



**SAY 'NO'
TO
DRUG**

**Report of
AMIK Month Long Campaign**

2002



Dhaka Ahsania Mission

SAY 'NO' TO DRUG

REPORT OF AMIK MONTH LONG CAMPAIGN 2002



Dhaka Ahsania Mission Drug Prevention & Control Programme (AMIK)

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F O R W A R D

AMIK - the drug prevention and control programme of Dhaka Ahsania Mission is now well known within the country and abroad. It has created a movement against abuse of drug and tobacco through its network with 402 local level Branch Committees spread all over the country. Not only within the country, AMIK is now working closely with some international anti-drug and anti-tobacco networks and organizations.

During the month long programme undertaken in observance of World No Tobacco Day and the International Day Against Drug Abuse and Illicit Trafficking-2002, AMIK network organized various programmes. We are grateful to all concerned in making the month long programme a success. We must thank the youths/volunteers of AMIK Branch Committees, the Central Committee and all others who on their own initiative have undertaken a series of activities towards awareness creation and reducing addictions.

In recognition of its activities AMIK received the Bangladesh Anti-Tobacco Alliance Award in 2001. The Government has recognized the commendable services of DAM by the highest national award- Independence Award-2002.

We hope our efforts, activities and campaign during the month long programme will go a long way in creating a drug free Society in Bangladesh.

Kazi Rafiqul Alam

Executive Director
Dhaka Ahsania Mission.



M E S S A G E

Minister

*Ministry of Home Affairs,
Government of the Peoples
Republic of Bangladesh.*

There is no denying the fact that drug addiction among our youths is becoming a problem for the society which will ultimately hinder the socio-economic development process and will help to create law and order problem. In such a situation what is necessary is to undertake effective programme for the creation of awareness involving the people in general and the youths in particular. This is what Anti-Tobacco and Anti-Drug programme known as AMIK, implemented by Dhaka Ahsania Mission, is striving to do through its network. I understand that they have made remarkable contribution through their month long programmes towards that end.

I would like to congratulate Dhaka Ahsania Mission for bringing out a souvenir reflecting the activities they had undertaken during their month long programmes of this year which will be a source of inspiration to others.

I wish continued success in their movement against abuse of drugs and tobacco.

Air Vice Marshal (Retd.)
Altaf Hossain Chowdhury

07.07.11



Minister

*Ministry of Health & Family Welfare,
Government of the Peoples
Republic of Bangladesh.*

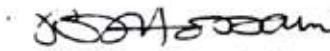
M E S S A G E

I am happy to know that Dhaka Ahsania Mission is bringing out a Souvenir on the activities under their month long programme in observance of World No Tobacco Day and International Day Against Drug Abuse and Illicit Trafficking.

I firmly believe that this will go a long way in creating awareness among the masses about the harmful affects of tobacco and drug.

Dhaka Ahsania Mission is an important partner of the Government particularly in the movement against drug and tobacco, which threatens public health. They are making relentless efforts to form public opinion towards enactment of a comprehensive tobacco control law.

I wish every success of their Anti-Tobacco and Anti-Drug Network.


5-9-2002

Dr. Khandaker Mosharraf Hossain



World Health Organization (WHO)

*Representative
Dhaka, Bangladesh*



M E S S A G E

I am pleased to learn that Dhaka Ahsania Mission's Anti-Tobacco and Anti Drug Programme (AMIK) has undertaken a month-long programme for creating awareness among the people on the harmful effects of tobacco and drugs through various activities for the observance of World No-Tobacco Day and the International Day against Drug Abuse and Illicit Trafficking-2002.

It is well known that Dhaka Ahsania Mission is doing commendable work in reduction of human sufferings by improving the socio-economic status of the poor and disadvantaged people, and is working against illiteracy, poverty, malnutrition, ill health, disease and deprivation.

I wish all success to your programme against Tobacco and Drug Abuse in Bangladesh.

A handwritten signature in cursive script, appearing to read 'Suniti Acharya'.

Dr. Suniti Acharya



Chairman
AMIK Central Committee
Dhaka Ahsania Mission

M E S S A G E

AMIK - Ahsania Mission Drug Prevention and Control Programme, is possibly the largest Anti-Tobacco and Anti-Drug Network in the country having its linkage, cooperation and patronage from various national and international organizations including UNESCO, UNDCP, Deutscher Caritasverband and Global Partnership for Tobacco Control (GPTC), International Agency on Tobacco or Health (IATH), UICC, Global Link, ESCAP, Colombo Plan, International Council on Alcohol and Addictions (ICAA), Bangladesh Anti-Tobacco Alliance, Department of Narcotics Control(DNC), Ministry of Home Affairs, Ministry of Law, Justice & Parliamentary Affairs and Ministry of Health and Family Welfare, Government of the Peoples Republic of Bangladesh.

We are covering the whole country modestly in the matter of awareness creation and in fact with our 402 Branch Committees, activities continue round the year which get momentum during the observance of World No Tobacco Day and the International Day Against Drug Abuse and Illicit Trafficking. On this occasion this year - 2002, like other years AMIK undertook a month long programme organizing seminar, rally, human chain, cultural programme, debate competition, art competition, round table and discussion meetings throughout the country.

There has been tremendous impact of the programme on various counts and 260 institutions where the school programmes were organized, were declared Smoke Free Zones including several public places. We do not feel proud of our achievement, but we do take pride in the way our activists all over the country have been moving forward in the matter of creating awareness among the people. We hope to maintain our zeal in future and work still more effectively to create awareness among the masses against the harmful affects of tobacco and drug and in our efforts we need support and cooperation of all concerned, to make the world a safer place for our next generation. May God bless us all.

A handwritten signature in black ink, appearing to read 'Ehsanul Haq', written over a light-colored circular scribble.

Dr. M. Ehsanul Haq
Ex-Inspector General of Police &
D.G, Department of Narcotics Control



Editor's Note

The widespread abuse of drugs has become a human tragedy. It has invaded the family and the community affecting individuals of all ages and classes. In view of the enormity of the problem drug abuse has been identified as a priority area of work in Bangladesh. As a part of its strategy to strengthen the drug demand reduction programme 'AMIK' has organized and supported a number of activities including direct participation of youth in combating this scourge. Young volunteers are with us to counter the dangerous menace of tobacco and drugs.

Through this documentation of the month long campaign we want to keep record of the spontaneous initiatives.

During May-June, 2002 the seminars, rallies, human chain, cultural programmes, debate competitions, art competitions, round table meetings and discussion meetings were organized by AMIK throughout the country. Other activities include school based programmes, declaring institutions Smoke Free Zones, organizing hunger strike for making an Upazila (Sub-District) Drug Free, publishing posters, stickers & leaflets etc.

We thankfully acknowledge contributions of teachers of schools, colleges and the universities for spontaneous participation in the programme and encouraging the students in voluntary works. Local administration including Deputy Commissioners, Superintendents of Police, Upazila Nirbahi Officers, officers of other Government, Semi-Government and Autonomous Bodies and Non-Government Organization extended their whole hearted support and cooperation in undertaking various programmes within their jurisdiction for which we are grateful to them. The local government bodies were very supportive in creating a movement against addictions. We thank them for their support and cooperation. We express our heartest thanks to the Organizers in the HQ and AMIK Central Committee, needs special mention for guidance in implementing various programmes effectively and also for bringing out this Souvenir. Above all we are grateful to the Executive Committee of DAM for their advice and guidance at all times in our activities.

Opinion expressed in the write-ups included in the souvenir is of the writers own, not necessarily represent AMIK or DAM's view.

Rowshon Ara Firoz

Professor, Department of philosophy
Dhaka University.
Ex-Consultant, UNDCP.



Drug trafficking and its impact in the society - Effective measures to deal with the drug problem

Mohammad Salam

Director General

Department of Narcotics Control

What is Drug?

The definition of a drug as suggested by the World Health Organisation, in its broadest sense is "a chemical substance of synthetic, semi synthetic or natural origin intended for diagnostic, prophylactic, therapeutic or palliative use or for otherwise modifying physiological functions of man or animals."

A psychoactive drug is one that exerts most marked and obvious effects on the central nervous system thereby altering mood, cognition and behaviour. This type of drugs includes both narcotic drugs and psychotropic substances.

Classification:

Based on the effects of psychoactive drugs/substances on the central nervous system, they may be classified into the following groups:

Depressants - These substances decrease alertness by slowing down the activity of the central nervous system. They have the ability to cause a degree of drowsiness and sedation or pleasant relaxation and may produce disinhibition and loss of learned behavioural control. Examples of depressants include barbiturates, morphine, heroin, opium etc.

Stimulants - This group of drugs increases the body's state of arousal or alertness by speeding up the production of nerve impulses or messages. They produce a sense of exhilaration in extreme degrees, a decreased sense of fatigue and hunger and can cause psychotic illness. Examples of stimulants are amphetamines, cocaine etc.

Hallucinogens - These drugs depress and stimulate the central nervous system with varying degrees, distorting sensory inputs into the brain and thus altering perceptions of reality. Examples include P.C.P., L.S.D., mescaline and to a certain extent marijuana/ganja.

Inhalants - These may have some depressant and anaesthetic effects and are also capable of producing perceptual disturbances and physical toxicity. Examples include gases, glues, lacquer, paint thinners, varnishes, solvents, etc.

What is drug abuse?

It is very difficult to define drug abuse since it involves value judgments that are impossible to define in such a way that they are appropriate for different drugs in different contexts. However, for working purposes, the following concepts could be used to describe drug abuse i.e.

- (i) **Unsanctioned use** - use of a drug that is not approved by a society. The term implies that we

accept disapproval as a fact in its own right, without having to determine or justify the basis of the disapproval.

- (ii) **Hazardous use** - use of a drug that will probably lead to harmful consequences for the user - either to dysfunction or to harm.
- (iii) **Dysfunctional use** - use of a drug that leads to impaired psychological or social functioning (e.g. loss of job or creation of marital problems).
- (iv) **Harmful use** - use of a drug that is known to have caused tissue/organ damage or mental illness in the particular person.

Until 1968 WHO defined drug abuse as "... persistent or sporadic excessive drug use inconsistent with or unrelated to, acceptable medical practice." But the term was felt to be ambiguous and was replaced with harmful use, defined as "... a pattern of psychoactive substance use that is causing damage to health... physical or mental." WHO only uses the terms abuse and misuse when individual psychoactive drugs as discussed in the context of international control, for the sake of consistency with the three UN International drug control Conventions of 1961, 1971 and 1988. The UN Conventions do not in fact define drug abuse and use a variety of terms including abuse, misuse and to use illicitly. These terms are understood to mean "... the use of illicit substances and, for licit substances, use without prescription and/or in contravention of the specified dose."

Narcotic drugs:

Medicines: Dependence producing, tolerance developing, withdrawal syndrome creating, intoxicating substances those can act on any living organism to create changes in mood, emotion, behavior, feelings, perception, vision, thinking, etc.

What is Addiction?

State of an individual due to abuse of drugs which includes: acute craving for the drug, physical or mental dependence on the drug, an increase of tolerance in the body to gradually increased dose,

showing of withdrawal syndrome in absence of the drug in the body, causing of adverse effects due to repeated administration.

"Narcotics-addict" means a person physically or mentally dependent on narcotics or a person who habitually takes narcotics.

Geographical Location of Bangladesh:

Bangladesh is located between the two-major Opium producing areas - The Golden Triangle (Myanmar, Thailand and Laos) to the east and the Golden Crescent (Pakistan, Afghanistan and Iran) to the West. Therefore the geographical



location makes this country vulnerable to be a transit country for trafficking of drugs. Secondly, this is a riverine country with hundreds of rivers and canals and the Bay of Bengal lies on the south of this country. Drug traffickers find it comparatively easy to traffic their merchandise through seacoast and waterways. Thirdly Bangladesh has a very large border with India, where Phensedyl (a cough suppressant syrup containing codeine phosphate) is produced legally. Of late Phensedyl has become a drug of

abuse in Bangladesh, since its production was banned in 1982. Moreover, an injectable drug known as tidigesic injection (containing buprenorphine) is being abused in Bangladesh - is produced in India. Through this large and porous border, it is very easy to smuggle these drugs of abuse into Bangladesh.

Routes of Drug Trafficking in Bangladesh:
Western Routes

Birol, Hili, Nawabganj, Rajshahi, Meherpur, Darshana, Zibannagar, Chawgacha, Benapole, Kalarowa, Bhomra, Debhata, Kaliganj

Eastern Routes

Zakiganj, Akhaura, Koshba, Comilla, Chowddagram, Chittagong, Cox's bazar, Teknaf.

Northern Routes

Bangla banda, Bhurungamari, Jhenaigati,



Haluaghat, Sunamganj, Tamabil.

Method of Trafficking

- Body carrying
- Carrying in luggage
- Use of mail and parcels
- Use of cargo and freight
- Use of lorry, tracks and buses
- Use of boat and trollers
- Packing
- Concealment

Demographic Features of Traffickers

- Products
- Whole sellers
- Carriers
- Retailer
- Street sellers

Evidence shows that Narcotic drugs were being used in ancient period.

- Cannabis was being cultivated at Naogaon in Rajshahi.
- Culture of Todi (Tari), Deity prayer were within the habitat and Cannabis, Vang, Siddhi were within Fakir, Darvish of Bangladesh
- In 1857 East India Company was started Opium cultivation at a large scale
- Dangerous Drug Act was enacted in 1930 to control the Narcotic drugs.
- Opium Rules were enacted in 1957
- Present social and cultural background is the cause of increased addiction.

Factors initiating drug abuse

- Some of the factors that have been identified as possible causes for drug abuse are as follows:
- Availability, accessibility and low cost;
- Social or peer pressure;
- Curiosity;
- Chemical properties-psychoactive drugs alter the state of consciousness. Possible reasons for an individual to alter the state of consciousness include the desire for pleasure, loss of consciousness, relief of anxiety and fear;
- High degree of mobility- away from stabilizing influence of home;
- Relative freedom from supervision;
- To offset stress, frustration, monotony.
- These factors could either work individually in influencing a person to take drugs, or collectively over a period of time.

The features of Addiction:

- Acute urge to take a particular drug.
- Increasing tendency of drug dose
- Addicted person become dependent

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 To
 Tobacco

physically and psychotically in a particular drug.

- ♦ Serious Withdrawal Syndrome starts on sudden stop of drugs.

Why Drug addiction?

- ♦ Curiosity to Narcotic drug
- ♦ Curiosity to new experience
- ♦ Influence of friends and peers
- ♦ Lack of knowledge on back-drop of drug addiction
- ♦ Urge on easy pleasure
- ♦ Insurgent and rampage tendency at the age of youth and juvenile.
- ♦ Easy availability of narcotic drugs.
- ♦ Unemployment, depression and financial crisis.
- ♦ Lack of Moral Education.
- ♦ Psychosocial disturbance.
- ♦ Adverse family environment.
- ♦ Drug influence in family circle.

Some Syndromes/signs of drug addiction:

- ♦ Recent changes on behaviour.
- ♦ Doesn't sleep in night-time but sleepy tendency in day-time.
- ♦ Inability of normal talking.
- ♦ Non-interest on taking food, as a result hunger reduces.
- ♦ Tongue will be comparatively dry.
- ♦ Mood will be fugitive, Mind will be sometime very good and sometime very bad.
- ♦ Some-time quite but some-time talking much.
- ♦ Capacity of attention will reduce.
- ♦ Much time will be spent in gossiping.
- ♦ Demand of money will increase without any reason.
- ♦ Mind will be fugitive to go out of home at a particular time of day.
- ♦ Body will become thick.

Characteristics of addicts in workplace

- ♦ Unkempt appearance
- ♦ lethargy
- ♦ Deterioration of physical appearance - loss of weight, haggard etc.



- ♦ Reduced output
- ♦ General changes in overall personality - becoming more aggressive and unable to accept criticism
- ♦ Wearing of sunglasses at inappropriate times (to hide dilated or constricted pupils)
- ♦ Unusual borrowing of money
- ♦ Increasingly absent from work
- ♦ Not adhering to safety regulations
- ♦ Increasingly prone to injuries due to carelessness
- ♦ Work produced is of poor quality
- ♦ Reports sick very often usually with complaints about flu, colds, and sinus problems etc.
- ♦ Showing disinterest in the job and not wanting to improve himself through training
- ♦ Frequenting odd places, such as storage rooms, closets, basements, behind staircases etc., without cause.
- ♦ Association with known drug abusers.

Some signs that your child may be taking drugs:

- Abrupt changes in school or work attendance, quality of work, grades, discipline, work output.
- Erratic sleeping patterns.
- Stealing valuable items from home and school or unusual request for or borrowing of money from parents or friends.
- Withdrawal into own room or away from family for unusually long periods.
- Furtive behaviour.
- Possession of drugs or drug paraphernalia (syringes, hypodermic needles, tin foil, cut-off straws, razor, blades, spoons, pipes).
- Wearing sunglasses at inappropriate times (to hide constricted pupils).
- Continual wearing of long-sleeved shirts (to



hide needle marks).

- Loss of appetite.
- Mood instability, unusual flare-ups or outbreak of temper, restlessness.
- Frequenting of odd places without cause, such as storage rooms or closets (to take drugs).
- Association with known drug users.

Harmful effects by abusing narcotic drugs

- The long-term use will cause the following effects:

- Tension
- Serious depression
- Forgetfulness
- Inability to think clearly or logically
- Irritability
- Hostility
- Feeling of persecution
- Suicidal tendency
- Serious Mental reaction
- Misbehaviour
- Abnormal behaviour
- Weakness and frustration

Physical effects

- Decrease in working ability.
- Blood cancer.
- T.B.
- AIDS
- Neural weakness.
- Damage to liver, kidneys, blood and bone marrow.
- Great reduction of physical and mental capabilities.
- Sleepless, pain in belly, boron on face, vomiting etc.
- Permanent damage to the central nervous system.
- Death resulting from irregular heart beats, suffocation, accidents and breathing failure.

Social effects

- Shining tendency in life decrease
- Working capability decrease.
- Family disturbance
- Offensive behaviour

Financial effects

- Financial crisis in family.
- Tendency on theft and robbery.
- Become a poor man.

Intelligence and enforcement:

The numbers of drug related arrests, illicit drug seizures and people seeking medical help have all increased during the last decade in Bangladesh. The problems of drug abuse are

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To
Tobacco

highly correlated with violence, crime, family disruption, health problems including interference with normal reproductive functions and long-term damage to the brain, heart and lungs. The most devastating problem associated with drug use is the spread of HIV among injecting drug users and from Injecting Drug Users to non-injecting or non-drug users through regular sexual contact.

The DNC directly hits the pipeline of drug supply through its Intelligence and enforcement activities. The Police, Customs, B.D.R. and Coast Guard are also directly doing this job.

Present Drug Trafficking Trends in Bangladesh:

From 1990 to April 2002 the DNC detected about 41299 drug cases and recovered huge quantity of different kinds of illicit drugs. During these period, DNC arrested 40768 persons.

Treatment and Rehabilitation:

The Narcotics Control Act 1990 Contains provisions for treatment of drug addicts and establishment of Drug Treatment Centers by the Government. The expenditure of drug addiction treatment is generally borne by the Government. This law also provides for declaring Jail Hospitals as Drug Treatment Centers. The DNC has its own drug treatment center at Tejgaon, Dhaka since 1990. Another 3 (three) treatment centers have been established in Khulna, Rajshahi and Chittagong. Besides the Government facilities, there are also a number of private clinics and hospitals for treatment of drug addicts.

***AMIK is the
biggest
anti-drug & anti-
tobacco network in
Bangladesh***

Say
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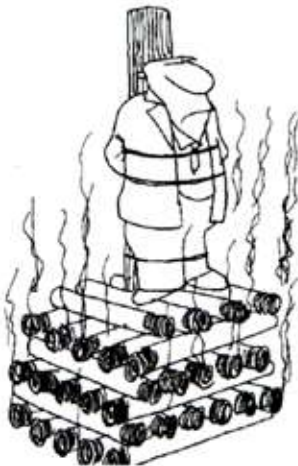
Likely Benefits for Development of Tobacco Control Law and the FCTC

Debra Efroymsen
Regional Director, PATH Canada

When people think about tobacco control, they generally think of the health effects of its use. There is no question that tobacco harms the health and takes years off the lives of its users. But the harm that tobacco causes is not limited to its effects on health. Of particular concern in low-income countries such as Bangladesh is the effect of tobacco use on the poor, and the way that tobacco use hampers development.

While many people have heard that tobacco companies pay large amounts in taxes, few have stopped to consider what those amounts actually mean. Since the poor are twice as likely to smoke than the rich, the people who pay most of the tobacco taxes are those who can least afford it. Tobacco taxes represent a transfer of money from the poor to the tobacco companies, with a very small percentage then going to the Government. Meanwhile, if tobacco taxes increased, then the Government would gain more revenue-but this is something the tobacco industry refuses to admit.

The tobacco industry also does not mention how many crore US dollars are lost each year due to import of tobacco, since imports far exceed exports. Nor does it mention the deforestation caused by the cultivation and curing (drying) of tobacco, or the environmental effects of the chemical wastes created in tobacco processing, or the chemical residue from the high quantity of fertilizers and pesticides needed to grow tobacco.



The tobacco industry often mentions the many people employed by tobacco. But what sort of employment is it? Many of those employed in bidi work are children and women working at wages so low-less than 50 taka a day-that they cannot be considered a livable wage. Many children help their parents grow tobacco, and thus cannot attend school. Meanwhile, the production of cigarettes grows more and more mechanized, and hires fewer and fewer people. How many more jobs would be created if people bought food instead of tobacco?

And how many fewer children would go hungry if their parents invested their money in nutritious food rather than tobacco? According to one study, over one crore children

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To
Tobacco

in Bangladesh who are currently going hungry would have enough to eat if their parents invested not all their tobacco savings, but just 69% of it, in food for their children. Children who can only dream of eating such luxurious foods as eggs and milk would have access to them, if the poor stopped buying tobacco and started buying these foods instead.

Who will benefit if the Government of Bangladesh passes a strong tobacco control law, that bans all forms of tobacco promotion, makes more places smoke-free, and places strong warnings on tobacco products? Who will benefit if the Government of Bangladesh raises tobacco taxes, and thus decreases the attractiveness and availability of tobacco products for the poor? Who will benefit if the Government works with the other Governments of the world to pass a strong Framework Convention on Tobacco Control, that will ensure international cooperation to lower tobacco use?

The poor. The uneducated. Our children. All those who currently have little or no access to the basic necessities of life, such as food, clothing, decent housing, health care, and education, but whose parents spend their hard-earned money on tobacco rather than on those necessities. Not only tobacco users, but those suffering from miserable employment in the tobacco sector, who will have access to better-paying and less dangerous jobs in other sectors, once spending patterns switch. And everyone will benefit from a cleaner environment, stronger economy, healthier workforce, and better fed and educated population.

It is time that the Government of Bangladesh acts in the interests of our people and of our environment, not in the interests of the tobacco companies. It is time that the Government passes a strong domestic tobacco control law, and joins forces with the world in passing a strong FCTC. Progress in tobacco control will mean progress for our environment, our economy, and our people.



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Case Study

Enlightened Shakhipur

Shakhipur is a union in Debhata thana of Shatkhira district located very close to the Indo-Bangladesh border. In some respects it is different from other such unions. This area was developed one since long-one primary school, one high school, two colleges, one government hospital, one private clinic, one bank branch and a registration office exist there. Electricity reached there in the 1980s. Although agriculture has been the main and age old occupation of the people here, the economy of the area has now been transformed in to a different type by the introduction of shrimp cultivation practices.

Since the area is located very close to the border with India, people of some places here are very much engaged in cross-border smuggling of goods and through them narcotic drug and synthetic drug started to reach the area converting some places into very strong dens of drug abusers, traffickers and traders. As a result incidence of drug abuse had been on the increase here day by day. The members of the public are now very much concerned and afraid of the future of their children and youths.



With the active role of AMIK, the people of the locality have been organised into a unified force to resist this drug menace. They have also formed drug prevention committee with representatives drawn from the civil society, youth organisations, NGOs, local government bodies and educational institutions. They have divided the nine wards of the union into two groups, each group having a committee of 21 members.



Also a union level committee with the union chairman as the chief has been formed. People of this area have taken a vow to stop drug abuse and drug trade at any cost in the locality. With that pledge in mind they have declared Shakhipur as a drug free, Enlightened Sakhipur, These anti drug committees have undertaken wide scale mass awareness activities and side by side offering full cooperation and help to the law enforcement agencies. They have caught a number of illicit drug traders and handed them over to the police authorities. Also they have now motivated a number of addicts to go for treatment. In mobilising and organising the people AMIK of Dhaka Ahsania Mission offered continued assistance.

Writer: Sadequr Rahman

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AMIK

Goal

The youths are active in undertaking social development activities particularly keeping their community free from abuse of drug, tobacco and HIV/AIDS

Objectives

1. Organise adolescents and youths of the vulnerable areas to keep their community free from abuse and illicit trafficking of harmful drugs and use of tobacco.
2. Facilitate community mobilization to combat abuse and illicit trafficking of harmful drugs and use of tobacco.
3. Create awareness about the consequences of HIV/AIDS.
4. Organise community-based treatment and rehabilitation centers for the recovered and recovering addicts.
5. Enhance capacity of the youth groups to undertake activities for improvement of social environment.



Broad Strategies

1. Organising the youths and adolescents (covering the age range of 11 - 35 years) into social action groups.
2. Capacity development of the youth groups for community mobilization and undertaking activities for improvement of social environment.
3. Organising community based and institution based campaign against abuse of drug and tobacco as well as against HIV/AIDS.
4. Working closely with the local government and community organizations in the social campaign and resistance initiatives.
5. Establishment of treatment and rehabilitation centers.
6. Capacity development of the local youth clubs to organize community-based detoxification and health centers.
7. Increase participation of socially responsible private sector for human and financial resource support.
8. Social monitoring of situation regarding abuse and illicit trafficking of drug and use of tobacco.
9. Sensitisation of community about social responsibility for the addicts and HIV/AIDS victims.
10. Launching advocacy campaigns through partnership with concerned stakeholders as well as national and international networks.

Major Activities

1. Mapping of geographical areas and strategy planning.
2. Organising youths into groups in selected vulnerable unions and locations.
3. Organising awareness raising campaign on drug abuse and trafficking, tobacco addiction and HIV/AIDS.
4. Mobilising private sector for resource support.
5. Development and dissemination of information and communication materials.
6. Training for capacity development of community based organizations, youth groups, local government and law enforcing agency personnel.
7. Orientation of local leaders.
8. Situation analysis and documentation of lessons.
9. Operating community based information hotline services for quick flow of information.
10. Introducing community policing system.
11. Liaison with local union parishad and law enforcing agencies.
12. Running treatment and rehabilitation centre for treatment, counseling and skill development of the addicts.
13. Reintegration/rehabilitation of the recovered addicts.
14. Advocacy with concerned departments, agencies and networks.



Central Committee

At the apex there is a 21-member Central Committee. The network of local committees is co-ordinated by the Central Committee under the Chairmanship of a former Inspector General of Police Dr.M.Enamul Huq. Membership of the committee includes National Professor, Barristers-at-Law, Educationists, Doctors and Government Officials etc. The Central Committee has been active in establishing fruitful contacts with different national and international anti-drug organizations.

Branch Committees

There are 402 Branch Committees spread over 150 Upazilas (Sub-Districts) of 54 District out of 64. There are 21 Members in each Committee. Normally the maximum age of the members of the Branch Committees is 30 years. The AMIK programmes have been rendering services to the community through these committees continuously creating mass awareness in the society among the parents and youths for drug demand reduction and have been motivating the addicted ones to get treatment and to have after care follow-up services.

Dhaka Ahsania Mission is a member of Switzerland based International Council on Alcohol and Addictions (ICAA) and the Executive Director of DAM, Kazi Rafiqul Alam is a member of its Board of Directors.

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Addiction

Capt.(Retd.) M.M. Feroz

Member Secretary, AMIK Central Committee

Drug addiction among youth is very dreadful,
For which one and all should be careful.

This has come from the West, the seat of culture,
I think they are worse than vulture.

Why do our youths fall its prey?
Who among us can really say?

Frustration among them reigns supreme,
The youth becomes worthless, who could really be a cream.

This sad episode is known to all,
For stopping it who will give the call?

A burning problem haunts the society,
Though among them not many are guilty.

The minority group is very strong,
As if they have license to do wrong.

It is not the Govt. who alone can put a check,
The G.Os and NGOs should work neck to neck.

I blame leaders for not setting a good example,
They are among many, who sip Dimple.

A poor country like ours cannot tolerate this nonsense,
We are playing with the life of innocence.

I do not know when this will come to an end,
Instead of heroin, towards books when will they bend.

A wishful thinking I know for sure,
But I know not what is the real cure.

Say
'No'
To
Drug

Success of a local movement against Drug abuse and Tobacco

Tobacco and abuse of drugs are not only killers of life, they are silent killers. From this realisation, different organisations have started operating different types of programmes across the country. Dhaka Ahsania Mission has been running a pioneering role since 1990 for creation of a community based movement in different districts against abuse of drugs and tobacco through its drug prevention and control programme known as AMIK. The outcome of the mission's efforts under cover of this programme, as many as 402 anti drug Branch Committees have been formed so far in 54 out of 64 districts in the country. This Branch Committees are engaged in the implementation of different programmes and activities mostly on their own initiatives so as to create wide awareness against drug abuse. One of the first Branch Committees formed in 1990 was the one in Domar upazilla of Niphamari district, an area close to the Indian border.

AMIK Branch Committee started to involve the people in the movement from the very early days of its creation and since then started their initiative to make all the schools and colleges, government and non-government offices, huts and bazars and other places freed from the abuse of drug. Since then the Domar Branch Committee has been implementing a programme of development of awareness materials, and also award giving to the non-smokers etc. They have also been providing training to the members and workers. Moreover, the committee was successful in collecting funds locally to meet expenses of implementation of the programme. The AMIK central committee provides only training to the master trainers and some members to run cumulative a grassroots level training programme. It also supplies some materials and a meager amount of financial assistance.

It is matter of pride to see that a number of schools and colleges in the area are now tobacco free. In recognition of their significant activities, the central committee of AMIK awarded the Domar Branch Committee with the first prize -2001 for best performance. Honorable Minister of the Health of the Government of Bangladesh handed over the prize in the formal ceremony organised in June 2002. Leading personalities of the area like Dr.Hamida Banu Shova, MP, the pouroshova chairman Mr. Azharul Islam and also the local administrative authorities have been offering all possible help and cooperation including financial assistance. Gradually a movement of this type emerged all over the country and made the name of Domar remain shining as the pioneer.



Writer : Sadeqr Rahman

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AMIKK

Month Long Programme-2002

Short profile of Month Long Programme

AMIK Central Committee along with its Network comprising local level 402 Branch Committees undertaken a month long programme in May and June 2002 for observance of World No Tobacco Day & International Day Against Drug Abuse and Illicit Trafficking-2002. It may be noted here that in the last year also a month long programme was undertaken in observance of the day and there was tremendous impact of the programme which inspired the AMIK to undertake such a programme in 2002.

The programme had been divided in two phases - firstly the Central Committee organized some programmes in the capital which included Seminar, Discussion Meeting, Round Table Meeting, Rally, development of posters, stickers & leaflets and Award Giving Ceremony for best performance towards creating awareness among the masses about the harmful affects of drug, apart from Advocacy for a comprehensive tobacco control law, assisting the Government sector to organize various programmes and participation in the programmes of other networks, alliances and NGOs. Secondly, AMIK Network spread all over the country organized various programmes - some were common programmes generally undertaken by all the Branch Committees - discussion meeting, rally and school programmes, and some programmes of varied nature - folk song (Jari Gan), art competition etc, were undertaken spontaneously by the Branch Committees.

Seminar and Award Giving Ceremony : A seminar was organized on 25th June, 2002 jointly by the Department of Narcotics Control of the Government and Ahsania Mission Drug Prevention and Control Programme (AMIK) on the occasion of observance of International Day against Drug Abuse and Illicit Trafficking-2002. The Hon'ble Minister for Health and Family Welfare Khondaker Mosharraf Hossain was the Chief Guest in the seminar. The Director General of the Department of Narcotics Control Mohammad Salam presented the key-note paper entitled "Awareness Creation of the General People in Avoiding Drug Addiction" using multimedia. Brigadier Q.



M. S. Hafiz National Programme Officer, WHO and Dr. Shamim Matin Choudhury, Chief Consultant, Central Drug Treatment Centre were the discussants. On this occasion 3 Branch Committees viz. AMIK, Domar, Branch of Nilphamari, AMIK Prattasha Branch of Jessore and AMIK Palli-Agragoti Sanstha of Gaibandha were awarded first, second and third prize respectively for their Commendable contributions in awareness raising against use of tobacco & drugs. The seminar was presided over by former Inspection General of Police and Chairman of AMIK Central Committee Dr. M. Enamul Huq, Vote of thanks was given by Capt. M. M. Firoz, Member Secretary AMIK.

Round Table Meeting: On the occasion of World No-Tobacco Day 2002, Bangladesh Anti-Tobacco Alliance (BATA) organized a roundtable discussion on "Tobacco Control Act" at the National Press



Alam. Mr. Alam also addressed a Press Conference organized by BATA on the occasion.

School Programme: School programme included orientation of students for creating awareness among themselves as also in the family and the community. The AMIK Branch Committees organized the programmes in association with the guardians of the students and the teachers of schools and local elite. The Master Trainers of AMIK conducted the orientation programme. This year the programmes were conducted in 230 schools. There was unprecedented success of the programme and all the 230 schools were declared No Smoking Zones and hung permanent sign boards in each and every school.

Rally: As part of the month long programme at central level AMIK participated in the grand rally organised in the capital city. The rally started from National Museum and ended in the Osmani Memorial Hall. Teachers and students of the NFE schools of DAM, members of the AMIK Central Committee, representatives of the Branch Committees and officers and employees of DAM participated in the rally.



Debate Competition: Debate competitions were organized in the Districts of Jessore and Nilphamari. In Jessore the discussion was on the theme - Smoking is Taking Poison and that of Nilphamari (Domar Branch Committee) was "Drug Abuse Spoiling our Youths". The children of local schools participated in the debates. There were very lively discussion in both the debates bringing out various bad affects of drug on our future generation particularly the youths. After the debates prizes were distributed among the best performers.

Discussion Meeting: Discussion meetings were organized in some 25 Districts by the concerned network members i.e. the AMIK Branch Committees. The heads of administration, top officials, top political leaders and elites e.g. Members of Parliament, Chairman of the Municipal organization, Deputy Commissions of the District, Police Super, Civil Surgeon, heads of other Government and Non-Govt. Organizations, heads of educational institutions including the Principals Colleges,

Club in collaboration with Manosh and Dhaka Ahsania Mission (DAM). Dr Arup Ratan Chowdhury presented the keynote paper and Justice Habibur Rahman Khan, Prof Nurul Islam, Dr M Enamul Huq, former IGP, Brig Q.M.S. Hafiz, Dr Obayed Mohsin, Mr. Shamsuzzaman, Mr. Dipandar Goutam and Mr. Kazi Ali Reza participated in the discussion. The discussion was presided over by Executive Director of DAM Mr. Kazi Rafiqul

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Journalists, top businessmen and the civil society leaders were present in the discussion meetings. The speakers were vocal about the bad affects of drug and tobacco on the society and promised to work and extend all possible support and cooperation towards prevention of abuse of drug and tobacco control.

Cultural Programme: Cultural programmes of various nature were organized by the AMIK Branch Committees in several Districts. The programmes included - different kinds of anti-drug songs, recitations and dances. Noted artists including those from the national broadcasting organization were among the performers.

Drama: Several Dramas were organized by the Ganokendras (Community Learning Centres) in the district of Jessore, bringing out various ill affects of drug and tobacco in a very convincing manner and these seemed to have tremendous effects on the audience. In Nilphamari district the AMIK Branch Committee arranged such a drama named - Protirodh meaning of Preventing Drug Abuse. The performance was superb. The drama was taken in Video and telecast through local satellite channels.

Folk song: In the District of Narsingdi, a special type of folk song known as 'Jari Gan' was organized by the Ganokendra (Community Learning Centre) of DAM. Through this 'Jari Gan' the local artists publicized various aspects and bad affects of drug abuse.



Discussion in the religious institution: Discussions were held in around 100 religious institutions during the months. In these meetings, the religious leaders discussed about abuse of drug from the religious perspectives in a very convincing way. These discussions had a great impact among the masses about the harmful affects of drug as there being religious injunctions.

Art Competition: Art competition were organized by the Area Office of Dhaka Ahsania Mission in Jessore and Jhenaidah Districts. The young artists - the children drew very interesting pictures depicting various aspects of life of the drug addicts. Awards were given to the best three in both the Districts to encourage the artists. The Deputy Commissioners of the Districts distributed the awards.



Human Chain: A Human Chain was formed

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in the Domar Sub-District of the District of Nilphamari demanding a comprehensive tobacco control law. Hundreds of students of various educational institutions and the people of all walks of life participated in the Human Chain.

Symbolic Hunger Strike: A symbolic hunger strike was organized by the AMIK Branch Committee of Domar Sub-District in front of the office of the

Domar Municipality to free the Domar Sub-District from the abuse of drug. Political leaders, teachers of schools and colleges, freedom fighters, members of civil society and the members of AMIK Branch Committee participated in the hunger strike from 9 a.m. to 5 p.m. The hunger strike was broken on assurance of the head of the local administration - Upazila (Sub-District) Nirbahi Officer, to take appropriate action to free the Sub-District from abuse of drug.

Anti-Drug Fair: Department of Narcotics Control, AMIK and several other NGOs jointly organized a Two-Day Anti-Drug Fair in the Freedom Fighters Museum in the Capital City of Dhaka. In this fair

various IEC (information, education and communication) materials developed by AMIK were displayed in its Stall. A great enthusiasm was observed among the visitors of the AMIK Stall.

Materials Development and Distribution:

One new Poster and one Sticker was developed and printed in 10,000 copies each for distribution among the masses mostly through the AMIK Branch Committees. Apart from the own materials of AMIK, materials developed by other anti-drug and anti-tobacco organizations were also collected and distributed among the

masses for creating awareness about the abuse of drug and tobacco control.

Impact: There has been a great impact of the month long anti-drug and anti-tobacco programme. The news and features of the programme were publicized through the print and electronic media which created tremendous awareness among the masses and really created a movement against abuse of drug and tobacco control. A large number of educational institutions and public offices were instantly declared no-smoking zones and heads of many offices and public leaders were quitting tobacco setting examples for others. This would be a great inspiration for all workers and promoters of anti-drug and tobacco control activities particularly the AMIK Branch Committees.

Reporting: Iqbal Masud



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AMIK Central Committee Members

Name	Designation	Address
Dr. M. Enamul Huq	Chairman	Former Inspector General Of Police & D.G. Department of Narcotics Control
Prof. M A Momen	Vice-Chairman	Professor, Dhaka University
Prof. Dr. Nazimudulla Chowdhury	Vice-Chairman	Psychiatrist
Capt. (Retd.) M.M. Feroz	Member Secretary	Former Director (Admin), Department of Youth Development
Mr. Iqbal Masud	Joint Member Secretary	Programme Officer, Dhaka Ahsania Mission
Mr. Kazi Rafiqul Alam Mission	Member	Executive Director, Dhaka Ahsania
Prof. Rowsan Ara Firoz	Member	Professor, Department of philosophy, Dhaka University
Ms. Sajeda Humayun Kabir	Member	Social Worker
Prof. Abdul Hakim Sarkar	Member	Professor, Department of social Welfare Dhaka University
Dr. Samim Matin Chowdhury	Member	Pabna, Mental Hospital
Prof. Basira Mannan	Member	Professor. Department of Social Welfare Dhaka University
Md. Rasidul Haque	Member	Director, Department of Narcotics Control
Brig. Q. M. S. Hafiz ,	Member	National Programme Officer, World Health Organisation (WHO)
Mr. Kazi Ali Raza	Member	Officer In-Charge, United Nation Information Center (UNIC)
Prof. Dr. M. A. Hai	Member	Director. Ahsania Mission Cancer Hospital
Prof. Nurul Islam	Member	Director, Public Relations, Dhaka Ahsania Mission
Mr. M. Ehsanur Rahman	Member	Director, Programmes, Dhaka Ahsania Mission.

AMIK Over Last 12 Years

July 1990- June 2002

Activity	Achievement
• Anti-drug rally	2,030
• Discussion on drug abuse	3,151
• Seminar/Symposium	93
• Essay Competition	174
• Debate	136
• Sports and Cultural Programmes	387
• Master's Trainer Training Course	14
• Worker's Trainer Training Course	179
• Orientation Course of School/College Students	1256
• Community Leaders Orientation Course	92
• Street Meetings	177
• Poster Competition	05
• Creation of Smokes Free Zones	758
• Souvenirs Published	41
• Community Based Detoxification Camp	11
• Formation of Self-help group	11
• Providing Skill Training	97
• Rehabilitation	79
• Organized Discussion Meeting on SEAAT Flame	01
• Wall Calendar Published	04
• Sticker Published	09
• Poster Published	11
• Leaflet Published	08
• Press Conference	03
• Human Chain	02
• Round Table Meeting	02
• Drama	12
• Folk song	08
• Symbolic Hunger Strike	01
• Discussion in the religious institution	127

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Dhaka Ahsania Mission's Experience in Prevention of HIV/AIDS

Dhaka Ahsania Mission 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. The anti-drug network of local level initiatives (known as AMIK) works

through a system of committees composed of teachers and students of schools, colleges and universities on the one hand and the guardians, youths and local level organisations on the other. At present there are 402 community based AMIK committees covering 150 upazilla of 54 districts in the network and quite a few others are in the process. Awareness raising campaign for prevention of HIV/AIDS goes along with anti-drug messages as integrated package. These committees are continuously creating mass awareness in the society including the parents and youths for against HIV/AIDS and drug demand reduction and have been motivating the people to get treatment and to have after-care follow-up services.

Training Courses

The Branch Committees are required to create awareness among the members of the public, the parents and youths including students so as to create a movement against HIV/AIDS. To carryout these tasks. The local level Branch Committee members need to be trained on different aspects of the HIV/AIDS & drug problem. 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) of the Government, ESCAP-Bangkok and other relevant Local Organisations, like Paschim Jattrabari Cirra Chakra, Dhaka, Pratibab, Chittagong, Young Dragon Club, Chittagong, Bhadan, Pabna, Asakti Punar bashan Kendra, Rajshasi, Prasikkit, Jessore, Rastrict Society, Jessore, Janani,Rajshasi, Terokhadia, Rajshasi, Praghati Sangha etc. The Committee Members of the project locations were regularly and systematically trained on the subject. The trained personnel thereafter organized local campaign activities including workshops/seminars, rally etc. and created awareness in the society on HIV/AIDS.



Materials Development

A number of information and awareness creation materials were developed under the preventive programme. The local level committees are supplied with different education and awareness building materials such as, booklets, posters, leaflets for distribution throughout the country. DAM has a particular advantage in development of materials as it has a full-fledged Training & Materials Development Division, which has so far developed and published a large number of HIV/AIDS awareness materials. The materials include poster, booklet, chart, training kit, etc.




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Awareness Raising

On HIV/AIDS, DAM's approach is creation of awareness among the masses about the killer disease and this is done through a variety of ways including awareness creation through IEC materials, discussion and deliberations. This goes together with drugs in the matter of preventive efforts and all the 402 Branch Committees work for creating awareness among the masses about various aspects of HIV/AIDS including its symptoms etc. and also to remain cautious than being panicked. Now in addition to the Anti-Drug Network the Ganokendra (Community Learning Centres) members are also being trained in creating awareness among the community about HIV/AIDS - what to do and not to do prevent HIV/AIDS. DAM made HIV/AIDS education built-in in all of its educational activities at the community level.

Recently Dhaka Ahsania Mission conducted a survey to identify and review the successful non-formal education programs focusing on building awareness and preparedness 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. Some non-formal education programmes included HIV/AIDS in their curriculum for youths and using available IEC materials for developing awareness on STD/AIDS. In view of this, it has become urgent to incorporate adequate information about HIV/AIDS in the NFE materials with a view to

create awareness among the neo-literates and for that matter among the masses.

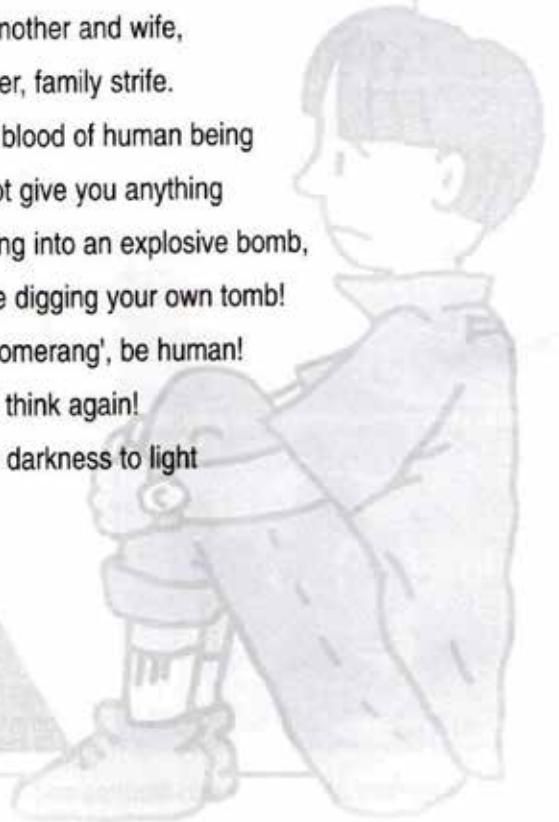


Appeal to the Drug Traffickers

Rowshan Ara Firoz _____

Member, **AMIK** Central Committee

Oh! human being! Are you not rational?
Don't you know every cause produces an effect it's eternal.
You are creating a dehumanized generation.
Demoralized youth, family disorganization;
Cool tears of mother and wife,
Agony of father, family strife.
You are sucking the blood of human being
The wealth will not give you anything
Whole society transforming into an explosive bomb,
Human culture, you are digging your own tomb!
Don't make the 'Boomerang', be human!
Think and think again!
Come from the darkness to light



Dhaka Ahsania Mission

Year of Establishment: 1958

Founder: Hazrat Khan Bahadur Ahsanullah (R.A)

Legal Status:

The Deptt. of Social Welfare (No. 316 of 1963) &
The NGO Affairs Bureau (No. DSS/FDO/R/246 of 1987)

Official Relation with UN Agencies:

Operational Relations with UNESCO
Consultative Status (Special Category) with UN ECOSOC
Associate status with UN DPI

Specialised Institutions and Initiatives:

Ahsania Mission Cancer Hospital(AMCH)
Ahsania Mission Drug Addiction Treatment & Rehabilitation Center
Khan Bahadur Ahsanullah Teachers Training College (KTTC)
Ahsanullah University of Science & Technology (AUST)
Ahsania Mission College of Science & Business Studies
Institute of Technical & Vocational Education and Training (ITVET)
Institute of Primary & Non-formal Education (IPNE)
Ahsania Mission Book Distribution House (AMBDH)
Bangladesh Literacy Resource Center (CLRC)
Vocational Training Institute for Working Children (VTIWC)
Ahsanuallah Institute of Information and Communication Technology (AICT)

Major Areas of Intervention :

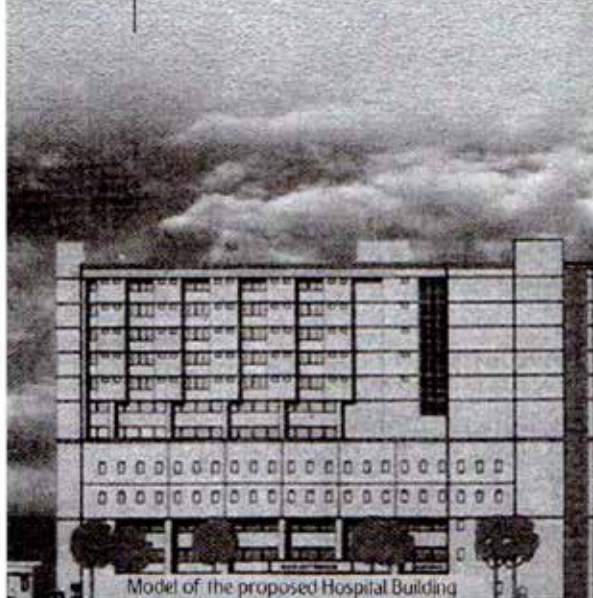
Non-Formal Education
Continuing Education
Technical/Vocational Education & Skill Training
Water Supply and Sanitation
Human Resource Development
Disaster Preparedness, Relief & Rehabilitation
Women's Development and Gender
Refugee Counseling Service
Poverty Alleviation and Institution Building
Environment Protection & Development
Drug Abuse Prevention & Tobacco Control
HIV/AIDS Prevention
Child Rights and Child Labour
Child & Woman Trafficking Prevention
Materials Development
Training
Research & Consultancy



Ahsania
Mission

Cancer Hospital

AMCH



Model of the proposed Hospital Building



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a project of
DHAKA AHSANIA MISSION
Dhaka, Bangladesh

DAM's International Membership and Collaboration

Dhaka Ahsania Mission, since its inception, has experienced rapid expansion and development in its agenda of programmes and activities. This has been both a cause and a result of the wide ranging cooperation, collaboration, partnership and support that have been forthcoming from our development partners and donor agencies, international organizations and the concerned Government Departments in Bangladesh and abroad. It has developed an excellent working relationship as a member of many international organizations, networks and coalitions such as: the Asia South Pacific Bureau of Adult education (ASPBAE), International Council for Adult Education (ICAE), Appeal Resource & Training Consortium (ARTC), Commonwealth Association for Education and Training of Adults (CAETA), Education for All Network (EFAN), Global Partnership for Tobacco Control (GPTC), International Agency on Tobacco and Health (IATH), International Council on Alcohol and Addiction (ICAA).

DAM's collaborative involvement encompasses many organizations of the UN family, bilateral donor organizations, government departments, etc. such as: UNESCO, UNHCR, ESCAP, UNDCP, WHO, UICC, Global Link, Colombo Plan, ILO, ACCU-Japan of UN; CAFOD, Concern Universal, DFID, Kirby Laing Foundation, Service Sister, Community Fund of U.K.; Ulster Bank 3rd World Fund, Electric Aid, AIDLINK, APSO, RTE One World Fund, World Mercy Fund, Dept. of Foreign Affairs of Ireland; IIZ/DVV of Germany, USAID, Laubach Literacy Int'l of USA, Royal Danish Embassy, Embassy of Japan, Australian High Commission, Embassy of Germany, Canadian High Commission, Helen Keller International, DANIDA, European Union, CORDAID, SKN of The Netherlands, Deutscher Caritasverband (German Caritas), World Mercy Fund, Austria; DNFE Govt. of Bangladesh, National Commission for UNESCO-Ministry of Education, PMED-Govt. of Bangladesh.