



22

**YEARS of AMIC
1990 - 2012**

Souvenir



**Addiction Management &
Integrated Care (AMIC)**

22

YEARS OF AMIC 1990-2012

S o u v e n i r



Addiction Management & Integrated Care (AMIC)

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Published Date
November 2012



















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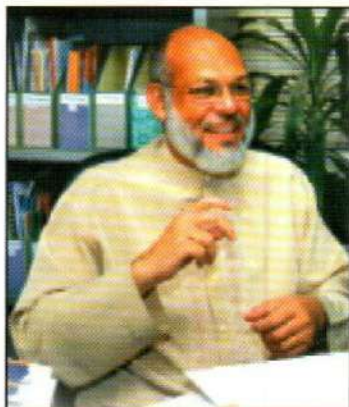
Dhaka Ahsania Mission

Dhaka Ahsania Mission (DAM) is a leading development organization functioning for social and spiritual development of the human community since 1958. DAM was established by Hazrat Khan Bahadur Ahsanullah(r), an eminent educationist, social reformer and spiritual leader of South Asia, with the motto of 'Divine and Humanitarian Service'. Now DAM works in a large number of fields including Non-Formal Education, Continuing Education, Technical/Vocational Education & Skill Training, Human Resource Development, Women's Development and Gender, Poverty Alleviation and Institution Building, Environment, Health, Tobacco Control, Drug & HIV/AIDS Prevention, Child Rights and Child Labour, Child & Woman Trafficking Prevention, Information and Communication Materials Development, Training and Research & Consultancy. DAM has also established a number of specialized institutions including a Cancer Detection Centre and Hospital. DAM pursues a mission to create conditions for increased access of the target groups and the communities to public and private services and enhance their capacities to maximally utilize such services particularly in the areas of their living needs. Besides field-based programs, DAM operates a number of institutions, social enterprises towards contributing to national development.

DAM has Consultative Status (Special Category) with UNECOSOC, Operational Relations with UNESCO and Associate Status with UNDP. It may be mentioned here that Dhaka Ahsania Mission is a member of Switzerland based International Council on Alcohol and Addiction (ICAA), Framework Convention Alliance (FCA) and Vienna NGO Committee of Narcotics Drugs.

Dhaka Ahsania Mission

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Kazi Rafiqul Alam

President

Dhaka Ahsania Mission

Forward

Despite pervasive poverty and its concomitants and challenges, Bangladesh has made significant stride towards transcending to the group of middle income countries over the next decade. Its progress pathway, since independence in 1971, has been rocky marked by political unrest and devastations wrought by successive natural disasters, yet the hard working people of Bangladesh, exhibiting their unparalleled resilience, overcame all adversaries and has taken the country to a sustainable development path. Poverty is multidimensional in nature, it has many roots and expressions. Causes of pervasive poverty in Bangladesh could be attributed to highly unequal distribution of resources, power and privileges made possible through weak governance, weak law enforcement and widespread corruption and related factors that emerge as consequences. Dhaka Ahsania Mission (DAM) believes that it is the people themselves and the community in which they live itself can reverse the situation through concerted efforts backed up by macro-level policy interventions. DAM's programmatic interventions now encompasses education, health, human rights & social justice and micro-finance & skills development for livelihood in consonance with its 10-years perspective plan (2006-15).

AMIC—(Addiction Management and Integrated Care) has gathered huge practical experiences and expertise through implementing different interventions for prevention of tobacco, drug dependence and HIV/AIDS. AMIC has long experience in some specific mentionable areas which includes: Long term treatment and rehabilitation, Inpatient detoxification, Community Based Detoxification, Managing STIs, TB and VCT services, Abscess management etc., having its linkage, cooperation and patronage from various national and international organizations.

Our dream is to established drug treatment and rehabilitation centers in all major division/districts head quarters as well as implement primary health care, tobacco and HIV prevention program. We urge to all national and international development partners and also the individuals to extend their all possible support to materialized the dream.

We hope our efforts towards creating a drug related harm free society in Bangladesh will gain more strength in future.

Kazi Rafiqul Alam



Dr. A. F. M. Ruhul Haque ^{MP}

Minister

Ministry of Health & Family Welfare
Government of the People's Republic of Bangladesh

Message

Among the NGO's Dhaka Ahsania Mission is an important partner of the government, particularly in the movement against HIV and AIDS, drug and tobacco through its Addiction Management and Integrated Care (AMIC) institution.

I am very happy to know that they are bringing out a souvenir on the activities of different programs under their observance of twenty two years. I am sure this will go a long way in creating awareness among the people of all walks of life about the harmful effects of tobacco, drug and HIV/AIDS which threatens public health. They are making relentless efforts to form public opinion towards amendment of a comprehensive tobacco control law.

I wish every success of their tobacco, drug and HIV/AIDS prevention initiatives. Combined efforts by government and civil society, including NOG's can combat danger effects of tobacco substance abuse and HIV infection and I assure them that the government's wholehearted support and cooperation will be continued in their efforts.

On this occasion I wish the AMIC continued success in its endeavors.

Joy Bangla, Joy Bangobandhu
Long live Bangladesh

Dr. A.F.M. Ruhul Haque



Mohammad Iqbal

Director General

Department of Narcotics Control

Ministry of Home Affairs

Government of the people's Republic of Bangladesh

Message

I am pleased to know that Dhaka Ahsania Mission (DAM) is going to publish a Souvenir on the eve of the celebration of 22 years of Addiction Management Integrated Care (AMIC) programme. Department of Narcotics Control is happy to be associated with this initiative.

It is good to see that Addiction Management Integrated Care (AMIC) have completed more than two decades of its operations which started through a nationwide campaign on Drug & HIV prevention. This year, the Department of Narcotics Control have awarded DAM for their contribution in drug treatment and drug abuse prevention in Bangladesh. I strongly believe that DAM will continue its journey with AMIC to serve the nation.

I wish Addiction Management Integrated Care (AMIC) initiative every success.

Mohammad Iqbal



Dr. Thushara Fernando

WHO Representative to Bangladesh

Message



I am happy to learn that Addiction Management and Integrated Care (AMIC) of Dhaka Ahsania Mission is going to celebrate its 22 years of journey and that a souvenir is being published on this occasion. It is very encouraging to see that AMIC, the well known organ of Dhaka Ahsania Mission, has been providing relentless curative and rehabilitative care for substance abuse services to the vulnerable people in Bangladesh for last two decades.

WHO considers itself privileged to be a partner of Dhaka Ahsania Mission, particularly in their tobacco control initiatives in Bangladesh. I am confident that AMIC will continue its journey of providing health care to those, who needs it the most

I sincerely wish that AMIC will continue its pioneer role in substance abuse prevention and curative care to those who need it most.

Dr. Thushara Fernando

Cristina Albertin

Representative

United Nations Office on Drugs and Crime
Regional Office for South Asia



Message



Dhaka Ahsania Mission (DAM) has been working to reduce human suffering and has contributed towards social and spiritual development in Bangladesh. DAM has made noteworthy contributions in their work against illiteracy, poverty, malnutrition, ill health and disease in the region.

In 1990, DAM established the Addiction Management and Integrated Care (AMIC) Institution that focuses on tobacco control, HIV/AIDS and drug addiction management.

AMIC and UNODC have collaborated in a number of projects that include prison interventions, capacity building training for NGOs and peer led interventions. Also, DAM's contributions towards the implementation of the drug prevention programme and the community based detoxification camps conducted under the United Nations Drug Control Program (UNDCP) between 1990 and 2000 were remarkable.

I am delighted to know that Dhaka Ahsania Mission-Addiction Management and Integrated Care will publish a souvenir reflecting their activities over the past 22 years.

I am convinced their work and commitment is a source of encouragement and inspiration to all and that together we can create better conditions for those, who are dependent on drugs in Bangladesh.

Cristina Albertin

Uniting the world against AIDS



Leo Kenny
Country Coordinator
UNAIDS Bangladesh

Message

Addiction Management Integrated Care (AMIC) is an institution of Dhaka Ahsania Mission. I understand that it is one of the most renowned philanthropic organizations of the country which renders service to the economically marginalized population groups in the sectors like formal & non-formal education, livelihood, human rights & social justice, environment and health including drug prevention, Tobacco Control, TB, STI, and HIV.

It is great to see that AMIC has completed 22 years of its operation in Bangladesh that got started with a nationwide campaign on Drug & HIV prevention. I'm sure People Who Inject Drugs (PWIDs) are immensely benefited by the projects run by AMIC that includes intervention at prison funded by UNODC, Out Reach DIC project funded by Colombo Plan Secretariat and Modumita project funded by USAID through FHI. Moreover, AMIC runs VCT and day care centers which are rendering services to Most At risk People Vulnerable to HIV, particularly PWIDs.

I congratulate AMIC for receiving award from the Department of Narcotics Control, the Government of the People's Republic of Bangladesh for their contribution in drug treatment field. Its parent organization Dhaka Ahsania Mission deserves special appreciation for its role in philanthropic service that they have rendered since 1958.

I hope AMIC will continue its endeavor in the field of substance abuse policy, prevention and treatment for a long time.

Leo Kenny



Kiichi Oyasu

Office-In-Charge

Head of Office and Representative
UNESCO-Dhaka, Bangladesh

Message

UNESCO has worked with Dhaka Ahsania Mission (DAM) in many areas of development including education, health, poverty reduction, environment and others over the years. In particular, we are pleased to be associated with DAM's Addiction Management and Integrated Care (AMIC) since its inception to tackle the important health issues such as tobacco drugs addiction, HIV.

At the occasion of 22 year operation of AMIC, on behalf of UNESCO colleagues, I wish to convey our sincere application to AMIC that has served for those suffering from drug addictions and provided them with treatment and rehabilitation opportunities. We look forward to our future collaboration with AMIC and also other areas of DAM's activities for the development of this country.

Kiichi Oyasu



Kazi Ali Reza

Officer-in-Charge

United Nations Information Centre (UNIC)
Dhaka, Bangladesh

Message

It gives me great pleasure to know that AMIC—an initiative of DAM is going to celebrate its 22nd year of operation in Bangladesh. The working relationship between Dhaka Ahsania Mission (DAM) and the United Nations Information Centre (UNIC) in Dhaka dates back to early 90s. During my long attachment with DAM, I have found the organization working very successfully to elevate the sufferings of distressed people, specially the drug addicts.

AMIC's contribution to controlling drug abuse, through the involvement of distinguished personalities of the country for the last two decades, warrant special appreciation of all strata of the society.

I wish AMIC every success in their endeavors to redress the sufferings of the victims of HIV/AIDS and drug abuse in the country.

Kazi Ali Reza



Bian How Tay

Director

Asian Centre for Certification and Education
of Addiction Professionals (ACCE).
The Colombo Plan, Colombo, Sri Lanka

Message

It is a fascinating fact that Addiction Management and Integrated Care (AMIC) of Dhaka Ahsania Mission is celebrating twenty two years of its journey gloriously, continues for drug treatment & rehabilitation services, Tobacco Control and HIV/AIDS prevention program in Bangladesh. Last two decades it has passed very challenging but fruitful moment in time.

As a prominent health services providing institute of Dhaka Ahsania Mission in Bangladesh, AMIC has been implementing its various programs among the vulnerable and exposed people in Bangladesh. Now a day it is a pioneer drug treatment & management organization in Bangladesh. Nationally and Internationally AMIC is an eminent name for policy level advocacy on tobacco control and reduce harms of tobacco use.

It may be noted here that AMIC has received the Bangladesh Anti-Tobacco Alliance Award in 2001 and the Government has recognized the commendable services of DAM by the highest national award - Independence Award-2002 and Award for Drug Treatment 2012 by the Department of Narcotics Control.

I strongly believe that AMIC will continue its journey in future and serve the nation enormously with optimum level of commitment.

Bian How Tay



Matthew L. Myers

President

Campaign for Tobacco-Free Kids

Washington, D.C, USA

Message

I am indeed pleased to know that the Addiction Management and Integrated Care (AMIC), the tobacco, drugs and HIV prevention institution of Dhaka Ahsania Mission (DAM) has successfully completed 22 years of its journey. I congratulate DAM and all the members of AMIC on this great achievement.

Over the years AMIC has established itself as one of the leading centers for addiction management in the country. As tobacco is one of the major addictions, AMIC has been working to attack this addiction from several angles. The smoke-free initiatives of the institution have been achieving significant successes in recent time. Its work with the Bangladesh Restaurant Owners' Association to declare the restaurants of the country smoke-free is a bright example of its successes. I have been informed that AMIC is also developing effective partnerships with the two City Corporations of Dhaka for effective implementation of smoke-free policies.

I also appreciate the advocacy work of Dhaka Ahsania Mission through AMIC for stronger tobacco control policies in Bangladesh including improvement of the tobacco control law and more effective taxation of tobacco products. I am confident that AMIC will continue its good work and my organization is proud to be a partner in its work on tobacco control.

I wish a more successful future for AMIC.

Matthew L. Myers



Michel Perron

Chairman

Vienna NGO Committee of Narcotics Drugs
Vienna, Austria

Message

There is no denying the fact that the dangers of drug and substance abuse are becoming a serious problem for the society which will ultimately hinder the socio-economic development process. In such a situation what is necessary is to undertake effective comprehensive programmes all over the country. This is what Dhaka Ahsania Mission is striving to do through its Addiction Management and Integrated Care (AMIC) institution. I recognized that they have made incredible contribution through their two decades long initiatives towards that end. I also acknowledge that AMIC as an active member of Vienna NGO Committee on Narcotics Drugs contributing nationally and internationally in substance abuse prevention field.

I am glad to know and to congratulate AMIC for bringing out a Souvenir reflecting the activities they had undertaken during their twenty two years which will be a source of inspiration to others.

I wish continued success in their movement against abuse of drug and substance.

Michel Perron



Misti McDowell

Country Director

fhi360, Bangladesh

Message

It is with great honor to be writing about AMIC of Dhaka Ahsania Mission (DAM) and I congratulate them on all their successes for the last twenty years. FHI 360 has been working with DAM for over 7 years on the USAID funded Modhumita Project, specifically for injecting drug users.

DAM has significantly contributed to HIV prevention through education, behavior change, condom promotion, volunteer HIV counseling and testing, STI and TB services, drug treatment and rehabilitation, psychosocial education, job placement and advocacy. They are among the leaders in Bangladesh for HIV prevention with injecting drug users and I hope they continue to provide services to this vulnerable population.

Again I congratulate DAM on the last 20 years and look forward to continue working with them for the next 20 years.

Misti McDowell



Laurent Huber

Director

Framework Convention Alliance (FCA)

Geneva, Switzerland

Message

I am happy to know that Dhaka Ahsania Mission (DAM) is bringing out a Souvenir for celebration of two decades of tobacco, drug and HIV prevention program known as Addiction Management and Integrated Care (AMIC).

Tobacco is the single greatest preventable cause of death in the world today. Bangladesh has the highest smokeless tobacco rate in the world and the highest rate among women. Rates of smokeless tobacco use are slightly higher among women than men (28 percent vs. 26 percent). It has been observed that among the adults people, over 27% of Bangladeshis use smokeless tobacco. Smoking rates are much higher among men than women; an estimated 45 percent of men and 1.5 percent of women smoke.

Dhaka Ahsania Mission is playing an important advocacy role as a member of the Framework Convention Alliance (FCA) in working closely with the government of Bangladesh for implementation of tobacco control law as well as control of tobacco use. FCA notes that Dhaka Ahsania Mission has undertaken various advocacy activities towards development of implementation of FCTC, including active participation in the FCTC Conference of the Parties and Intergovernmental Negotiating Body for Protocol on Illicit Trade of Tobacco Products.

I am congratulate AMIC for bringing out a Souvenir reflecting the activities they had undertaken during two decades which will be a source of inspiration to others.

I wish continued success in their movement against tobacco use.

Laurent Huber



Editor's Note

It is clear that the magnitude of the drug abuse continues to increase in Bangladesh. Still drug treatment and management services are far from adequate, especially for the exposed people. Without sustainable intervention in these areas, the impact of the problem will keep on affecting the people in an even greater extent in days to come.

AMIC is a well-known institute of Dhaka Ahsania Mission that has been providing drug treatment and rehabilitation services, tobacco control and HIV/AIDS prevention services including general health services among the vulnerable and exposed group since its inception. From then on, AMIC has been implementing various programs on tobacco control through learning by doing. From the very beginning, AMIC has been emphasizing on awareness and policy advocacy on tobacco control.

Twenty two years of AMIC's journey has not always been smooth. AMIC has faced many challenges while establishing an optimum level of services for the vulnerable and exposed group. AMIC is gradually progressing through hard work, dedication and having a definite goal. With the support of well wishers, donors and the Government of Bangladesh, AMIC will be able to excel in its pursuits. Our desired dream for AMIC is to see the institute move forward with a greater involvement with the community people, from the grassroots to the national and international level.

We express our heartfelt thanks to all who has been continuously supportive to our cause. Specially, we convey our gratitude to the donors, government, sponsors, collaborative partners, advisory committee members, AMIC team, our clients and their family members for their wholehearted support. AMIC team worked hard to bring out this souvenir, which contains brief accounts of AMIC's activities and accounts of triumph over dependency of some of our clients.

We hope our joint efforts with other stakeholders will bring a better future for the next generation by reducing tobacco, drug abuse and HIV/AIDS related risks globally.

Iqbal Masud
Head of AMIC &
Assistant Director
Dhaka Ahsania Mission



FIGHT AGAINST DRUGS: AMIC's DREAM COMES TRUE

AMIC: Its Growth and Development

Dhaka Ahsania Mission (DAM) launched a program in 1990 named "Ahsania Mission Madokatha Protirodh O Nionthron Karmosuchi" (Drug Prevention & Control Program AMIK in Bengali). In 2004 DAM changed its name as AMIC (Addiction Management and Integrated Care) to prevent and control Tobacco, Drugs and HIV/AIDS which is gradually taking an epidemic form at the societal level. Use of drug is not a new phenomenon. It has been in use in this country for centuries, however, its use was more restrictive and hidden, confined among aged people engrossed in spiritual pursuit; its sale was restricted, made through authorized shops, the young generation could hardly be seen meddling with drugs; it was socially unacceptable. Over time the use of drugs has become more widespread due to more ease in availability made possible by very strong and powerful drug cartels that have emerged both at the national and international levels. DAM initiated the program recognizing the economical, familial and societal consequences of drug and keeping in mind the spirit of UN Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances in 1988.

Initially, people from educational institutions, clubs, and different volunteer organizations were invited through advertisement in Daily Ittefaq and Daily Inkilab. After that a massive response was gained and different institutions, organizations, and people came forward to participate in the anti-drug activities voluntarily. Through these activities, 402 Branch committees were formed in 54 districts and 150 sub-districts.

The initial objectives of the program were

- To create awareness among adolescents, youths and the guardians about the harmful effects of drug on the person and on the society at large.
- To identify the drug addicts and to arrange their treatment and rehabilitation to normal life.
- To minimize effect of drug among the drug addicts though counseling and guidance.
- To convene meetings of young addicts, current and recovering, to disseminate their perceptions about drug related problems for the benefit of youths.
- To advocate and bargain with the Government to formulate and implement a national drug policy and undertake measures to combat abuse of legal and illegal, hard and synthetic drugs.
- To organize a social movement and a social defense against drug abuse.

AMIC- Step by Step

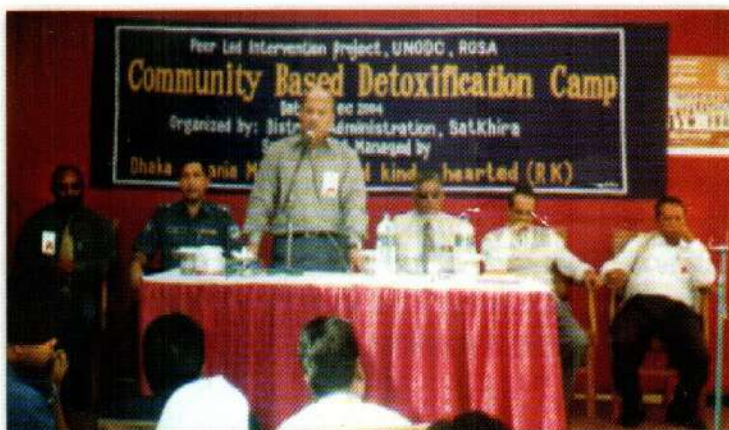
The first initiative was taken to develop the constitution of AMIC and to define its operational modalities and functions. Professor Dr. Mijanur Rahman (presently Chairman of Human Rights Commission) came forward and took the responsibility develop constitution of AMIC and also agreed to serve as an advisor. In the next step, a 21-member Central Committee was formed and based on the Committee's recommendation branches were opened and Branch Committees were formed all over Bangladesh. Massive tobacco control and anti drug movements were organized nationwide with the help of these Branch Committees.



In 1996 donors came forward to support the AMIC initiatives. Training and Information Support Services for Strengthening of Anti-Drug Network project started in 1996 with the support of Deutscher Caritasverband. Under this project AMIC conducted, Training Courses on Masters Trainers on Drug Demand Reduction – 360 persons, Peer Educator Training 120 persons, Peer Volunteer

Training 1350 persons, Workers Training 3580 persons, 1256 batches Orientation Course of School College Student, 92 batches Community Leader Orientation and developed and published 12 IEC/BCC materials including poster, sticker, leaflet etc. This project ended in 2002.

AMIC organized detoxification camps at community level through mobilizing the community with possible support from the members of the family of the drug dependents in a convenient place like community centre, club house, school & college premise etc. DAM organized 11 detoxification camps successfully in 5 different cities for the first time in Bangladesh in 1997 to 1998. The recovering drug users formed self-help groups to prevent relapse and are followed-up by the communities. This detoxification organized under Community Based



Treatment and Rehabilitation Support Services for Strengthening of Anti-Drug Network” supported by United Nation Drug Control Program (UNDCP). During organisation of camps, high officials from UNDCP (Now UNODC) & Department of Narcotics Control (DNC) officials from different government and non-governmental organizations, Journalists, Social and Political leaders visited the camps and encouraged both the clients and the organisers for organising such beneficial camps and provided useful comments and suggestions.

During 1996 & 1997 AMIC conducted a number of Training courses on “Community Based Drug Demand Reduction and HIV/AIDS Prevention in Bangladesh” in collaboration with Department of Narcotics Control (DNC), ESCAP-Bangkok and other relevant Local Organisations, like Paschim Jattrabari Krira Chakra, Pratibad, Young Dragon Club, Badhan, Asakti Punar bashan Kendra, Prasikkit, Rastrict Society, Janani, Terokhadia Pragati Sangha etc.



Under “Networking for reducing risk-taking behaviour related to Drug Abuse and HIV/AIDS amongst young people in South Asia” project funded by UNODC, ROSA aims to help vulnerable young people reduce consequences to substance use and prevent the spread of HIV/AIDS among such populations. Various activities implemented under this project at three districts (Jessore, Satkhira and

Jhenaidaha) in Bangladesh. These include: creating alliances and partnerships between all stakeholders (policy makers, policy implementers, service providers, service users, multilateral and bilateral donors) to provide an extra-ordinary response to drug use fuelled HIV/AIDS epidemic, organising training programs for NGOs, CBOs, peer educators, medical, law enforcement etc on drugs and HIV/AIDS prevention issues, conducted small research initiatives in behaviour change, which was baseline existing behaviour among vulnerable youth and use peer-led intervention mechanisms based on behaviour change communication and other skills to address risk reduction, Supported young people to serve as Peer Counsellors.



In 2004 AMIC established Drug treatment and rehabilitation center at Gazipur adjacent to the Bhawal National Park. Initially, this 50 bed treatment center started its operation in a two storied building constructed on a 1.5 acre land. Due to demand of clients the facility was expanded to four storied with 120 beds in 2009. Initially it was started with the financial assistance UNESCO Paris

under A Comprehensive Drug Awareness, Treatment and Rehabilitation Project.

To prevent HIV, STI and drug abuse, related health hazard and for the overall, good prison health UNODC-ROSA has taken a breakthrough initiative with the collaboration of Government and NGOs and H 71 project incepted in December 2005 in South Asia.

Bangladesh is associated with Prison Intervention from 2006 but here the pilot intervention started in 2008 through Dhaka Ahsania Mission. It was not easy to start the project's activities inside the prisons as there highly restricted and sensitive place. After many cumbersome obstacles, DAM finally made its entry into the prisons to begin its activities. DAM was the first organization that got this opportunity.



In 2005 AMIC expanded its services to address HIV/STI risk population affected through the means of drug, It initiated a project with support of Family Health International fhi360 with the support of USAID. The program covered wide range of IDUs in Dhaka and



Mymensingh by giving the several service e.g., drug treatment & rehabilitation, awareness raising, STI service, condom promotion, counseling, reintegration with family and society, advocacy, etc. In a process of expansion to the existing facilities the center in collaboration with Modhumita project gave vocational training to more than hundred clients in 2009. Similar training was given to clients in the year 2011 with the financial assistance of fhi360.

Like other SAARC countries, Bangladesh is also fighting against drugs and HIV. Though the prevalence is low but the risk of HIV /AIDS is high among the target group of the project, who were street-based female drug users. With the financial assistance of United Nation Office of Drug and Crime (UNODC), AMIC started the 1st phase of the program in



2004 and from 2007 the second phase of the intervention began and continued till October 2011. During the 1st phase of the project, the male drug abusers and sex partners of those drug abusers were mainly covered in a small scale; whereas in the 2nd phase the project was more focused towards female drug abusers and the female sex partner of male drug abuser. A drop-in centre was established in the 2nd phase, which was female centered to provide different services such as condom distribution, VCT, health education and support group.

Since 2006, AMIC has started to keep the treatment center smoke-free to bring forth the smoking urge among the clients. It is first of its kind in the country. It offers a large play ground, provides a hygienic living condition and healthy food to the clients.



From experience gained in running the Drug Treatment & Rehabilitation Centre it became apparent that vocational skill training is essential for rehabilitation of recovering drug users into society. On this point of view a project was developed and subsequently implemented named "Establishment of a Vocational Training Centre on the site of Dhaka Ahsania Mission's Drug Treatment and Rehabilitation Centre" supported by DAM, UK. Through this

project two additional floors onto the existing rehabilitation centre was constructed and to equip the new space with furniture and training materials ready for use by trainee in 2008.

In 2010 AMIC started its drug treatment and rehabilitation center in Jessore in a rented building to cover the south-eastern part of the country. A new building on DAM's own premises is near completion and the treatment center will be shifted to its new four storied building as soon as it is complete. Construction of this building is partly supported by DAM, UK.



AMIC started a Volunteer Counseling Testing (VCT) laboratory at the AMIC's Gazipur treatment and rehabilitation center in 2011 with the technical support of fhi360. Clients have been receiving VCT service from this lab.



Tobacco smuggling in Bangladesh is an untouched issue within the provisions of the Tobacco Control Law 2005 and the strengthening of tobacco control law and policies is necessary to fight against smuggling. To address illicit trade issue "To sensitize the concern department government on Illicit Trade and raise civil society



support for illicit trade protocol through advocacy and Media Campaign” project supported by Framework Convention Alliance (FCA) has focused on advocacy with governments on combating illicit trade activities at different levels. It aims to build the capacity of respective NGOs, media person on the issue of illicit tobacco trade. This project has ended in 2009. Moreover, AMIC conducted a

study on illicit trade of tobacco products in Bangladesh and Implemented many small project like - Advocacy with Bangladesh Inland Waterways Association for smoke-free public transport, Capacity Building Workshop on Tobacco Cessation with the support of World health Organization (WHO) from 2007 to 2011.

Different welfare activities are in progress through AMIC to encourage the ‘recoveries’ and support the family members. A recovery of the treatment facility has formed “Hope Club”, parents and family members have established a strong “Support Group”. Our specialty lies in the fact that we welcome recoveries from all over Bangladesh. These organizations are playing vital roles in creating awareness and after treatment care. Moreover, “Recovery Re-union”, “Get together” functions were observed in 2010, 2011 and 2012.

Smoking is prohibited at public places and public transports according to the tobacco control law in Bangladesh. But veracity is that most of the public places and transports which have articulated by the law still are not fully smoke free. As a result large number of peoples are effecting by second hand smoking. Thus to reduce second hand smoke and improve public health situation in Dhaka, AMIC has been implementing “A

Step Towards Smoke-free Dhaka City” project funded by Campaign for Tobacco Free Kids (CTFK) under Bloomberg Initiatives from November 2011. Various awareness raising, capacity building, sensitization and advocacy activities on tobacco control and second hand smoke are implementing under this project. DAM is emphasizing on smoke-free areas through institutionalization for the sustainability of tobacco control thus the project is closely working with both the City Corporations in Dhaka and Bangladesh Restaurant Owners Association (BROA) as well.



With the support of The Colombo Plan Drug Advisory Program (CPDAP), AMIC has established an Outreach and Drop-in-Center (ODIC) at Dhaka in 2012. Current substance users, recovering substance users and their family members are getting different services from this ODIC.

Addressing the underprivileged

Following the motto of Dhaka Ahsania Mission, AMIC always tries to serve the people. Particularly, it has an internal policy to support the poor and underprivileged people. As a result, of the total number of clients it treats around 30 percent gets at a subsidized rate. Under the Modhumita project the poor and vulnerable drug users get the services totally free of cost. In this project AMIC also contribute from his own fund.

Addressing the Children and Female drug users

AMIC also provided detoxification support and life skill training to 45 children with the support of Shishu Adhiker Forum. It also provided drug treatment and rehabilitation service to child and female drug users referred to center by collaborating partner organizations. AMIC plans to expand its services in different geographical location to cater to expanded number of children and female drug users.



Award Giving



Occasionally AMIC provides seed grants to the network members to strengthen their activities particularly when any fund is received from the donors. One yearly basis, the activities of the local organizations/network members are evaluated and awards given to provide encouragement for more effective work.

AMIC awarded the first prizes in contributing on drug treatment

Dhaka Ahsania Mission Awarded the first prizes in contributing on drug treatment by the Department of Narcotics Control (DNC). Honorable Minister Advocate Shahara Khatun, Ministry of Home Affairs, Peoples Republic of Bangladesh handed over the prize to Kazi Rafiqul Alam, President of Dhaka Ahsania Mission (DAM). Following the International Day Against Drug Abuse and Illicit Trafficking, 26th June 2012.



My Path Findings

My name is Shiraj. I am 22 years old and from Shegunbagicha, Dhaka. When I was 15, I used to see my friends taking drugs, and became influenced to do so. I started taking money from home, and eventually started stealing from my father's wallet, sold all my mother's ornaments and my gadgets to do drugs. I even took money from my sister. I felt compelled to do all this due to the craving of brown sugar (heroin). One time I even dodged to pay the fare to the cab driver. I had an uncle who was also an addict and he used to carry a lot of drug on him. He became my inspiration. I used to sneak out of the house in the middle of the night to collect substance. I used to black-mail my friends for drugs. My mother went into a shock due to the fights and shouting at home. She couldn't take it anymore. I even broke up with the girl I had relationship with as I did not have a definite future plan. She eventually got engaged.

During all these I didn't care about anything, but after coming to Addiction Management and Integrated Care (AMIC) I came to realize that I lost all the senses and self respect. Now I feel recovered and I have a new relationship in mind and came to realize that its love. I couldn't complete my O-level exam completely. I failed in Economics. While going to tuitions, I missed out sessions and used the money on drugs instead. I came to learn about this institution from a friend. After coming here I have flashbacks and have clearer view about what I have been doing or what I should do. Practically I am learning to maintain a proper daily routine starting from waking up early in the morning and saying my prayer.



At the Narcotics Anonymous meetings I find myself and can easily share my substance related experiences and issues. I get to share my problems as if I am confessing it to my mother. It is easy to diagnose my trouble areas and get help from the therapeutic group mates. Having a proper counseling and many other self development measures gave me the strength to look forward to a healthy future. Thanks to Addiction Management and Integrated Care (AMIC). I feel joyful in whatever I do. It helped me stabilize my mind and do things in a more constructive manner.

A Nationwide Community Based Approach for Drug Demand Reduction: Initiated by Dhaka Ahsania Mission

Dhaka Ahsania Mission (DAM) launched its "Ahsania Mission Madokatha Protirodh O Nionthron Karmosuchi" (Drug Prevention & Control Program-AMIK in Bengali) in 1990 with consideration of the country's ever growing addiction problem and international circumstances. Now this initiatives of DAM is called AMIC (Addiction Management and Integrated Care). AMIC has been selflessly working for volunteerism for social movement, and has proven itself to be successful in its pursuits. AMIC has evolved itself among the development field and has received its well deserved honor and recognition.

AMIC was active from the time when drugs were a fashion among the youth and its impact on the society became noticeable. The youth of this country surrendered themselves into drugs mainly due to depression. They wanted to feel liberated by taking drugs as if it would give them peace and tranquility. In those times, marijuana and different types of alcohol were mainly popular. In the mid 80s, the government declared a ban and managed to stop the use of marijuana and its trade. According to studies conducted on this matter, it was clear that the decision the government took was futile, as the youth in reaction turned themselves to heroine and substance abuse as a substitute.

The generation that ensued seemed to grow even more frustrated than its predecessor due to various social factors. There seemed to be no hope left. In these dire times of hopelessness Kazi Rafiqul Alam, current president of DAM, stepped into the scene to bring the light of hope, the spirit to fight against this cause and to spread positive vibes with campaigns, rallies and various awareness raising activities.

When Dhaka Ahsania Mission started AMIC, there was not sufficient initiative from the NGO community to address the drug abuse issues in Bangladesh.

With Mr. Rafiqul Alam's leadership, AMIC managed to hold its ground for 22 years and still standing. At the primary stages AMIC had to face its challenges. The knowledge and the capability or the experience needed to run such a different, new and challenging task was rare. There was no scope for learning the know-how to run this project. The next obvious challenge was funding. With no donor and fund, Mr. Rafiqul Alam began the journey as a challenge with inexperienced and new workers. It is unbelievable that AMIC started its campaign with only 10 thousand posters to create awareness on this serious issue. Being the visionary and promised person, Mr. Rafiqul Alam did not back away. As a result AMIC became a perfect example that with every good deed there is God's will.

In February 1990, through the advertisement published in the daily news paper Inquilab and Ittefak, several clubs and educational organizations including few NGOs responded

well. At that time Professor Dr. Mijanur Rahman (presently Chairman of Human Rights Commission) was given responsibility as advisor to formulate the constitution of AMIC. After the formulation of draft constitution the Central Committee was formed under the Chairmanship of a former Vice-President of the Country, Justice A.K.M. Nurul Islam. Membership of the committee includes National Professor, Barristers-at-Law, Educationists, Doctors, Former IGP and other Government Officials. The Central Committee has been active in establishing fruitful contacts with different national and international anti-drug organizations, apart from maintaining close liaison with the Department of Narcotics Control of the Government of Bangladesh.

The Central Committee, in their first meeting, approved to create branch committees all over Bangladesh and later the branch committees were formed.

Primarily, individuals from educational institutions, clubs, and different volunteer organizations were invited through media advertisement. This resulted in a massive response and different institutions, organizations, and individuals came forward to participate in the anti-drug activities. Under this project, 402 community based branch committees were formed in 54 districts and 150 sub-districts. AMIC had implemented different activities through these branch committees on tobacco, drugs and HIV prevention.

Some key successes of AMIC Program

- Pioneer in introducing drug demand reduction program in Bangladesh;
- Pioneer in introducing community based drug treatment program in Bangladesh;
- Pioneer in IEC/BCC materials development in related to tobacco, HIV and drug prevention;
- Mobilize young generation and parents against drug abuse;
- Mobilize students and teachers against drug abuse and could able to create drug free schools, colleges and university halls;
- Initiate and strengthen tobacco control movement in 1990;
- Initiate HIV/AIDS prevention program in 1996;
- Advocacy for enactment of comprehensive tobacco control law.

Khondker Zakiur Rahman
Former Coordinator
Dhaka Ahsania Mission

Drug Prevention Activities in Photograph



AMIC observing International Day Against Drug Abuse & Illicit Trafficking in 1991

Former Inspector General of Police and Chairman of AMIC Central Committee Dr. M. Enamul Haque addressing on the occasion of International Day Against Drug Abuse and Illicit Trafficking in 1994



Training on Community Based Drug Demand Reduction and STD/HIV/AIDS Prevention in Bangladesh. Organized by ESCAP, Dhaka. Conducted by Dhaka Ahsania Mission/UNIC



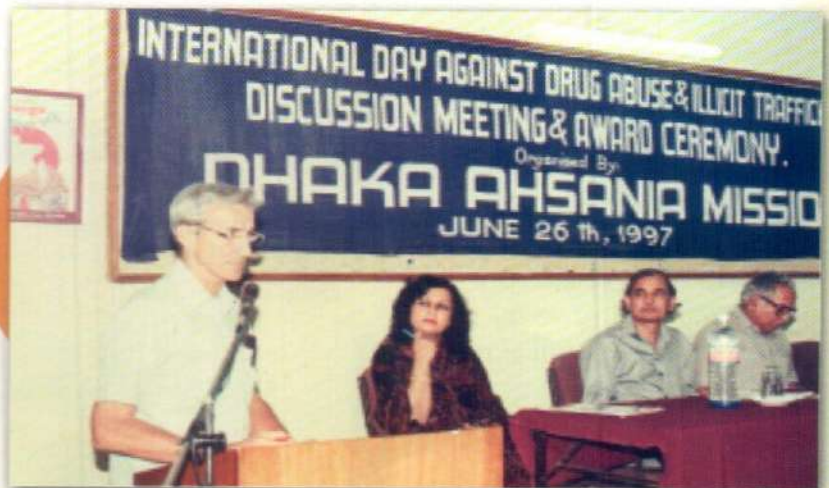
Training on Community Based Drug Demand Reduction and STD/HIV/AIDS Prevention in Bangladesh. Conducted by DAM and ACPF, supported by ESCAP Bangkok in 1996

Drug Prevention Activities in Photograph



Anti Drug Rally organized by AMIC Kaptai Branch at Kaptai in 1996

Founder and Executive Director of APON Brother Ronald Drahozal, CSC addressing on the occasion of International Day Against Drug Abuse and Illicit Trafficking and award giving ceremony in 1997



Anti Drug Rally organized by AMIC Pabna Shalgoria Branch at Pabna in 1997

Drug Prevention Activities in Photograph



Anti Drug Rally organized by AMIC Shylet Mojumdari Branch in 1998

Program Officer of AMIC Khondker Zakiur Rahman addressing at a discussion meeting on drug demand reduction in 1998, organized by AMIC Paschim Jattara Bari Branch



Master Trainers Training on Prevention and Control of Drug Abuse in 1999



Drug Prevention Activities in Photograph



Anti Drug Rally organized by AMIC Islamic University Branch at University Campus, Kushtia in 2001

State Minister of Health and Family Welfare Prof. Dr. M. Amanullah addressing on the occasion of International Day Against Drug Abuse and Illicit Trafficking and award giving ceremony in 2001



Health and Family Welfare Minister Dr. Khandaker Mosharraf Hossain addressing on the occasion of International Day Against Drug Abuse and Illicit Trafficking and award giving ceremony in 2002

Drug Prevention Activities in Photograph



Anti Tobacco and Drug prevention program at school in 2002



Anti Drug Cultural Program jointly organized by AMIC, APON and CARE, with the support of Department of Narcotics Control in 2004

Capacity Building Training on Substance Use Disorders in 2012



Ahsania Mission Drug Addiction Treatment and Rehabilitation Centers

Drug abuse is not a recent problem in Bangladesh. Lamentably, incidence of drug abuse and drug addiction has increased significantly in recent times. This agent of human devastation has spread its tentacles worldwide and is now in our country. The people around here are facing the problem primarily due to its geographical location, poverty and illiteracy. Although there is no precise figure of the dependant people, it is estimated to be around 5 million. Most of these are youths, dependant on some form of drugs. However, what is more alarming is that the trend is increasing among all sections of the population. Compared to the number of drug users the treatment and rehabilitation facilities in the country are extremely meager. In the public sector there are divisional detoxification centre with minimum beds and only one rehabilitation centre in the capital. In the private sector facilities available with desired standard are meager, inadequate to meet the demand of drug treatment services. Moreover, the private sector is too costly for the drug users of the middle class families and prohibitive for poor families. In the backdrop of the above scenario, Dhaka Ahsania Mission (DAM) has come forward with the assistance to the drug users, particularly the poor and extreme poor, for detection and necessary treatment through its treatment and rehabilitation centers. DAM established three treatment and rehabilitation centers for the drug dependants in 2004, 2005 and 2010 with increased facilities, services and coverage.

Experiences

DAM launched a program to prevent the menace of drugs in 1990 entitled AMIC (Ahsania Mission drug prevention and control programs). Starting with the primary prevention program and keeping the changing circumstances always in mind, DAM also extended its program to many other dimensions including treatment and rehabilitation of drug users. DAM has a vast experience in some specific areas which includes: community and in-house based detoxification, STIs management, voluntarily counseling and testing (VCT), abscess managements and various BCC materials development as well. The vast experiences and technical knowledge helped DAM to operate the treatment and rehabilitation program effectively.

Our Goal

Recovery and rehabilitation of drug users in their personal, social and familial lives and to reduce the risk behavior among the drug dependent clients by providing comprehensive treatment.

Our Objectives

The objectives of the treatment and rehabilitation centers are to provide:

- Need based appropriate and quality treatment service to the drug users
- Counseling both to the clients as well as to their family members to change their attitude towards each other

- Life skill training to reduce the risk behavioral pattern and to cope with the circumstances
- Vocational skill development training for economic rehabilitation of the recovering drug users, together with referral services for jobs
- Experience sharing, collaboration and research in various aspects of drugs and drug dependents
- Strengthen the referral mechanism and linkages with other agencies

Whereabouts

The Centre is located in an open and airy building in Gazipur on a big area of 1.5 Acre situated in a peaceful and natural location near the National Park and another one is located in the periphery of Jessore. They have all the necessary modern facilities for taking care of the drug dependents. The adequate staffs are always standing by for the needs of the clients. The place has facilities for both outdoor and indoor sports. It includes a prayer room, library, hall room, doctor's chamber and a lab room etc. The basic need for the client for both his mental and physical need is taken care of.

Treatment Approach

The treatment and rehabilitation for a certain client is a complicated matter to be taken care of drug treatment itself is a complex matter. Both centers use a combination of programs which include therapeutic community and 12-steps programs of narcotics anonymous with other behavior shaping tools. All clients go through the 14-days detoxification period and soon after completing this stage, they go through the long term treatment and rehabilitation program for a period of six months, where they are given psychosocial education, counseling, occupational therapy, recreation etc. following the basic tenets of therapeutic community

Pre Admission and Post Release Services

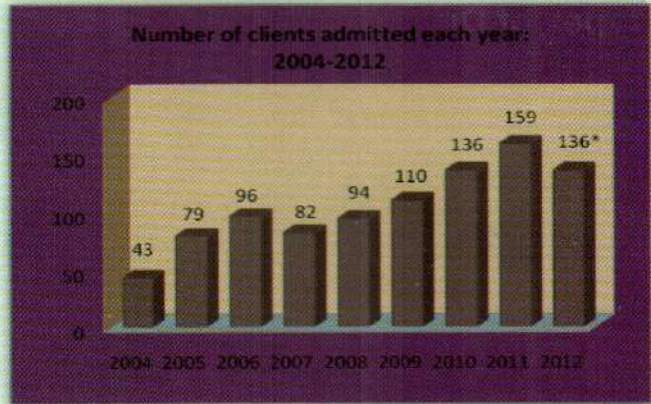
The less motivated drug abusers and those who are not ready for the regular treatment get services through our outreach drop in centre (ODIC) which is located at Lalmatia in the capital City, Dhaka. Family members of the drug users also get facilities like counseling, education on co-dependency and materials on Information Education and Communication etc. On the same manner who complete drug treatment and rehabilitation program (recovering) get the facilities form ODIC for their smooth, new and healthy life.

Admission Procedure

All male drug dependents irrespective of religion, caste and creed are eligible for admission in the center and families of the dependents must be motivated to get the services of the center for the full course of six months and a psychological assessment and pre-admission health checkup are done to decide eligibility for the services. If the clients are eligible for admission, a particular treatment plan is prepared on the basis of his need and he is provided with treatment accordingly.

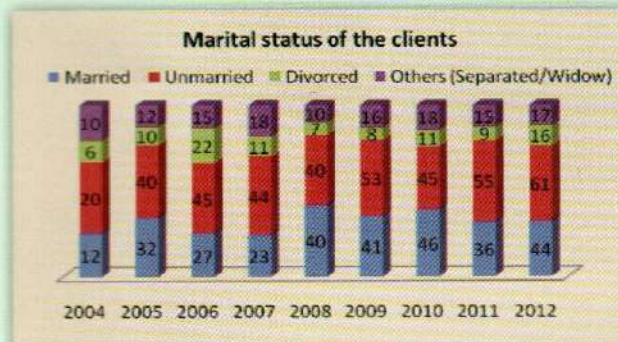
Trends in Admission: 2004-2012

The number of clients/patients has been consistently increasing each year since the launching of the Gazipur center in 2004, which is clearly reflected in the trend in the number of admissions from 2004 and 2012. From 43 clients in 2004, the number reached 159 in 2011 and will probably go even further in 2012. Thus, in 8 years between 2004 and 2011, the number of admission has gone up by 270%, clearly indicating that the center has been able to win confidence of the clients. The increase from 2009 has been particularly sharp.



* Since a few months of 2012 still remain, the number for the year do not represent the grand total of the year.

Marital Status of the clients



Unmarried clients constitute the majority of the admissions although there has been a slight increase over the years in the proportion of married clients in the total. However, the overall proportions of clients with different marital status remained more or less consistent, which does not allow any definitive conclusion about the trend with regard to this.

Detoxification

The detoxification service is mainly symptomatic management but we pay attention for the least pain possible. Analgesics for pain, anti-emetics for nausea and vomiting, infusion for dehydration, tranquilizers and sedative such as diazepam for aggressive clients. The detoxification is normally done within 2 weeks period. In case of high withdrawal and drug use history and frequency the required medicine is provided. DAM does not prefer or use cold turkey method, DAM's approach is scientific according to the patient's withdrawal.

Voluntary Counseling and Testing (VCT)

Usually drug users have different high risk behavior which may lead them to HIV. To maximize our service DAM has established VCT service for the clients which was the first initiative in the country regarding rehabilitation centre.

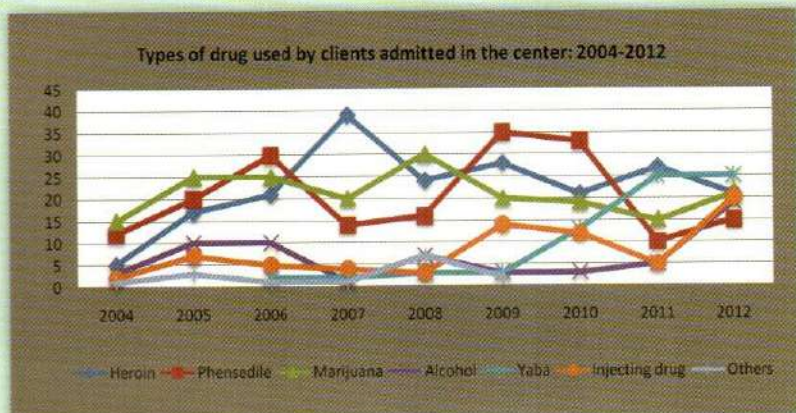
Counseling

It is a very important part in changing behavior and stability. Individual, group and family counseling is undertaken as supportive therapy for dependants undergoing withdrawal and also the treatment period. Residential clinical psychologists provide the counseling service with other peer based counselors. Psychological assessment and related information are stored with confidentiality for further need.

Types of Drug Use

It should not be expected that the proportions and trends in types of drug used by the clients of the center (prior to admission) represent the overall trends of types of drug used in the country. However, it can be useful in giving some hints in the realities in this regard. The different types of drugs mainly used by the clients who get admitted to the center show varying trends.

Overall, the use of marijuana and heroin has shown a declining trend since 2007-08 when the use of phensedile has been increasing sharply. That of course declined significantly since 2010. On the other hand, the use of injecting drug has been showing a consistently increasing trend, which is of particular concern as the injecting drug users are more vulnerable many other risk factors. Yaba has emerged after 2005 and of late has become very popular among drug uses as reflected in the sharply increasing trend since 2009.



Psychosocial Education

For the psychological well being and coping strategy different psychosocial education is provided to the clients who are also helpful for them for their social reintegration. Addiction psychology, relapse factors, sober life, values, self-esteem, anger management, HIV and STI effects of tobacco use etc. are taught.

Occupational Therapy

Our treatment and rehabilitation service is to give a new life to a substance abuser and that is why we pay attention to develop their physical and mental ability to work. Variety of in-house related work and the provision of occupational therapy regain their ability for work and also their responsibility.

Mediation and Relaxation

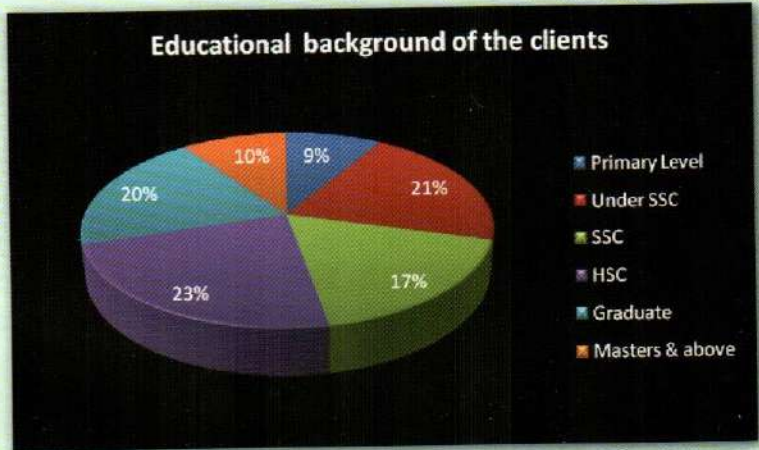
Mediation and relaxation help the clients to be free from stress and depression with the capacity to regain mental energy. It helps them to create coordination between physical and mental state. Every day the clients join the mediation session and weekly special session according to their needs.

Sports and Recreation

A standard and airy play ground is there where the clients enjoy different sports in favorable seasons. Other indoor games such as chess, carom, different board games are played during client's leisure time. Watching TV and selected movies are also enjoyed regularly. Reading books and news papers are also provided in the required times. Events take place on the special occasions (Eid, New Years, other national & International events).

Educational Level of the Drug Users

No definitive comment can be made on the basis of level of education of the drug users admitted to the center. Almost one quarter of the admitted clients have a higher secondary level of education. The proportions of those having a graduation, secondary level and under secondary levels of education are also significant. Interestingly, the two extreme groups in terms of educational status (those having at least masters and those having only primary education) are the smallest ones in terms of proportion.



After Care and Follow Up

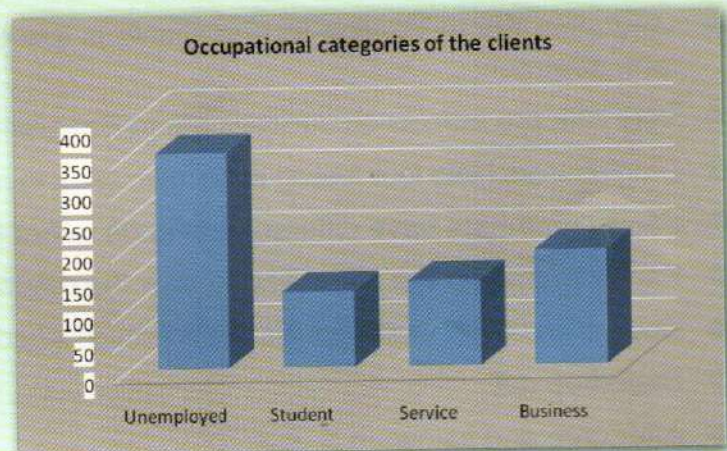
For relapse prevention there is a follow up program for the clients who receives 6 month long treatment course. While in the program the clients get the privilege to visit their homes once in a week. The follow-up clients are kept in specialized room like half way house. After there done with the course they are encouraged to visit the centre whenever they face personal problems related to addiction disease.

Self-Help Sharing Meeting

Narcotics Anonymous or NA meetings are held regularly in the centre where the clients both in house and recoveries share their emotion, feeling and ideas. Self help group meetings help them to have good bonding among them and empower them to prevent relapse. Sometimes Narcotics Anonymous official members conduct session regarding self help group concept and we always welcome them to exchange their views.

Occupation of the Drug Users

As expected, unemployed clients represent the major occupational category among the admitted clients – they constitute about 44 percent of the total clients. Among the other categories businessmen are followed closely by service holders and then students, each of which lag far behind the unemployed as a group.





Get Together and Recognition

Every year a get together is arranged where family members, drug treatment professionals, recoveries and in house patients meet themselves in a day long program where they get to enjoy themselves. Recoveries are honored with gifts and crests for their multiple years of drugs free life. Through this get together program the recoveries are encouraged and the in-house clients are motivated.

Referral Service

For the comprehensive service the centre is always ready to refer for TB, HIV positive, severe psychiatric clients to the renowned professional and organization who provide services to resolve their problems. Early recoveries are referred to the vocational trainings and job placement as per client's circumstance.

Family Education and Program

This program has another dimension within families to bring changes in family environment and behavior. Usually the guardians start to visit their relatives or siblings after one month period. Family meeting and education session is maintained for the family members which helps them to develop internal relationship. During this time families are provide information on drug use, co-dependency and given an opportunity to share among each other as a family unit or within the larger group of clients and families. Counselor arranges individual, couple and family counseling as per need.

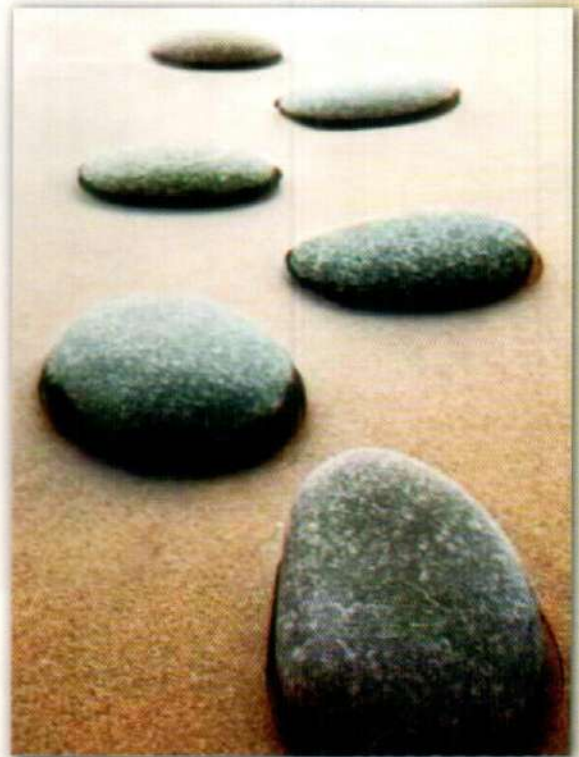
Challenges We Face

According to the circumstances most family member are not aware of drug treatment and rehabilitation and they seek short term treatment. Social denial still exists in Bangladesh and society has negative attitude to the substance users. Limitations exist to find drug treatment personnel with sound knowledge and skills. Other challenges are summed up below-

- According to the socio-economical context of Bangladesh the drug treatment law 2005 is not appropriate to run drug treatment center.
- Very often the motivation for the clients is low or they are mostly not ready for long term treatment
- Very little pre admission services are in Bangladesh
- Drug abusers have fear feeling to get admission in a treatment and rehabilitation centre
- Family members have different demands rather than cooperation
- Family members are not willing to take the responsibility for the follow up program
- Doctors and other professionals are not much interested to build their career in this field
- Staff drop out
- After care and follow up is less

A Doctor's Portrait

I am Maruf, a 42 year old government physician. I have a 5 year long drug history. I was very good student from my childhood. My father was a government official and served the postal department. I never failed to secure the first position in school education and stood fourth in S.S.C combined merit list. In 2007 I joined as an anesthetist in a government medical college hospital. I got married to a Gynecologist in 2005 after a long term affair. My father died in a cardiac arrest when I just started earning. My frustration grew as my three sisters were still unmarried. I arranged their marriages and educated them till graduation. My income was pretty good. During the time period, I educated my brother and made him a dentist. I was posted in Mymensingh as an anesthetist and my wife was a fellow to Bangabandhu Medical University doing research and staying in Dhaka. Since we are living apart a notable communication gap emerged between two of us. One day I took anesthetic drug out of curiosity at work and it seemed charming and all the sadness was gone. Conjugal fights became serious and I started taking more morphine injection. In 2008 I got detected as I couldn't even stand properly on my feet out of usage. After coming to the treatment centre, the first month was terrible for me but in the second month things were getting better and I was given house responsibilities. Addiction Management and Integrated care (AMIC) facilities made me regret the mistake I have made. Now I believe I can return to the reality. I do believe that I can restart my life and take responsibilities of my own child. The centre gave me mental and physical support, a routine for living, and showed me the way of rehabilitation. I also had a family counseling, motivational activities, and a behavior development.



The slogan I used here and wished to use in future is 'live and let live'. It inspired me to give values to my own life and others as well with same priority. Even in my professional life, I never felt this responsible in the past. Thanks to Addiction Management and Integrated Care (AMIC).

Drug Treatment & Rehabilitation in Photograph



Psychosocial Education session in AMIC Drug Treatment Center

Human Chain in front of Press club on demanding amendmend of Drug Treatment Law in 2011



Get-Together for Recovery Clients in 2010

Drug Treatment & Rehabilitation in Photograph



Counseling session for the clients in Drug Treatment Center

Health service provided by Medical consultant in Drug Treatment Center



Recreational activities in Drug Treatment Center



Tobacco Control Program of AMIC

The founder of Dhaka Ahsania Mission, Khan Bahadur Ahsanulla, served the department of education of the then British India and held a very important and high position. He was a prolific writer and author. It can be mentioned that, in one of the teacher's manuals the founder mentioned "Teacher will give two lessons on injurious effects of smoking in every class (1935)". Based on the philosophy and idea to fight against tobacco, Dhaka Ahsania Mission has been advocating the same till today.

It is substantially true that in Bangladesh, a vast number of adult males and females consume tobacco in some form or other. Poor and low-income smokers are not fully aware of the dangers of smoking and tobacco use. Alluring publicity, aggressive advertisement and pictorial representation of success from smoking attract the illiterate and the youth to

consume tobacco. In this way the number of smokers is increasing day by day. This resulted in an increase in tobacco related illness and health hazards among the general people. Bearing in mind the above circumstances, DAM Launched its anti-tobacco programme in the decade of 90's and it is continuing till date.

The program is designed to involve the entire community with voluntary involvement of youths, students, teachers and other conscious citizens. DAM has a network of Branch Committees at the local levels and a Central Committee at the apex. The

Central Committee formulates policies, advocates, and maintains close liaison with the relevant Department of the Government and different international anti-tobacco organizations. Dhaka Ahsania Mission's approach in tobacco control is to make the general people aware of the harmful effects of tobacco on the persons themselves and their families and to prepare a group of motivators to motivate the people to refrain from using tobacco.

Tobacco Burden in Bangladesh

- 57,000 death per year
- 382,000 disabilities in a year
- 41.3 million people tobacco use (Smoke & Smokeless)
- 42 million people forced (passive) smokers
- Health cost more than double the revenue
- 30% of the total deforestation attributed to tobacco



Significant tobacco control activities

Networking

From the very beginning, AMIC has been emphasizing on awareness raising, sensitization and community mobilization for tobacco control. So far a total of 402 network committees throughout the country were established and entrusted to highlight the dangers of tobacco and drug use since 1990. The committees comprise of youth groups, clubs and also involve local NGOs. DAM provides training, technical support and some financial grants to assist the spread of anti-tobacco and anti-drug messages. DAM and branch committees organized mass public awareness campaigns through seminars, rallies, symposiums, debates, street drama and essay competitions, emphasizing the harmful effects of tobacco.



Awareness and Sensitization

DAM has been working for raising awareness among communities and to increase responsiveness of community leaders and civil society, from the inception of its tobacco control program. Various innovative awareness raising and sensitization programs have been implemented so far.

Month-long Campaign

DAM implemented two month-long programs against the use of tobacco and the abuse of drugs through the central and branch committees. In Dhaka, the central committee organized seminars, discussion meetings, round table meetings, rallies, award giving ceremonies and developed posters, stickers and leaflets. It also assisted the government agencies in organizing other programs and advocated for a comprehensive tobacco control law to be established. The AMIC network was spread throughout the country through the branch committees and discussion



meetings, rallies, school programmes, folk songs and art competitions were organized to raise awareness on the consequences of tobacco use.

School Programs

To create awareness about the dangers of tobacco among the students, discussions and meetings were organized in around 200 schools. Furthermore, the schools where the programs were undertaken were declared as No Smoking Zones and signboards were displayed for the occasion. Around 50,000 students were involved in the activities.



Drama, folk song & musical concert: Several dramas were staged by the Ganokendras (Community Learning Centers) in some districts. They emphasized on the adverse effects of tobacco use in a very convincing manner and affected the audience tremendously. In some districts, a special type of folk song known as Jari Gan was organized by the Ganokendra of DAM.

Through Jari Gan, the artists publicized various aspects and adverse affects of tobacco use and it drew the attention of the common people. AMIC is organizing concerts at different historical places in Dhaka, aimed towards awareness rising about the hazards of secondary smoking among the city dwellers.



Bus branding with smoke free message

DAM has conducted print advertising campaigns, by branding buses with smoke free messages for creating mass awareness about injurious effects

of smoking and keeping public places and public transport smoke free. This program is a first of its kind in Bangladesh.

Human Chain

To create awareness on tobacco, and to demonstrate a peaceful procession for enacting tobacco control law, AMIC has organized several human chains, forming in different places of the country at different times. On 9th June 2001, a Human Chain was formed in front of the National Press Club demanding a full-fledged law against tobacco. Members of senior management of Dhaka Ahsania Mission along with the



officers and employees, members of the central committee of AMIC comprising of university teachers, doctors, lawyers and other members of the civil society, elites of the city, the leaders of the community and students participated in this human chain. On 2nd June 2012 a human chain also was formed at Bijoy Sharani, near Prime Minister's office, demanding 100% smoke free public places & public transport and amendment of tobacco control law 2005. The honorable Parliament Member Mr. Asaduzzaman Khan (Kamal) attended the procession.

Observance of World No Tobacco Day

Every year on 31st May, DAM takes various activities on the occasion of World No Tobacco Day with government as well as other tobacco control organizations. Programs include rallies, press conferences, discussions and meetings at a national and district level, aimed towards raising awareness regarding the harm of tobacco usage.

Initiatives for Smoke free Environment

Dhaka Ahsania Mission started its tobacco control activities starting from its own premises and hence DAM announced all its premises as a non-smoking zone. All institutions (college,



university, hospitals, vocational institutes, primary and higher secondary schools and teachers training colleges) of DAM are tobacco free and volunteers are dedicated to continue its tobacco free status. "Create a Smoke Free Area" was a campaign run by DAM and was successful in declaring 758 institutes as smoke free zones through voluntary participation.

Despite being prohibited by the tobacco control law, smoking on water vessels continues to occur

due to the lack of awareness of officials and passengers as well as lack of enforcement of the law. Water vessels are often overcrowded and many women and children on board are subjected to secondary smoking. In collaboration with WHO, DAM initiated a "Smoke Free Public Transport" campaign in 2007 which aimed to sensitize the Bangladesh Inland Waterways Transport Corporation (BIWTC) officials and vessel owners about the law. The vessels were also provided with large no-smoking labels to ensure passengers are aware of the law.

AMIC-Dhaka Ahsania Mission is now emphasizing on creating smoke free areas through institutionalization of the tobacco control law for the sustainability of tobacco control program. In 2012 Bangladesh Restaurant Owners Association (BROA) has developed

Stamp Release and Declaration of Post Office Premises as No Smoking Zones

In 2001, the Department of Posts and Telegraphs of the Government of Bangladesh released a commemorative stamp and a first day cover coinciding with World No Tobacco Day. The stamp was released after due consideration of a proposal forwarded by DAM. The Hon'ble State Minister for Posts and Telegraphs released the stamps in the meeting organized on the occasion of the release of the Stamp and the Hon'ble Minister ordered the concerned authorities to issue appropriate directives declaring all post office premises as No Smoking Zones.. The Secretary, Ministry of Posts and Telegraph, highly appreciated the efforts of the AMIC programme of Dhaka Ahsania Mission in pursuing the Govt. in releasing the Commemorative Stamp.

smoke free guideline for restaurant with the technical support of AMIC. Subsequently BROA has Launched the guideline and declared restaurants smoke-free countrywide. Besides AMIC is working with Dhaka South and North City Corporations to ensure smoke free public places and transports. In August 2012 a Memorandum of Understanding (MOU) was signed between Dhaka North City Corporation (DNCC) & Dhaka Ahsania Mission (DAM) for tobacco control to decrease the harm of secondary smoking. In the signing ceremony, the Administrator of DNCC has declared Dhaka North City Corporation (north) Office smoke free.

National and International level advocacy

DAM has been playing a very significant role in result based advocacy and lobbying with policy makers and influential stakeholders, as a member of the Framework Convention Alliance (FCA), to incite tobacco control law and to control the



use of tobacco. As a result, the government of Bangladesh enacted the tobacco control law in 2005.

Dhaka Ahsania Mission believes that a combined effort can bring about the desired result for tobacco control programs in Bangladesh. DAM has been maintaining close liaison with relevant pressure groups such as policy makers, politicians, development organizations and

institutions, to implement the activities for combating illicit trade of tobacco.

DAM organized several press conferences and media briefing in association with Corporate Accountability International and Network for Accountability of Tobacco Transnational (NATT) for the interference of the tobacco companies in the control of tobacco usage. DAM also distributed a document titled, Protecting against Tobacco Industry Interference: The 2008 Global Tobacco Treaty Action Guide, developed by NATT.



In the last couple of years, DAM along with other organizations has been moving forward with many advocacy initiatives for the amendment of the tobacco control law 2005. For this a series of advocacy meetings has been conducted with different Ministers, MPs and other influential persons and eventually the cabinet approved the tobacco control law amendment in 2012.

Development of IEC/BCC materials

Once there was a significant shortage of appropriate IEC and BCC materials on tobacco control program in Bangladesh. To fill up the gap DAM has developed and distributed numerous IEC/BCC and other materials related on tobacco control. To strengthen the tobacco control movement, DAM develops and distributes two types of calendars, two types of posters, seven types of stickers, four types of leaflets and a booklet all over the country. In addition, a monthly wall magazine and quarterly news bulletins are also published as information dissemination and awareness creation materials. Moreover, materials development by other organizations are also collected and distributed among respective stakeholders.



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Capacity Development

Capacity building initiative is one of the major areas of interest of the tobacco control program of DAM. DAM received training from WHO tobacco cessation counseling and after that DAM organized two batches of tobacco cessation trainings in Dhaka with the collaboration and support of WHO. The trainings followed a participatory approach and the sessions were conducive to stimulate the participants to think, draw on their experiences, and assimilate new information. AMIC also conducted NGO watchdogs training to prevent



violation of tobacco control law. Seventy watchdogs from sixty four districts were formed to monitor the implementation status of tobacco control law.

Over the last two decades DAM has received numerous national and international trainings on leadership, advocacy, and management for capacity building of its staff for the succession of the tobacco control movement in Bangladesh. Recently DAM has initiated capacity building orientation workshop with officials of all zonal offices as well as main offices of Dhaka North and Dhaka South City Corporation on tobacco control and secondary smoking.



Recognition of AMIC's tobacco control program

Dhaka Ahsania Mission was awarded by the Bangladesh Anti Tobacco Alliance (BATA) in 2001 for its outstanding contribution to tobacco control programs in both national and international levels.

Conclusion

Bangladesh is one of the highest tobacco consuming countries in the world. Almost half of the total population of this country is affected by tobacco either directly or indirectly. Although the 'Smoking and Tobacco Products Usage (Control) Act 2005' declared all public places and public transports smoke-free, the actual enforcement of the law is very slack. Hence, the general people continue to be affected by tobacco through secondary smoking. To overcome this problem, strict enforcement of a sustainable and comprehensive tobacco control program is essential. Dhaka Ahsania Mission has taken the initiative to enforce tobacco control policies within its own premises and has made all its institutions smoke-free. DAM then focused on institutionalization of smoke free policies for all institutions, and has been continually advocating and lobbying with the government for the amendment of the current tobacco control law.

Tobacco Control Activities in Photograph



Anti Tobacco Rally organized by AMIC in 1990



AMIC Observing Founding Anniversary and World No Tobacco Day in 1992



Former Vice President of the Country and Chairman of AMIC Central Committee Justice Nurul Islam addressing on the occasion of World Tobacco Free Day in 1994

Tobacco Control Activities in Photograph



Anti Tobacco Rally organized by AMIC Kaptai Branch in 1996

Local Government Representative addressing on the occasion of World No Tobacco Day in 1998



State Minister of Foreign Affairs Abul Hossain addressing on the occasion of World No Tobacco Day in 1999

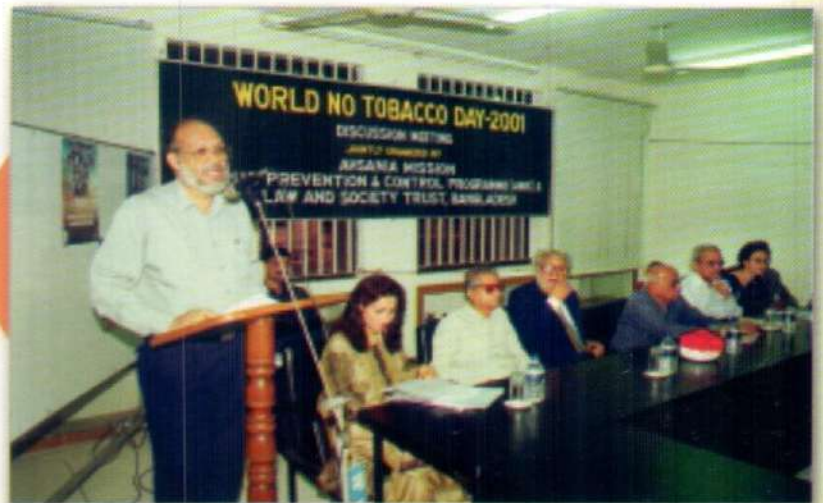


Tobacco Control Activities in Photograph



President of Dhaka Ahsania Mission Kazi Rafiqul Alam addressing on the occasion of World No Tobacco Day in 2000

President of Dhaka Ahsania Mission Kazi Rafiqul Alam addressing on the occasion of World No Tobacco Day in 2001. Jointly Organized by LSTB and AMIC



President of Dhaka Ahsania Mission Kazi Rafiqul Alam addressing at the Media Briefing on the occasion of declaration of month long anti tobacco and drug program in 2001



Tobacco Control Activities in Photograph

AMIC demanding comprehensive tobacco control law in Bangladesh in 2002



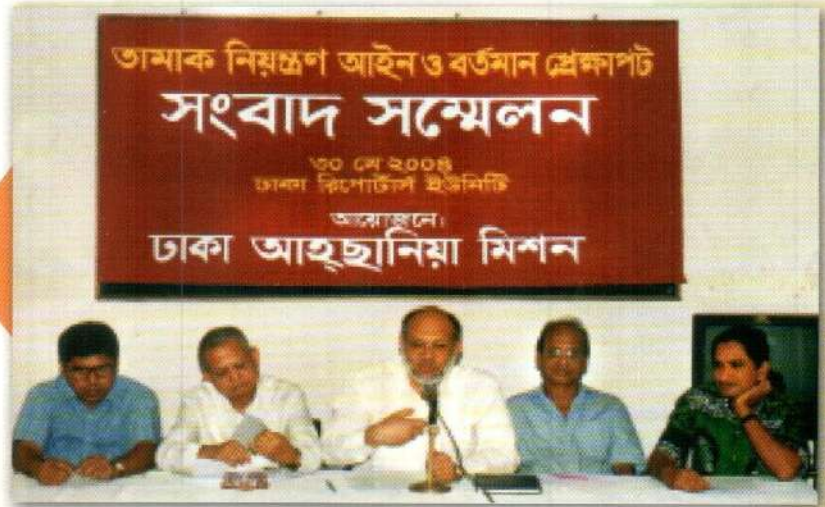
AMIC representative handing over 'No Smoking Signage' to UP Chairman (Local Government) after discussion meeting in 2003



AMIC organized Human Chain demanding on Endorse and Implement the FCTC in 2004

Tobacco Control Activities in Photograph

President of Dhaka Ahsania Mission Kazi Rafiqul Alam addressing at the Press Conference on Tobacco Control law and present situation in 2004



Prof. Muzaffer Ahmed addressing at the seminar on tobacco taxation in 2005, jointly organized by DAM and WBB Trust

Health and Family Welfare Secretary Altaf Hossain addressing at the Seminar on Tobacco Control Law & Our Role organized by AMIC in 2009



Tobacco Control Activities in Photograph

Assistant Director of Dhaka Ahsania Mission Iqbal Masud handing over pictorial warning related draft law to the Health and Family Welfare Minister Prof. Dr. A.F.M. Ruhul Haque in 2009



Workshop with Media on Inclusion of Pictorial Warning in Tobacco Control Law in 2009

President of Dhaka Ahsania Mission Kazi Rafiqul Alam addressing at the Press Conference on Reaction on National Budget and Tobacco Taxation in 2010



Tobacco Control Activities in Photograph

President of Dhaka Ahsania Mission Kazi Rafiqul alam addressing at the Press Conference on FCTC and Tobacco Control Law in Bangladesh in 2011



Health and Family Welfare Minister Prof. Dr. A. F. M Ruhul Haque addressing at the report Dissemination Seminar in 2011, Jointly Organized By AMIC and Health and Family Welfare Ministry with the support of WHO

Anti Tobacco Cultural Program on the occasion of World No Tobacco Day in 2012





জীবন বীমা শিল্পে পপুলার লাইফের ব্যবস্থাপনা পরিচালক জনাব বি.এম ইউসুফ আলী
বর্ষসেরা ব্যবস্থাপনা পরিচালক "অর্ধকর্তৃত্ব বিজনেস অ্যাওয়ার্ড-২০১০" প্রাপ্তিতে

আমাদের প্রাণচালা অতিবন্ধন ও শুভেচ্ছা



গত ২৭ ফেব্রুয়ারি ২০১১ তারিখে রাজধানীর গ্রেটব্রিড হোটেলে বিজনেস ম্যাগাজিন অর্ধকর্তৃত্ব কর্তৃক আয়োজিত "দ্রব্যমূল্য নিয়ন্ত্রণে সরকার ও ব্যবসায়ীদের করণীয়" শীর্ষক আলোচনা সভা অনুষ্ঠিত হয় এবং একই সাথে বিজনেস পারফরমেন্স এবং জনা বিভিন্ন কাটগরিতে "অর্ধকর্তৃত্ব বিজনেস অ্যাওয়ার্ড-২০১০" প্রদান করা হয়। উক্ত অনুষ্ঠানে প্রধান অতিথি ছিলেন মাননীয় বণিজ্য মন্ত্রী শে. কবীরুল হক (অব.) ফারুক খান এম.পি। বিশেষ অতিথি ছিলেন এক্সিকিউটিভসিইও সত্যজিৎ এ.কে. আজাদ। অর্ধকর্তৃত্ব ম্যাগাজিনের সম্পাদক ও দৈনিক বুলাকতের চিক হিলেটের সফিসুল ইসলাম বহনের সভাপতিত্বে আলোচনায় অংশ গ্রহণ করেন মিলিটারি চেয়ারম্যান প্রিন্সেডিয়ার জেনারেল সরওয়ার আহমেদ আমুলকার, ব্যবসায়ী লোকবৃন্দের মধ্যে কাওরী ফারুক, হাজী মোঃ গোলাম মাবিনা, আনোয়ার হাবিব, কামালউদ্দীন আহমেদ এবং অধ্যাপক ড. নেলিম হারুন ও অর্ধকর্তৃত্বের ব্যবস্থাপনা সম্পাদক এনাচুল হক এনাম। অনুষ্ঠানে জীবন বীমা শিল্পে পপুলার লাইফের ব্যবস্থাপনা পরিচালক জনাব বি. এম ইউসুফ আলীকে বর্ষসেরা ব্যবস্থাপনা পরিচালক "অর্ধকর্তৃত্ব বিজনেস অ্যাওয়ার্ড-২০১০" প্রদান করা হয়। অধিক্তে মাননীয় বণিজ্য মন্ত্রীর নিকট থেকে বি.এম ইউসুফ আলীকে "অ্যাওয়ার্ড" গ্রহণ করতে দেখা যায়।

জীবন বীমার বিশ্বস্ত নাম
পপুলার লাইফ ইনস্যুরেন্স কোম্পানী লিমিটেড



AMIC's CONTRIBUTION IN HIV/AIDS PREVENTION

The first case of HIV was reported in Bangladesh in 1989. During that time a total of 2533 case of HIV/AIDS have been detected (Ref: NASP update, 1st December, 2011). Though the overall HIV prevalence in Bangladesh is below 1%, but it is still alarming that concentrated epidemic among IDU(s) is 5.3%, and all the risk factors for HIV infection e.g. Syringe/Needle sharing, unprotected sex, STIs among Most at Risk Populations (MARPs) still exist.

Keeping in mind the challenge of preventing HIV/AIDS among the high population density countries, and the rapid increase of HIV prevalence in surrounding countries as well south east Asia, Dhaka Ahsania Mission started its HIV prevention program in early 1990s with its strong wing of Addiction Management integrated Care (AMIC). From the very beginning AMIC has taken up different types of programs including awareness and capacity building program, interventions, research & advocacy to prevent HIV/AIDS with the support of a number of development partners, for the people of this country and especially targeted at the risk population.

Mass Awareness Program

DAM has been involved in the Health Sector since 1988 and has been working intensively in the anti-drug activities with its anti-drug network from 1990. Awareness raising campaign for prevention of HIV/AIDS goes along with anti-drug messages as an integrated package. The program is supported by ESCAP-Bangkok. On one hand the network of local level initiatives (known as AMIK) works through a system of committees composed of teachers and students and on the other hand work the guardians, youths and local level organizations. Until now a total of 402 community based committee were formed throughout 150 upazilla of 54 districts. AMIC initiated various activities in support of its intervention areas:



AMIC initiated various activities in support of its intervention areas:

Training Courses



The branch committees are entrusted to create awareness among the members of the society, the parents and youths including students to create a movement against HIV/AIDS. To carry out these tasks the local level Branch Committee members were trained on different aspects of the HIV/AIDS & drug problems. Since 1996-97 DAM conducted a number of training courses on Community

Based Drug Demand Reduction and HIV/AIDS Prevention in Bangladesh in collaboration with Department of Narcotics Control (DNC), ESCAP-Bangkok and other relevant Local Organizations.

Materials Development

A number of information and awareness building materials such as, booklets, posters, leaflets were developed under the preventive programme, and were supplied throughout the country by the local level committees. DAM has a particular advantage in material development as it has a full-fledged Training & Materials Development Division, which has proven expertise in developing and publishing HIV/AIDS awareness materials. Each of the 402 Branch Committees work for creating awareness among the masses about various aspects of HIV/AIDS.



Survey

Dhaka Ahsania Mission conducted a survey to identify and review the successful non-formal education programs focusing on building awareness and preparation for actions on HIV/AIDS. In the survey it was found that in the non-formal education sector, especially for youths, the issue of HIV/AIDS is not adequately addressed. As the impact of this survey HIV and AIDS issue are incorporated in Non-Formal Education Curriculum.

Prevention of Transmission of HIV among Drug Users in SAARC Countries

Like other SAARC countries, Bangladesh is also fighting against drugs and HIV. Though the prevalence is low but the risk of HIV/AIDS is high among the target group of the project, who were street-based female drug users. With the financial assistance of United Nation Office of Drug and Crime (UNODC), AMIC started the 1st phase of the program in 2004 and from 2007 the second phase of the intervention began and continued till October 2011. During the 1st phase of the project, the male drug users and sex partners of those drug users were mainly covered in a small scale; whereas in the 2nd phase the project was more focused towards female drug users and the female sex partner of male drug user. A drop-in centre was established in the 2nd phase, which was female centered to provide different services such as condom distribution, VCT, health education and support group.

Progress of the project and its activities:

Conduct of RSRA: DAM conducted two RSRA. The first RSRA was conducted at the beginning of the 2nd phase and the other in 2010. DAM started its first RSRA in December 2007 and completed on mid February, 2008. DAM also completed midline RSRA on April

2010, which helped to compare all findings with the previous baseline. A large number of respondents, totaling 277, were interviewed on a one to one basis with FDUs 60, One to one with regular sex partner of male drug users 201, Observation 4 and KII 16.

Formation of DIC Committee: DIC Advisory committee, comprising 14 members, was formulated for creating an environment for supporting the project activities. The committee included the local elites, businessman, journalist and DNC representative and other members.

Formation of Support Group: Three different groups, aimed at self help, sharing and support, were formulated with female DUs, male DUs and sex partners of male DUs. At the end of the project, the total number of established support groups was nine.

Peer Volunteers Training: In total 42 training sessions were organized with peer groups. The average attendants in the sessions were 8-10.

Community Sensitization Meeting: Seventeen sensitization meetings were organized during the project period. The objectives of the meetings were to sensitize the community people about HIV/AIDS, selecting the participants from students, community leader, housewife, forest guard, shopkeeper, and the general populations.

Referral: During the project period, 33 Female Drug Users (FDU), 125 Regular Sex Partner (RSP) and 13 Male Drug Users (MDU) tested HIV. 29 FDU, 39 MDU and 11 street children were referred for long term drug treatment and rehabilitation centre.

Clinical Services: A total of 434 beneficiaries received clinical service from this project. Among whom 414 were general health treatment and 162 clients were STI.

Satellite Clinic: For the actual need of the clients, the project arranged 15 satellite clinics in ten areas. 100 RSP and FDU received STI and general health services. It provided primary health care treatment and counseling as well.

Condom demonstration distribution: 164 condom demonstration sessions were conducted with RSP and FDUs in the DIC and also in the field level. A total of 42872 condoms were distributed.

Vocational Training/ Income generating program: For the wellbeing of the clients and to equip them with skills to associate with the mainstream, arrangement has been made for providing the clients with Vocational Training, as per clients' willingness, to engage them in income generating activities. Total 60 clients referred for this service.

Other activities: Some additional activities were undertaken as they played a role as catalyst to strengthen the regular activities. Nonformal education to the clients, distribution of warm cloths during winter, street based childrens drug treatment by referral was significant achievements.

HIV/STI Prevention Project for IDU(s)

Since 2005, various services such as- STI Service, VCT service, TB service, S/N exchange, drug detoxification and rehabilitation, education, family planning service, day care service, outreach service, counseling service to marginalized IDUs and their



partners are being provided by the “HIV/STI Prevention Project for IDU(s)” project, with the objective of preventing spread of HIV and STI, especially among marginalized male IDUs. This has been done with the technical and financial support of fhi360/USAID continuation of IMPACT, BAP-2 and now known as “Modhumita” (Brand name of the project) in Dhaka, Mymensingh & Gazipur.

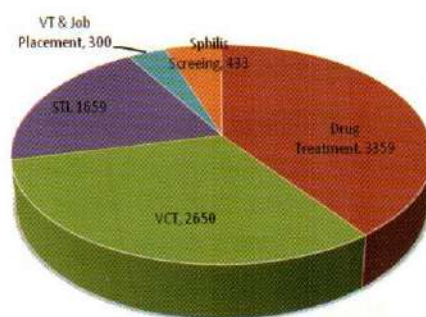
Major Services of the Project

<ul style="list-style-type: none"> ● VCT Service ● STI Service ● Condom Promotion ● One to one & Group Education ● Drug Treatment & Rehabilitation ● Advocacy & Awareness ● Abscess Management ● Syringe/Needle Exchange ● TB Service ● Counseling 	<ul style="list-style-type: none"> ● Psychosocial Education ● Family Counseling ● Family Planning Counseling and Referral Service ● Family Support Group Meeting ● Self-help Group Meeting ● Vocational Training & Job Placement ● Case Management ● Flying Squad & Crisis Management ● Day-Care Service ● Referral Service
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Progress of Some Indicators

Under this project AMIC delivered around 2650 VCT service to the IDUs following the international standard VCT protocol. The VCT service was given by a team with trained counselors and lab technologist. Numbers of HIV-positive clients are linked with support groups for their further needs who are identified by VCT.

Through the project around 1650 clients received the STI service and 433 clients were screened with syphilis through the laboratory run by Modhumita Project. From the inception of the project around 3350 clients received drug treatment & rehabilitation service, from them around 300 clients received vocational training and job placement. It is also reported that significant number of IDUs, once who was street based IDUs, is now leading their normal life and have been mainstreamed in the society with the support of social and family reintegration, vocational training and job placement, under the support of Modhumita project. Through the project around 1,00000 condoms have been distributed and demonstrated and also 734 client received TB service. It is also encouraging that each day around 40 current IDUs are receiving Day-Care service from this project.



Collaboration and Coordination

Through the project AMIC, Dhaka Ahsania Mission established a strong collaboration with some other renowned organizations and institution to give the full length service to the population the project served. By developing this collaboration and coordination the clients are getting all types of service including TB service, family planning service, emergency & critical medical service, vocational training & job placement and different types of referral service. As a Modhumita partner organization, AMIC is closely working with APON, CREA and SMC. Besides, numbers



of organizations including ICDDR,B, CARE-B, CWFD, MAB, KMSS, Govt. hospitals, factories, Department of Narcotics Control, print and electronic media contributed significantly for the achievement of the AMIC-Modhumita Project.

Advocacy, Awareness & Sensitization

For creating an enabling environment for targeted community, AMIC-Modhumita project focuses on mass awareness by arranging community facilitation committee (CFC) meeting, project facilitation meeting (FPT), meeting with law enforcement agencies (LEA), family support group meeting and GO/NGO coordination meetings. On the other hand, by arranging national level seminars, workshops, rallies, AMIC always tried to notify the policy makers to take necessary steps in national level policy.

Prison Intervention:

Prison inmates are an important vulnerable group for risk behaviors including drug abuse and HIV/AIDS. According to the report "Situation Analysis and Need Assessment" of Barishal Central Jail and Gazipur District Jail, conducted by Dhaka Ahsania Mission and other study of UNODC, drug use is a prevalent problem in the prisons. HIV prevalence in prisons is higher than in the community among all the countries of the world.



Effective policies to prevent HIV inside prisons are often hampered by the denial of the problem. At the same time the existence of the factors that contribute to the spread of HIV: overcrowding, unsafe sexual activities and injecting drug use, violence, gangs, lack of protection for the youngest, female and weakest inmates, corruption and poor prison



health services are also present.

To prevent HIV, STI and drug abuse related health hazard. Dhaka Ahsania Mission started PRISON INTERVENTION in 2005 in collaboration with Government of Peoples Republic of Bangladesh with the financial support of UNODC ROSA.

Intervention Site

Starting with Gazipur District Jail, AMIC gradually increased its working area to Jessore, Barisal and Satkhira District Jails through different phases and contract period. For the new contract phase of 2012-2013 AMIC has been delivering its services in six more prison site in Bangladesh:

- Dhaka Central Jail
- Gazipur District Jail
- Barishal Central Jail
- Jessore Central Jail
- Khulna Central Jail
- Rajshahi Central Jail



Project Progress at a Glance

Since 2005, the inception of the project, AMIC organized and allied with parts of different activities and events:

- **Participation in the Regional Training:** AMIC participated in regional “Training of Trainers” that was held from 6-10 February in New Delhi along with three government officials.
- **Sensitization of Government Officials, Ministry’s Department:** AMIC organized numbers of sensitization meeting with different and relevant government officials, ministries and departments including Department of Narcotics Control (DNC), Ministry of Home Affairs and Prison officials to sensitize and approval of intervention.
- **Organizing National Training:** Two national training courses were organized by the project for the Ministry, DNC and Prison officials in March-2007 and January-2008.
- **Site Training in Prison Site:** During the project period, AMIC organized several site-specific trainings in the prison site for prison staff, officials and inmates. Jailors, deputy jailors and assistant surgeon conducted the session with AMIC official on HIV/AIDS, STIs and Drugs.
- **KAP Assessment:** Knowledge Attitude and Practice (KAP) assessment was conducted in Gazipur District Jail with 450 prison inmates. Significant results were achieved from the assessment and the results were used for further program initiatives.
- **Selection of Peer Volunteers and Training:** For peer led intervention, AMIC, through

its projects, selected senior peer volunteers, peer volunteers from prison inmates, based on their educational background, activity, motivation and leadership qualities. After the selection they are divided in several groups and training was arranged for them.

- **Translation and Printing of Peer Guide:** Translation and printing of Peer Guide was one of the significant achievements of the project. The guide that was developed by UNODC ROSA was translated into Bengali. The peer Guide was launched by Dr. Sheikh Abdur Rasid, Additional Secretary, Ministry of Home Affairs.

Others Services

With support of this project, AMIC delivers different services to the target population to fulfill their needs.

During the period 111 STI case managed and 32 VCT done among the prison inmates. Besides 28 persons TB service given and 32 received drug treatment. Total 313 received general health service by through the project.

It is acknowledged that with the support of the Government, AMIC prison intervention was able to successfully provide the services including STI, VCT, TB, drug treatment, general health etc.

“HOPE CLUB” by the recoveries and for the recoveries

“Hope Club” is a regular club formed by the recoveries to share their common interest and to benefit from shared experiences. “Hope Club” was established in 2010 with the view to give a platform to recoveries. It has a body to govern and assist club activities all year round. Dhaka Ahsania Mission backs “Hope Club” with the premises and facilities and now it is located at 1/12 Block-G, Lalmatia, Dhaka. The club has been formed in a way that it can independently run open meetings for recoveries at least twice in a month at the club office. The club offers a friendly atmosphere for the members to come and discuss their issues. Many members of the club have found new career motivations and life-style teachings from their fellows. Support groups are formed within the club to extend help to keep the members remain abstinent. “Hope Club” members voluntarily participate in various awareness campaigns related to the dangers of drug use in the country. It also organizes ‘Day Vigils’, ‘Re-unions’, and other gatherings for the members. Members also participate in different functions arranged at the treatment facility and rehabilitation center situated in Gazipur. Some members of the club joined the Asian recovery symposium, which was an international gathering of drug treatment professionals, recoveries and their family members held on the 16th to 19th January, 2012. Members also take part in a NA convention from time to time and they possess strong desire to support others and create awareness through media. “Hope Club” is a pioneer in its kind in Bangladesh. It not only gives the recoveries a platform to open up but also inspires them to live a more meaningful life.

Live and Let Live

Forty Three year old rickshaw puller, Md. Ali, was brought in to the day care center at Chankharpul Ahsania Mission-Modhumita facility by his fellow workers from a slum at Jatrabari in 2011. After 14 days of withdrawal (adverse reaction to stop using drugs) management and medical attention he was brought to Ahsania Mission Drug Treatment and Rehabilitation, Gazipur .

He is an illiterate person and came to Dhaka in search for a living when he was 17. He is the father of 3 daughters and 2 sons. Ali went through a range of oddities starting from begging, stealing, shoplifting, manual labor etc. He married Ambia, a young household worker, at the age of 25. After their marriage his wife discovered that he was addicted to marijuana and homemade alcoholic beverages. He was also into gambling and unethical sexual activities with prostitutes. She left him after a year and got married to another man.

Ali remarried and moved from one slum to another. He fathered children with his new wife and admitted them to Underprivileged Children Education Program (UCEP) schools only to receive the benefits given to the families by the school. The children started begging with their mother and sometimes with their father as well. Ali held on to his ill habits. He forcefully took money from his begging wife and children to finance his habits. He married off one of his daughters to an elderly man, in a child marriage, for money. He was caught stealing and was severely beaten up by the public several times. Yet he did not stop using drugs. In 2000 Ali started using injecting drug, of buprenorphin group. From then, stealing and hijacking became a regular activity for him alongside his existing habits of gambling and going to prostitutes.

When he was admitted to the treatment center, he was initially given medication and nutritional support. For his treatment, a motivational approach was employed. A Voluntary Counseling and Testing (VCT) was done and he was diagnosed with Sexual Transmitted Infection (Syphilis). Immediate medical attention was given to him. Here at the center, he learned to do constructive recreational activities, voluntary social work, career planning to help his future jobs etc. After completion of the treatment program Ali went back to his community with an abstinence plan in mind. He now voluntarily makes his fellows aware of the hazards of drugs.



HIV prevention in Photograph



Discussion meeting on drugs and HIV in early 90's

Community based HIV and STI prevention activities through local level meeting



Evaluation workshop on community based Drug demand reduction & STD, HIV/AIDS prevention in 1997

HIV prevention in Photograph



World AIDS Day rally in 2002

Observance of world AIDS day in 1998
Organized by AMIC
Uttaran Shamaj Progoti
Shangha



Youth & sports state Minister Mr. Saber Hossen Chowdury delivering his speech on World AIDS day in 1999



HIV prevention in Photograph



Cultural Program on HIV prevention in 2006

VCT service for the clients in drug treatment center Gazipur



Community base Satellite clinic for the female drug users and the sex partners of male drug users at Gazipur in 2011



HIV prevention in Photograph



Condom demonstration by female Peer Volunteer at Barisal central Jail in 2011

Day care service for the current drug users



Syringe Needle exchange program at day care centre

চট্টগ্রামের সীতাকুন্ডে মাদক প্রতিরোধে নেতৃত্ব ও সচেতনায়নে আমিক- কার্যক্রমে নব দিগন্তের সূচনা

মোঃ আরিফুর রহমান

যুবদের চলমান ভীড়ে পিপলু'র পদধ্বনি আজো বুকে বাজে...

১৬ বছরের যুবক পিপলু। উজ্জ্বল, ছটফটে, দূরন্ত, প্রাণবন্ত নজরকাড়া ছেলেটি মা-বাবা, বাড়ির কাজের লোক থেকে শুরু করে স্কুলের টিচার, পাড়া প্রতিবেশি সবার খুব প্রিয় ছিল। কিন্তু হঠাৎ করে তার স্বভাবের মধ্যে আচরণগত পরিবর্তন লক্ষ্য করে সবাই। সারাক্ষণ থমথমে মুখ, বিরক্তভাব, মেজাজও তিরিক্ষি। খাওয়া-দাওয়ায় আগ্রহ নেই। পড়ালেখায় মনোযোগ নেই। বাসায় মা-বাবা শাসনের সুরে কথা বললে এটা ওটা আছাড় মারে। গালিগালাজও করে। দূরন্ত, চঞ্চল যুবকটির এই অবস্থা দেখে সকলে ব্যথিত হয়। অসহায় বাবা মা অনুভব করে ছেলেটি যেন, তাদের কাছ হতে অনেক দূরে সরে যাচ্ছে। যেন একটা বাঁধার প্রাচীর আটকে দিয়েছে তাদের মধ্যকার স্বাভাবিক সম্পর্ক। শুধু একজন উজ্জ্বলই নয়। এরকম শতশত যুবক পারিবারিক বন্ধন ছিন্ন করে মাদকের নেশার জগতে জড়িয়ে পড়ে। সীতাকুন্ডের গ্রামীণ এই চালচিত্র সে সময় অত্র অঞ্চলের সামাজিক, পারিবারিক কষ্টের কথা, বেদনার কথা বাস্তব দৃশ্যপটে ভেসে উঠে। যুবকদের জীবনের রঙ, রূপ, ছন্দ হারিয়ে জীবন ও সমাজ সম্পর্কে নিঃস্ব ধারণা, বিশ্বাস, প্রত্যাশা, পারস্পরিক বিনিময়ের মধ্যে এক ধরনের তিজতা কাজ করে।

সময় ও কালের যাত্রায় সীতাকুন্ডের আর্থ- সামাজিক প্রেক্ষাপট...

আশি থেকে নব্বই-এর দশকে সীতাকুন্ডের তরুণ যুবকরা যেন, গোধূলির ঘাটে বসে ঈষৎ কাতরাচ্ছিল। যুবকদের জীবনের প্রাণের স্পন্দন, কলরল যেন ডুবে যাচ্ছিল দূরাঞ্চলের দ্বীপে।

সীতাকুন্ডে তখন পাহাড়ি চোরাই মদের রমরমা কারবার চলছিল। এমনকি পবিত্র রমযান মাসেও মাতালরা মদ পান করেও রাস্তায় রাস্তায় মাতলামি করত। মদ বিক্রেতা ও মদ্যপানকারীরা এতই বেপোরোয়া হয়ে গিয়েছিল যে, তারা প্রশাসনকেও তোয়াক্বা করছিল না। সন্ধ্যার পর পর মদ্যপদের উৎপাত বেড়ে যেত। জনসমাগম হতে একটু নিরিবিলি স্থানে এসব চোরাই মদের বিকি কিনির আসর বসত। অনেকে আবার নির্ধারিত স্থানে মদের আসর বসাত। এসব আসরগুলোতে অপরাধ চক্রের সদস্যদের আনাগোনা পরিলক্ষিত হতো। মাঝে মাঝে শহর থেকে পতিতা নিয়ে মদের আসরকে আরো রমরমা করে তোলা হত। এসব আসরগুলোর পৃষ্টপোষকতা করত কিছু প্রভাবশালী রাজনৈতিক নেতারা। প্রশাসনকে তারাই ম্যানেজ করত। এলাকায় প্রায় দশটি চোরাই মদের কারখানা ছিল। এগুলোর সবই ছিল বাইরেইয়ারঢালা, চন্দ্রনাথ পাহাড়ের পূর্বে কালা পাহাড়, কালাপনিয়া, বাড়বকুন্ড, বারহাওনিরা, কুমিরা ও বাশঁবাড়িয়ার পশ্চিম পাহাড়ে অবস্থিত ছিল। থানা পুলিশ মাঝে মাঝে বিভিন্ন আস্তানায় হানা দিয়ে কাউকে কাউকে গ্রেফতার ও কিছু কারখানা উচ্ছেদ করলেও এসবের ব্যাপকতা কমাতে পারেনি। এলাকার যুব সমাজের মধ্যে মদ সেবনের প্রবণতা দিন দিন বৃদ্ধি পাচ্ছিল। তাই অভিভাবকেরা শংকিত ছিল। সীতাকুন্ড থানার রেলওয়ের পরিত্যক্ত ঘরগুলো এলাকার নেশাখোরদের অভয়ারণ্যে পরিণত হয়েছিল। কোনো কোনো ওষুধ ব্যবসায়ী ওষুধ ব্যবসা ও পান দোকানের অজুহাতে অবাধে মাদকের ব্যবসা চালিয়ে যাচ্ছিল। এতে করে উঠতি বয়সের তরুণ, যুব এমনকি বৃদ্ধ পর্যন্ত মাদক দ্রব্যের প্রতি দিন দিন ঝুঁকে পড়ে সামাজিক ও নৈতিক অধঃপতনের দিকে অগ্রসর হচ্ছিল। তাদের উচ্ছৃংখলতা, বেপোরোয়া স্বভাব ক্রমে বৃদ্ধি পেতে থাকে। অধিকাংশ সময় এরা গ্রামবাসীর নিরাপত্তা কেড়ে নিত, বিপন্ন করত নিরীহ জনগণের ভবিষ্যৎ। এভাবে তাদের হিংস্রতা গভীর ও ব্যাপকভাবে ছড়িয়ে পড়েছিল সীতাকুন্ডবাসীর উপর।

অথচ আমাদের জনসংখ্যার অর্ধেক জনগোষ্ঠীই যুবক। এই যুব সম্পদের বিকাশের মাধ্যমেই সমাজ দেহের ক্ষয়ে যাওয়া উপাদান ও অন্ধকারকে দ্রুত অপসারণ করতে পারে। এই যুবরাই যখন জীবনের জন্য সুন্দর সৃজনশীল স্বপ্ন, জীবিকার জন্য কাজ পাচ্ছিল না, অভিভাবক বা বয়স্কদের উপর তাদের জীবনের ভরসা খুঁজে পাচ্ছিল না, প্রবীণেরা

এমন কোন আদর্শ তুলে ধরতে পারেনি যাতে তারা উদ্ধুদ্ধ হবে। তখন তাদের যৌবন মরেছে ধুঁকে ধুঁকে মদ, গাজা, প্যাথেড্রিন ইত্যাদির কবলে। জীবন দর্শনের সব রকম স্বাদ থেকে তারা বিচ্ছিন্ন হয়ে যাচ্ছিল। তারা বিপন্ন করছিল আগামী প্রজন্ম, আগামী পৃথিবীকে।

বর্ণিল জগতের স্বপ্নীল হাতছানি...

প্রতিটা তরুণ যুবার মধ্যে নেতিবাচক শক্তির পাশাপাশি ইতিবাচক বা স্বপ্নের শক্তি থাকে। তবে নেতির স্বপ্নগুলো মানুষকে যেভাবে প্রাণিত করতে পারে তার স্বপ্নের শক্তিগুলো সে রকম কিছু করতে পারে না। নেতির শক্তির তুলনায় স্বপ্নের শক্তিগুলো দুর্বল বলেই এমন হয়। নেতির নখর অসম্ভব ধারালো। এই নেতিবাচকতা আমাদের অনেকগুলো যুবকে বন্ধুহীন, অনমনীয় ও জীবনছুট করে তোলে।

সীতাকুন্ড বাংলাদেশের এক গুরুত্বপূর্ণ ঐতিহ্যবাহী, পরিচিত এবং ইতিহাস বিখ্যাত উপজেলা। ভৌগোলিক অবস্থান এই উপজেলাকে দিয়েছে এক অনন্য বৈশিষ্ট্য। ১৯৮৫ সালের ২০ মে আন্তর্জাতিক যুব বর্ষে গড়ে উঠেছিল 'ইয়ং পাওয়ার' নামের এক সমাজ উন্নয়ন যুব ক্লাব। প্রিয় সীতাকুন্ডকে সর্বক্ষেত্রে এগিয়ে নেয়ার স্বার্থে তারণ্যের শক্তিতে জীবনের জয়গানে চৌদ্দজন স্থানীয় যুব 'ইয়ং পাওয়ার' প্রতিষ্ঠার মধ্যদিয়ে বালসে উঠেছিলেন। যা পরবর্তীতে সমাজ উন্নয়ন সংগঠন 'ইয়ং পাওয়ার ইন সোশ্যাল এ্যাকশন- ইপসা' নামে পরিচিতি লাভ করে। তারা স্বপ্ন দেখে যদি এমন হতো একদিন ঘুম ভেঙ্গে দেখি সীতাকুন্ড অঞ্চলে নেশায় আসক্ত কোন যুবক নেই। তাহলে স্বর্গ মনে হয় মর্তেই পাওয়া যেত। সে স্বর্গ-মর্তে গড়বে বলে সীতাকুন্ডে যুবদের ঘিরে ওরা প্রাণের দীক্ষা নেয়-

প্যাথেডিন, হিরোইন, নেশার আস্তানা

দুমড়ে মুছড়ে দিতে ধরো হাত খানা

চলো প্রতিরোধ গড়ে তুলি বিশ্বের পথে প্রান্তরে

মাদকাসক্তি নির্মূল না করে আমরা ফিরব না।

ইপসা ' তরুণ যুবাদের তুলে নিল আমিক এর দ্রুত রথে ...

সীতাকুন্ড যেন প্রকৃতির দুহিতা। একদিকে তার পাহাড় ও অরন্য অন্যদিকে বেলাভূমি ও সমুদ্র। পাহাড় যেন স্পর্ধা, বিদ্রোহী যৌবন আর সমুদ্র যেন প্রজ্ঞা, প্রাজ্ঞজনের গভীরতা। সীতাকুন্ডে প্রকৃতি বরাবরই লীলামুখর, প্রাণচঞ্চল এবং সৃজনশীল, দূরদর্শী মানুষের লালনস্থল। শিক্ষা, সংস্কৃতি, রাজনীতি, অর্থনীতি ইত্যাদি সব কিছুর নিরিখে বিচার বিশ্লেষণ করলে সীতাকুন্ড বিজ্ঞ বিদগ্ধগণের মনোযোগ আকর্ষণ করতে পেরেছে। ১৯৯০ সাল থেকে ঢাকা আহছানিয়া মিশন মাদকতা প্রতিরোধ ও নিয়ন্ত্রণ কর্মসূচির যাত্রা শুরু পরিচিতি ছিল যা সংক্ষেপে আমিক বলে অভিহিত করা হতো। মিশন দেশব্যাপি বিভিন্ন অঞ্চলে ন্যাশনাল এন্টি ড্রাগ নেট ওয়ার্ক কর্মসূচি গড়ে তোলে। যার মধ্যে সচেতনতায়ন, ট্রেনিং, ওরিয়েন্টেশন প্রোগ্রাম, ট্রিটমেন্ট এন্ড রিহেবিলিটেশন প্রোগ্রাম ছিল অন্যতম। সীতাকুন্ডে মাদকের এই ভয়ংকর প্রেক্ষাপট বা চলমান ঘটনা প্রবাহ উন্নয়ন মিডিয়াগুলোতে বরাবরই ফুটে উঠেছিল। এসময় গণ মাধ্যমগুলো উক্ত এলাকার উন্নয়নের জন্য জনপ্রতিনিধি, যুব সংগঠন, ক্লাবগুলোর দৃষ্টি আকর্ষণ করে। কিন্তু সকলে উলেখযোগ্য ভূমিকা নিতে যেন অপারগ ছিল। এমতাবস্থায় ঢাকা আহছানিয়া মিশন সীতাকুন্ড অঞ্চলের যুবদের মানসিক উন্নয়নের চাকার গতি বাড়াতে ইঞ্জিনের জ্বালানী যোগানোর মতো কাজটি করে। এই সংগঠনটি যুবদের মধ্যে এই মাদকের তাড়না প্রশমিত করতে, সংশোধন করতে সমাজ উন্নয়ন সংগঠন-ইপসাকে ঢাকা আহছানিয়া মিশন মাদকতা প্রতিরোধ ও নিয়ন্ত্রণ কর্মসূচি-আমিক নেটওয়ার্কের সক্রিয় সদস্য হিসেবে অন্তর্ভুক্ত করার অনুমোদন প্রদান করে এবং সাংগঠনিকভাবে সার্বিক সহযোগিতায় এগিয়ে আসে। মাদকমুক্ত সমাজ নিশ্চিত করার লক্ষ্যে আহছানিয়া মিশন গড়ে তোলে আমিক-সীতাকুন্ড শাখা। এসময় ইপসা'র কার্যনির্বাহী পরিষদের মোঃ সামসুদ্দিন ভূঁইয়া তুতুল ছিলেন আমিক সীতাকুন্ড শাখার সভাপতি ও মোঃ মোজাম্মেল হক ভূঁইয়া ছিলেন সাধারণ সম্পাদক। আহছানিয়া মিশনের আর্থিক ও কারিগরি সহায়তায় ইপসা স্থানীয় মালীপাড়া ও তৎসংলগ্ন এলাকা, মহাদেবপুর, শেখনগর, শেখপাড়া, বাড়বকুন্ড, কুমিরা, বাঁশবাড়িয়া, পত্টিছালা, সৈয়দপুর, চৌধুরী পাড়া, জেলে পাড়া, বারিপাড়া, ছোবহান

বাগ, নুনা ছড়া, বারোআউলিয়া, ফৌজদার হাট, দারোগাহাট, মাদকের কুফলসহ সমাজে মাদক সেবনের ব্যাপক নেতিবাচক প্রতিক্রিয়া সম্পর্কে টি স্টলে, উঠান বৈঠকে বিস্তারিত আলোচনা হতো। এছাড়া ইপসা'র অবসর বিনোদন কেন্দ্রে আলোচনা সভা ছাড়াও ফোরামের সভা অনুষ্ঠিত হতো। ইপসা কার্যালয়ে নিয়মিত 'পোষ্টার প্রদর্শনীতে প্রদর্শিত ও বিলি করা হতো আহছানিয়া মিশন, মাদক নিয়ন্ত্রণ অধিদপ্তর ও মাদক বিরোধী ফেডারেশন প্রদত্ত প্রকাশনা ও পোস্টারাদি। এছাড়া আন্তর্জাতিক মাদক বিরোধী দিবস উপলক্ষ্যে আলোচনা সভা, র্যালির আয়োজন করা হত। এতে স্থানীয় থানা ও উপজেলা প্রশাসনসহ এলাকাবাসী, সুশীল সমাজ, সরকারি বেসরকারী প্রতিনিধিবর্গ, ইপসা'র কর্মীবৃন্দ সক্রিয়ভাবে অংশগ্রহণ করে দিনব্যাপী যৌথভাবে কর্মসূচি পালন করত।

এসব কার্যক্রমের প্রেস বিজ্ঞপ্তি বিভিন্ন স্থানীয় ও জাতীয় পত্রিকার পাশাপাশি আহছানিয়া মিশন বার্তায় প্রকাশিত হতো। এছাড়া আহছানিয়া মিশন কর্তৃক আয়োজিত বিভিন্ন কর্মশালা, প্রশিক্ষণ, ওরিয়েন্টেশনে ইপসা কর্মীবৃন্দ নিয়মিতভাবে অংশগ্রহণ করে সীতাকুন্ডকে মানব স্বাস্থ্যের সুরক্ষায় মাদকের অপব্যবহার প্রতিরোধ, উৎপাদন নিয়ন্ত্রণে বিশেষ ভূমিকা রেখেছিল। আহছানিয়া মিশন মাদকতা প্রতিরোধ ও নিয়ন্ত্রণ কর্মসূচি (আমিক) এর সহযোগিতায় ইপসা সীতাকুন্ড অঞ্চলে মাদক বন্ধের জন্য যে কার্যক্রম গ্রহণ করেছিল পরবর্তীতে তা একটি সামাজিক আন্দোলনে পরিণত হয়। সীতাকুন্ড সামাজিক পর্যবেক্ষণ কমিটি, পিপলস ফোরাম, গ্রাম ভিত্তিক বন সংরক্ষণ কমিটি, অভিবাসী রক্ষা কমিটি, সীতাকুন্ড প্রতিবন্ধী ফেডারেশন, তনমূল সাংবাদিক দল, বিভিন্ন ফোরাম, এন্টিভিস্ট দল, বিভিন্ন পেশাজীবী সংগঠন এ ভাবনাকে সামনে রেখে মাদক বিরোধী কর্মসূচির আলোকে নিয়মিত বিভিন্ন কর্মসূচি ও প্রাসঙ্গিক জাতীয়/ আন্তর্জাতিক দিবস উদযাপন করে আসছে। আহছানিয়া মিশনের সহযোগিতায় সীতাকুন্ড অঞ্চলে শুধু ইপসাকে ঘুরে দাঁড়াবার শক্তিই দান করেনি তার সাথে এই মাদকের যারা প্রধান শিকার সেই যুব গোষ্ঠীকেও ঘুরে দাঁড়াবার শক্তি যুগিয়েছে। আহছানিয়া মিশন শিখিয়েছে ঘুরে দাঁড়াবার শক্তি কিভাবে অর্জন করতে হয়। এসময় সীতাকুন্ড আমিক শাখার কমিটির প্রতিটি সদস্য নিজস্ব দৃষ্টিকোণ থেকে প্রত্যক্ষ ও পরোক্ষভাবে যুবদের কিভাবে মানবিক মর্যাদায় সিক্ত করা যায় সেই কাজে আন্তরিকভাবে নিয়োজিত ছিলেন। শুধু তাই নয় আহছানিয়া মিশন এ সময় আমিক কার্যক্রমের পাশাপাশি ইপসা' কে সম্পৃক্ত করেছিল পরিবেশ সংরক্ষণ ও উন্নয়ন কর্মসূচি (আপস) সীতাকুন্ড থানা শাখায় কার্যক্রমে।

উলেখ্য যে, আহছানিয়া মিশনের পক্ষে তৎকালীন কাজী রফিকুল আলম নির্বাহী পরিচালক ও কার্যক্রমের প্রোগ্রাম অফিসার খন্দকার জাকিউর রহমানসহ অনেক উর্দ্ধতন কর্মকর্তাগণ ইপসা আমিক ও আপস কর্মসূচি পরিদর্শন করার পাশাপাশি বিভিন্ন প্রশিক্ষণ, সভা, সেমিনারে উপস্থিত থেকে কর্মসূচি পরিকল্পনা, পরামর্শ ও মূল্যবান মতামত দিয়ে কর্মসূচিসমূহ পরিচালনা ও বাস্তবায়নে উৎসাহিত ও অনুপ্রাণিত করেছেন। আমিক ও আপস এর কার্যক্রম আলোকিত করেছিল সীতাকুন্ডবাসীকে। স্পর্শ করে গেছে স্থানীয় জনগোষ্ঠীর মূল্যবোধকে। আহছানিয়া মিশন যে উন্নয়ন মিশন নিয়ে সীতাকুন্ডে ইপসাকে নিয়ে এগিয়ে গিয়েছিল তা অনুরণিত হয়েছে সীতাকুন্ডের লক্ষ তরুণ যুবর মিলিত প্রাণের কলরবে। আমিক এর কার্যক্রমের নিরবধি চর্চা সীতাকুন্ডের যুবদের মাঝে আকাশের উড়ন্ত বলাকা'র ন্যায় যে ছন্দ গতি এনে দিয়েছিল সে উৎসাহ তাদের পরবর্তীতে ইপসা'র নেতৃত্বে ধারাবাহিকভাবে নিরন্তর এগিয়ে যাওয়ায় অনুপ্রাণিত করেছিল।

লেখক

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AHSANULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY (AUST) HAS ALWAYS BEEN VERY KEEN TO IMPART QUALITY EDUCATION TO MEET THE NEEDS OF OUR SOCIETY IN THE PERSPECTIVE OF HIGHLY COMPETITIVE AND GLOBALIZED WORLD. AT THE SAME TIME, AS COMMITMENT TO THE SOCIETY, AUST SUPPORTS AND ENCOURAGES ALL WHO ARE DEEPLY INVOLVED IN THE NOBLE TASK OF ELIMINATING DRUG ADDICTION FROM THE SOCIETY.

With the best Compliments



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