



IMPACT OF DRUGS ON YOUNG GENERATION IN BANGLADESH

Dr. Md. Washel Uddin Mollah

Advocate

Supreme Court of Bangladesh

Abstract

This study investigates drug abuse and its impact on Bangladesh and aims to identify the family-related and social reasons for being addicted, and the causes and effects of drug abuse. A descriptive cross-sectional study was conducted in assessing the causes and consequence of its impact in Bangladesh using purposeful sampling for sample collection, involving recent graduates from different public and private university, civil servants, and civil society members. Findings revealed that drug abuse is multidimensional, and should be addressed accordingly. Many of the addicts view the rehabilitation procedures and costs introduced by the Narcotics Department as high and Cumbersome. Many people, especially the youths are eager to get rid of drugs, but unfortunately can hardly find any way out. The addicts, while talking with the investigators, sought treatment to wipe out the negative effects of the drugs. Thus, the government should involve both the family and society which are the two most effective institutions to prevent drug addiction within the drug policy covering both the preventive and curative issues. These two institutions side by side with the government and nongovernmental efforts can play vital role in drug demand reduction, and preventing drug abuse in the country. Also, urgent major policy and institutional reforms involving all the concerned bodies is needed for effective response to combat drug abuse in the country.

Key words: *Drug abuse, narcotics control, elevated risk, impact, Bangladesh*

INTRODUCTION

Drug abuse directly influences the economic and social aspects of a country. In Bangladesh, it is a growing challenge in Bangladesh, with most of them being young, between the ages of 18 and 30 years, and is from all strata of the society. Many epidemiological surveys carried out in the Bangladesh shows that the country is going to be transformed into a potential user of drugs with the rapid increase in the number of addicts. For the safety of our people and the society from this deadly game, illicit drug transportation must be controlled immediately. Bangladesh is situated in the crucial point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. Also, it is surrounded by the major drug producing countries of Asia, many of which are strengthening their narcotics legislation and stepping up enforcement measures. Bangladesh with its easy land, sea, and air access is becoming a major transit point. Traffickers who supply drugs in the markets of Northern America, Africa, and Europe are routing their shipments through Dhaka, Chittagong, Comilla, Khulna and other routes in Bangladesh (SAARC Forum, 1995; Rahman et al., 2000 a, b; Ahmad, 2001; Sani, 2010; The Daily Star, 2013; Shemul, 2017). It is believed that with the increasing quantity of the wares more and more people are likely to get involved in drug business. In this way, it ultimately contributes to the number of drug abusers as well.

World health organization (WHO) defines Drug: Drug is a chemical substance of synthetic, semi synthetic or natural origin intended for diagnostic, therapeutic or palliative use or for modifying physiological functions of man and animal. Drug impacts directly influence the economic and social aspects of a country and physically to a human body. In Bangladesh it is a growing national concern. There are millions of drug-addicted people in Bangladesh and most of them are young and in the age range of 18 to 30. These drug-

addicted people are from all strata of the society. It shows that the country is saying to be transformed into potential users of drugs with the rapid increase in the number of addicts.

The most common drugs used in Bangladesh are stimulant drugs. More and more people are beginning to use them-middle aged people, old people, house wives, and young girls, university's student, even high school student (especially in English medium student) . These teens are ignorant about drugs. Some of them cannot tell the difference between stimulants and marijuana. At first they put the drugs into drink. They do not even know which drugs are dangerous. It's easy for teenage to get the drugs. They can shy them from friends who don't think it is wrong to sell them, or they can get them from some foreigners. They buy drugs called "Speed, tiger, Yaba" they knew it's a type of Drinks to tablets which give refreshment to study and mind, which they do not think is dangerous. They do not realize that it really is dangerous. There are a larger number of young using drugs. According to the police-"In the last 3 or 2 years many more teens have been arrested for using drugs than ever before".

A drug abuser can undergo different stages of testing apart from normal life style is personally and socially or nationally

1. Drug abuse can decay normal senses through deep feelings.
2. It creates different types of excitement both in the body and mind;
3. Finally, it makes a person passionate to drugs:
4. In the long run the user has to increase the dose day by day;

The impact of drugs has some stages; which effects in personal and social life;

1. Initial stage;
2. Pre-mature stage;
3. Mature stage
4. Dangerous stage;
5. Economical & social stage;

They fully divert to out of control

1. They forget social protocol;
2. Making violence in society;
3. Always remain bad tempered;
4. Feel they are always in the right;
5. They do not want to hear any advice;
6. Current themselves as very aware and competent;
7. Sometimes they feel frustrated;
8. And even lose the will to live;

Drugs addicted in percentage:

People type addicted in percentage

- | | |
|---|-------|
| 1. Male | 93.9% |
| 2. Female (In Dhaka city) | 20.6% |
| 3. Unmarried | 64.8% |
| 4. Either students or unemployed (youth generation) | 56.1% |
| 5. Smokers | 95.4% |
| 6. Influenced by friends | 85.7% |
| 7. Addicted to codeine-containing cough syrup | 65.8% |
| 8. Addicted to more than one drug | 64.3% |
| 9. Took drugs in groups | 65.8% |
| 10. A history of unprotected sex | 63.8% |

Economical and social impacts

The average cost of drugs per person was from \$1.9 to \$3.1 per day or from \$7072 \$1135 per year. The economic impact of drug abuse included cost of drug itself, health care expenditure, lost productivity, and other impacts on society such as crimes and accidents. The patterns and cost of drug abuse were investigated among 996 drug abusers some were admitted to a drug dependence treatment centre in Dhaka, Bangladesh.

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Impacts and Reaction of Drugs

Source: Internet

The body relaxes and the mind feels fresh after talking drugs. If an addict cannot take it. Peerish temperament occurs and he does not wish to work or even talk. She/he feels fever, headache, itches in his body and sometimes vomiting also occurs. Most of the students of this group are frustrated and unhappy in their study life.

Reasons for being addicted to drugs:

1. Easy access to drugs;
2. Unemployment problems/Economic insolvency;
3. Surrounding atmosphere;
4. Estranged in love;
5. Mental stress due to family problem;

Sources of many for buying drugs

1. From own income;
2. From pocket money;
3. Loan from friends, family members;
4. Collect money by criminal activists like hijacking, extortion etc.

Persons involved in drug business/smuggling respondents opinion:

1. Some elites in society;
2. Some political leaders/so-called student leaders;
3. A syndicate of smugglers;
4. Some numbers of the police/BDR/numbers of Arms forces;

Types of drugs found in Bangladesh

Now a day the teenager and youth are using sleeping pills as a drug. Sleeping pills are randomly being used since they can be easily brought from any nearby medicine shop/pharmacy easily may and in most cases without doctor's prescription. These are: Enoctine, seduxene, phenergran, stemetil, laxatine

Drugs are separated into two categories:**Soft drugs**

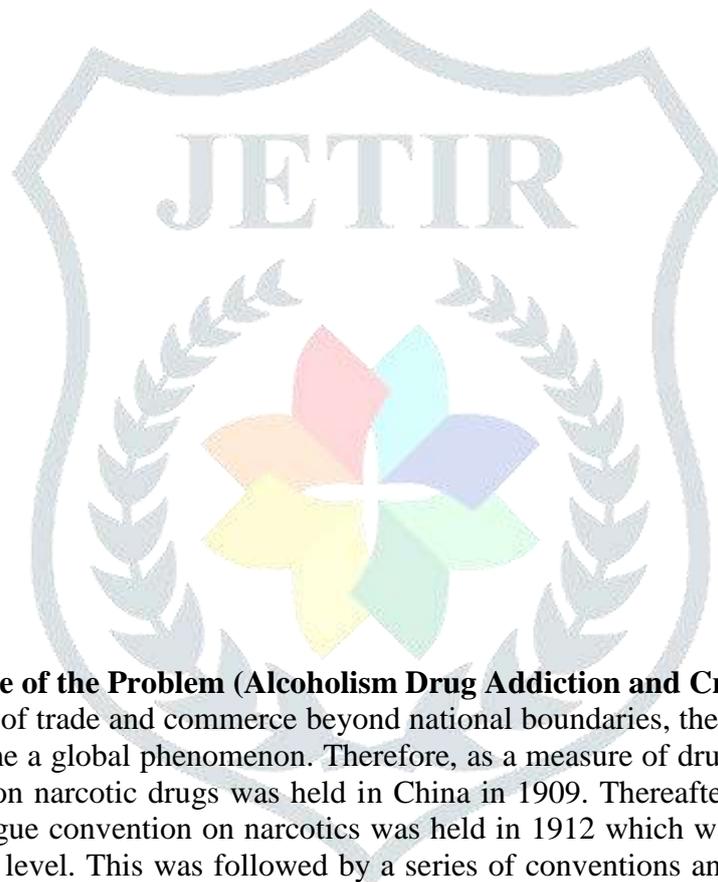
- Alcohol;
- Cigarettes;
- Marijuana;
- Glue, Hash etc.

Hard drugs

- Ecstasy;
- Speed;
- Amphetamine;
- Cocaine;

There are many types of drugs available use in Bangladesh:

- Opium;
- Heroin;
- Phensidyl;
- Tidijesie;
- Pethidine;
- Cannabis;
- Ganja;
- Chorosh;
- Bhang;
- Sexual pill;
- Yaba;
- Vayagra;
- Sleeping pill;
- Tranquilizer;
- Seduxene;
- Diazepam;
- Dexpotent;

**International Perspective of the Problem (Alcoholism Drug Addiction and Crime)**

With the rapid expansion of trade and commerce beyond national boundaries, the problem of drug addiction and trafficking has become a global phenomenon. Therefore, as a measure of drug control, a thirteen nation international conference on narcotic drugs was held in China in 1909. Thereafter the international opinion convention called the Hague convention on narcotics was held in 1912 which was first drug traffic control treaty at the international level. This was followed by a series of conventions and declarations which were made to combat illegal drug trafficking.

One of the most important conventions on drugs abuse was the single convention on narcotic drugs, 1961 (SCND) which attempted to simplify and consolidate international drug control machinery. The convention codified all the existing multi-national treaties and merged the permanent central control Board and drug supervisory Board into a single international Narcotics Control Board (INCB) in 1961. It has been assigned the responsibility of ensuring the balance between supply and demand for narcotics purposes and make all out efforts to prevent illicit drug cultivation, manufacture, traffic and misuse.

Classification of Drugs

The international convention on drugs to which India is a signatory has classified drugs under two categories:

- (a) Narcotic Drugs; &
- (b) Spsychotropic substances

(a) **Narcotic Drug:** The main drugs covered under this head are the following:-

- i. Opium and its derivatives like brown sugar, heroin and codeine
- ii. Cocoleaf, cocaine
- iii. Cannabis, cannabis resin, extracts and tinctures
- iv. Methadone, Pethidine, hebaone
- v. Psychotropic substances include valium, diazepam, tidijesic, morphine etc.

Conclusions and Recommendations

The main elements in combating drug addiction include measures to control availability and use of drugs, treatment of withdrawal symptoms, and restoration of social moral and religious values. To prevent re-addiction in patients, innovative treatment containing medical, social and religious aspects must be put in place. Easy availability of treatment will ensure the elimination of this socially and physically dreaded disease. Treatment of addiction in our country is still not in a hopeful stage. Some unqualified and unscrupulous people are engaged in making money out of this affliction with mushrooming organizations and signboards, which confuse the patients. Such institutions do not have doctors. Others falsely advertise the availability of services and doctors from abroad. Such doctors even if available cannot be very effective, unless they are truly knowledgeable about our social, cultural and economic environment. It is time that experienced and qualified doctors and health professionals should come to the aid of these addicts in our society, and to give genuine and prolonged treatment and care. Drug abuse is a multidimensional problem, and it should be viewed from multidimensional perspective and be addressed accordingly.

The government should involve both the family and society, which are two most effective institutions to prevent drug addiction within the drug policy covering both the preventive and curative issues. These two institutions side by side with the government and nongovernmental efforts can play vital role in drug demand reduction and preventing drug abuse in the country. All these urgently demand major policy and institutional reforms involving all the concerned corners for effective response to combat drug abuse in the country. During this research, it has been found that many people, especially the youths are eager to get rid of drugs. But unfortunately, they can hardly find any way out. The departments of narcotics control, police, BDR etc. either do not work or/and even somehow are related to drug smuggling/business. According to the discussion with the concerned people such as drug abusers, guardians, teachers, policemen and related persons in the drug business, behavioral modification of the abusers is not enough to check the spread of drug taking and drug trafficking. The concerned people gave the following suggestions to be free of drugs. Concerned administration should be reshuffled. Culprits that are hidden in the police, BDR, and narcotics control department must be punished. At the same time, rewards may be declared for superior performance. It is obvious that, drugs business in the country would fall drastically if border-crossing areas can be checked properly. Leaders of social institutions like schools, colleges, clubs etc. should come forward to build resistance against drugs. The NGOs can play a significant role in Bangladesh, especially in the awareness and rehabilitation processes. It is observed by many of the addicts that, the rehabilitation procedures and costs introduced by the Narcotics Department are high and cumbersome; however only a few NGOs are active. The addicts, while talking with the investigators, sought treatment to wipe out the negative effects of the drugs.

References

1. Ahmad AF (2001). Implication of Drugs in the Workplace in Bangladesh, Role of Employers, Employees & Unions. Paper presented of the Seminar on mobilizing workplaces to Prevent Drug Abuse in Asia, 18- 21 December 2001, Bangkok, Thailand.
2. Ahmed SK (2001). Community intervention team: an approach to drug abuse risk, livelihoods and Communities in Asia, Presented at 12th, International Harm Reduction Conference, 1-5 March 2001, New Delhi, India.
3. Burt MR (2002). Reasons to invest in adolescents. *J. Adolesc. Health* 31(6):136-52.
4. Henry P (1999). Bangladesh Army to destroy oppy Fields, Media Awareness Reuters, 2nd March 1999.

5. Rahman M (1999). High Risk Behavior among drug abusers in Bangladesh, paper presented at the 5th International Congress on AIDS in the Asia Pacific; Kualalumpur, Malaysia pp. 23-27.
6. Journal of health, population and nutrition, 2004 (vol.22) (No.1) 98-99

BIOGRAPHY



Dr. Md. Washel Uddin Mollah is an Advocate of the Supreme Court of Bangladesh. He has been practicing for Criminal Sectors in Bangladesh since 2002. He is actively engaged in research activities through his academic career more than ten years and published many research papers. He has participated many international seminars & conferences.

