BANGLADESH

1. EXECUTIVE SUMMARY

- Consumption of both opium and cannabis are traditional in Bangladesh. Other drugs such as heroin began to be smuggled into the country only in the 1980s.
- The smuggling, diversion and abuse of pharmaceuticals originating from India is considered the single largest drug problem in Bangladesh. Commonly abused pharmaceuticals are Phensidyl® (a codeine-based cough syrup), Tidigesic® (buprenorphine) and pethidine injections.
- There are approximately 20,000 - 25,000 IDUs in the country. The most commonly injected drug is buprenorphine (commonly known by the trade name[1] Tidigesic®). Poly drug use is common.
- Bangladesh is considered a "low prevalence, high risk situation" for HIV/AIDS. However, recent trends indicate that in certain areas the HIV/AIDS prevalence among IDUs may be approaching the concentrated epidemic mark (5%).
- According to research, certain outreach interventions have been effective in reducing the size of the sharing group (of needles and syringes) among IDUs. In areas where such interventions occurred, 25% of IDUs shared with three persons or more against a much higher 40% in areas where no outreach programme existed. In contrast to 87% of the current IDUs from intervention sites, only 66% of IDUs in districts without outreach interventions knew that syringe and needles sharing could spread HIV.
- Recently, a new heroin trafficking route has opened up from the north central states of India eastwards into Bangladesh. A portion of this product is consumed in Bangladesh while some is destined for overseas.
- Bangladesh is a source country for women and children being trafficked for the purpose of sexual exploitation, involuntary domestic servitude and debt bondage.
- The estimated number of women and girls trafficked annually out of the country is 10,000 – 20,000. Some reports indicate that 40,000 children from Bangladesh are involved in prostitution in Pakistan. There is also significant internal movement within the country to urban centres for the same purposes.

2. MAJOR CHARACTERISTICS OF THE COUNTRY RELEVANT TO THE DRUG AND CRIME PROBLEM

Despite recent strong economic growth, poverty in Bangladesh continues to be pervasive. Nearly half of its 130 million population live below the poverty line. Bangladesh features the third highest number of poor people living in a single country after India and China. These

[1] Note: the trade names under which drugs are sold in the market are not intended to imply a pejorative connotation.

challenges are magnified by a population density of roughly 800 people per square kilometre—one of the highest in the world. Such poverty fuels many high-risk behaviour patterns, including commercial sex work. This is obviously a risk factor for the spread of HIV. While, as an Islamic country, Bangladesh proscribes the consumption of alcohol, there is significant abuse of this substance. Porous borders with India and Myanmar permit trafficking in drugs and other contraband.

3. DRUG SITUATION

3(a) Production and cultivation

Cannabis is still cultivated, particularly in the districts of Naogaon, Rajshahi, Jamalpur and Nerrokona in the northwestern region, as well as the hilly districts near Cox's Bazaar, Banderban, Khagrachhari and Rangamati in the southeast (bordering Myanmar). Reliable figures for the total area of cannabis production in Bangladesh are not available, but cultivation in the Chittagong Hill Tract region is reportedly on the increase. The army and the Bangladesh Rifles in the southeastern hilly region have reported that the overall cannabis production has increased significantly in recent years. This increase in production is not apparent in the table below, which depicts only the seizures carried out by the field staff of DNC.

The seizures of 1-2 metric tons of cannabis herb per year in Bangladesh represents about 0.03% of the global seizures of an average of 4,741 metric tons of cannabis herb per year (UNODC 2004). Crop eradication appears not to be undertaken systematically, and information on seizures by the army and Bangladesh Rifles is not regularly reported to DNC.

There are anecdotal reports of small quantities of opium cultivation in Bandarban district along Myanmar border.

3(b) Manufacture

Bangladesh is not believed to manufacture any narcotic drugs or psychotropic substances illicitly. It also does not manufacture any precursor chemicals except hydrochloric acid and sulphuric acid.

3(c) Trafficking

Bangladesh seizures (in kg)

Drugs	1999	2000	2001	2002	2003
Heroin	28.8	8.0	42.0	15.7	34.0
Cannabis herb / Ganja	724	2658	1,421	1,721	1,906
Phensidyl (ltrs.)	42,900	N/A	384	290	28,288

Source: Department of Narcotics Control, Bangladesh; World Drug Report, 2004 and ARQ 2003.

Bangladesh is a transit country for drugs produced in the Golden Triangle and, to a much lesser degree, the Golden Crescent. Reports from the Indian Narcotics Control Bureau also indicate that heroin is smuggled from India to Bangladesh through the porous Indo-Bangladesh border. There were seven seizures of heroin hidden in fresh vegetable shipments from Dhaka into the UK in 2003 (INCSR 2003). Dhaka airport and the seaport of Chittagong appear to be preferred exit points. Heroin seizures have been about 30-40 kg per year during

the past four years except during 2000 and 2002. During 2003, law enforcement agencies seized 34 kg heroin, 1,906 kg ganja (cannabis herb) (ARQ 2003), 28,288 litres of Phensidyl®, 1,276 ampoules of pethidine and 2,898 ampoules of Tidigesic® (INCSR 2003).

Nonetheless, the smuggling in, diversion and abuse of pharmaceuticals originating from India is considered to be the largest drug problem in Bangladesh. Commonly abused pharmaceuticals are Phensidyl® (a codeine-based cough syrup), Tidigesic® (buprenorphine) and pethidine injections.

3(d) Diversion of drugs and precursors[2]

Bangladesh does not manufacture any substance listed in Table I and Table II of the 1988 Convention other than Sulphuric Acid and Acetic Acid. It imports a number of precursors for use in domestic industry. There is no recorded misuse of precursors for illicit manufacture of drugs in the country. Ephedrine, pseudo-ephedrine, ergometrine, toluene and potassium permanganate are imported by the country for industrial, scientific and research purposes. Even though the Narcotics Control Act, 1990 includes sanctions against diversion of precursor chemicals, Bangladesh does not have a very effective system for control except the issuance of permits for the import of precursors and pre-export notifications of these substances. Although the new rules for exercising more effective controls are now in place, their effectiveness is hampered due to a shortage of trained law enforcement personnel. It has been observed that the level of coordination between agencies dealing with precursor controls is not optimal.

3(e) Drug prices

Comparable to information provided in sections on India and Nepal.

3(f) Demand

Bangladesh has clearly moved from being a transit country to one where so-called 'hard' drugs are used. The number of drug users is increasing in both urban and rural areas. The number of injecting drug users (IDUs) is also on the rise, with the majority using buprenorphine. The drug most frequently used by drug-dependent persons reporting to treatment centres is heroin. Phensidyl®, a codeine-based cough syrup imported from India, is generally considered to be the most widely abused drug. There are approximately 20,000 - 25,000 IDUs in the country (Reid and Costigan 2002). The most commonly injected drug is buprenorphine (commonly known by the trade name Tidigesic®*)*. Polydrug use is common and may include marijuana, Tidigesic®, Phensidyl®, alcohol, codeine, nitrazepam, 'brown sugar' (heroin 'cooked' with vitamin C) and diazepam.

The National Assessment of Situation and Responses to Opioid / Opiate use in Bangladesh (NASROB) was conducted in 24 districts by the Family Health International and Care Bangladesh (Panda et al 2002). The survey included a collection of both secondary as well as primary data, which comprised of observations, key informant interviews, focus group discussions and interviews with drug users. In most districts both heroin smokers and drug injectors were found. Ten percent of all drug users who reported ever having smoked heroin started doing so at the age of 17 or earlier. Three percent of all injectors started injecting

[2] Most of the information in this section on precursors is derived from the country presentation BGD Paper 2004 as cited in the bibliography.

before the age of 18 years. The mean age of onset for heroin smoking was 24 years, while the mean age of onset for IDU was 28 years. The dynamics of switching to injecting from heroin smoking were also studied and the finding that 87% of current IDUs had once been heroin smokers and many drug users went back and forth from one type of drug use to another, suggests that the drug use pattern keeps changing. More than 25% of IDUs in districts with outreach interventions, 99% of IDUs in districts without outreach interventions and 99% of all heroin smokers in all districts were not in contact with any outreach programme. The study also reported that a spillover of illicit drugs occurs around the drug trafficking network. Along with injecting-related risk behaviours, several sexual risk behaviours were also noted and are described in the section below.

Among recent studies, Rahman (2004) investigated the patterns of drug abuse among 196 drug users who had been admitted to a drug-dependence treatment centre in Dhaka. The mean age was 25.3 years, while age at onset of drug use was about 21 years. The mean duration of addiction was 42.1 months. Common drugs of abuse were: codeine-containing cough syrups (about 65%), heroin (about 45%), cannabis (about 45%), sedatives (about 17%), injectable opioids (11.7%).

3(g) Costs and consequences

In the study cited above, Rahman (2004) analysed the money spent by addicts on drugs and found that the amount spent per year was much higher than the average per capita income of Bangladeshis. Applying the findings of the study to the total population of drug users in Bangladesh, the author estimated that the total amount spent by drug users in Bangladesh would be extremely high if compared with the annual expenditure for healthcare or drugs or the allocation for development programmes in Bangladesh. The study suggests that growing criminal activities in Bangladesh could be partly attributable to drug abuse.

The NASROB cited above (Panda et al 2002) also reported many social/legal adverse consequences of drug use. About 28% of heroin smokers had been arrested or had had encounters with local law enforcement. Similarly, IDUs at two kinds of sites – those with outreach interventions (17%) and those without (22%) – reported that police had arrested them. Human rights activist groups have also reported and expressed concern over instances of extortion and abuse of IDUs by police in Bangladesh (HRW 2003).

Among health-related consequences, one-fifth of heroin smokers and one-fourth of current IDUs reported a drug overdose in the NASROB (Panda et al 2002). Other consequences reported were those related to use of contaminated injection equipment. Between 11% to 36% of IDUs reported the occurrence of abscesses within the previous month. Those with a longer duration of injecting drug use were more likely to report abscesses. IDUs recruited from districts with outreach interventions reported a significantly lower occurrence of abscesses.

Behaviours related to the sharing of injection equipment were also studied. Of note was the finding that IDUs in areas with interventions reported significantly lower sharing of injecting equipment (19%) than those in non-intervention areas (67%). Interventions have been effective in reducing the size of the sharing group (of needles and syringes) among IDUs. In areas where such interventions occurred, 25% of IDUs shared with three persons or more against a much higher 40% in areas where no outreach programme existed. In contrast to

87% of the current IDUs from intervention sites, only 66% of IDUs in districts without outreach interventions knew that syringe and needles sharing could spread HIV.

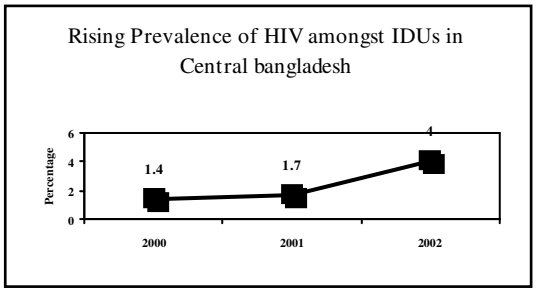
Regarding high-risk sexual behaviours, about 70% of unmarried drug users had been sexually active within the previous month. Over 70% of all drug users reported sex with sex workers. A noticeable observation was that there was little difference condom use practices among current IDUs from intervention and non-intervention sites. It was also noted that a high proportion of drug users (over 90%) were unaware of the risk of HIV/AIDS through male-to-male sex or sex with '*hijras*' (transgenders). This is of concern as 10% of the male respondents reported sex with male/*hijras* and condom use in those situations was very low.

In a study on IDUs in treatment in Bangladesh, Felsenstein et al (1997) studied IDUs under treatment and reported that all the subjects shared needles, although most were aware of the health hazards of such practices. Similarly, Sarkar et al (1998) interviewed 234 IDUs in the Dhaka city after extensive ethnographic observations. Eighty-two percent shared their needles/syringes, and 48% shared with more than ten persons, in spite of a reasonable degree of knowledge of HIV/AIDS. Sixty percent had heard about HIV/AIDS, and one-fourth knew that needle sharing might transmit HIV/AIDS. Ahmed (2000) reported similar findings, stating that out of 100 IDUs enrolled in an NSEP, 95% had demonstrated an understanding of HIV/AIDS and its mode of transmission and the method of its prevention. Despite having knowledge of the risks of needle and syringe sharing, 92% of the respondents continued the practice.

Shirin et al (2000) investigated the prevalence and risk factors of HBV and HCV infections among drug users attending a drug-addiction treatment centre in Dhaka, Bangladesh. Of the 266 addicts, 129 were IDUs, and 137 were non-IDUs. The sero-prevalence of HbsAg, anti-HBc, anti-HBs, and anti-HCV antibodies among the IDUs was 6.2%, 31.8%, 11.6% and 25% respectively. Corresponding figures among the non-IDUs were 4.4%, 24%, 6.6% and 5.8% respectively. Although the prevalence of HBV infection did not significantly differ between the IDUs and the non-IDUs, the prevalence of HCV infection was significantly higher among the IDUs. Among the IDUs, the prevalence of both HBV and HCV infections was associated with sharing of needles and longer duration of injectable drugs used. The sero-prevalence of HBV infection in both IDUs and non-IDUs was significantly higher among those who had a history of extramarital and premarital sex.

Islam et al (2003) studied not only the risk behaviours but also the prevalence of HIV/AIDS among 250 IDUs and 255 non-IDUs. Among IDUs the sero-prevalence rate was 5.6%. Among non-IDUs it was 1.96%. The sero-positive drug users used multiple drugs for longer periods of time and also had higher prevalence of sexual risk behaviours.

Bangladesh is still considered a "low prevalence, high risk situation" for HIV/AIDS. However, recent trends indicate that in certain areas the HIV/AIDS prevalence among IDUs may be approaching or even exceeding the concentrated epidemic mark (5%). The national AIDS/STD programme (2003), while reporting the results of fourth round national HIV and behavioural surveillance, noted with concern the finding



Source: National AIDS/STD program 2003

of a dramatic rise in HIV prevalence amongst IDUs in Central Bangladesh (from 1.4% to 4% within 3 years). At the same time, however, the prevalence has remained low (<1%) amongst other at-risk groups. In the same report concern was expressed on sexual risk behaviours and mobility of IDUs in Central Bangladesh, which may lead to a spread of the epidemic in the general population. The IDUs in this region are more likely to have a sex worker as a sex partner. In addition, 10% of them have sex with other men including male sex workers.

3(h) Money laundering

Bangladesh enacted anti-money-laundering legislation in 2002. The Act (see below) appears to be quite comprehensive but since it was only passed relatively recently, it may be too early to judge implementation.

4. CRIME SITUATION

The magnitude and dimensions of criminality in Bangladesh have been steadily increasing. In 1996, 93,310 cases were recorded by the police, which equal approximately 78 crimes per 100,000 inhabitants. Crimes recorded in the preceding three years show an upward trend: 72,069 in 1993 (60 per 100,000), 75,309 in 1994 (60 per 100,000) and 82,971 in 1995 (65 per 100,000). Thus, crime grew at an average rate of 9.8% between the years 1993 and 1996 against the average growth in population of about 2% per annum. However, it is obvious that these figures understate the real crime rate, as not all crimes are reported or recorded.

Violence against women and children: The most common manifestation of violence against women consists of dowry-related violence, rape, injury or death by corrosive or poisonous substances (i.e. acid throwing), trafficking and prostitution.

Trafficking in human beings: Bangladesh is a source country for women and children being trafficked for the purpose of sexual exploitation, involuntary domestic servitude and debt bondage.

In 1994, it was estimated that 2,000 women were trafficked to six cities in India. In the decade to 2002, it has been estimated by the Coalition Against Trafficking in Women (CATW) that 200,000 women were trafficked out of the country (CATW 2002). The estimated number of women and girls trafficked annually out of the country is 10,000 – 20,000 (TIP 2004). UNICEF reports that 40,000 children from Bangladesh are involved in prostitution in Pakistan (UNICEF 2001). There is also significant internal movement within the country to urban centres for the same purposes.

Arrests for human trafficking

Year	Arrestees	Convictions
2002	60	30
2003	72	17

Source: TIP 2004

Bangladesh possesses laws to prevent trafficking. Some social services are provided for trafficking victims. In early 2004, the Ministry of Women and Children's Affairs attempted to raise awareness on the issue of human trafficking. In 2003, it established 'one-stop' crisis centres in two hospitals for female victims of violence and human trafficking.

Corruption: According to the Transparency International Corruption Perception Index in 2003, Bangladesh scored 1.3 and was ranked 133rd in terms of the level of perceived corruption (TI 2003). This was the lowest rating of any country. In 2004 Bangladesh scored 1.5 and ranked 145 (again the lowest rating of any country despite the slight improvement in score).

In the first comparative study of corruption in South Asia examining what users of key public services actually experience, respondents in Bangladesh considered the police to be the most corrupt public agency, followed by health and land administration (TI 2002).

Public corruption is an acknowledged problem in Bangladesh. In February 2004, the government passed legislation to create an Anti-Corruption Commission.

5. POLICY – DRUGS

5(a) National drug control framework

Convention adherence

Bangladesh is a signatory to all three UN Conventions on drug abuse and trafficking, namely the Single Convention on Narcotic Drugs 1961, the Convention on Psychotropic Substances 1971 and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988.

Legislation

The Narcotics Control Act of 1990 (Act Number XX of 1990) covers the control of narcotic drugs and psychotropic substances, including provision for the treatment and rehabilitation of drug dependent people. Bangladesh has amended the narcotics act and allows the Director General of the Department of Narcotics Control to send drug addicts for treatment. Drug use is considered a treatable condition rather than a criminal offence.

The Narcotics Control Act was enacted in 1990 and Narcotics Control Rules were framed in 1999 under this Act. The Act was further strengthened through an amendment in 2002. The key features of the amendment are:

- Incorporation of the precursor chemicals in the schedule of drugs.
- Precursors are placed under the purview of the definition of drugs.
- Provisions for warning on labels and packages on drugs and precursors.
- Maintaining correct accounts of drugs and precursors.
- Financial investigation.
- Seizure and forfeiture of assets of illicit traffickers.
- Freezing of bank accounts.
- Application of Controlled Delivery Technique

Institutions and policy

In Bangladesh, the Department of Narcotics Control (DNC) administered by the Ministry of Home Affairs, is responsible for implementing drug law enforcement and drug abuse control

programmes guided by a ministerial level National Narcotics Control Board (NNCB). DNC has an intelligence-gathering and operational role and oversees the implementation of demand reduction initiatives. It is also charged with co-coordinating the efforts of the other Bangladesh enforcement agencies (police, customs, Bangladesh Rifles and coastguard). The DNC does not collate national arrest and seizure statistics, in part because the other agencies are reluctant to disclose the necessary material.

The DNC has recently initiated a community level of coordination to streamline the activities of the non-governmental organizations to strengthen existing and future drug prevention activities in the country. With assistance from UNODC, the process of formation of a national network of GOs and NGOs has been initiated through training for stakeholders held in March 2004 in Dhaka. Four network formation meetings have been held in the divisions of Chittagong, Dhaka, Khulna and Rajshahi.

5(b) Licit control (drugs and precursors)

Bangladesh is a signatory to all the three UN Conventions of 1961, 1971 and 1988 and the SAARC Convention on Narcotic Drugs and Psychotropic Substances, 1990. In view of its obligations under these conventions and the potential for diversion of precursors due to its close proximity to heroin-producing localities in South East Asia, the country has imposed restrictions on the import of precursors.

The 1990 Narcotics Control Act was amended in 2002 and 22 precursor chemicals, as stated in Tables I and II of the 1988 Convention, were included. Sections 19 and 20 of the Act prohibit any kind of illegal operations regarding narcotic drugs, psychotropic substances as well as precursor chemicals. Additionally, rules relating to the licensing of precursor chemicals were framed and adopted.

The Narcotics Control Act prohibits import, export, sale, purchase, manufacture, processing, transport, possession, use or any other kinds of the operations except for medicinal, scientific, or legitimate industrial purposes under license, permit or pass (section 9). The Department of Narcotics Control issues licences, permits or passes. However, they cannot be issued to persons with a criminal record (sections 11& 12). Handling precursors without the requisite licence, permit or pass attracts imprisonment of 2 to 10 years while violation of any condition of the licence attracts imprisonment of up to 5 years and a fine. Importers require an import licence and an import authorisation to import precursors from the Department of Narcotics Control. On arrival of the consignment, DNC verifies the physical stock and use of the precursor. Bangladesh does not export any precursors. Most imports are from India, Malaysia, Singapore, China, Japan, the UK and Italy.

The Ministry of Health and Family Welfare, in consultation with the Drug Administration and the Ministry of Home Affairs, agreed on an arrangement for the control of selected pharmaceutical products at the retailers point that are often subject to illicit use. Under this arrangement, the field force of DNC and the Drug Administration are empowered to carry out a search in any drug store on the sale of some selected products. In this respect, DNC is empowered to lodge cases with the police station if any one is found guilty for not keeping proper records on the sale of higher than the allowable amount of products that are subjected to non-medical illicit use.

5(c) Supply reduction

The supply reduction policy in the country is based on the Narcotics Control Act as amended in 2002. The national development plans in Bangladesh provided explicit strategies on drug abuse control. The Master Plan explicitly defined the long-term objective "to contain and successively reduce the effect on individuals, families, communities and the social fabric of society caused by drug abuse and criminal activities connected with the illicit trafficking of drugs".

5(d) Demand reduction

The Narcotics Control Act of 1990 covers the control of narcotic drugs and psychotropic substances, including provisions for the treatment and rehabilitation of drug dependent people. Bangladesh amended the Narcotics Act in 2002 and this allows the Director General of the Department of Narcotics Control to send drug users for treatment. The demand reduction policy in the country is based on the Narcotics Act (Banglapedia 2002). The Government of Bangladesh recognizes an important complementary role for NGOs in the drug demand reduction sector.

HIV/AIDS: National policy on HIV/AIDS and STD related issues (DGHS 1996) came into effect in 1996. The policy recognises the potential role which IDU can play in the spread of the epidemic. The policy also recognises the limitations of an abstinence-oriented approach as well as the high effectiveness of needle exchange programmes or maintenance programmes although the government has not endorsed them. The policy also recommends that the availability of drug treatment and rehabilitation services should be extended.

A National AIDS Committee was established in 1985 for the prevention and control of HIV/AIDS. Additionally, a task force with technical experts was established supervising aspects of HIV/AIDS and STD prevention and control. The Bangladesh AIDS Prevention and Control Programme is within the Ministry of Health and Family Welfare.

Prisons: In Bangladesh, prisons come under the purview of the Ministry of Home Affairs. They are run by the prison directorate and manned by the Inspector General of Prisons and his staff of 7,620. The prisons are overcrowded by about 290% with 60% of the prison population in remand (ICPS 2004). Conducting treatment programmes among those in remand is the biggest problem. Overcrowding causes many groups of prisoners to be mixed up. This enables prisoners to share their criminal experiences while in prison. Consequently, this undermines the authority of the prisons and escalates violence and other problems among prisoners.

NASROB (see Panda et al 2002) also reported that none of the jails visited had specific programmes for drug users in place. Jail medical officers expressed the need for training that would help them in handling withdrawal symptoms better. They also indicated that regular visits by counsellors to drug users in jail and other innovative service provisions such as voluntary confidential testing and counselling for HIV (VCT) should be organized. NASROB recommended the development of programmes for IDUs in areas where no such interventions exist, scaling-up existing programmes to include all IDUs, and designing targeted interventions for heroin smokers to prevent them from switching to injecting. It also recommended developing appropriate interventions for primary prevention of drug use for in-

and-out-of-school children as well training of police to foster better understanding of an approach to drug users and easier referral to appropriate drug treatment centres.

5(e) Money laundering control measures

Provisions regarding money-laundering offences were included in the revision of the 1990 Narcotics Control Act.

A separate Money Laundering Act was passed in 2002. The Act requires banks, financial institutions and other institutions engaged in financial activities to:

- Establish the identity of their customers;
- Retain correct and full information used to identify their customers and transaction records at least for five years after termination of relationships with the customers;
- Make a report to the Bangladesh Bank where:
    - they suspect that a money laundering offence has been or is being committed and
    - provide customer identification and transaction records to Bangladesh Bank from time to time on demand.

The following are money-laundering offences under the Act:

- Obtaining, retaining, transferring, remitting, concealing or investing in moveable or immovable property acquired directly or indirectly through illegal means.
- Illegally concealing, retaining transfer, remitting, or investing moveable or immoveable property even when it is earned through perfectly legitimate means.
- Providing assistance to a criminal to obtain, retain, transfer, remit, conceal or invest moveable or immovable property if that person knows or suspects that those properties are the proceeds of criminal conduct.
- Banks, financial institutions and other institutions engaged in financial activities not retaining identification and transaction records of their customers.
- Banks, financial institutions and other institutions engaged in financial activities not reporting the knowledge or suspicion of money laundering to Bangladesh Bank as soon as it is reasonably practicable after the information came to light.
- Anyone prejudicing an investigation by informing i.e. tipping off the person who is the subject of a suspicion, or any third party, that a report has been made, or that the authorities are acting, or are proposing to act, in connection with an investigation into money laundering.
- Anyone violating a freezing order issued by the Court on the basis of application made by Bangladesh Bank.
- Anyone expressing unwillingness, without reasonable grounds to assist any enquiry officer in connection with an investigation into money laundering.

5(f) International cooperation

Bangladesh and Myanmar have signed a bilateral agreement in respect of illicit trafficking of narcotic drugs and psychotropic substances including precursors. The DNC maintains contact with the Drug Liaison Officers network based in New Delhi.

The Government is a signatory to the 1990 SAARC Convention on Narcotic Drugs and Psychotropic Substances.

6. POLICY – CRIME

The constitution of Bangladesh provides "to enjoy the protection of the law and to be treated in accordance with law, is an undeniable right of every citizen, wherever he may be, and of every other person for the time being in Bangladesh, and in particular no action detrimental to the life, liberty, body, reputation or property of any person shall be taken except in accordance with law". The constitution further provides that "every person accused of a criminal offence shall have the right to a speedy and public trial by an independent and impartial court or tribunal established by law".

Key laws pertaining to human security are as follows:

The Penal Code, 1960
The Evidence Act, 1872
The Code of Criminal Procedure, 1898
The Child Marriage Restraint Act, 1929
The Muslim Family Law Ordinance, 1961
The Children Act, 1974
The Dowry Prohibition Act, 1980
The Suppression of Violence against Women and Children Act, 2000
The Public Safety (Special Provisions) Act, 2000
Law and Order Disruption Crimes Act, 2002

The Preventive detention law: The Special Powers Act of 1974 authorizes the Government to detain any person in order to prevent them from committing certain prejudicial acts. This is the only article of law that allows the Government to preventively detain anyone. The frequent use of the Special Powers Act has been used as an example of deficiencies in the criminal justice system to deal with alleged criminals.

Crime control institutions: The administration of justice is the responsibility of the judiciary, which comprises the Supreme Court, the Appellate Divisions and the High Court at the higher level, followed by a hierarchy of civil and criminal courts at the district level; and finally, village courts in rural areas and conciliatory courts in municipal areas. The Supreme Court is located in Dhaka. The Courts of District and Sessions Judge, Additional District and Session Judges, Subordinate Judge and Assistant Sessions Judge deal with both civil and criminal cases.

The court of Assistant Judge (formerly *Munsif*) deals only with civil cases. The Courts of District Magistrate, Additional District Magistrate, Magistrate of First, Second and Third Class deal with criminal cases only. The Metropolitan Magistracy, functioning in four major cities of the country, also deals with criminal cases. In most criminal cases in the Courts of Magistrates, and to some extent in the Court of Sessions, some categories of police officials have to play the role of prosecutors. Besides the police officers, the lawyers appointed as public prosecutors and assistant public prosecutors also act as prosecutors in the Court of Sessions.

Ensuring the respect of these laws and ordinances is the primarily responsibility of the police administration, which comprises over 500 police stations. An Inspector General of Police, under the administrative control of the Ministry of Home Affairs, heads the Police

department. In case of violations, the offence is reported to the officer-in-charge of the police station in the form of a first information report (FIR).

Police strategies for keeping pace with the developments in crime have generally taken the form of increasing the police manpower. The Bangladesh Police is a national force. Police stations are the basic units of the police service delivery mechanisms. Approximately 64% of the force is engaged in maintaining public order, with 20% dealing with investigations and inquiries, and about 1% involved in training. Constables comprise 75% of the force. Only 1% of the force is engaged with management and supervision (1997). Following an increase in manpower in 1997, the proportion of management and supervisions fell to 0.74%.

Convention adherence: Bangladesh is not a signatory to the Transnational Organized Crime Convention of 2002, nor any of the three related Protocols on human trafficking, migrants and firearms. It is also not a signatory to the 2003 Corruption Convention.

7. TERRORISM

There are currently two main sources of activity linked to terrorism in Bangladesh. The first relates to the insurgency in the Chittagong Hill Tracts in south-eastern Bangladesh where dissident guerrilla groups remain active (Jane's 2004a). The second relates to the presence of alleged Al Qaeda members operating in conjunction with local groups, some of whom were arrested in 2003.

Convention adherence: Bangladesh is a party to three of the universal instruments related to the prevention and suppression of international terrorism. It is not a party to the 1999 International Convention for the Suppression of the Financing of Terrorism.