essential to know the nature and identity of the seized drug. As per Section 50 of the Narcotics Control Act, 1990 a report signed by the Chemical Examiner can be used in the Court as evidence in course of judicial proceeding. As per Section 50 of the Narcotics Control Act, 1990 the Chemical Laboratory established under this Section of Law and the chemical examiners appointed there are the designated institution and authority to pass an expert opinion on the nature and identity of any drug.

Therefore all law enforcement agencies in Bangladesh including the DNC are bound by law to send the sample of seized drugs to this laboratory for chemical test. The following two Tables describes the monthly statistics of chemical tests in Central Chemical Laboratory of the DNC and statistics of chemical tests for last five years.

Central Chemical (Drugs) Laboratory, Dhaka, a premier forensic institution of the country, was established at 3rd July 2001 in order to carry out the provision of section 50 of the Narcotics Control Act, 1990. Its location is at 174, Distillery Road, Gandaria, Dhaka-1204. The laboratory

undertakes scientific examination of the clue materials in the crime & civil cases forwarded by the different Courts. It is the specialized and designated laboratory for testing narcotics drugs, psychotropic substance and precursor chemical as well as controlled pharmaceutical drugs in Bangladesh.

STATISTICS ON MONTHLY CHEMICAL EXAMINATION OF DRUGS IN THE CENTRAL CHEMICAL LABORATORY OF THE DNC DURING 2013

Name of Month	No. of Samples	Result of Chemical Examination			Pending/Stop
		Positive	Negative	Total	
January/13	3091	3090	1	3091	0
February/13	2850	2847	3	2850	0
March/13	2502	2499	3	2502	0
April/13	2924	2921	1	2922	2
May/13	2325	2316	4	2320	5
June/13	3170	3158	6	3164	6
July/13	4242	4237	3	4240	2
August/13	2191	2175	7	2182	9
September/13	4252	4251	0	4251	1
October/13	2678	2675	1	2676	2
November/13	1972	1970	2	1972	
December/13	2133	2132	1	2133	
Total =	34330	34271	32	34303	27

Source: Operation wing, DNC

STATISTICS OF CHEMICAL TEST DONE AT DNC CHEMICAL LABORATORY FROM 2009 TO 2013

Year	Sample tested and reports		Total
	positive	Negative	
1	2	3	4
2009	23,865	76	23,941
2010	29,448	59	29,507
2011	29,570	59	29,629
2012	33,005	26	33,031
2013	33,202	32	33,234

Source: Operation wing, DNC

The Central Drug Testing Laboratory of DNC, has developed drug detection field kits to be used by the drug law enforcement agencies across the country. This kit is simple, correct and user-friendly with using directions in native language. Its operation is so easy that even a non-technical officer can handle it. These kits are of two type. (1). Drug Detection Kit and (2). Precursor Chemicals Detection Kit. The manual attached to both the kits describes the testing methods and provide a flow chart to obtain desired result. The following narcotic drugs and precursor chemicals can be identified 'on the spot' through these kits.



The Chief Chemical Examiner of DNC demonstrating the use of field drug testing kits to DNC officials.

Narcotic Drugs: Opium, Morphine, Codeine(Phensydl), Heroin, Amphetamine & methamphetamine, Cannabis, Hashish & Hashish oil and Cocaine.

Precursor Chemicals: Isosafrole, Toluene, Ephedrine, Pseudoephedrine and Acetone.

FORFEITURE OF PROCEEDS AND ASSETS DERIVED FROM DRUGS

As per Section 33 of the Narcotics Control Act, 1990 any substance or property (except government property) used for committing a drug offence or in any way related to a drug offence or any asset and proceed derived from drugs are liable for confiscation. Section 34 provides provisions for compulsory confiscation of all drugs by a Court of appropriate jurisdiction in course of trial, where the offender is identified and charged with an offence under this law. In question of any other article except drugs, the Court has the option for applying its discretion whether to confiscate any article or not as per its rationale and judgment based on evidence. But in any case where the offender is unknown and not traced or identified, the Director General of DNC or an officer duly empowered by him can pass the order of confiscation of any drug or article through certain procedure prescribed by rules. Section 47 of the Narcotics Control Act, 1990 provides provisions for freezing of assets and proceeds of drug trades.

DISPOSAL OF SEIZED ARTICLES AND DRUGS

Seized articles and drugs are disposed of as per provisions of as provisions of Sections 35 and 45 of Narcotics Control Act, 1990. Section 35 provides provisions that any drug or article, after order of confiscation, should immediately be handed over to the Director General of DNC and the Director General should use, transfer/hand over, destroy or otherwise dispose of it as per provisions and methods prescribed by Rules for this purpose. Section 35A has the provision for management and maintenance of the confiscated assets and properties of the drug offender by the Government or by an officer employed by the Government for this purpose.

Sub-Sections (1), (2), and (3) of Section 45 provides provisions for handing over the seized drugs or articles to the warrant issuing officer or to the Officer in charge of the nearest police station, or to an officer empowered under Section 39 to investigate drug offences. Sub-Section (4) of Section 45 provides provisions for use, hand over/transfer, destroy or otherwise dispose of the drugs or articles inevitable for immediate dispose of, or unfit for carrying or transportation or transfer, through procedures prescribed by Rules after preserving appropriate samples.

Under provision of Section 35 Dhaka Metro Region is using a mini truck for detection of cases. There are many seized vehicles under the disposal of DNC which can also be used in this same way for drug law enforcement purposes as per provision of Section 35. Seized drugs are being destroyed as a routine work after confiscation and disposal of cases in the Court, or under an order from the Court in course of trial. We do not have the complete data on such destruction of drugs. However here is some information on destruction of drugs during 2013. ■

Name of DNC's Sub-Region	Number of Cases	Quantities of Drugs Destroyed
Dhaka Metro Sub-Region	1670	Heroin 1.9665 kg, 42 mg, 5196 puria(tiny packs), Ganja 166.974 kg, and 5105 puria, Phensedyl 1281 bottle and 16.9 litre, country liquor 1964 bottle and 939 litre, ID liquor 266 litre, fermented wash 4.1 litre, foreign liquor 4 bottle, beer 119 can and 1795 litre, toddy 500.2litre, Yaba 480pc, Buprenorphine 1608 ampoule, rectified spirit 96.5 litre, codeine tablet 89 pc, sex stimulating tablet 195, charas 656 grm denatured spirit 10 litre.
Chittagong Metro Sub-Reg.	04	Yaba tablet 1760 pc
Khulna Sub-Region	12	heroin 34.2 grm, Phensedyl 60 bottle, Yaba 10 pc, Cannabis Plant 3.
Jamalpur Sub-Region	12	Heroin 60 grm, Phensedyl 809 bottle, Ganja 110.945 kg, Cannabis Plant 3863, ID Liquor 387 Litre, Fermented Wash 14.8 Litre, Rectified Spirit 4.1 Litre, foreign Liquor 7 Bottle, Buprenorphine 8 Ampoule,



2,70,000 Yaba tablets seized by Bangladesh Coast Guard from the coastal area of Bangladesh-Myanmar border which were being smuggled in to Bangladesh.



Bangladesh Police with seizure of huge amount of phensedyl and other drugs.



Drug Awareness Campaign in Dhaka Organized by a Private University.



The mass media including radio, television, newspapers, cinema and cultural performances are being entangled and used in anti-drug campaign. A 1.30 minute anti-drug TV spot for telecast free of cost in all electronic media including BTV with message "spend a few moments with your children" is under process of making. DNC is publishing Annual Drug Report of Bangladesh since 2010 which are being uploaded at DNC's website (http://www.dnc.gov.bd/report_dnc.html). Moreover monthly bulletin of DNC is being published in paper and at DNC's website (<http://www.dnc.gov.bd/bulletin.html>). Information and picture of any big arrest and seizure of drugs is instantly uploaded in DNC's website (<http://www.dnc.gov.bd>; Latest news). The electronic and print media regularly collect update information from the website of the DNC.

activities including formation of anti-drug committees at educational institutions are as following:

Prevention Education and Publication					
Task	2009	2010	2011	2012	2013
Production & distribution of anti narcotics posters	104450	90000	57000	400000	4200
Distribution of anti narcotics leaflets	5200	17000	10500	1667	49310
Distribution of anti narcotics stickers	13950	13000	10000	1667	14400
Souvenir, Bulletin, Brushier, Booklet	1500	1225	900	1200	5000
Anti narcotics discussion meetings	6486	6611	4231	6,466	5851
Anti narcotics class speech at schools and colleges	85	211	185	248	268
Forming of anti drug committee in Educational Institute	5979	5549	828	1922	632

Source: Preventive Education wing, DNC

ANTI-DRUG SHORT FILMS

Sl. No.	Name of the Short Film/Movie	Organization/Author
01	Grohonor Kal	Mr. Humayun Ahmed
02	Chokh Mele Chao	Central Treatment Center
03	R-Dhangsha Noi	Mr. Sani Alam
04	Jibon Ektai	Mr. Abu Sayed Khan
05	Ghun	Mr. Gazi Rakayet
06	Nesha Aar Na	

Source: Preventive Education wing, DNC

PUBLIC AWARENESS CAMPAIGN

It was decided in the 12th meeting of the NNCB that awareness and motivational programs for prevention of drug abuse among the students of english medium schools and the private universities of the aristocratic areas should be under taken. Initiatives have been taken for formation of anti-drug committees in the schools and colleges as per decisions of the NNCB where it has not already been done. The mater of making the educational institutions smoking-free in the near future is under consideration. Statistics on various preventive education and public awareness

OBSERVANCE OF INTERNATIONAL DAY AGAINST ABUSE AND ILLICIT TRAFFICKING OF DRUGS

International day against abuse and illicit trafficking of drugs is observed in Bangladesh with great importance. The DNC in collaboration with anti-drug NGOs undertakes nation wide multiple programs for preventive education, public awareness campaign, community mobilization and motivation against drugs. These programs consists discussion meetings on harmful effects of drugs,

anti-drug rally and "Manab-bandhan" (Human barrier), bicycle rally, essay competition on adverse effects of drugs, painting competition among children of different ages, anti-drug quiz competition among mothers of the children participating in the painting competition, debate competition on drug related issues, anti-drug fair with decorated stalls with books, publications, posters, stickers, booklets, paintings and various anti-drug materials, publication of anti-drug posters and stickers, performance of anti-drug folk songs by mobile teams of folk artists, street drama with anti-drug themes and messages, detoxification and counseling camp, publication of suppliments in national newspapers consisting the messages of His Excellency the President, the Honorable Prime Minister, Home Minister, State Minister and Senior Secretary of the Ministry of Home Affairs, publication of souvenir with various writings on drugs, talk show in TV channels, telecast of anti-drug songs and movies in TV, telecast of documentary films on harmful effects of drugs and so on. Many of these programs continue for a week even for the 2nd fortnight of June. Officials of the DNC are awarded for their best performances in various aspects of raid, search and



Anti-drug Rally led by the Senior Secretary of Ministry of Home Affairs Bangladesh on International day against illicit trafficking and abuse of drugs.

seizure of drugs and detection of cases. The NGOs are also awarded for their best performances in anti-drug campaign and public awareness programs on drugs, research and publication and for best services rendered in treatment and rehabilitation of the drug dependent persons. Open place concert of anti-drug music by renowned music artists are also arranged by some NGOs. Important roads and road islands of main cities of Bangladesh especially the capital Dhaka are also decorated with coloured anti-drug banners, festoons, placards, etc. ■



The Honorable State Minister of the Ministry of Home Affairs Asaduzzaman Khan, MP, DG and ADG of the DNC in Drug Awareness Programme in a Collage of Dhaka City.



The Honorable State Minister of the Ministry of Home Affairs Asaduzzaman Khan, MP, DGs of BGB and DNC in a Meeting of Cox's Bazaar District Administration to determine a comprehensive policy and method to combat the menace of Yaba in Bangladesh.



Celebrities, elites and students are signing on poster in an anti-drug campaign.



Children participating in anti-drug painting competition organized by DNC on International day against illicit trafficking and abuse of drugs.



An anti-drug public awareness rally organized by Dhaka Metropolitan Police.



Public Meeting on mass population awareness at Teknaf of Cox's Bazaar organized by Bangladesh Police against smuggling of yaba.

HARM REDUCTION

TREATMENT

The Government of Bangladesh initiated treatment services for the drug dependent people during 1987 and established a drug addiction treatment center at 441, Tejgaon Industrial Area in a three storied building of the Tejgaon Thana Health Complex under the Health Directorate of the Ministry of Health and Family Welfare. Later on, at the time of establishing the Department of Narcotics Control, this drug addiction treatment center was placed under the control of the Department of Narcotics Control with all its manpower and establishments and renamed as the Central (Drug Addiction) Treatment Center

the elderly people or heads of families of drug dependent persons or the physicians who come to know about anybody's drug dependence in course of providing any treatment service to inform the Department of Narcotics Control about that person's drug dependence. Being informed about any body's drug dependence, the DNC should notify that person to surrender himself to a drug addiction treatment center. If such surrender is declined, then the drug dependent person is to be brought to a drug addiction treatment center through some Court procedures. Even force can be applied to bring a drug dependent person in a drug addiction service for compulsory treatment.

The expenditures of these sorts of treatment services are to be carried by the Government.

Besides the services provided by the Government there are also NGO and private treatment services for the drug addicts. To guide and regulate these private services, there is Rules called "Rules for establishment and running non-Government level drug addiction counseling, treatment and rehabilitation centers, 2005". The CTC provides treatment services free of cost in 25 beds and in remaining 15 beds clients have to pay Tk. 100/ per day. Subsequently in

continuation of the CTC, 3 Regions Treatment Center were established in Chittagong, Rajshahi and Khulna. The Government has planned to establish more 6 treatment and rehabilitation centers with facilities of 50 beds in each Divisional head quarters. A proposal for enhancement of the treatment facility at the CTC from 40 beds to 100 beds has been submitted to the Government on



Vice-chancellor of BSMMU Prof. Pran Gopal Dutt. addressing in the seminar on use of opioids in medical treatment.

(CTC) as per provision Section 15 of the Narcotics Control Act, 1990. The posts of this treatment center are of the DNC, but the persons work here are deputed from the Ministry of Health and Family Welfare. Section 16 of the Narcotics Control Act, 1990 provides detailed provisions of the drug addiction treatment services in Bangladesh. Section 17 of this Act has obliged

10/10.2013. An administrative approval from the Government has been accorded during 2013 for establishing a ten bed facility for treatment of drug dependent street children. Statistics on treatment services so far obtained from 1990 to 2013 are as following:

Year	Number of Patients						
	Indoor		Outdoor		Total Patients	New	Old
	Male	Female	Male	Female			
1990	465	0	5964	0	6429	1137	5292
1991	668		5587		6585	1015	5570
1992	1029		4997		6026	665	5361
1993	1194		5512		6706	907	5799
1994	1218		6087		7305	1064	6241
1995	1379		6618		7997	1110	6887
1996	1613		8130		9743	1695	8048
1997	2318		8907		11225	2315	8910
1998	2462	1	9186	2	11651	2272	9379
1999	2668		8365	3	11036	1818	9218
2000	2692		9228	5	11925	2213	9712
2001	3410	4	20643	25	24082	1951	22131
2002	3794	9	18814	20	22637	1927	20710
2003	3635	3	18396	14	22048	1647	20401
2004	35	28	9486	19	13132	4989	7498
2005	2231	1	6792	25	9049	3557	5481
2006	1974	2	4077	10	6063	3143	2920
2007	2134	12	2732	0	4878	2395	2483
2008	1266	6	2589	8	3869	1964	1905
2009	1346	0	2443	4	3793	2073	1720
2010	705	2	1827	2	2536	1667	869
2011	673	0	191	0	2585	1709	876
2012	2978	4	7705	62	10749	5638	5111
2013	1547	0	6542	19	8108	4160	3948

Source: Operation wing, DNC

The Narcotics control Act, 1990 also has the provisions to identify and register the drug dependent persons (Section 48) and bring them under treatment and rehabilitation program. The Department of Narcotics Control advise the Government on issues related to treatment and rehabilitation of drug dependent persons. Besides management and running the Government owned-drug addiction treatment centers it also

coordinates, monitors and supervises the NGO and private treatment and rehabilitation services for the drug addicts. For this purpose the DNC issues licenses to NGOs and private treatment services for drug addiction. Till December 2013, the DNC has issued 106 licenses to NGOs and private institutions for treatment and rehabilitation of the drug dependent persons. The DNC has taken further steps to issue more licenses at all the drug affected areas throughout the country with a view that no District is left without treatment facility for drug dependence. All the treatment centers being run without license have been notified to immediately obtain license. A proposal has been placed to the government to reduce the existing rate of the fee of license for treatment and rehabilitation of the drug dependent persons from maximum taka 50.000/ to 30,000/ and minimum from taka 10.000/ to 2,000/ which is under process of notification from the Ministry of Law and Parliamentary Affairs.

TRAINING OF TREATMENT PROFESSIONALS

Central Drug Addiction Treatment Center organizes training program for addiction professional. Under this programme 100 treatment professional have already been trained



Participants and resource persons of capacity building training program (organized by Dhaka Ahsania Mission) on substance use disorders.

up in five batches according to the curricula prepared by ACCE of Colombo plan. To perform as a national trainer, on treatment services, 15 addiction professionals from Government and Non-government treatment center and two university have all ready been trained up by ACCE of Colombo Plan.

METHADONE MAINTENANCE THERAPY (MMT) OR ORAL SUBSTITUTION THERAPY (OST)

Oral Substitution Therapy (OST) has been introduced for injectable drug users in Bangladesh since July 2010 with the aim to improve the quality of life and prevent spread of HIV or other communicable disease such as Hepatitis B and C. Three centers for OST in different parts of Dhaka city started functioning for about 500 clients. The services rendered to drug dependent persons from these centers are: daily oral methadone dose, counseling services, voluntary testing and counseling for HIV and other supportive services. So far clients' adherence to this programme is excellent. Daily attendances of the clients are 85% which is highest in South-East Asia. The life standard of the clients is improving significantly. 96.5% clients have quitted needle and shiringe. The results of urine test of 96.5% clients show no drug except methadone. Family bondage of the clients has increased to a great extent and their demand for money has decreased significantly. Depression among the methadone using clients has also decreased. There is strong demand from the clients to increase the number of center in easily approachable locality as they have to attend the clinic every day of the year.

MODALITY OF TREATMENT

According to the Principles of Effective Treatment no single treatment model is effective for all clients. Different modality of treatment has been developed or practiced in Bangladesh to address

the unique needs of individual client. They are as follow-

- 1. Family Based Treatment:** Usually provided by psychiatrist or physicians in Government hospital or in the private chamber. The important criteria for this type of treatment are strong motivation of the client, good family support with proper accommodation facilities, absence of co-occurring medical or psychiatric disorder, and first time treatment with moderate amount of drugs taken in a day. Both the client and his or her family members are informed about the withdrawal symptoms and complications. Medicines are usually prescribed by the physicians to alleviate the withdrawal symptoms and stabilized the condition of the patient.
- 2. Medically Managed Treatment:** Short term in-patient treatment is most frequently available in Bangladesh. Withdrawal symptoms and complications are managed by using pharmacotherapy and other interventions. This type of treatment is provided by psychiatrist or physicians in Government or private hospital. After management of withdrawal and stabilization counseling is provided on weekly basis or may be referred to long term rehabilitation center.
- 3. Long Term Psycho-Social Approach:** This type of treatment are provided for the clients who had repeated relapse, history of criminal activities, no family support or live in an environment where maintaining abstinence are difficult, no job or productive activities. Different activities or programme of Self-help and mutual help, narcotics anonymous or TC model or behavioral approach are integrated in this type of treatment modality which suit our socio-cultural attitude. Initially they are very shy of medical or psychiatric or pharmacotherapy. At present, there are change of attitude among them.

4. **Integrated Treatment Approach:** In this type of settings SUD and co-occurring mental disorder can be addressed simultaneously where multidisciplinary team can provide treatment under the same roof with the same professionals.
5. **Harm Reduction Approach:** The client who use injectable drug, has history of multiple relapse, co-occurring medical condition such as HIV positive client, or patients with hepatitis B or C positive are provided with OST with methadone. Study indicates that OST significantly improve the quality of life of the client which include among other in reducing the frequency of criminal activities or arrest.
6. **Religion Based Approach** are also available but there is lack of scientific studies on the effectiveness in our country.

STUDY ON RELAPSE RATE IN MEDICAL-ASSISTED TREATMENT OF SUBSTANCE USE DISORDER

A retrospective study was done among the patient of substance use disorder who had been admitted



The Honorable State Minister of the Ministry of Home Affairs Asaduzzaman Khan, MP, at his visit at the Central Drug Addiction Treatment Centre of the DNC.

in Central Drug Addiction Treatment Center in year 2013. Those patients were included in this study who had been admitted before October, 2013 and are drug free for at least 6 month. Consecutively patient's guardian were interviewed over telephone whose name and telephone number were recorded during admission of the patient in this center. All the legal guardian were Interviewed by Resident Psychiatrist, Rehabilitation Officer and Occupation Therapist using the official telephone of this center during office hour. Those clients were marked as non-respondent whom we failed to contact after repeated dialing in consecutive 3 days. Most of the respondents appreciated the telephone call even though their patients had relapsed. They were happy as the service provider in Govt. Center inquiring about the patient. ■



The Honorable State Minister of the Ministry of Home Affairs Asaduzzaman Khan, MP, delivering his speech at the inauguration of the Women Drug Addiction Treatment and Rehab Centre of Dhaka Ahsania Mission.



ORGANIZATIONS, CAPABILITIES AND ACTIVITIES

DEPARTMENT OF NARCOTICS CONTROL

MANPOWER OF THE DEPARTMENT OF NARCOTICS CONTROL

The Department of Narcotics Control (DNC) is a multifunctional agency under the administrative control of the Ministry of Home Affairs. It came into operation in January 1990 with a total of the different kinds of manpower of 1274. Later on its manpower became 1283 after enhancement of 9 posts in the Central Drug Testing Laboratory. The DNC is the nodal agency for prevention and control of drug abuse and their illicit trafficking in Bangladesh. It is headed by a Director General. All the activities of this Department is run through its 4 main branches of administration comprising (a). Administration, Training, Finance and Accounts, (b). Operations, Trafficking and Intelligence, (c). Preventive Education, Research and Publication, and (d). Treatment and Rehabilitation. Out of headquarters, this Department runs its entire administration through its 4 Zonal office, 4 Zonal Intelligence offices, 25 Sub-zonal office, and 109 Circle office. 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 treatment centers at Chittagong, Rajshahi and Khulna. The Central Drug Testing Laboratory of the department for chemical tests of seized drugs is

located at Gendaria, Dhaka. There are 25 prosecution units at 25 Sub-zonal 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. Though it was supposed to fulfill the entire manpower of 1274 phase by phase within three years, but it could not come into reality due to various adverse situation. On review of the statistics of last 24 years it appears that the Department was always run by two third of its sanctioned manpower on average. 9 Assistant Directors have been newly appointed during 2013, and appointment of another 225 employees of different categories is under process. During this period 20 class I officers including 1 Additional Director, 18 Deputy Director and 1 programmer has been appointed on promotion to higher post. 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 providing at least 1 class I officer at each Civil District, expansion of the programs of treatment and rehabilitation, increase of the manpower of Circle Offices, Empowerment of the prosecution, intelligence and preventive education wing and enhance the overall capacity and capability of the DNC.

Out of 1283 sanctioned manpower the DNC is currently working with its existing manpower of total 995 and 288 posts are vacant. It means that



almost 22.45% of the posts are vacant at present. The statistics of total manpower of DNC is as follows:

MANPOWER OF DEPARTMENT OF NARCOTICS CONTROL

Class	Sanctioned Posts	Existing Posts	Vacant Posts
Class-1 Officers	91	71	20
Class-2 Officers	54	36	18
Class-III Employees (Enforcement)	779	621	158
Class-III Employees (Ministerial)	254	184	70
Class-IV Employees	105	83	22
Total-	1283	995	288

Source: DNC Data Base

Among this 1283 sanctioned manpower, only 779 persons are for the purpose of law enforcement and control of crimes related to drugs. But due to shortage of manpower, only around 621 people are currently working in the whole country for law enforcement and control of crimes related to drugs.

APPOINTMENT AND PROMOTION DURING-2013

To fill up the vacant posts of DNC 8 Class-I, 02 Class-II & 22 Class-III posts were filled up by promotion and 188 Class-III & 23 class-IV post were filled up by new appointment during the 2013. During the year 2013 a total number of 243 Posts were filled up by new appointed and promotion. Details of the Statistics are furnished below:

STATISTICS ON APPOINTMENT AND PROMOTION

SL No.	Class of Post	Appointed of Posts	Promoted of Posts
1	Class-I	X	8
2	Class-II	X	2
3	Class-III	188	22
4	Class-IV	23	X

Source: DNC Data Base

OFFICES OF THE DEPARTMENT OF NARCOTICS CONTROL

The DNC Headquarter was located at 1, Segun Bagicha, Dhaka-1000 in accommodation provided

by the government from starting of DNC till 2008. There from, it was shifted at a hired building at 71-72 Eskaton Garden (Level-9), Ramna Dhaka-1000. Due to some inconvenience, it has again been shifted temporarily at an unutilized building of the Rehabilitation Centre of the DNC at 441, Tejgaon Industrial Area, Dhaka-1208.

After Construction of DNC's Head Quarters Office Building at 41, Segun Bagicha, Dhaka-1000 it will be shifted there. There are 4 Zonal Offices and 4 Zonal Intelligence offices at Dhaka, Chittagong, Khulna and Rajshahi. The DNC run its field administration through 25 Regional offices located at Dhaka Metro, Dhaka, Mymensingh, Faridpur, Tangail, Jamalpur, Chittagong Metro, Chittagong, Comilla, Noakhali, Sylhet, Cox's Bazaar, Rangamati, Bandarban, Khagrachori, Khulna, Jessore, Kushtia, Barisal, Patuakhali, Rajshahi, Pabna, Bogra, Rangpur and Dinajpur.

The Regional offices are generally located at greater and old Districts Headquarters. The Zonal and Regional offices perform administrative and supervisory function and they also issue licenses & Permits. The enforcement and operational activities are performed through 109 Circle offices throughout the country. The Circle offices are under the direct control of the Regional offices and then Zonal offices & then Head Quarters.

Before establishment of the Department of Narcotics Control in 1990, the name of this Department responsible for controlling intoxicating drugs were respectively the Bengal Excise Department during the British Colonial Period, The Department of Excise and Taxation during the Pakistan period and the Department of Narcotics and Liquor till 1989. Being almost a century-old Department, it never had its own office. Once upon a time, it was accommodated in

the Deputy Commissioner's office complexes at each District. After being separated from the District Administration, almost all the field offices are being maintained in rented houses. However, 23 decimals of land at 41, Segun Bagicha of Dhaka has been registered in favour the DNC during 2011. Establishment of the DNC Headquarter at this land is under process. Apart from the DNC Headquarter Construction of Zonal and Regional DNC offices at Dhaka, Chittagong, Rajshahi, Sylhet and Barisal is complete and all the field Offices located at this stations are already shifted there.

compel the consumers to go for illegal channels to procure their supply of drugs and it can enhance the criminal activities related to drugs. Therefore, fees and taxes are imposed on the basis of such calculation and at such a point of equilibrium where the consumers purchasing power, the demand, the supply and the probability of diversion to illicit channels meet each other at such a point of equilibrium where the government gain maximum benefits of reducing the demand and supply of drugs with minimum probability of diversion to illegal channels. The statistics on collection of revenue by the DNC for last five years are as below.

STATISTICS ON ITEM-WISE COLLECTION OF REVENUE BY DNC (TAKA)

Financial Year	Revenue Items							Miscellaneous	Total
	Country Liquor	Foreign Liquor	Rectified Spirit	Denatured spirit	Absolute Alcohol	Toddy	License /permit fee		
2009-10	26,46,53,736	22,21,30,155	1,30,69,102	2,16,05,777	98,444	1,69,900	3,72,61,217	1365	55,89,89,699
2010-11	340154254	195976047	14390079	20908106	172518	11644328	43645276	2,45,800	62,76,36,409
2011-12	28,90,79,234	27,71,81,802	1,43,18,425	1,40,27,004	2,11,709	-	5,25,11,963	60,708	64,73,90,845
2012-13	28,84,26,132	32,08,00,258	1,68,83,460	1,70,86,757	2,04,968	2,14,000	5,75,30,637	1,930	70,11,48,142
2013-14 (February /14)	18,70,94,195	19,56,28,686	93,19,269	1,36,36,991	1,62,176	70,000	1,46,83,782	--	42,05,95,069

Source: DNC Data Base

COLLECTION OF REVENUE

Collection of revenue is not major function of the DNC. Its major functions are reduction of the demand and supply of drugs and the related harms of drug abuse. Revenue is a byproduct of DNC's activities for reduction of the demand and supply of drugs. In general, all drugs are restricted in Bangladesh as per provision the Narcotics Control Act, 1990 except for manufacture of medicine, treatment, industrial use and scientific research under license, permit or pass granted under this law. While issuing licenses, permits or passes for these purposes, the DNC collects license and permit fees and "Madoc shulko" (taxes on intoxicating drugs) imposed by the government on alcohol, spirits and liquors. When the license fees and taxes increase, the price of drugs is increased causing reduction of purchasing power of the consumers. But, excessive taxes and excessive fees of licenses can cause the increase of price and it can

CONSOLIDATED REVENUE COLLECTION BY DNC

Financial Year	Amount of Revenue Earned
2008-2009	547218018
2009-2010	558989699
2010-2011	627136409
2011-2012	660486522
2012-2013	718329987

Source: DNC Data Base

TRAINING AND CAPACITY BUILDING OF DNC

The Department of Narcotics Control does not have any training academy for training of its officers and employees since its establishment. Yet it has formed an expert and core trainer group consisting of its experienced and expert trainers who are trained at home and abroad. There is a persisting training program on theoretical and practical aspects of drug abuse prevention and

control for all officers and employees through this trainer group. Moreover the DNC officials occasionally get training in different training institutions of different law enforcement and intelligence agencies of the government. Apart from these domestic training, the DNC officials receive training at home and abroad under the



Trainees of DNC with high officials of DNC and NSI in training programme on intelligence techniques.

sponsorship of UNODC ROSA, DEA, Colombo Plan, etc. Our closest friendly country India has provided a remarkable number of training programs for the DNC officials through its NACEN and AIIMS.

Every officers and staffs of DNC is provided with short basic training course after their joining in the service. There are basic and specialized training courses for the drug law enforcement officials. Under these courses, they are provided with knowledge and information of both theoretical and practical aspects of drug related issues. Some of the important topics of training are: definition, description, nature, classification, origin and identification of drugs; effects and consequences of drug abuse; the international regional and national perspectives of abuse drugs and their illicit trafficking; international and domestic laws and rules relating to drugs; function

and responsibilities of various law enforcement agencies in Bangladesh for drug abuse prevention and control; techniques of intelligence; Planning and conducting raid, search, seizure and arrest; investigation of offences; collection and management of evidence; Prosecution and trail of cases; Procedure of trail of cases in court and submission of evidence; the Code of Criminal Procedure and Evidence Act, Narcotics Control Act and other related Acts and Rules & regulations; preventive education and public awareness campaign against drug abuse; Community mobilization against drug abuse; various methods and approaches for drug addiction treatment, rehabilitation and harm reduction.

Besides the basic and foundation training courses on drugs, the newly recruited officials are also trained on basic aspects of Service Rules and governmental systems. Apart from these training courses, there are refreshers courses and short training courses. Officials of other law enforcement agencies are also trained on drugs along with the DNC officials. The DNC have already created a master trainer group within itself. The members of this group also work as resource persons in training facilities provided for the DNC officials by overseas donors and agencies. Details of the training provided for the DNC over last five years are as follows:

STATISTICS OF TRAINING

Year	Persons Trained (Internally)	Persons Trained (Overseas)	Total
2009	273	06	279
2010	271	24	295
2011	268	23	291
2012	490	64	554
2013	901	11	912

Source: DNC Data Base

DETAILS OF OVERSEAS TRAINING

Period	Subject of Training	The organizing Agency and Country	Number of Persons Received Training		
			Government		Non-Government
			DNC	Others	
2012	Asia Pacific High Level Inter-governmental Meeting on HIV/AIDS(MDGS)	Bangkok, Thailand	01	-	-
	Strengthening Drug Law Enforcement capacities in south Asia XSAJ81	UNODC, New Delhi, India.	01	-	-
	05th Meeting of Focal Point of SAARC Drug offences Monitoring DESK(SDOMD)	New Delhi, India	02	-	-
	3rd Regional Training for Drug Law Enforcement Officer	The Drug Advisory Programme of the Colombo Plan(CPDAP), Singapore.	02	-	-
	Training programmes on Doctors and Health Workers	Indian Government the National Drug Dependence and Treatment Centre(NDDTC), New Delhi, India	05	09	-
	The 3rd DG level talks between DNC & Narcotics Control Bureau of India	New Delhi, India.	02	06	-
	Training Programmes on Drug Law Enforcement including aspect on precursor chemicals	Indian Government the National Academy of Customs, Excise and Narcotics (NACEN), Faridabad, India.	18	-	-
	The 9th International Training course Joining Precursor chemical for Asian Narcotics Law Enforcement officers.	Thailand Government, Thailand.	02	-	-
	The 36th Meeting of Heads of National Drug Law Enforcement Agencies	HONLEA, ASIA and the Pacific, Thailand	01	-	-
	Training Programmes on Chemicals Analysis of Drugs	Indian Government the Central Revenues Control Laboratory(CRCL) New Delhi, India.	05	10	-
2013	Precursor Control in Asia Addressing the challenges	Bangkok, Thailand	01	01	-
	Project steering committee (PSC) of project XSAJ81 strengthening Drug Law Enforcement capacities in south Asia.	New Delhi, India.	01	-	-
	Drug Analysis Training and Learning Drug control course in Korea.	Korean Government, Korea.	01	-	-
	Drug Analysis Training and learning Drug control course in Korea.	Korean Government, Korea.	05	-	-
	Anti-Drug Liaison officials Meeting for International Co-operation(ADLCOMICO)	Korean Government, Korea.	02	-	-

Source: DNC Data Base

RESOURCE CENTRE

DNC has a resource centre. It comprises of almost 4000 books and publications on drugs from home and abroad. It is also enriched with huge number of journals and periodicals from home and abroad. Any person or institution can use this resource centre for any kind of personal or institutional study or research. The address of the resource centre is:

Address of the resource centre	Officer in Charge	Prescribed using period
Headquarters of the Department of Narcotics Control, 441, Tejgaon Industrial Area, Dhaka-1208, Bangladesh	Librarian	from 9.00 am to 5.00 pm

COMPLAIN

On any problem regarding licenses, permits, treatment and rehabilitation services or use of resource centre, or on requirement of any information the officials/office of DNC Headquarters and Zonal or Sub-zonal Narcotics Control Offices may be communicated to.

ADDRESSES OF DIRECTOR GENERAL AND ADDITIONAL DIRECTOR GENERAL

Officials/Office	Number of Phone/ Mobile/Fax/Email
Director General 441, Tejgaon Industrial Area, Dhaka-1208, Bangladesh	Phone: 8870011 Mobile: 01714131416 Fax: 88-02-8870010 E-mail: dgdnbcd@gmail.com
Additional Director General 441, Tejgaon Industrial Area, Dhaka-1208, Bangladesh	Phone: 8870015 Mobile: 01727450464

On having no remedy from the zonal or sub zonal officials or offices, the following officials /offices of DNC HQ may be communicated, or ask for remedy-

People can participate in any anti-drug activity by providing information on abuse, illicit trafficking, marketing, transportation, storage, and use of drugs and complain against any drug law enforcement official or employee. The information should be provided secretly. Secrecy about the identity of informer is maintained very strictly. Informers of anti-drug activities are also paid remuneration as per admissibility under relevant rules.

ADDRESS OF DNC HQ FOR COMPLAIN

Officials/Offices	Phone Number	Subject of complain/ query
Director (Operations) 441, Tejgaon Industrial Area, Dhaka-1208, Bangladesh	8870012 8870013	Anti-drug intelligence, raid, search, seizure, arrest, investigation and prosecution. SDOMD,
Director (Administration) 441, Tejgaon Industrial Area, Dhaka-1208, Bangladesh	8870016	Licenses, permits, passes, personnel management, finance, budget, training, assets and liabilities of DNC
Director (Preventive Education) 441, Tejgaon Industrial Area, Dhaka-1208, Bangladesh	8870040	Preventive education, anti-drug campaign, Anti-drug NGO management, research, publication, public awareness,
Director (Treatment and Rehab.) 441, Tejgaon Industrial Area, Dhaka-1208, Bangladesh	8870014	Treatment and rehabilitation services for drug addiction at government or private level, pharmaceutical licenses, permits

ADDRESS OF FIELD OFFICES FOR COMPLAIN

Officials/Offices	Addresses	Phone Numbers
Additional Director(Intelligence)	41, Segun Bagicha, Dhaka-1000	02-8311287
Additional / Deputy Director Dhaka / Dhaka Intelligence Zone	174, Distillery Rd., Gendaria, Dhaka	02-7445850
Additional / Deputy Director Chittagong / Chittagong Intelligence Zone	43, Ice Factory Rd., Chittagong	031-654061, 031-711852
Additional / Deputy Director Khulna / Khulna Intelligence Zone	140, Khan Jahan Ali Road, Khulna	041-810918
Additional / Deputy Director Rajshahi / Rajshahi Intelligence Zone	223/2, Upa Shahar, Rajshahi	0721-761960

For information on any above-noted matter, or for any complain, or for remedy in any issue the the Director General or Additional Director General may be approached at the addresses mentioned above:

LICENSE AND PERMITS

The Narcotics Control Act, 1990 has imposed restriction and control on any kind of operation of drugs or their ingredients except for manufacturing medicine, treatment, industrial use and scientific research under license, permit or pass. However, the law permits the Non-Muslims population and foreigners to drink any kind of alcoholic preparations and liquor for amusement and recreational purposes under permit issued by the DNC. The Muslim can take alcohol only for treatment purposes under prescription from authorized physicians. Licenses are required for cultivation, production, processing export, import, possession, warehousing, storage, distribution, sale, purchase exhibition etc. Permits are required

for use, administration or consumption. Passes are required for transport and carrying.

Total number of different kinds of licenses under the control of the DNC is 5509. The Director General of the DNC or any officer authorized by him can issue license, permit or passes under certain prescribed terms and conditions, on payment of prescribed fees and on prescribed forms. Licensing system is an effective method to control, monitor and limit the licit drug supply facilities, locations, types, number and activity hours. It is also effective to differentiate between the licit and illicit operations relating to drugs. The behavioral patterns of the license/permit holders relating to drugs are also monitored and controlled through licensing system. No import, export, transport shipment, manufacture, processing, sale, distribution, purchase, possession, storage, warehousing, use etc. of alcohol, spirit, alcohol containing products and certain narcotic drugs and precursor chemicals can be done without a license, permit or pass from the DNC.

STATISTICS ON LICENSES OF NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR CHEMICALS DURING-2013

Category of license	Number
Distillery	06
Brewery	01
Alcoholic Malt beverage(whole sale)	03
Bonded ware House	21
Country liquor	214
Foreign Liquor	Club/Bar-118, Whole sale and Retail-38
Rectified spirit(homeo medicine and Industry)	250
Denatured Spirit	3398
Narcotic Drugs(morphine & Pethidine)	787
Psychotropic substances (for Pharmaceuticals, Industry)	Import-84, Export-16, Processing-77
Precursor Chemicals	Import-137, Manufacturer/Processing-41, Retail sale-76, Uses-65
Private Drug Addiction Treatment and Rehabilitation Centre	106
Registered Anti-drug NGO's	71
Total	5509

Source: DNC Data Base



The Narcotics Control Rules, 1999 has provision for control, monitoring and supervision of the operations of drugs or precursors chemicals in industrial, scientific and medical purposes through a licensing system. Importers, exporters, manufacturers, distributors, users or operators of drugs or precursors chemicals have legal bindings to allow inspection by DNC officials. A thorough investigation is made before issuing any license/permit, or allowing any import or export. Each import and export requires clearance from the DNC. Every import is followed by inspection by the DNC and assessment of the requirement. The manufacture, sale, processing or use of drugs are monitored by inspecting DNC officials. Inspecting officers of DNC verify accounts and statistics of all drugs related operations.

The DNC monitors the supply system of drugs through its field officer. Liquor shops are inspected at least once a month and others at least once a quarter. Officials of and above the rank of inspector can inspect any license whenever desired. This method facilitates the DNC to control and monitor the behavior of both the suppliers and consumers of drugs. The DNC's policy is to patronize expansion of licit trade and industry. The DNC ensure regular, adequate and uninterrupted licit supply to licit traders, industries and users. The DNC holds periodical meeting with traders, importers, industrialists and users to solve problems. The DNC stops unauthorized and suspected consignment of the import of drugs.

DISTILLERY, BREWERY AND WAREHOUSE

Drinking alcohol is not socially recognized in Bangladesh. But still there is prevalence of drinking alcohol under provision of law for non-Muslim population, foreign tourists, diplomatic people, and foreign citizens staying in the country

for job and for Muslims on medical ground. As per cultural heritage and social custom certain tribal people are also allowed to drink alcohol. Carew and Company produce both country liquor and foreign liquor and Crown Beverage produce beer to meet the local demand. The country liquor produced by Carew and Company at Darshana, Chuadanga District is supplied through warehouses at Dhaka, Mymensingh, Faridpur, Chittagong, Shrimongol, Comilla, Khulna, Jessore, Darshana, Barisal, Pabna, Shantahar and Parvatipur to 214 country liquor vendors throughout the country where from the country liquor permit holder buy those against their permits to consume. In the same way foreign liquor is also sold to the permit holders of foreign liquor from foreign liquor off shops, bars and clubs. The diplomatic persons and the privileged persons holding customs pass book also get their supply of liquor from duty free diplomatic bonded warehouses. Apart from Carew and Company 4 other private-owned distilleries produce alcohol, rectified spirit and denatured spirit for use in manufacture of medicine, treatment, industrial purposes and use in scientific researches.

Though Bangladesh was never a traditional alcohol consuming country, the tribal populations were used to drink alcohol from time immemorial. During the Mughal and British regime, there were taxes on manufacture and trade of alcohol. The British Indian Government established "Bhatikhana" in each District to control and monitor the manufacture and trade of country liquor. The rights of manufacture and trade of country liquor were sold on auction each year. At the beginning of last century, British merchants established Carew & Co Ltd.. at Darshana in Chuadanga District and began manufacturing country liquor, foreign liquor, rectified spirit, denatured spirit and absolute alcohol under license

from the Government. Carew & Co. Ltd. was also issued exclusive Privilege license for manufacture and sale of country liquor throughout the whole of Bengal. To distribute country liquor to the vendors among the 13 warehouses throughout the country. Country liquor is sent to these warehouse under bond of payment of Government duty. The officers in charge of these warehouses are responsible for collecting revenue while issuing country liquor to retail vendors.

Carew & Co. Ltd. was the sole producer and distributor of all sorts of alcohol till 1984. There after another four private distillery named Jamuna distillery at Natore District, Rangpur Distillery at Rangpur District, Marshal Distillery at Panchogar District and Sunipun Distillery at Rajbari District were established to manufacture and trade rectified spirit and denatured spirit. All the distilleries use molasses sourced from local sugar mills as raw material for manufacturing spirit. Marshal Distillery closed before five years for their various problems of management. Since then all production and distribution of Marshal Distillery has been closed and total land, machinery and equipments and infrastructure of Marshal Distillery has been sold to a another entrepreneur/person on March, 2012. The new name of Asian Distillery is in lieu of Marshal Distillery after the change of ownership. At present, all production activities of Asian Distillery are running. The production activities of Asian Distillery have started from March, 2012. The only one Brewery in Bangladesh named Crown beverage limited was established in the year 2009 at Kaliakoir in Gazipur District. The raw materials used in this brewery are imported malt and hops.

The combined quantity of supply of spirit liquor and alcohol by all the Distilleries and quantity of beer supplied by Crown Beverage for last financial year as following :

STATISTICS ON SUPPLY OF ALCOHOL (in proof litre)

Financial Year	Absolute Alcohol	Rectified Sprit	Denatured Sprit	Country Liquor	Foreign Liquor
2009-10	1153.71	22,566.48	14,96,531.44	32,80,128.75	6,51,660.23
2010-11	4885.18	44610.12	576739.25	3626797.02	719275.72
2011-12	6990.91	177531.14	854959.36	3566073.36	840135.17
2012-13	10603.62	193777.74	1070153.16	3526535.99	972118.94
2013-14 (December/13)	5515.55	85394.40	526617.18	910125.36	242813.07

Source: DNC Data Base

STATISTICS ON PRODUCTION AND SALE OF BEER BY CROWN BEVARAGE LTD.

Kaliakoir, Gazipur.

Financial Year	Production(Can)	Sale(Can)	Revenue(Taka)
2009-10	22,40,040	11,53,536	1,10,16,271.00
2010-11	9,87,000	15,60,960	1,49,07,498.00
2011-12	12,37,632	16,21,392	1,54,84,296.00
2012-13	21,23,400	20,95,920	2,00,30,868.00
2013-14 (December/13)	9,67,514	10,45,200	1,00,55,468.00

Source: DNC Data Base

If we review the member of permit holders for consumption of liquor over last five years, it appears that alcohol consuming population of the country has been increasing gradually each year at the a ratio from 6% to 10%. But this statistics do not project the actual member of people with drinking habit in the country. Permits for drinking of country liquor are granted to only non-Muslim population. But in reality, a major portion of the alcohol consuming population is Muslim. As they are not entitled to any permit for consuming country liquor legally, they drink alcohol from illicit sources. The illicit distribution of alcohol prevails almost all over the country. Almost 20% of the cases detected by the DNC each year are related to illicit distribution of liquor. Many people, having no permit drink rectified spirit as a substitute to liquor.

STATISTICS ON THE PERMITS FOR CONSUMPTION OF LIQUOR

Financial Year		2009-10		2010-11		2011-12		2012-13		2013-14	
S.N o.	Region	C.S	F.L	C.S	F.L	C.S	F.L	C.S	F.L	C.S	F.L
1	Dhaka Metro	6302	7020	6005	7001	5075	6479	3955	5140	4386	7473
2	Dhaka Region	1950	375	2100	401	2226	585	1990	780	2350	855
3	Mymonsing	2699	369	3081	374	3456	385	4000	410	3874	455
4	Faridpur	1848	240	2157	258	1910	260	2031	392	2377	408
5	Tangail	735	189	817	217	855	192	875	162	885	183
6	Jamalpur	610	-	668	-	700	21	694	02	694	02
	Total of Dhaka Zone	14144	8193	14828	8251	20127	7922	13545	6886	14566	9476
7	Chittagong Metro.	4971	1414	6525	1372	5905	1775	5666	1398	5002	1618
8	Chittagong Region	-	-	-	-	-	-	-	-	-	-
9	Sylhet	18007	258	19107	248	18118	241	18565	207	8554	192
10	Comilla	2033	501	1999	501	1809	463	2467	811	1867	565
11	Noakhali	2543	-	2718	-	2425	--	2667	--	2564	--
12	Cox’s Bazaar	131	88	150	105	150	123	--	71	--	141
13	Bandarban	-	10	-	15	-	20	--	18	--	20
14	Rangamati	-	-	-	-	--	--	--	02	--	--
15	Khagrachori	-	-	-	-	--	--	--	--	--	--
	Total of Chittagong Zone	27685	2273	30499	2241	28407	2622	29365	2507	27987	2536
16	Rajshahi	3149	251	3901	250	2925	301	4991	348	5105	348
17	Rangpur	3615	220	3945	231	3967	290	4233	150	4233	150
18	Pabna	2221	-	1971	10	2492	01	2347	60	2086	18
19	Bogra	1507	452	1908	374	2076	534	2672	661	2713	668
20	Dinajpur	945	352	1115	354	1264	356	1229	350	1502	401
	Total of Rajshahi Zone	11437	1275	12840	1219	12733	1482	15472	1569	15639	1586
21	Khulna	2936	247	2877	325	3536	385	3778	414	3627	434
22	Jessore	2297	206	2543	400	2836	303	2977	330	2482	819
23	Kustia	2901	14	3589	13	3589	13	3493	10	3664	12
24	Barisal	263	134	780	163	805	163	824	151	777	116
25	Patuakhali	66	-	69	-	73	--	155	--	103	--
	Total of Khulna Zone	8563	601	9858	901	10839	864	11227	905	10733	1381
	Grand Total	61829	12340	68025	12612	72106	12890	69609	11867	68925	14471

Source: DNC Data Base

ANNUAL REQUIREMENTS OF NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR CHEMICALS.

Through the ammendment made during 2000 the Government has put 22 precursor chemicals under control of the Narcotics Control Act, 1990.

Among these 22 precursor chemicals, 8 precursor chemicals (such as Toluene, Pseudoephedrine, Acetic Anhydride, Acetone, Hydrochloric Acid , Sulfuric Acid, Methyl Ethyl Ketone, Potassium Permanganate) are used in different industries in Bangladesh. The users of large industries and institutions directly import precursor chemicals from foreign countries under license from the

DNC. The users of small industries and institutions procure precursor chemicals from local market to meet their demand. For this reason a few commercial farms, apart from the large industries and institutions, have been issued import and whole sale license of precursor chemicals so that they can supply those to the retailers and small users.

As Bangladesh is not a drug producing country and no clandestine laboratory has yet been established here for manufacture of drugs, there is almost no abuse or diversion of precursor chemicals in Bangladesh. But we cannot ignore the possibilities of smuggling precursor chemicals to the neighboring countries due to easy opportunity of international communication and vast flow of exchange of information. Theft of pseudoephedrine at Hazrat Shahjalal International Airport in recent past and seizure of large consignment of Ketamine at the same airport in

course of smuggling to south-east Asia hints at this possibility. Yet it is a matter of hope that we have not yet noticed any abuse or diversion of pseudoephedrine within the country though a few consignment of pseudoephedrine based medicine were seized in some of the ports of South-America. The following Table describes the import of precursor chemicals into Bangladesh over last three years.

There is export, processing, marketing and use of 18 categories of narcotic drugs and psychotropic substances in Bangladesh. Use of these drugs, substances are mainly limited in the fields of medicine, treatment and industry. Though Pethidine as a narcotic drug had limited abuse for addiction in the past, its abuse at present is rare. At present Pethidine has been replaced by Buprenorphine and Nalbuphine. Buprenorphine is manufactured in India as a controlled medicine

STATISTICS ON THE INCB ALLOTMENT OF NARCOTICS DRUGS AND PSYCHOTROPIC SUBSTANCES AND THEIR IMPORT.

Name of the Narcotics Drugs and psychotropic substances	INCB Allotment (Grams)	DNC Allotment (Grams)	Import (Grams)				
			2009	2010	2011	2012	2013
Dextropropoxyphene	450000	3,00,000	---	---	---	---	---
Fentanyl I	800	800	35	196	513	--	75
Methadone	15000	15000	--	8760	4160	4160	12000
Morphine	100000	70000	5250	5000	30000	10000	--
Pethidine	420000	350000	120000	130000	125500	120000	125000
Oxymorphone	25000	25000	--	--	--	25000	--
Alprazolam	300000	209550	25000	25000	39500	5000	36805
Bromazepam	1200000	999270	420000	410000	352000	544000	360000
Clobazam	1500000	1245250	388000	287000	452000	319000	381941
Clonazepam	800000	610000	158000	149000	299000	225800	299464
Diazepam	2600000	2500000	1665000	1210000	585000	1648660	1443160
Flurazepam	300000	275000	84000	30000	66000	160000	61000
Lorazepam	600000	108000	10000	--	5000	--	--
Midazolam	1000000	849892	279498	115377	147000	214800	524434
Nitrazepam	1000000	150000	150000	360000	270000	180000	540000
Oxazepam	100000	50000	20000	20000	--	--	--
Phenobarbital	5000000	3470000	1335000	139000	560000	97000	413275
Zolpidem	100000	40000	--	15000	15000	5000	14000

Source: DNC Data Base

in different trade names. But due to its increased demand in the realm of addiction in Bangladesh it penetrates into Bangladesh through western and eastern border. Fentanyl, though a powerful narcotic analgesic, is limited only in use for suppression of severe pain of cancer or similar other disease and it has no abuse in addiction till date.

The major psychotropic substances used in pharmaceutical industries are Phenobarbital, Diazepam, Clobazam, Bromazepam, Nitrazepam, etc. The INCB allocation and import of psychotropic substances for Bangladesh for last 5 years are as shown in the following chart.

On review of the chart it appears that Phenobarbital has the highest and oxazepam has the lowest amount of allocation among psychotropic substances in Bangladesh. The pharmaceutical industries in Bangladesh have gradual but tremendous expansion over the period of last two decades. Bangladesh-made pharmaceutical products are being exported to many countries in Europe, America, Africa,

Australia and Asia and the amounts of these exports are increasing gradually. As a result the demand for psychotropic substances in pharmaceutical industries of Bangladesh is also increasing gradually. More over the other causes of the increase for demand of psychotropic substances in Bangladesh are: increase in population, rapid expansion of medical facilities, increases in the prevalence of various diseases multiple pollution of the environment and increase of diseases causing expansion of the pharmaceutical industries.

Bangladesh use only 8 precursor chemicals among 23. At present time in Bangladesh, pharmaceutical industry, Garments industry and printing & packing industry are growing fast. Therefore, use of psychotropic substances has also increased to a great extent. in Bangladesh. It is to note that the license holders could not import the entire quantity of the allotment for delay in the import process. Details of imports are furnished below:

STATISTICS ON IMPORT OF PRECURSOR CHEMICALS

Name of Precursor Chemical	INCB Allotment	Import				
		2009	2010	2011	2012	2013
Acetic Anhydride	-	937.800(MT)	605.970(MT)	958.770(MT)	889.140(MT)	-
Acetone	-	1098.48(MT)	797.260(MT)	876.720(MT)	928.08(MT)	513.128(MT)
Ephedrine	200 kg	-	-	10 Kg.	-	-
Ethyl Ether	-	100 Ltr	150 Ltr	-	-	-
Methyl Ethyl Ketone	-	684.223(MT)	373.297 (MT)	570.490(MT)	542.8482(MT)	690.611(MT)
Potassium Permanganate	-	115.00(MT)	276.500(MT)	300.00(MT)	200.00(MT)	563.00 (MT)
Pseudo ephedrine	49021 Kg	11587kg	14955kg	16685kg	17685 kg	25999.19 kg
Toluene	-	2882.351 (MT)	2419.297(MT)	1982.870 (MT)	2309.285(MT)	2673.477 (MT)

Source: DNC Data Base



OTHER DRUG LAW ENFORCEMENT AGENCIES

POLICE

Police is the biggest law enforcement agency in Bangladesh under the administrative control of the Ministry of Home Affairs. It is headed by the Inspector General of Police of the rank and equivalent status of the Senior Secretary. Though their primary responsibility is to maintain the law and order situation of the country most of the law dealing with any crime empowers Police for search, seizure, arrest and persecution. In Metropolitan cities, the commissioners of Police have magisterial power to enforce any law. As per nature of job and responsibilities the police Department have different branches of operational administration. These branches are: The regular police of Divisions, Districts and Thanas of the civil administration, the Metropolitan Police of different Metropolitan cities, the Special Branch, the Detective Branch, the Criminal Investigation Division, the Immigration Police, the Reserved Armed Battalion Police, the Industrial Police and Rapid Action Battalion(RAB). Rapid Action Battalion, though a wing of the police Administration. Work separately to control serious crimes and terrorism. Majority of RAB are deputed from Bangladesh Army. Thana is the basic enforcement unit of Police. Set up of Districts and Metropolitan cities are mostly administrative and Divisional set ups are supervisory. The Narcotics Control Act, 1990 empower Police for search, seizure, arrest, investigation and prosecution of a drug related crime. The commissioner of Metropolitan Police can exercise some magisterial power as admissible in the law. Bangladesh Police have total manpower of 1,54,921 persons (as of 31 December, 2013).

Besides Law enforcement, the police also perform some community based awareness activities against drugs. They sometimes make referrals of the drug addicts to treatment services.

There are also community mobilization activities done by the police casually. During the year 2013, the police detected a total number of 25,904 drug related offences throughout the country with a total number of 30793 arrests. The important seizures of drugs by police during 2013 are: Heroin 49.236 kgs, Cocaine 1.6 kgs, Cannabis 15302.325 kgs, Phensedyl 177218 bottles, Buprenorphine injection 26691 ampoules, Yaba tablets 6,92,307 pcs., Opium-8.5 kgs, Foreign liquor 3960 bottles & 416 liters, Beer 8993 can & 781 bottles and Country liquor 1,15,949 litres etc.

BORDER GUARD BANGLADESH (BGB)

Border Guard Bangladesh as a paramilitary force is entrusted with the responsibility to defend the 4427 km border of the country. It is the first line of defense for the nation. BGB boasts in all historical past with rich traditions and remarkable military history spanning over two centuries. During peacetime, this force is also responsible for anti smuggling operations, investigating cross border crime and extending governmental authority to remote and isolated areas. From time to time, BGB has also been called upon to assist the administration in the maintenance of internal law & order and relief and rehabilitation work after any kind of natural disaster. BGB is commanded by a Director General of the rank of Major General from Bangladesh Army. The BGB administration and most of the officer are trained and deputed from Bangladesh Army. The strength of the manpower of BGB is 48505 persons in 2013. As per classification, the number of manpower of BGB is class-I 194, class-II 03, class-III 45062 and class-IV 3246 persons. It is divided into 61 battalions and numerous border outposts (BOP) mostly along the borders. BGB is organized into a Central Headquarters and 4 Regional Headquarters. Under the regional headquarters there are 16 Sectors. Each Sector is commanded by a Colonel. The responsibilities of BGB are: patrolling and securing the border, investigating cross border

crimes, anti-smuggling operations, counter terrorism, domestic law enforcement during national emergencies and acting as a reserve force under Ministry of Defense during war. During the year 2013, the BGB detected a total number of 1192 drug related offences throughout the country with a total number of 1074 arrest, the important seizures of drugs by BGB during 2013 are : heroin 34.781 kgs, cocaine 0.94 kg, cannabis 6218.428 kgs, Phensedyl 5,32,141 bottles, Buprenorphine injection 49,646 ampoule, Yaba tablets 10,82,548 pcs, Foreign liquor 183482 bottles, Beer 813 can and country liquor 6258.093 liters.

RAPID ACTION BATTALIAN (RAB)

In 2004, an Elite force within Bangladesh Police the Rapid Action Battalion (RAB) was formed consisting of the personnel of Bangladesh Police, Bangladesh Army, Bangladesh Navy, Bangladesh Air Force, Border Guard Bangladesh and Bangladesh Ansar. Rapid Action Battalion (RAB) is an elite anti-crime and anti-terrorism unit of Bangladesh Police. It is under the General command of Inspector General of Police (IGP). The head of Rapid Action Battalion (RAB) is the Director General of the rank and equivalent status of Additional Inspector General of Police. The strength of the man power of RAB is 11103 persons (Officers & Staffs) in 2013. At the present 8845 persons (Officers & Staffs) are working in the RAB.



Four smugglers arrested by RAB with seizure of 2,70,000 yaba from Teknaf, Cox's Bazaar.

RAB has been successful in apprehending many high profile terrorists including godfather of drug smuggling. During the year 2013, RAB has seized a huge number of illegal arms and ammunition and RAB has a total of 3067 detection of drug related offences with 4722 arrests. The important seizures of RAB during this period are: Heroin 29.095 kgs, Cocain-6.035 kgs, Opium-4.5 kgs, Cannabis 10321.677 kgs, Phensedyl 2,38,114 bottles Buprenorphine 13,020 ampoules, Yaba tablets 8,66,741 pcs, country liquor 40,812.7 liters and 82243 bottles, foreign liquor 15,793 bottles, Beer 17863 cans and Senagra tablets 63920 pcs etc.

COAST GUARD

The Coast Guard Act, 1994 was passed by the Parliament on September in 1994. Formally the Coast Guard come into being on 14 February 1995 and started its operational activities in December 1995 with two patrol craft received from Bangladesh Navy. Since then the Coast Guard has been rapidly expanded and has been active in several high profile anti-piracy operations in close conjunction with the Bangladesh Navy, Bangladesh Army, BGB, Bangladesh Police and Department of Narcotics Control. Being the principal maritime law enforcing authority it implements both national and international maritime laws. At present the Bangladesh Coast Guard has the following zonal command namely

East, West, South and the Dhaka sub zone. During the year 2013, the strength of the manpower of the Coast Guard is 2255 persons(Officers & Staffs). As per classification, the number of manpower of Bangladesh Coast Guard is class-I 290, class-II 217, class-III 1716 and class-IV 32 persons. The important seizure of drugs by the Coast Guard during 2013 are: Phensedyl 46 bottles, Yaba tablets 26,836 pcs, Cannabis 6.75 kg, Foreign liquor 6,979 bottles, and Beer 10417 cans & 103 bottles etc.



RAB arrested four members of international drug syndicate with 1.3kg Heroin, 30,000 yaba and 3100 fake US Dollar.

DEPARTMENT OF PRISON

In Bangladesh, the Department of Prisons comes under the preview of the Ministry of Home Affairs. The Inspector General of Prison is the head of the organizations. Prisons are mainly the custodian of all sorts of arrestees both before and after conviction. There are about 68 prisons in Bangladesh, among which 13 are Central Jails and 55 District Jails including a female prison with 72637 prisoners in different prisons in Bangladesh. During 2013, the prisoner's official capacity of total prisons in Bangladesh is 33570 prisoners and the actual prisoners of Bangladesh have total number of 72637 prisoners. The overcrowding of prisoners is the highest in Bangladesh among the South Asian Countries. The total number of yearly arrests for drug related offences in Bangladesh is approximately 45,000 persons on average. Among these arrestees there are also drug abusers. Sometimes drug addicted persons are made over to the prisons by the parents to make them free of addiction in a confined state. Majority of the drug peddlers are also habituated to drugs and when they are put into prison, they need treatment for their addiction. Apart from problem with drug addiction, prison populations are highly vulnerable to HIV/AIDS. Because they are mostly open to homosexually. Each of the prison in Bangladesh has hospital. The Narcotics Control Act.1990

provides provision for declaring these hospitals as drug addiction treatment centers - on consideration of these aspects. During the year of 2013, Department of Prison have a total manpower of 9205 persons(Class-I-285, Class-II-188, Class-III-8660 &

Class-IV-72). The Department of Prison provides treatment services to drug dependent jail mates at Comilla, Jessore and Rajshahi Central Jail. They also work with some NGOs on prevention of HIV among drug users.

CUSTOMS

Customs is primarily responsible for collection of all duties and taxes at the import. Apart from collection of government revenue, it is also responsible for trade facilitation enforcement of government regulations, production of society and environmental protection, protection of foreign trade statistic, trade compliance and protection of cultural heritage. At the legal ports of entry, it is the principle agency to apprehend illicit trafficking of drugs. The customs authority in Hazrat Shah Jalal International Air Port at Dhaka seized several big consignments of Heroin, Cannabis, Ketamine & pseudoephedrine which were going to be Smuggled to Europe & South East Asian Country. As the customs authority is not empowered to investigate drugs offences, whatever cases are detected by them, is handed over either to police or to the Department of Narcotics Control.

ANSAR & VDP

Ansar & VDP was first established in 12 February, 1948. Ansar & VDP works for sustainable human

security through awareness building, gender based participation and social immunity against crime. Ansar is a law enforcement agency in Bangladesh under the administrative control of the Ministry of Home Affairs. It is headed by the Director General of the rank and status of a Additional Secretary. Though their primary responsibility is to maintain the law and order situation like Police and to maintain the security of human body, social services & partake to raiding against any crime along with drugs crimes. The Ansar Bahini conducts by the Ansar Bahini Act 1995, the Battalion Ansar conducts by the Battalion Ansar Act, 1995 and the village Defense. Party (VDP) conducts by the VDP Act, 1995. The Ansar Bahini is a basic component of the organization and based up to union level. Main focus of the Ansar Bahini's duty is control the law & order, human security, public welfare & multiplier of forces. The Battalion Ansar is a regular force and they can be employed with an independent task/mission. Main focus of the Ansar Battalion is security, disaster

management and multiplier of forces. The Village Defense Party (VDP) is a totally a voluntary and community based organization. Main focus of the VDP is socio-economics, Human touch, Human rights Development, public welfare, law and order and Human security-Bangladesh Ansar & VDP have a total manpower of 17144 (officers & staffs) persons. As the classification Ansar & VDP manpower have class-I 339, Class-II. 817, Class-III 15728 and Class-IV 260 persons.

Every Ansar & VDP officers & members including vocational trainers is provided with short and long training courses in the Ansar & VDP Training Academy. As per Section 43 of the Narcotics Control Act, 1990 Ansar-VDP can assist the Police and DNC in raid, search, seizure and arrest in drug related offences. They can also provide information on drug crime as they are posted up to village level. The best role that the Ansar-VDP can play is in generation of public awareness against drugs, anti-drug campaign and community mobilization. ■



The Deputy Director General of Ansar-VDP along with other Ansar-VDP high officials in a meeting at DNC HQ for mutual cooperation in anti-drug activities.



- f. Exchanges of drugs samples and results of analysis of drugs seized from illicit trafficking.
- g. Mutual participation in personnel training and law enforcement skills development.

Bangladesh entered into a relation of bilateral cooperation with Supreme Prosecutors Office (SPO) of the Republic of Korea during 2013. The Republic of Korea provided training for DNC officials, arranged study tour and supplied 2 vehicle, 30 Laptop, 15 Duplex laser printers, 30 Multi-media projectors, 30 projector screen, 140 video camera, 10 fax machine and 30 compact camera. In addition they launched anti-drug campaign in 3 divisional city of Bangladesh. Signing of a MOU between the 2 country is under process.



High Officials of The Republic of Korea in a Meeting at DNC HQ for discussion on bilateral cooperation between Korea-Bangladesh in Drug Control.

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 also

agreed 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.

The focus of all the agreements is on mutual cooperation in investigations, arrests and prosecution of drug offenders. At present the UNODC is running RAS/H-13 OST (Opioid substitution Treatment) project in Bangladesh in collaboration with the Department of Narcotics Control.

Anti-money-laundering measure is a key element of tackling drug trafficking.

FATF (Financial Action Task Force) has developed action plans with the Government of Bangladesh to address weaknesses in their frameworks against money-laundering and terrorist financing.

Bangladesh has made necessary modifications to develop its international airports, enhanced their security systems and deployed relevant law enforcement agencies to prevent illicit trafficking of drugs. We are also in close contact with other connecting international airports in various countries to facilitate identification of illicit traffickers.

The success of the international precursor control system is such that there is little diversion from international trade of the 23 scheduled precursors. A variety of tools and technology made available by International Narcotics Control Board are partly responsible for this success. In particular, technology such as the Pre-Export Notification Online (PEN Online) system has, since 2006, allowed Governments to prevent the diversion of thousands of tons of chemicals without hampering legitimate trade. Bangladesh is registered with the PEN Online system, and is prompt to support and participate in any Pre-Export Notification regarding precursor chemicals.

Moreover, the flexible and proactive operational activities that INCB has initiated

under Project Prism and Project Cohesion have helped to address urgent issues related to international precursor control, such as the increasing use of emerging, non-scheduled substances for illicit purposes. In this regard, the online Precursors Incident Communication System (PICS) is a promising new tool as it allows Governments to share information on diversions, attempted diversions and seizures of precursors and to launch investigations. Bangladesh authorities have applied to participate in the Precursors Incident Communication System (PICS) to receive the information about precursor control worldwide.

Department of Narcotics Control is regularly participating in foreign training and seminar to ensure that law enforcers are informed about the latest developments.

Officers of the Department of Narcotics Control have participated in the below foreign trainings and seminars in 2013.

make this effort more effective, there has been a bilateral agreement for mutual cooperation for preventing illicit trafficking in narcotic drugs and psychotropic substances and related matter in March 2006 between India and Bangladesh besides the international and regional conventions/treaties. As per Article 5 of this agreement the first Director General-level meeting of the Narcotics control authority of the two countries held in March 2009. The third and last meeting of the drug control nodal agencies of the two countries was held in New Delhi during 4-5 October, 2012. A eleven member delegation consisting members from Ministry of Home Affairs, Ministry of Foreign Affairs, Bangladesh High Commission at New Delhi, DNC, BGB, RAB, Police, and Bangladesh Coast Guard attended the meeting. The important Decisions of the meeting are as follows:

- a. Both the parties shall exchange information on drug trafficking routes and vulnerable spots on real time basis at

Serial No.	Name of the foreign training and seminar	Duration		Country
1.	Project Steering Committee (PSC) of Project of XSA J81 Strengthening Drug Law Enforcement Capacities in South Asia	29/05/2013		India
2.	Regional workshop on the collection and analysis of data on drug use	01/07/2013, 04/07/2013	to	Pakistan
3.	Drug Analysis Training Course	01/07/2013, 22/07/2013	to	South Korea
4.	Learning drug control course	08/07/2013, 22/07/2013	to	South Korea
5.	Bangladesh-India 14 th Home Secretary Level Talks and Joint Working Group Meeting	19/07/2013, 22/07/2013	to	India
6.	Thirty-seventh Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific	21/10/2013, 24/10/2013	to	Thailand
7.	INCB/UNODC Conference on Precursor control in Asia	02/12/2013, 04/12/2013	to	Thailand

BANGLADESH -INDIA DRUG PREVENTION PROGRAM

The 4125 kilometer land border between India and Bangladesh is a challenge for the law enforcement and drug control nodal agencies of the two countries. As these borders have no natural obstacle the relevant agencies of both the countries are to be always alert to combat drug trafficking. To



Participants of India-Bangladesh DG Level 3rd talk on Drug Issues.

possible earliest time through Fax, Email or phone.

- b. Besides conducting raids and exchanging information to prevent smuggling of Phensedyl, the Indian authority informed that the allotment of codeine should be reduced from 50 metric tons to 20 metric tons.
- c. Unanimity was established on joint inspection at India-Bangladesh borders and prevention of the smuggling of new drugs. Pictures and labels of illicitly trafficked drugs were also exchanged.
- d. Unanimity was established on exchange of experiences on supply reduction, demand reduction, training for building expert manpower in both the countries for treatment and rehabilitation and sharing experiences on best practices.
- e. The next DG level talks will be held at Dhaka during May/June of 2013.



DG, DNC and DG, NCB signing the statement of joint declaration for drug control at the DG level 3rd talk between India-Bangladesh.

BANGLADESH - MYANMAR DRUG PREVENTION PROGRAM

The first meeting of the drug control nodal agencies of Bangladesh and Myanmar was held on

15-17 November, 2011 at Yangon on the basis of the bi-lateral agreement between Bangladesh and Myanmar concluded in 1994. The second meeting will be held in Bangladesh in near future. The important decisions of the first meeting are as follows:

- 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 stopping the illicit cultivation of poppy and manufacturing illicit drugs along the borders of both the countries.
- Exchange of information between both the countries regarding drug traffickers and fugitive drug offenders and mutual cooperation in investigating drug offences.

COLOMBO PLAN

This organization is engaged in activities of economic and social development of south and South-east Asia since 1950. Number of its member countries including Bangladesh is 27. Bangladesh became member to Colombo Plan in 1972 and since then it is subscribing yearly to this organization. Drug Advisory Program (DAP) is one the 4 permanent program of Colombo Plan. This program was undertaken at the 23rd Annual Meeting of Colombo Plan in 1973 as abuse of drugs was increasing gradually in the member countries and it was obstructing the development. It has been undertaking various programs including providing various training for enhancement of mutual capabilities in reducing demand for drugs in the member countries. Bangladesh participates in all programs actively and exchanges information regularly. ■

Phensedyl



মাদকমুক্ত সুস্থ সমাজ গড়ার লক্ষ্যে
বিশ্বব্যাপী আন্দোলন

WE WANT A DRUG-FREE BANGLADESH



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