

Drug Abuse in Bangladesh: Institutional Responses

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Introduction

Though Bangladesh is not a drug producing country, but due to its geographical location in between the golden and crescent triangle and passing of the crescent ways through it here the problem of drug abuse has got epidemic form that destroys the productive forces creating special imbalances through narco-terrorism and handicaps the development process. Consequently it has now turned into a wide drug market for the drug traders having national, regional and international roots. It is quite evident that these traders have enough influence on the power structure that has accentuated the spreading of the drug problem throughout the whole country within unthinkably a short period of time. During last one and half decades it has flooded over the countries through a compact network of distributive channel. This flood appeared so abruptly that the traditional values and inherent social security system even could have any time and scope to develop any preventive measure. Government also experiences the same reality in taking measure against the drug problem while amidst of other multidimensional problems it has been busy with its all out efforts for national development and it also takes time to bring drug problem into account, to develop policy framework and make institutional efforts regarding drug abuse. Same is the case with the NGOs in Bangladesh also. But now all the corners are concerned about the devastating consequences of drug abuse in the country.

Complying with the dimension and gravity of the problems institutional efforts are need to address the drug problem engulfing social peace and national prosperity. Institutional responses to addiction and their impacts in drug demand reduction depend some important factors like prevalent drug situation in the country including the continuous interplay of the pull and the push forces, drug policy of government along with the capabilities of the concerning institutions within the environmental supra system. Attempt has been made in this paper to portray a brief picture of the institutional responses to drug abuse after highlighting the current drug situation in Bangladesh.

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Drugs Situation in Bangladesh

Though it is in fact, difficult to produce statistical data regarding drug abusers since no comprehensive survey on this issue is yet to conduct in Bangladesh it is assumed that at present the number of drug addicts in the country is some 2.5 million and the nation is heading towards a bleak future with ever increasing number of abusers, majority of them youths, giving rise to incidences of criminal activities in the society, that worries conscientious people. No single reason is responsible behind the epidemic expansion of drug abuse. Moreover, several factors including geographical location, poverty and unemployment, frustration and failure among the youth, inconsistencies in the family, unawareness of the bad effects of drug, bad association and absence of religious mentality, according to the interpretation available in of the government documents in one or other way are acting behind the rapid expansion of drug abuse in Bangladesh.

However, the information collected from the different drug treatment centers in the Dhaka Metropolitan and other major cities in Bangladesh reveals some realities related to the trend in abusing of different drugs, age group of drug abusers, their occupational distribution and the picture of drug related criminals cases registered with the law enforcing agencies. Heroin, cannabis, kodingphosphate, morphine, tijeshik injection, opium etc. are the most common types of drugs taken by the abusers .It is to mention here that tobacco has not been included in the present analysis. Likely phensidyl, the widely used alcoholic drug by the youth has not also been included in it. From the data inserted in the table-1 it is clear that percentage of heroin abuses in the country is in increasing trend which indicates toward the undesirable reality that the drug market is getting firm footing in Bangladesh with the blessing of powerful international syndicate and under the guardianship of the god fathers of the under world in the country.

The abusers in Bangladesh are of different age groups and occupations. Individuals within age from 20 to 44 years constitute the highest number of drug abusers in any country .

Percentage of farmers indulged in drug abuse is very insignificant, but they constitute the lion portion of the workforce concentrated mainly in the rural areas molded by the traditional values and culture. Among the drug abusers the unemployed persons rank the highest and their number is in increasing rate.

Over the years among the drug abusers percentage of the jobless persons has been increased alarmingly. Needless to say that they constitute the most productive force among the total population and frustration is the strongest cause behind their addiction in drugs. Some of them are found to engage in criminal deeds like hijacking, terrorist act, illegally collecting money from the businessmen and owners of the productive entrepreneurs giving threat and thereby seriously destroy the workplace environment in the country. Percentage of drug abusers among the service holders is also increasing. Drug addicted service holders gradually become anti-productive and destroys the task environment of the enterprise.

Bangladesh is under the terrible grip of drug that have direct impact on the social stability and productivity and consequently on the development process of the country. It is now visible drug is creating disorders everywhere in the family, society and everywhere. If Bangladesh fails to fight successfully against drug it will fail to achieve its national objective of development.

Institutional Responses

Institutional responses to drug abuses in Bangladesh include both governmental and non-governmental efforts conducted by the respective agencies but all the responses that are mainly reactive in nature. The effectiveness and the sustainability of the institutional responses primarily depend on the perspectives on drug abuse, legal and policy framework as well as organizational and program strategies of the government related to drug abuse and the social acceptability of the responses. The common norms and values of the society do not accept addiction and it is also constitutionally prohibited. It has been mentioned earlier that the drug problem appeared so abruptly and gigantically that the society could protect with its traditional strength against addiction and government also could not instantly develop mechanism to protect drug abuse. Consequently drug addicts have now emerged as unabated evil and chaotic force in the society.

Drug problem is not simply confined in a single country like Bangladesh rather it has now emerged as a universal problem .As a result of this United Nations General Assembly in its 42nd Session in 1987 decided to observe a decade 1990-2000 as a decade against drug abuse and illicit trafficking. In this perspective, United Nations initiated three International Conventions:

- i. Single convention on Narcotic Drugs 1961 as amended by protocol, 1972
- ii. Convention on psychotropic substances, 1971 and
- iii. UN convention on Illicit Traffic on Narcotic Drugs and Psychotropic Substances, 1988.

These conventions have been signed and ratified by Bangladesh, which also signed and ratified SAARC convention, 1990. In line with this, though in late, government of Bangladesh has also promulgated a special ordinance in 1990 named drugs control ordinance-1990. Moreover, besides the law enforcing agencies working for combating drug abuse the Department of Narcotics, Government of Bangladesh has been specially employed for this purpose. Likely a number NGOs are also working at the grassroots level and implementing various programs and the Bangladesh Anti-Drug Federation of NGOs has been striving for achieving the same end at the national level.

Perspectives and Policy Framework

The perspective from which the phenomenon of drug abuse is viewed and analyzed is the most fundamental aspect in handling drug problems in any country. The social and the legal perspectives are the two most interrelated perspectives that predominantly shape the institutional arrangement and responses to drug demand reduction.

The social perspective is deeply rooted in its value system reflected in the worldview of the people. Like the most other traditional societies of Asia the religio-cultural norms and values shape the worldview of the people and culture has its root in the core religious belief system. Bangladesh is a multi-religious country. The most important religions now followed by the people of Bangladesh are *Islam, Hinduism, Buddhism* and *Christianity*.

In all the religious faith system addiction is strictly prohibited since addictions makes disorder breaking peace in the system while religions strive for peace and order in all the spheres of life for attaining the ultimate stage of salvation. The Four Noble Truths include (i) truth of suffering, (ii) its Cause, (iii) its End and (iv) the Way to its end. Everything in this world is full of Suffering and the cause of suffering is craving. The end of suffering is Nibbana, the highest form of spiritual attainment. The way to the end of suffering is the Noble Eightfold Path. The Eightfold Path has eight parts or factors: Right Understanding, Right Thought, Right Speech, Right Action, Right Livelihood, Right Effort, Right Mindfulness and Right Concentration. Buddhism does not allow addiction, which is clear from the basic principles of the Right livelihood

where some trades are strictly prohibited in order to lead a noble life. These are trading in arms (weapons), living beings (breeding animals for slaughter), intoxicating drinks and poison. Hinduism does not permit drug addiction. In the Manusmriti popularly known as Monusonghita, drug-addiction has been defined as a great sin. In this regard, Monu strictly advises: (i) not to touch wine, (ii) not to offer wine to others, (iii) not to receive offer of wines from others. Because addiction is a great barrier to reach Nirbana or Mukkah (Salvation). In Islamic faith system addiction is strictly prohibited in this regard it is enough to cite a verse “intoxicants and gambling, sacrificing to stones, and divination by arrows, are an abomination of Satan’s handiwork”- (Al-Quran 5:90). From the viewpoint of Christianity Lounge Lizard holds that addiction might be a good example of what Jesus meant by sin while Eddy prescribes religious activities or spirituality is the antidote to addictions of all sorts from drugs, alcohol, food and compulsive behaviors.

From the social perspective addiction is considered as serious sin and offence in Bangladesh society and addicts /drug abusers are viewed as criminals. In this context it is really difficult to develop effective social measures for prevention of drug abuse and rehabilitation of the drug abusers in the society while they have already grown as the chaotic elements both in the family and society having linkage with many criminal deeds. In fact, society is the best institution to make effective response in favour of preventing drug abuse. But presently it can not do it due to its linear traditional perspective. People are habituated addicts as sinners, not as the victims of the multidimensional forces of open market economy and globalization.

The Narcotics Control Act of 1990 promulgated by the Government of Bangladesh provide framework for the legal perspective regarding drug abuse. It has also provided the ground policy framework of the government of the People’s Republic of Bangladesh. But the most remarkable reality dominating this framework that it could not present any new perspective regarding drug other than the aforementioned social perspective. Along with the categorization of different drugs and some comments on the bad effects of drug abuse and the most common reasons behind addiction this law basically concentrated in framing the nature of punishment legally to be given to the persons involved in the trafficking of the different types of drug in the country. The main focus of the act is to stop drug trafficking and eventually it assumes a police service approach in responding to drug abuse in the country and establish institutional system in line with this approach.

Institutional Responses of Government and NGOs

The Drug and Narcotic Control Board under Home Ministry is the central agency on drug demand reduction in Bangladesh. But the enforcement of laws and regulations related to drug demand reduction and illicit trafficking have mainly been entrusted with the Department of Narcotics Control (DNC) which came into being in 1990.

DNC conducts campaign against drug demand reduction, organizes lecture/discussion in various forum, symposia, meetings, seminars, workshops, religious meetings and community assemblies, creates mass awareness through *print Media*, *electronic Media* and through the folk songs, jatra, gombhira, kabi gaan, which can effectively penetrate rural mind and they could be the useful tools in spreading anti-drug message to the rural people.

Apart from these, DNC also runs a drug addiction rehabilitation centre called Niramoy Kendra under its direct supervision since 1991. Niramoy Kendra, the lone government hospital (40 beds) in the city to take care of the addicted patients while a couple of years back an average of 20 patients daily used to visit. The hospital cannot provide treatment to all those who come for help

The drug and narcotics control authority of Bangladesh always maintains strict liaison and network with NGOs working for drug demand reduction including Bangladesh Anti-drug Federation of NGOs (BAF-NGOs). The Govt. started 5-year plan “Master plan on drug abuse control in Bangladesh” in 1991 under the joint collaboration of UNDCP. The aim of such 5-year plan was:

- i. Enforcement of law and help related to law
- ii. Education and information related to cure
- iii. Treatment and rehabilitation

Here is a brief picture of such scheme:

No.	Sector	Total No. of Training	No. of Trainees	Type of Training
1.	Enforcement of law and help related to law	26	381 248	(a) Specialized training on intelligence and drug enforcement (b) Training related to short term basis law
2.	Education and information related to cure	14	101 550	(a) Imam training (b) CIT workshop
3.	Treatment and rehabilitation	36	751	(a) Related to problems and solvation of drug addiction

On the other hand, NGOs are mainly involved in the hospital services to the drug addicts who are still concentrated in the capital city. Most of them are quite unable to provide proper services to the due to their clinical and medicinal perspective in treating the drug addicts. It is to be noted here that the city's drug addicts' rehabilitation centres and hospitals are experiencing increasing rush of patients in recent times. Though some private rehabilitation centres are also working in the field, their services also do not come to the optimum level, mainly because they are run for commercial purposes. They charge a good amount of money from the patients ranging from Tk. 10,000 to 90,000 per month. The curative approach or the clinical approach to the drug abuse in most of the case has created a business sector for some profit hunting NGOs in the country.

Concluding Remarks

Drug abuse is a multidimensional problem and it should be viewed from multidimensional perspective and be addressed accordingly. There is no doubt from religio-cultural angle addiction is a sin but the present attitude of the society to considers drug abusers as sinners need to be changed. It should be realized that they are the victims of the present situation. They should be saved with positive outlook and proper manner.

Family and the society are the two most effective institutions to prevent drug addiction if government can formulate proper drug policy covering both the preventive and curative issues and can eradicate the reasons now prevailing in the country behind massive spread of addiction among the productive youths. All these urgently demand major policy and institutional reforms involving all the concerned corners for effective response to combat drug abuse in the country.

References

1. Ahmad Aka Firowz, Implication of Drugs in the workplace in Bangladesh, pole of Einployers, Employees & Unious. Paper presented of the Seminar on Mobilizing workplaces to Prevent Drug Abuse in Asia, 18-21 December 2001, Bangkok, Thailand.
2. Paper presented at the 5th International Congress on AKDS in The Asia Pasific, 23-27 October, Kualalampur, Malaysia.
3. SAARC Forum 91995) : The Role of NGO's in Drug Demand Reduction : Report of the meeting held at Dhaka, Bangladesh, Aril 1995.
4. UNDCP (1997) : World Drug Report; Ox ford University Press, New York.
5. Ahmed S.K. 2001, Community intervention team : an approach to drug abuse riska, livelihoods and Communities in Asia, Presented at 12th, International Harm Reduction Conference, 1-5 March 2001, New Delhi, India.
6. Spencer C.P and Navaratnam V. 1981 Drug Abuse in South Asia, kuala Lumpur; Oxford University Press.
7. Ray R. 1998, South Asiz Drug Demand Reduction Report; UNDCP Regional office for South Asia, New Delhi, India.
8. Henry P. 1999, Bangladesh Army to destroy oppy Fields, Media Awareness Reuters, 2nd March 1999.
9. SHAKII Project; Health and Population Sector; CARE Bangladesh.
10. Rahman S. 1990, Narcotics Control Act, Section Nine 1990, Narcotics Control Department, Dhaka, Bangladesh.
11. Rahman M, Zaman, M.S; Sekimato M. and Fukui T; 2000 HIV-Related behaviours among drug usets in Bangladesh, International Journal of STD & AIDS Vol 11 (12); 827-828.
12. Molibubur Rahman 1999; "High Rish Behaviour among drug abusers in Bangladesh, paper presented at the 5th International Congress on AIDS in the Asia Pasitic; 23-27 October, Kualalumpur, Malaysia.
13. Kabir, 1998, Growing concern of Bangladesh : Tigesic and Phancedey Posting from SEAAIDS, 26 August.
14. Health & Population Sector-CARE Bangladesh.
15. UNDCP. 1995, The Rapid Assesrment Study on Bangladesh Drug Abuse Situation, Dhaka City Report, Dhaka.
16. Zafar, K.M. Alau 1991, A Study on Drug Adciction and Associated factors among Drug Addicts Admitted in 3 Drug Addiction Treatrment Centres of Dhaka City monography, National Institute of Preventive and Social Social Medicine (Nipson) Dhaka.