

## ACRONYMS – BANGLADESH

AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
BSS	Behavioural Sentinel Surveillance
CHR	Centre for Harm Reduction, Burnet Institute
CSW	Commercial Sex Worker
DfID (UK)	Department of International Development
DGHS	Directorate General of Health Services
DNC	Department of Narcotics Control
DU	Drug Users
GOs	Government Organizations
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
ICDDR, B	International Center for Diarrheal Disease Research, Bangladesh
IDUs	Injecting Drug Users
IEC	Information, Education and Education
LCCS	Low Cost Community Based Care and Support
MSM	Men who have Sex with Men
NAC	National AIDS Committee
NASP	National AIDS/STD Program
NCB	Narcotics Control Bureau
NEP	Needle Exchange Program
NGOs	Non-Governmental Organizations
NNCB	National Narcotics Control Board
NSEP	Needle Syringe Exchange Program
OST	Oral Substitution Therapy (buprenorphine and methadone)
OW	Outreach Worker
PLI	Peer Led Intervention
PLWHA	People living with HIV/AIDS
RSRA	Rapid Situation and Response Assessments

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

SP	Safer Practices
SIDA	Swedish International Development Agency
STD	Sexually Transmitted Disease
UNFPA	United Nations Population Fund
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
UNODC	United Nations Office on Drugs and Crime

1. National Program Support

	Ministry / Agency Responsible	Systems / Frameworks In Place (List Relevant Items)	
		Existing	Gaps
Political Commitment	Department of Narcotics Control (DNC) under the administrative control of the Ministry of Home Affairs <sup>1</sup> Ministry of Health and Family Welfare (National AIDS/STD Program (NASP) unit) <sup>2</sup>	<ul style="list-style-type: none"> <li>• Narcotics Control Act includes provisions for treatment &amp; rehabilitation of drug dependent people<sup>3</sup></li> <li>• In 2005, the United Nations Population Fund (UNFPA) on behalf of the National AIDS/STD Program (NASP) contracted the Centre for Harm Reduction (CHR) to develop a draft National Harm Reduction Strategy in response to concerns of a rise in HIV notifications among IDUs.</li> <li>• The Government also works with the World Bank on a 40 million HIV/AIDS Prevention Project aimed at preventing HIV from gaining a larger foothold within high-risk populations and at limiting its spread into the general population.<sup>7</sup></li> <li>• The Ministry of Health supports NSP (among other harm reduction measures) for IDUs.<sup>11</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Though the National Policy on HIV/AIDS and STD related issues (DGHS 1996) recognizes the effectiveness of needle exchange programs and maintenance programs, the Government has not endorsed them.<sup>3</sup></li> <li>• There is no large-scale, Government-run, drug substitution program.<sup>1</sup></li> <li>• Drug treatment is, in general, focussed on clinic-based, short-term detoxification.<sup>10</sup></li> <li>• No commitment to ARV in the National AIDS Plan.<sup>6</sup></li> <li>• In 2002, none of the jails visited as part of a National Assessment had specific programs for drug users in place.<sup>3</sup></li> </ul>
Donor Commitment	UNAIDS, DfID (UK), Government of Bangladesh, USAID, AusAID (surveillance), SIDA	Under UNODC <sup>a</sup> , a comprehensive intervention toolkit package, consisting of Peer Led Intervention (PLI), Safer Practices (SP), Oral Substitution Therapy (OST) (buprenorphine and	<ul style="list-style-type: none"> <li>• No budget for IDU issues in the national budget. HIV prevention/care interventions depend on foreign aid and donations.<sup>6</sup></li> </ul>

<sup>a</sup> Under the UNODC H13 program, the components being supported for Bangladesh include: Advocacy to support change in policy and practice; Effective Risk Reduction Approaches to reduce HIV transmission among IDU; and Scaled-Up Risk Reduction Interventions to reduce HIV transmission among IDU. During Phase II of the program, 12 PLI, 6 LCCS, 4 SP and 2 OST initiatives will be set up/supported.

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

		methadone), Low Cost Community-based Care and Support (LCCS), and Rapid Situation and Response Assessments (RSRA) <sup>11</sup> has been developed.	<ul style="list-style-type: none"> <li>No funds for aftercare and follow-up programs.<sup>10</sup></li> </ul>
Costed National Strategy			No budget for IDU issues in the national budget. HIV prevention/care interventions depend on foreign aid and donations. <sup>6</sup>
Legal Environment	DNC implements drug law enforcement and drug abuse control programs, guided by a ministerial level National Narcotics Control Board (NNCB) <sup>3</sup>	<ul style="list-style-type: none"> <li>Narcotics Control Act (enacted in 1990) and Narcotics Control Rules (framed in 1999 under this act); amendment of the Act in 2002<sup>3</sup></li> <li>Harm reduction program run by CARE includes a NSP<sup>5</sup></li> <li>Bangladesh has endorsed buprenorphine substitution policy as part of its national HIV/AIDS strategy.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Methadone is not approved by the national drug and cosmetics laws and the national drug control authorities as required by the NCB.<sup>3</sup></li> <li>Distribution of injecting paraphernalia like needles and syringes contravenes the Narcotics Control Act, and may amount to abetment of drug use. Hardly any NGOs running needle syringe exchange programs for IDUs have been prosecuted under this act but the ambiguity surrounding NSPs poses issues for the scaling-up and sustainability of such measures.</li> <li>Although the Act requires mandatory treatment for drug users, the provisions are inconsequential as public facilities for treatment and effective rehabilitation of users are few.</li> </ul>
Policy Environment	The NNCB is authorised to constitute a National Narcotics Control Board Fund	<ul style="list-style-type: none"> <li>The law related to control of Narcotic Substances has been amended and this supports treatment of drug users. The Director General (Department of Narcotics Control) is</li> </ul>	A significant number of IDUs in the country sell their blood professionally (Bangladesh relies on professional donors to meet part of the transfusion

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

		<p>permitted to send drug users for treatment.</p> <ul style="list-style-type: none"> <li>• Documents guiding demand reduction activities include the 5-Year Master Plan for Drug Abuse, Prevention and Control (1991); National Drug Demand Strategy (1995), 5-Year Strategic Plan (1997); and the National Strategic Plan (2004-2010).<sup>11</sup></li> <li>• The NNCB Fund is targeted to generate resources for awareness, prevention, treatment and rehabilitation interventions. The Fund can receive resources from the Government as well as foreign donors and aid agencies (after 2000, sale proceeds from confiscated drugs and forfeited assets have been deposited into the Fund).</li> <li>• The National Policy on HIV/AIDS and STD makes special reference to vulnerable groups such as sex workers and IDUs.</li> <li>• The Government endorses VCT for HIV/AIDS and categorically denounces the mandatory testing of vulnerable groups (the National Policy lays down detailed guidelines for HIV testing).</li> </ul>	needs). <sup>2</sup>
M & E Systems/ Research Capacity	DNC (intelligence-gathering and operational role) <sup>3</sup> ICDDR, B <sup>3</sup>		
Surveillance Systems	Second Generation Surveillance for HIV since 1998 (IDUs are one of the population groups sampled) <sup>5</sup> Centre for Health and Population Research,	Serological and Behavioural Surveillance System <sup>5</sup> : (1) The Serological System sampled IDUs attending the NSP at CARE. (2) BSS (Behavioural Surveillance Surveys)	Surveillance needs to be strengthened

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

	Bangladesh (ICDDR,B) on behalf of the Government of Bangladesh		
Multi-sectoral Involvement	(1) National AIDS Committee (NAC) with a task force of technical experts <sup>1</sup> (2) The Department of Narcotics Control, with assistance from UNODC	Under the guidance of NAC, the Government of Bangladesh has prepared the National Strategic Plan for HIV/AIDS (2004-2010). The DNC has initiated community level coordination to streamline the activities of the NGOs. A process of forming a national network of GOs and NGOs has been initiated.	There is no integrated work plan between public health, law enforcement and civil society with regard to the treatment of IDUs or PLWHA. <sup>6</sup>
Law enforcement involvement	Department of Narcotics Control (DNC) under the guidance of a ministerial level National Narcotics Control Board <sup>1</sup>	Co-ordinates efforts of the other enforcement agencies (police, customs, Bangladesh rifles, coastguard) <sup>3</sup>	Field workers face obstruction during outreach work from local police. There is a need for more interaction between the NGOs and the police department in order to increase the understanding of the issues and the role of NSPs. <sup>11</sup>
Involvement of IDUs in Response		None	No participation of DU in National Government Workshops. <sup>6</sup>
Capacity building	Capacity very low overall. E.g., in Dhaka, HR services for IDUs are provided almost exclusively by CARE. <sup>5</sup>		Government-run outpatient and residential facilities have not been found to be very effective in dealing with drug dependence and addiction. <sup>11</sup>

2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 Hierarchical and inefficient program structure. <sup>7</sup>	1.2 A few NGOs are running awareness raising programs with their own funds. <sup>10</sup>	
	1.2 There is no Government funding for primary prevention. <sup>10</sup>		
	1.3 No funds for after-care and follow-up programs. <sup>10</sup>		
2. Community commitment	2.1 Social stigma attached to HIV and AIDS <sup>2</sup>		
	2.2 Low status of women <sup>2</sup>		
	2.3 Male resistance to condom use <sup>2</sup>		
	2.4 “Cleansing” drives by the community (and law enforcement agencies) <sup>5</sup>		
	2.5 Indications of risky sexual activity (CSW, low condom use) by IDUs. Risk behaviours documented despite the fact that most of the IDUs surveyed had visited a harm reduction program at least once in the last year. <sup>11</sup>		
	2.6 Drug use is still seen as criminal activity and not as a health concern. <sup>11</sup>		
3. Legislative / policy	3.1 Preventive detention law <sup>3</sup>		
	3.2 No legal substitution/pharmacotherapy services available in Bangladesh. Little Government action for the introduction of this service type. <sup>10</sup>		
	3.3 Ambiguity surrounding legality of NSP, OST and drop-in centres for IDUs.		
4. Comprehensive Services	4.1 Harassment by police and gangs towards sex workers, men who have sex with men (MSM), drug		

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

	users, and outreach workers. <sup>4</sup>		
	4.2 “Stand-alone” nature of many programs <sup>10</sup>		
	4.3 Limited complementary services and appropriate referral avenues for drug users seeking additional support. <sup>10</sup>		
	4.4 Treatment and rehabilitation services not available to female drug users. <sup>10</sup>		
	4.5 There is a significant overlap between IDU and CSW, indicating that policies and services need to be targeted towards both (>70% of drug users and IDUs frequent sex workers. Sex without condoms is frequent.)		
5. Resources	5.1 Lack of human resources and absorptive capacity <sup>7</sup>		
	5.2 Lack of training and staffing <sup>7</sup>		
	5.3 High staff turnover <sup>7</sup>		
	5.4 Funding for HIV/AIDS has depended largely on external support and has been of limited duration. <sup>8</sup>		
	5.5 The DNC is under funded and understaffed (staff capacity of 1277, filled by 932 staff) and current staff is undertrained. <sup>10</sup>		
	5.6 Some doctors, psychiatrists, and the other health professionals are poorly trained in the field of drug addiction. <sup>10</sup>		
6. Affected community involvement	6.1 Affected community involvement is lacking		No plans to address this
7. Commodities	7.1 Limited access to health care <sup>2</sup>		
8. Scaling up plans			Strategic Plan (to address HIV/AIDS) focuses on five areas, amongst them: To provide necessary help and

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

			services to vulnerable groups like sex workers, injecting drug users, truckers, MSM and prisoners. <sup>7</sup>
9. Capacity Building			

### 3. Program Implementation

Estimated IDU Population: 20,000-25,000<sup>1</sup> (UNODC Project H13 document).  
 (Estimate revised by Dr. Tasneem Azim from ICDDR-Bangladesh to 20,000– 40,000)

#### Service Coverage:

	Available Data							NSP coverage
	Provincial Coverage (% or Avg)	NGOs (Number)  About 20 NGOs are involved in demand reduction. <sup>11</sup>	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach		1	0	Project SHAKTI (CARE) reaches out to over 3,000 IDUs in Dhaka alone. The NSP has been expanded to 2 other districts. CARE currently has programs in 23 districts. <sup>11</sup>				
Drop-in Centres		1	0					
VCT	7 centres							

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

	in country 8							
Linkage to HIV Care and Support								
ARV <sup>6</sup>	0	0	0	0	0	0	0	
Primary Health Care								
Needle and Syringe Programs		1 (CARE) <sup>3</sup>	0	Estimates vary from 5-50% <sup>6</sup> CARE estimates: 4000 <sup>6</sup>				
Substitution Programs								
Linkage to Rehabilitation and Detoxification		NGOs (6) and private practitioners run over 100 detoxification facilities throughout the country. <sup>11</sup>  Also: 2 self-help groups involved in community based drug detoxification. <sup>6</sup>	1 central drug addiction treatment centre in Dhaka, 3 regional treatment centres in Chittagong, Rajshahi and Khulna. There are plans for scaling-up of the central treatment centre (to 100 beds for detoxification and 150 beds for rehabilitation). 8 medical college hospitals and 1 mental health institution are treating drug users. <sup>11</sup>					
Peer education programs		CARE programs						

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

Targeted IEC		A few NGOs <sup>10</sup>	The DNA has some IEC materials available. <sup>10</sup>					
<b>Plans for Scale Up</b>								

**Bangladesh – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006**

**Services in Closed Settings:** None of the jails have specific programs for drug users in place.

Estimated Prisoner Population: ~70,000<sup>9</sup>

Estimated % of Drug Offenders: **NA**

<b>Service</b>	<b># of Clients Accessing Services</b>
Voluntary Counselling and Testing	<b>0</b>
Needle and Syringe Programs	<b>0</b>
Peer Education Programs	<b>0</b>
Substitution Maintenance	<b>0</b>
Post-release Follow-up	<b>0</b>
Primary Health Care	<b>0</b>
Condoms	<b>0</b>
Total	<b>0<sup>3</sup></b>

**Workforce**

Estimated Required Workforce: **NA**

	Available Data						Standardised Training Programs in Place	Capacity Assessment (low/medium/high)
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers								
<b>Plans for Scale Up</b>								

**4. Gap Analysis**

1. Government endorsement of needle exchange programs and maintenance programs is required. Currently, no large-scale, government-run, drug ST program is in place – there is a preference for clinic-based, short-term detoxification.
2. No funds for aftercare and follow-up programs. No government funding for primary prevention. No budget for IDU issues in the national budget.
3. Methadone not approved by the national drug and cosmetics laws and the national drug control authorities. Distribution of injecting paraphernalia (needles and syringes) contravenes the Narcotics Control Act
4. “Cleaning” drives by the community (and law enforcement agencies). Field workers face obstruction in outreach work from local police.
5. Preventive detention law.
6. No ARV for IDU.
7. No services for IDU in prisons.

## **5. Recommendations**

1. Revise relevant laws and policies.
2. Address stigma and discrimination.
3. Advocate with Government for support for NSP and OST, and ARV provision for IDU.
4. Expand coverage of NSP.
5. Increase IDU involvement in the response.
6. Surveillance needs to be strengthened.
7. Urgent need for building local capacity.

## **6. References**

- <sup>1</sup> UNODC (2007). *Prevention of transmission of HIV among drug users in SAARC countries*. H13 Phase II Project Document (TD/RAS/03/H13). New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia.
- <sup>2</sup> World Bank (2006). *HIV/AIDS in Bangladesh (November 2006)*. Washington DC: World Bank. Accessed at <http://siteresources.worldbank.org/INTSAREGTOPHIVAIDS/Resources/HIV-AIDS-brief-Nov06-BD.pdf>.
- <sup>3</sup> Ambekar A, Lewis G, Rao S and Sethi H (2005). *South Asia Regional Profile 2005*. New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia.
- <sup>4</sup> Human Rights Watch (2003). Ravaging the Vulnerable: Abuses against Persons at High Risk of HIV Infection in Bangladesh. *Human Rights Watch Reports Vol. 15, No. 6(C)*, August 2003.
- <sup>5</sup> Azim T, Hussein N and Kelly R (2005). Effectiveness of harm reduction programmes for injecting drug users in Dhaka city. *Harm Reduction Journal* **2**:22.
- <sup>6</sup> World Health Organization (2004). Scaling up Provision for Anti-Retrovirals to Injecting Drug Users and Non-Injecting Drug Users in Asia. Geneva: World Health Organization, “3 x 5” Initiative.
- <sup>7</sup> UNDP: The HIV/AIDS Portal for Asia Pacific (2006). *Bangladesh at a Glance*. [Online]. Available at <http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Bangladesh/index.asp>.
- <sup>8</sup> UNAIDS (2006). *Country Progress Report Bangladesh 2006*. Geneva: UNAIDS.
- <sup>9</sup> Walmsley R (2003). World Prison Population List, fourth edition. Home Office Research Findings no.188. London: UK Home Office. Available at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk).
- <sup>10</sup> Asian Harm Reduction Network (2005). *AHRNews* **37-38**, January-July 2005.

<sup>11</sup> UNODC ROSA, personal communication.

<sup>12</sup> Mukta Sharma (FHI Dhaka), personal communication.

<sup>13</sup> Tasneem Azim (ICDDR-Bangladesh), personal communication.

