



BRAC SCHOOL OF
JAMES P GRANT PUBLIC HEALTH



EXPLORING OLDER ADOLESCENTS' (AGE 15-19) PERCEPTIONS ABOUT SUBSTANCE ABUSE IN URBAN SLUMS: POLICY BRIEF

Anushka Zafar | Samira Ahmed Raha | Sajib Rana | Maimuna Zahra Fariha

EXPLORING OLDER ADOLESCENTS' (AGE 15-19) PERCEPTIONS ABOUT SUBSTANCE ABUSE IN URBAN SLUMS: POLICY BRIEF

Anushka Zafar | Samira Ahmed Raha
Sajib Rana | Maimuna Zahra Fariha

June 2021

Published by:

BRAC James P Grant School of Public Health, BRAC University (BRAC JPGSPH)
5th Floor (Level-6), icddr, b Building, 68 Shahid Tajuddin Ahmed Sharani, Mohakhali
Dhaka, Bangladesh 1212
Phone: +880-2-222277501 - 4 Extension - 6050
Fax: +880-2-8810383
E-mail: jpgsph@bracu.ac.bd
Website: www.sph.bracu.ac.bd

Written by:

Anushka Zafar
Samira Ahmed Raha
Sajib Rana
Maimuna Zahra Fariha

For any information on the policy brief, please contact:

Samira Ahmed Raha

Research Assistant
samira.raha@bracu.ac.bd

Sajib Rana

Research Associate
sajib.rana@bracu.ac.bd

Cover photo: Nazmul Hassan Shanji

Layout design: Nuruzzaman Lucky

Copyright © 2021 | BRAC JPGSPH

Published JUNE 2021

Table of Contents

ACKNOWLEDGEMENTS	4
ABSTRACT	5
OVERVIEW	6
DATA AND METHODOLOGY	7
FINDINGS AND DISCUSSION	8
Lives of Adolescents in Urban Slums	8
Community Scenario	10
Gang Involvement	10
Lack of Safety and Justice	11
Perceptions of Substance Abuse	12
Access to Substances	14
Costs of Substances	15
Factors Behind Substance Abuse	15
CONCLUSION	18
POLICY RECOMMENDATIONS	19
REFERENCES	20
ANNEXES	22
Annex 1: Table of Common Substances in Bangladesh	22
Annex 2: Table of Adolescent’s Perception on Commonly Mentioned Substances	23

Acknowledgement

This research was carried out under a grant from the Gender and Adolescence: Global Evidence (GAGE) Responsive Research and Evaluation Fund (RREF). We thank Professor Sabina Faiz Rashid (Dean) and Farhana Alam (Assistant Director, Center for Gender, Sexual & Reproductive Health & Rights) for their substantial feedback and subsequent reviews of fieldwork and primary drafts of this policy brief.

Abstract

Adolescents living in urban slums of Dhaka are subjected to myriad of vulnerabilities and challenges due to existing poverty, lack of opportunities, low-maintenance, poor infrastructure, prevalence of crime and corruption, etc. Additionally, adolescent's exposure to substance abuse caused by the availability and accessibility of drugs in urban slums is another pressing issue affecting their lives. Several studies have been conducted to explore the prevalence of substance abuse in the general context of the country; however, there is no evidence-based study that identifies the relation between experiences of adolescents, specifically residing in urban slums, and the factors influencing their choices around substances. Moreover, the existing policies of Bangladesh which are focused on children and adolescents does not explicitly address substance abuse. Therefore, the aim of this study was to collect evidence on the lived realities of adolescents in urban slums and their perceptions regarding substance abuse. Data collection consisted of 30 in-depth interviews with adolescent girls and boys between the ages of 15 to 19, 6 focus group discussions with parents of adolescents, and 3 key-informant interviews with policymakers and program implementers. Three sites for this study included two peri-urban slums and one low-income settlement located in Dhaka, Bangladesh. Findings of this study provides a picture of the community scenario and lives of adolescents in urban slums and identifies external factors influencing substance abuse – poverty, lack of recreation and play, lack of employment opportunities, lack of parental supervision, prevalence of local gangs and influence of “boro bhai”, and lack of safety and justice. Moreover, the study shows curiosity, peer pressure and adverse experiences are perceived by the adolescents as factors behind substance abuse. The findings also reveal how adolescents categorize different substances to varying degrees depending on how they perceive the direct physical harm or health implications and social disruptions a particular substance might cause. Recommendations have been developed based on the evidence from the emerging findings to provide more insight on future policy and programming about adolescents living in urban slums.

Overview

Substance abuse refers to the dependence and use of substances under three main categories – tobacco, alcohol and other illicit drugs (NIDA, 2003). This policy brief draws on evidence from a study focusing on older adolescents' (age 15-19) living in urban slums in Dhaka and their perceptions regarding substance abuse in their communities. Research studies have revealed that in the context of urban slums, adolescents are highly vulnerable to developing substance use dependency because of poverty, lack of quality education and few income generating opportunities (UNICEF, 2012). Existing literature explores the prevalence of substance abuse in the country's general population (2.5 million drug addicts in 2013 according to Shazzad et al.) and the impacts of substance abuse on adults' mental health. However, there is no analysis or evidence specifically on the experiences of adolescents living in urban slums that identifies factors influencing their choices around substances.

Bangladesh has an adolescent population of approximately 36 million; that is, more than one-fifth of the total population is those between the ages of 10 and 19 years (BBS, 2015). To ensure the wellbeing of this population, the Government of Bangladesh launched the Adolescent Health Policy 2017-2030. However, it mainly focuses on adolescent sexual and reproductive health, violence against adolescents, adolescent nutrition and mental health of adolescents; the policy does not explicitly address substance abuse. Subsequently, with the increase of slum dwellers (2.23 million in 2014, according to a census on slum dwellers and floating population by BBS), the number of adolescents who live in slums are also increasing. Due to the increasing number of marginalized people such as those living in poverty in urban slums, it becomes very difficult to implement and ensure effective coverage of health policies.

In the context of urban slums, there are various issues beyond health that can affect adolescents living in such conditions. First, urban slums in Dhaka city are informal settlements that are the result of mass migration into the city from rural areas. The main reason for rural to urban slum migration is natural disasters (cyclones, floods) which lead to the loss of livelihood and income generation, forcing people to move to the city with their families in search of better opportunities for themselves and their children (McNamara et al., 2015). However, after migrating to the cities they are still unlikely to find stable employment (Adams et al., 2015; Amin et al., 2012). Furthermore, slums often become magnets for substance abuse; recent newspaper reports from April 2019 show that several raids by law enforcement agencies like the Rapid Action Battalion (RAB) took place in Dhaka where substances like yaba tablets, Phensedyl (cough syrup) and cannabis were found in large quantities (Dhaka Tribune, 2019). Substance abuse in urban slums has a particular implication on adolescents because a combination of poor mental health and lack of recreational opportunities can easily lead to substance abuse as a way to cope with stress (UNICEF, 2012). This was also evident in a past survey of street children in Dhaka who reported being drug users; it was found that 56% started taking drugs between the ages 11-15 because they lacked parental supervision and guidance and thus were more likely to be peer pressured into using drugs (Masud et al., 2018).

Research shows that crime and illegal gang activity are pervasive in urban slums, which can have further detrimental effects on youth who are left under minimal adult supervision or guidance. A descriptive study conducted in 2016 that continued till 2018 revealed that Dhaka's illegal slums have become the source of crime, in which drug supply is one of the primary reasons. In recent years, 18 thousand people were convicted in 2006, the number has rocketed in 2010, and 37 thousand people were arrested in charge of narcotics and drugs related crime (Mohiuddin, 2019).

Furthermore, a study from Bangladesh revealed that for a person with substance dependency, arranging money to buy drugs becomes a critical issue especially when they have no source of income; this can lead them to stealing from their own family or friends, followed by other criminal activities like pickpocketing (Islam & Hossain, 2017). Therefore, the existence of the informal drug trafficking economy in urban slums also creates the access for adolescents who might choose to take part in the illegal trade to make money (Hasam et al., 2017).

While specific data about prevalence of substance abuse among adolescents in Bangladesh is less available, a study by Adnan et al. (2018) suggested that those between the ages 10 to 30 are more likely to be addicted to substances than those above 30 years. A rapid situation assessment on drug and substance use conducted by UNICEF in 2008 showed that the number of Dhaka's young population is relatively high due to age selective rural to urban migration (Mohiuddin, 2019). Another study by Hossain and Mamun (2006) showed how adolescents in treatment facilities refer to peer pressure and curiosity as the reasons behind substance abuse; the analysis of this study lines up with the global literature that shows young people are often led by curiosity, peer pressure, or factors negatively affecting their mental health (i.e., break-ups, stress or depression) when they first try smoking, drinking or other illicit drugs (Jinez et al., 2009).

Narcotic control laws have existed in Bangladesh for many years, going back as far as The Opium Act of 1857. After the Liberation War in 1971, the most important narcotic law was The Narcotic Drugs and Psychotropic Substances Control Act 1990. In 2018, the Government of Bangladesh updated this law because of the high prevalence of narcotics, especially yaba. One can now be sentenced to death for carrying, trading, storing or processing yaba weighing over five grams, according to The Narcotic Control Act 2018. With the Act being formed, the law enforcement agencies are trying to respond to the act and implement it. Moreover, the Police Headquarters has prepared a list of 26,299 drug dealers and patrons countrywide and has been conducting raids to catch them (Khan, 2018). With the introduction of the Act, the government and law enforcement agencies have started taking illegal use and trade of substances seriously and have initiated implementing necessary punishment and exile on those who are convicted with drug peddling and trade.

Furthermore, in Bangladesh, substances like tobacco products and cigarettes are readily available; not only are they a legal form of substances but there is also no monitoring of under-age smoking or implementation of existing laws that both prohibit tobacco use and selling to adolescents. In Bangladesh, people are able to easily access substances like cigarettes from a very early age, leading to the prevalence of young smokers. In the first GAGE baseline study, it was revealed that 18% of older male adolescents (age 15-19) surveyed had tried smoking (Alam et al., 2019) which also demonstrates early exposure of adolescents to smoking. Another study in 2013 showed 35.33% adolescent boys had smoking habits (Khan et al., 2018). Most of the adolescents (86.79%) had started smoking when they were 14 to 17 years old (Khan et al., 2018). Other substances like alcohol and different illicit drugs are also easily accessible. In Bangladesh about 80 percent of the drug addicts are adolescents and young men of 15 to 30 years of age (The Independent, 2017). In order to provide the context, Annexure 1 demonstrates other common substances available in Bangladesh as per the existing literature. Adolescents' perceptions of these substances are discussed in more detail later on in this brief.

Data and Methodology

Three study sites for this study included two peri-urban slum areas (Community A & Community C) and one low-income settlement (Community B) in Dhaka, Bangladesh. These sites were selected specifically because they were previously visited for the GAGE baseline study in Dhaka in late 2017 and early 2018. Therefore, the findings from this study will not only complement but also benefit the existing GAGE qualitative dataset conducted in Bangladesh.

Data collection included qualitative in-depth interviews with 15 adolescent girls and 15 adolescent boys who were randomly selected. Six focus group discussions with parents of adolescents, and 3 key informant interviews were also conducted with policymakers and program implementers whose work was based in each community. Our sample of adolescents includes boys and girls between the ages of 15 to 19. Data collection took place between October and December 2019. To gain a holistic picture of each community, key informants interviewed were individuals who were directly involved in development work within the study sites.

However, since there was a lack of existing programs in our study sites that exclusively worked on issues of adolescents and substance abuse, we did not have access to informants related to this type of work. Qualitative research methods were undertaken so as to better understand young people's experiences, and in particular their perceptions about substance abuse in their communities.

Findings and Discussion

Lives of Adolescents in Urban Slums

Findings showed that urban slum adolescents have to bear economic hardships from a very young age. For example, a mother from one of our FGDs who is a housewife living in Community A said that her 17-year-old son is going to school but also working part-time at a pharmacy in order to earn money for the family. The Bangladesh Education Report also showed a 36% drop out rate among boys and listed the need to enter the workforce in order to financially support their family (BANBEIS, 2017). Our findings showed that adolescent males prefer vocational training and other opportunities that lead to employment quickly. However, this places pressure on adolescent boys who must live up to often unrealistic expectations of having to support their entire family at such a young age and even before they can complete their education. Demonstrating this, one male respondent from Community C who is only 15-years old said,

"My first priority is my mother and my four siblings, I am doing my work along with taking care of my mother and building a house in our village...I just built a wall on my land, if I can build that house, I will send my mother and siblings there, I will earn whatever I can from here, this is my goal right now."

The analysis above was also supported by the participants of the FGD who were parents. Lack of job opportunities and quality education were reported by both adolescent respondents and parents from FGDs as a major problem for young people living in urban slums. During an FGD with mothers of adolescents, one woman from Community A shared, "Unemployment is one of the reasons young people end up like this (i.e., with substance use dependency). With no work, no job, they have so much free time... can make them easily adopt bad habits like using drugs." Similarly, a father from Community B said, "Usually it is those who are staying home idle, when they do not work, they do not have anything to do, they start stealing, pick-pocketing, harassing other people and then they use the money to buy drugs." Thus, with a combination of high expectations, unemployment and social and family pressure, can affect their mental health and adolescents who are easily impressionable can look for other outlets like substance abuse to cope with the pressure. One of the Key Informants from Community A said how lack of opportunity can lead an adolescent towards substance abuse and the importance of vocational training. He said,

"There are less opportunities to build a career for the educated people in our country. In this situation how a marginal child can ensure his future! So, it creates frustration in his/her mind and tries to find peace at drug abuse. To overcome this situation, it is important to emphasize vocational education where at least they can earn money by doing something."

As mentioned earlier, there is a lack of parental supervision due to the pressures slum-dwellers have to face in order to work and support their families. However, the parenting and rules they place on their children are gendered, as demonstrated by most of our study findings. For example, a 17-year-old female adolescent from Community C pointed out that parents play a gender-biased role when it comes to parental guidance and supervision and she thinks it is one of the reasons why boys can easily become influenced to spend time with delinquent youth who are part of gangs and partake in criminal activity.

A mother from Community C during an FGD shared that the parents can control girls because they stay indoors. But for parents of boys, the restrictions are less and they are generally allowed much more mobility. Additionally, as a result of conservative social norms, there may be even less concerns from the parents where the boys are, but greater fears of their daughters being harassed, raped or even involved in sexual relationships. A 17-year-old respondent from Community B said, **“Girls can only stay out till 8:00 PM and boys can stay out longer but that’s when they cause the most trouble. So, parents should be more aware and cautious about where their sons are going.”** This shows that girls are aware that they are more scrutinized by their parents and society.

Furthermore, while parents do not have the time and capacity to always keep an eye on their children, an even bigger problem is the lack of entertainment, and recreational activities for adolescents living in urban slums. All our respondents regardless of age or gender said their communities have very few safe spaces for children or adolescents to spend time or play outside school. For those who do not attend school at all, there are even less options. Among the three communities, we found only one community (Community A) having a playground where young adolescents could play and spend their time with their friends. An 18-year-old male adolescent from community A explained how he is emotionally attached to the playground and the its importance in his life,

“I like ‘dighirpar’ (the local name of the playground) because when you are upset, you should go to ‘dighirpar’, it will make you feel happy. Boys are playing football... Basically I like that place because I can chat with my friends there. So, most of the time, I spend time in the dighirpar.”

On the other hand, one of our key informants from Community A said: **“There are rarely any child-friendly spaces available for the poor in our country. Whatever was available has been vanishing slowly as people build houses on whatever space is available in slums.”** In Bangladesh, particularly Dhaka which is an extremely overpopulated and crowded city, there is a lack of housing which is even more intense in the slums. Therefore, with barely any space for people to live, there is hardly any consideration for space for children to play or be entertained. Another key informant from Community C who owns a daycare center said, **“The more free time children get with nothing to do, the more likely they can be coerced into using drugs and joining gangs.”** It was commonly shared by parents that they preferred to keep their children as busy as possible by sending them to school and tutorials after school to ensure that they were not left alone at home; this made them vulnerable to being lured off by gang members who recruit children who are often left home alone.

Most of the respondents of our research reported that adolescent boys are more likely to abuse substances in the context of urban slums of Bangladesh. When they have no one to talk to about their problems and have little to no parental supervision, they are at higher risk of finding other groups of adolescents to spend time with who may or may not be involved with gangs. This places them at further risk of getting inaccurate information about the accurate coping mechanisms and gets easily influenced to get involved into substance abuse. For example, several adolescent boys reported perceiving that smoking cigarettes can help alleviate stress and that they learned this from other peers or from seeing their fathers; if they receive such messages about methods of coping, then they will more likely adapt this kind of behavior which can do more harm and lead to forming substance use dependency. Majority of the participants expressed that involvement of females in substance abuse is lesser than males. Stories shared by most of the respondents regarding girls and substance abuse were mostly anecdotal. As a father from Community A during an FGD shared,

“There are dealers who are females too. They secretly buy and collect drugs and later sell them. Sometimes they do it through illegal ways that are against society, sometimes they get it from their husband. Say, the husband gives his wife one day to try, she likes it and gets used to it, and slowly starts taking it along with her husband. That’s how they turned to become dealers too”.

However, during our data collection we only found one adolescent girl from Community C who shared about her experience of trying alcohol. Moreover, one of our female adolescent respondents from Community B, who was later found to be the granddaughter of a local drug lord, also revealed how females of the community are involved in illegal drug selling and trafficking.

Furthermore, parents hold very high expectations for their children and expect them to take care of themselves, finish their studies, and maintain the house till they come home from work. This adds to the frustration of some optimistic adolescents, especially adolescent boys, who are almost forced into taking on responsibilities at an age when they are supposed to learn, grow, play and go to schools. Gender difference was found in terms of disciplining adolescents with parents sharing corporal punishment to be an effective way to discipline boys but girls need to be controlled more carefully. A father from Community A during an FGD said,

“For boys, the first medicine for disciplining them would be to beat them up till they understand why we are beating them. This is a solution for boys not for girls. Fathers handle their daughters differently. They are more prodigal and careful when it comes to daughters.”

This parenting style can cause stress and pressure on adolescent boys leading them to find outlets to cope wherever they can and wrong information of coping may place them at higher risk of substance abuse (Bassam et al., 2018).

Community Scenario

From interviews with male and female older adolescents, FGDs with parents and key informant interviews in each study site we have gathered that gang involvement, and lack of safety and justice is a major concern in these communities; moreover, these were identified as key reasons behind substance abuse and are discussed in more detail below.

Gang Involvement

In Bangladesh, certain conditions notably a fragile political state (Riaz, 2005), endemic poverty and pervasive slums (Lewis, 2012) predispose communities to organized crime and gangs (Hagedorn, 2008). Majority of the respondents mentioned that gang activity is very common in these slums and it was reported as the main reason behind adolescents’ involvement in substance abuse. For example, from our interviews with adolescents and FGDs, particularly with fathers, we came to know about the prevalence of gangs in the urban slums. Moreover, our key-informants have also confirmed it. As a key-informant from Community C said, **“There are so many youth gangs in this area, they are responsible for drugs the most!”**

When we asked male respondents who they looked up to the most in their community, some of them referred to a male individual as “boro bhai” who had some type of leadership role in the social group or community. However, some of these “boro bhai” are reported to be involved with local gangs, substance abuse and its business. Hence, adolescents, particularly boys, are more likely to be influenced by these “boro bhai” whom they admire as role models. As one father from Community B during an FGD explained how these local “boro bhai” not only influence the adolescents but also recruits them in their gangs,

“Drug abuse usually happen for the influence of “boro bhai” (big brother) , they give access to madok (drugs) to younger children and then slowly madok (drugs) becomes a habit, a business forms and an addict is produced”.

This process of gang recruitment was elucidated by an 18-year-old adolescent boy from Community C who eventually got himself involved into a local gang,

“One day I went to a tea stall in the area we live in. While I was smoking, a “boro bhai” came and started talking to me. He was kind to me. I had never received this kind of attention from anyone else in my family. After that I started roaming with him. The first time I smoked ganja was after I saw one of my “boro bhai” smoking ganja bought with the money he stole from someone’s purse. He offered me some. I enjoyed it so much that I continued smoking it till now.”

One of our key informants from Community A said that he believes the gangs are aware of which households are the poorest so that they can target them to recruit more members of the gang,

“When you are poor and your parents leave you alone at home, and you have nothing to eat or nothing to do, you can easily go off with a gang believing they know what is best for you instead of your real family.”

Therefore, the “boro bhai” target the most vulnerable adolescent boys in the community who are usually out-of-school and left alone at home while their parents are at work. Once they befriend these adolescents, they eventually begin to involve them in gang activities like being part of political riots, robberies and even dealing drugs; slowly the adolescents also begin using drugs under peer pressure and also to establish their masculinity by engaging in risky behavior.

Lack of Safety and Justice

Majority of our respondents mentioned the law enforcement agency’s affiliation in the illegal drug business. A 17-year-old male adolescent from community B explained how police and politicians patronize each other to perpetuate the drug business,

“Everything here starts from politics. They are also involved in the drugs and ganja supply here as well. No one from this area can say anything about this, or else, even the police are on their side. Even if someone raises a voice about this, the police will get bribed and will not arrest the culprit. In fact, he will arrest or hit the person who raised the voice.”

During an FGD with the fathers in community A, we got exposed to a story where the father shares how corrupt law enforcement agents can push innocent people into crimes such as drug peddling,

“I was on a rickshaw and a police officer ordered it to stop and made me get down. They asked me where I was going and I told them I was going to the mazaar (a Muslim shrine) to pray. One of the policemen asked me if I had any ‘maal’ (drugs) with me and I told him I would never possess such things. Then one of the policemen took my mobile phone and my keys and the two surrounded me from both sides as if they were ready to jump on me at any moment. They started accusing me of selling yaba, and they were threatening me, telling me to show them what was inside my pockets. They started putting their hands on me and I tried to move away. I noticed one of the policemen looked like he was trying to put something in my pocket and he was holding a tight fist”.

¹ These “boro bhai” (meaning “big brother” in Bangla) are established as gang leaders; he might not necessarily be the eldest, but he is the one that is respected by everyone else in the group and is revered as the dominant member.

This statement and story shared by the father clearly illustrates adolescents and parents' perception that local law enforcement is involved in the informal drug economy in urban slums. The father's story about the police attempting to place drugs in his pocket also showcases their fear of public servants like the police, who are willing to use whomever they find and blame them for peddling drugs in the community, particularly those who are poor and voiceless and cannot stand up to the police or local "maastans" (Bangla word translating to "crime boss" in English).

The fear for both adolescents and adults in the community is that there is no recourse to law or justice should there be an incident. Most of the local politicians and police are the one who are involved and as engaged in the drug trade as the gangs. In two of the main field bases for this research (community A and B), it was exposed and shared by many participants that the former and present community leaders did have influence and power over the corrupted law enforcement agencies and the drug cartel in the urban slums. In fact, the gangs are usually recruited and supported by these local leaders and law enforcement officers. During an FGD in Community B, the fathers of adolescents explained how drug dealers, local politicians and law enforcement officers are linked in the drug business. In line with that, one of the fathers from Community B said,

"Boro bhai, politics, business and conspiracy. If someone has power and does drug business, they also involve police with their money, so if the dealers want to deal at a certain place, you will see no police raiding that street at all. So, the dealers finish their deals very cunningly and very cleanly, so you can ever catch these dealers since the police are involved themselves."

Similarly, another father from Community A during an FGD shared his fear for his son,

"My son works with me, after that he is back home with his phone surfing through it. I do not let him get out of the house since it is not safe anymore. Days are not good nowadays, there are so many types of people outside: Dealers, Police, RAB (Rapid Action Battalion), Drug dealers, they sometimes take people to jail for no reason. In case someone takes my son, I do not have enough money to get him out of jail, so I stay safe, I keep him on my radar and I let him surf through mobile phone and play games on the phone at home."

Perceptions of Substance Abuse

Along with understanding the lives of adolescents in urban slums, the existing power-relation between gangs, local leaders and law enforcement agencies, and contextualising the adolescents within the drug scene of the communities, it was also crucial for this study to explore different perceptions on substance abuse in order to get a holistic understanding on this matter. Respondents were asked to list the names of all the substances they knew or heard about which demonstrated what they consider as a substance. This also helped to find out the extent of knowledge and experiences respondents had around substances. For instance, the Bangla word "nesha" directly translates to "addiction" in English and our respondents used the two words interchangeably. Few respondents associated "nesha" with anything that can turn into a habit, but said that the habit can have either positive or negative effects. For example, one 16-year-old male adolescent from Community B said,

"Addiction can include a lot of things. Apart from drugs, addiction can also arise from excessive dependency on mobile phones, TV, and social media. Reading can also become an addiction but it is a positive addiction." On the other hand, a few respondents defined addiction or "nesha" as a disease that is hard to cure. A 17-year-old female adolescent from Community B said, "Nesha is basically a disease. If you get addicted to something once you can never get out of it. It is very hard to get out once you're deep into it."

² See 'Perceptions of Substance Abuse in Urban Slums: A Photo Narrative' - a book complementing this policy brief.

However, our findings also showed respondents categorize different substances to varying degrees depending on how they perceive the harm it might cause including the direct, physical or health implications or the social effects of addiction to a particular substance. Take cigarettes for example; most of the adolescents and parents did not consider tobacco products, including gul, biri or jorda as items under the “nesha” category because it is a legalized product that is widely available and because cigarettes are smoked mainly by older men. Based on patriarchal societal norms, smoking cigarettes is considered permissible if you are an older man and in turn smoking is a signifier of one’s age or seniority. As one father in an FGD from Community A said, “Most men smoke, it is normal and legally sold...the tobacco industry in our country is a thriving one and required for the government to make money off of high taxes on tobacco, that is why it is allowed.” Furthermore, there was a clear distinction or generation difference that established an “old” vs. “young” issue. For instance, many fathers in the FGDs said that smoking was alright for men of their age but not for youth, particularly anyone under the age of 18. They said that it was not socially acceptable to be smoking out in the open if you are a young person in the eyes of all society. Smoking is actually prohibited by law for anyone under the age of 18 (Bangladesh Gazette Additional, 2013) but most respondents were unaware of this. In contrast, our case study Ali said that being part of a gang, one was expected to smoke cigarettes. He said, “It’s what boys do, we smoke, but I think a lot of boys start smoking because they think it will make them seem older and then they can get the respect of their other friends.” Ali demonstrates the link between smoking and masculinity, particularly among gang members and the peer pressure that is placed on young men to live up to certain ideals of what it means to be “manly” or “distinguished” and even feared by others. On the other hand, most of the fathers perceived ganja as more socially acceptable than other substances; however, ganja was perceived less socially acceptable by the adolescents.

Perceptions of certain substances provided us with signals about which substances were viewed as less harmful or more socially acceptable by respondents. By examining the perceptions around what is considered “acceptable” vs. “not acceptable” can also provide more insight on whether people are even aware of the laws regarding certain substances. By social acceptability the participants usually meant the hard drugs which show physical harm and changes to an addict’s body. The requirement of some perceptions may or may not match with what is legally presented as acceptable or not. For example, while tobacco products are legal, they are still harmful and can cause cancer; but perceptions of acceptability can further establish how much public awareness or knowledge about these substances is being effectively provided to the mass population. That is to say, would the perception around social acceptability change if more people knew about the harmful effects of other commonly used tobacco products like gul, jorda and paan which are less known about publicly. The diagram below goes on to provide a summary of each substance mentioned by study participants. Additionally, perceptions around how to access substances, costs, and reasons why people use substances was also discussed in subsequent sections of this report. Annexure 2 provides a summary table with perceptions of substances as provided by respondents.

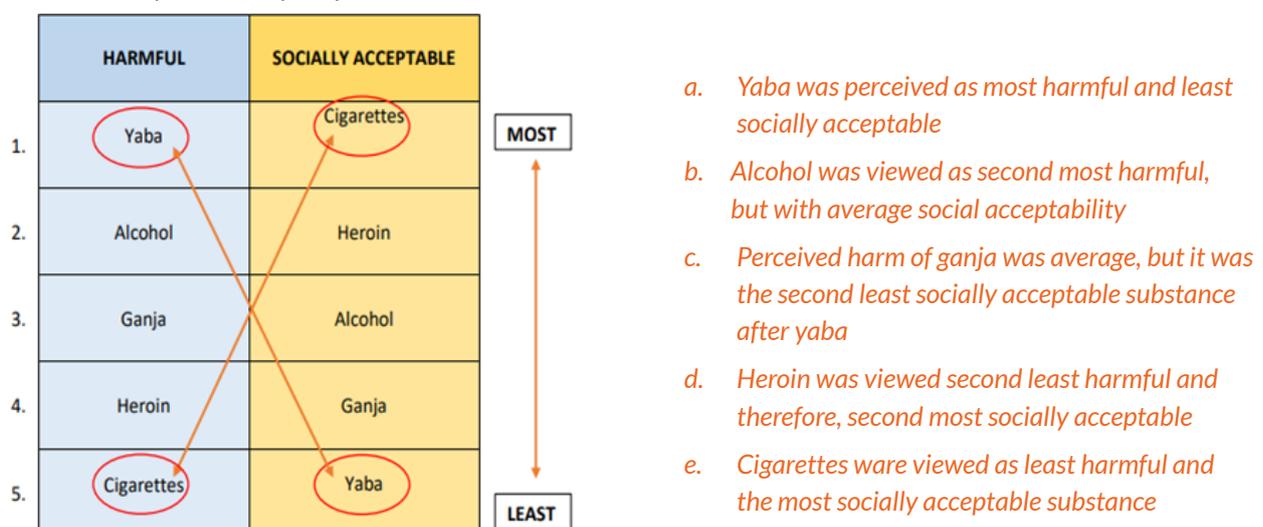


Figure 1: Adolescents Perceived Harm and Social Acceptability of Common Substances

Access to Substances

Perceptions regarding access to substances among the respondents in urban slums revealed that access of different substances varied depending on the type. For example, cigarettes and other tobacco products like jorda and gul along with paan are readily available from tea stalls to “mudir doka” (small shops), particularly because these products are legally and generally not viewed as “substances”. Two other substances that our respondents said are easily available are jhakka and glue because they too are legally sold. To make jhakka, a person can easily purchase carbonated beverages and OTC medication, especially since sale of medication is rarely monitored, particularly in urban slums. On the other hand, solvent glue can also be easily purchased from hardware stores. However, one 17-year-old male adolescent from Community A said that because street children commonly used glue, they would often steal the glue from the “muchhi” (roadside shoe cobbler), place it in plastic bags and then sniff the glue to get high. Tobacco products, jhakka and solvent glue all fall under the categories of substances that can be abused and cause major harm, yet they are so easily accessible, especially for adolescents in urban slums. Other types of substances like alcohol and drugs are secretly trafficked and cannot simply be purchased in a shop or over the counter; even though they are still easily accessible in urban slums. A 17-year-old male adolescent from Community B said,

“There was a spot here on that road (pointing towards a road from the community) people sold those openly and you could find everything there. like ganja, Phensedyl and yaba everything. Maybe in 2015 or 2017 a two-storey building was built by ganja selling money in Taltola road. Police raided that building and found 6 bags of ganja and a lot of Phensedyl. After closing that depot another depot of drug selling was built here. Police raid there also and now there is no recognized depot of drugs. So, what I mean to say is that drugs are sold by dealers. However, people buy alcohol from the bar.”

Interviews with adolescents and FGDs with parents revealed that suppliers of substances (i.e., drug dealers) have hidden and illegal connections via which they traffic drugs and alcohol. However, there were two main differences discussed between the buying and selling of alcohol versus drugs. For example, when we asked a 17-year-old male adolescent from Community A about how he managed to buy beer, it was found that he was not aware as to where the beer came from. He and his peers would gather whatever money they had saved up for buying beer on special occasions or festivals, and then they would give the money to another friend who would source the beer from another friend; this blurred the path of supply as the trade would go through four or five people before the beer was actually purchased and delivered back to him and his friends; On the other hand, our case study Ali and his fellow gang members had specific dealers to purchase different drugs from. He said the substance he bought most frequently was cannabis and that dealers for this drug can be more commonly found; he said it was the easiest to sell. This can imply that the illegal trade of cannabis in the urban slum is rampantly available. This was also noted by adolescents we interviewed from the same community who said that cannabis dealers were selling their products in broad daylight and that nobody stopped them, not even the police. A 17-year-old male adolescent from Community C said, **“Very often you will see men exchanging a small packet in their hand, they do it very quickly and sneakily.”** Another mother from Community B during an FGD said, “In some parts of the slum we need to walk through holding our nose because of the smell of ganja. It smells very bad.” When asked where they thought young people found the money to buy drugs like cannabis, the majority of the adolescents and parents reported believing that stealing was the main method. As a 17-year-old adolescent boy from Community B explained, “There are gangs of boys that go around and snatch bags and wallets and then use the money to buy drugs.” During an FGD with fathers in Community A, they unanimously believed that girls were often part of these gangs too where they help steal mobile phones, bags and wallets in order to obtain money and buy drugs like yaba. One of the fathers said, **“Girls are smarter and have smarter ways to collect money, they also steal, they also pick-pocket, but they are suspected less.”**

³ See ‘Perceptions of Substance Abuse in Urban Slums: A Photo Narrative’ - a book complementing this policy brief.

Costs of Substances

Adolescents and parents had varying perceptions about access and cost of substances, but their main observations and experiences were around cannabis or yaba. A 15-year-old male adolescent from Community C said, *“I heard from my friend that a small packet of ganja costs 100 to 150 taka. But yaba, it’s about 300 to 350 taka per pill, and that is much more expensive.”* A Key informant from Community C said, *“I think yaba is used by high-class people. It is not affordable for people living in slums. People in these areas mix things like ganja with cigarettes because it is not that expensive. They can only manage the cheapest thing available.”* Thus, the overall perception is that cannabis is less expensive than yaba and more affordable for people living in urban slums. However, findings revealed another perception that everyone in the slum who is viewed as a drug addict is using yaba. These contradictory ideas imply that while the use of illegal and harmful substances is pervasive in urban slums, perceptions about access and costs may not be as clear among slum residents. Another 17-year-old male adolescent from Community A thinks that the costs might not necessarily always stay the same; he said, *“Depending on who you are buying the pills from, if they are your friend, they can charge a little less sometimes, give you a discount.”* This might imply that in order to keep the demand for the drugs consistent, some dealers may be allowing buyers to purchase at various costs, depending on the buyer’s circumstances (i.e., if he doesn’t have the money on him at the moment to buy at full price).

However, it is important to consider some of the conflicting notions at times regarding costs of substances and whether or not it is actually affordable for those living in urban slums. A range between 150 to 300 BDT for one yaba pill is still a very high cost for people living in slums where 1 in 5 people live under 450 BDT (approx. USD \$5) a day (Al Jazeera, 2020). As a result, substance abuse can become further problematic and a visible social disruption when people who do not have sustainable jobs or sources of income are finding themselves using the money that they should be using to support their families on illicit drugs instead. This can be related back to the stories that several of our respondents, particularly the mothers of adolescents during FGDs, shared about drug addicted men stealing and later selling their own household items to buy drugs.

Factors Behind Substance Abuse

Majority of adolescents, especially boys, seem to know a lot about substances, particularly in their communities, including types of substances, as well as ways to access and the costs. Although not all adolescents might be using substances, they have various levels of knowledge based on their experiences and their surroundings. The respondents we interviewed had a variety of personal experiences ranging from those who knew very little to those who used substances themselves. But understanding adolescents’ perceptions was also a key to providing insight on factors leading to substance abuse, including particular circumstances of their lives in the urban slum context.

First and foremost, the global literature states curiosity to be the most common reason why adolescents experiment with substances. Our findings revealed similar cases that point to curiosity as one of the many reasons behind substance abuse. When we asked respondents why they thought adolescents wanted to try substances, the majority answered that it was because they were curious. As a 17-year-old male adolescent from Community B explained how curiosity works towards substance abuse, *“Suppose if I have a friend or 4 to 5 people in my friend circle doing drugs, at one point I will be curious and can try. If I try, I will do it again and slowly become used to it and get addicted to it”*. Another 18-year-old male adolescent from Community B stated how he felt curious towards alcohol but could not drink,

“I had curiosity about drinking alcohol but couldn’t try that. I felt curious because I saw people drinking alcohol and behaving like a mad person. So, I want to know what it feels when anyone drinks alcohol. Moreover, I saw a bottle of bangla mod (local alcohol) which is in white color. It makes me more curious about that.”

One of our key informants, a teacher from Community C, also said,

“One’s surroundings and environment play a very important role. There are times you will see boys doing drugs on the sides of the streets. Such boys and drug users make others around them curious and that is how others get involved with bad habits and substance abuse.”

This curiosity of urban slum adolescents stem from multiple factors; with little opportunities or spaces in their community for healthy recreational activities they are left feeling bored. Due to the lack of productive recreational activities and increasing availability of substances in their community, they may end up giving into curiosity, combined with peer pressure, and allow themselves to try various substances.

Thus, another factor working behind curiosity is adolescents’ eagerness to fit into social groups; fitting in might often constitute giving into peer pressure in order to prove one’s place in the group. As an 18-year-old male adolescent said, “I also think peer pressure is also one of the main reasons for substance abuse. There are some other reasons like force (by friends) and sometimes his own interest.” This is similar to dynamics within gangs which are commonly found in urban slum settings. More particularly, in the Bangladeshi context, the gangs are often led by leaders referred to as “boro bhai” (Bengali term for “big brother”). Since the leaders of gangs in urban slums hold influential positions, they are also commonly alleged to be associated with drug business and substance abuse, as per our findings. One of our key informants from Community A said they believe adolescents boys are often lured into these groups; which in turn provides the adolescents a feeling of acceptance and validation. This is further demonstrated by our case study Ali who claims Level Eye, the gang he is in, is like his family and that they provide him the protection he needs to survive in the slum. He also knows that being part of Level Eye guarantees him access to the drugs he is addicted to, along with the friendship and loyalty that comes with being part of a gang.

However, there are also cases of less severe forms of peer pressure combined with adolescent curiosity; regardless it still leads to partaking in risky behavior like underage drinking. For example, one of our case study respondents, Faria (name changed) shared the story about secretly stealing alcohol from her brother with her friend. The respondent said that she was curious to try it but did not like it; Adverse experiences can also directly influence a person’s choices behind substance abuse. In line with this, a perception shared by a 16-year-old female adolescent from Community C was, “I heard taking drugs helps ease emotional pain and sadness, a lot of people think like this. But it’s a misconception. I’ve heard them say this, but I don’t exactly know why they do it.” A father from Community B also said, “Some people do it out of frustration, pain, or sometimes when they are angry.” This can be related back to findings from literature review that referred to peer pressure and curiosity as reasons behind substance abuse along with young people being led by curiosity, peer pressure, or factors negatively affecting their mental health when they smoke, drink or use illicit drugs (Hossain & Mamun, 2006; Jinez et al., 2009).

Children’s upbringing is also a factor behind the use of substances. The majority of the adolescents, parents and key informants agreed that young children left at home alone while their parents are at work all day are at higher risk of starting substance abuse, particularly because they are lured by friends, peers and neighbors. A 16-year-old female adolescent from Community A said,

“If parents give enough time to their kids, they will never get involved in drugs. Parents don’t have enough time. Suppose if you spend enough time with me, I will not be able to do anything bad. Bad things happen only when people stay inside the house alone. Then bad thoughts come to their mind. Eventually they get involved in bad stuff.”

⁴ See ‘Perceptions of Substance Abuse in Urban Slums: A Photo Narrative’ - a book complementing this policy brief.

⁵ See ‘Perceptions of Substance Abuse in Urban Slums: A Photo Narrative’ - a book complementing this policy brief.

The respondents quote is almost like a foreboding to the story of Ali on of our case stories who said that he moved from Cox’s Bazar with his mother who would be out of the house all day working; this gave Ali the chance to explore the slum which led him to a nearby tea stall and it was there that he first met his “boro bhai” who took Ali into his gang. But because Ali was left alone at home, he was more vulnerable to being recruited by gang members. As one of our key informants from Community A said,

“The drug dealers and gang leaders know which homes young children have left alone by their parents, those are the houses they target. They take those children and put them in the drug business as carriers and they can grow up to be dealers too.”

Figure 2 below summarizes the factors behind substance abuse as revealed by respondents and demonstrates how the reasons intersect. Factors like poverty, corruption, lack of opportunities, proper law enforcement and involvement of politics in the drug business are the external existing factors that continuously cycle in the lives of urban slum residents. Furthermore, these factors continue to create the demand and sustain the supply for drugs. Combined with this pervasive nature of drugs and local power dynamics, adolescents are left as prime targets of substance abuse on top of their existing vulnerability. Poverty creates lack of opportunity and parental supervision of young slum residents; this can push adolescents to give in to substance abuse, creating and increasing the demand for it. On the other hand, the politics and corruption behind the drug business keeps the supply of substances ongoing. However, the findings also show that not all adolescents are embroiled in using substances but they are exposed to it to some degree in their community; whether it is an adolescent girl who has tried drinking to an adolescent boy who has joined a gang and has developed a major substance use dependency. Examining the lived realities of these adolescents and the varying scenarios of substance abuse they have experienced can provide more insight on future policy and programming; it is critical to gain these understandings to be able to effectively address this problem.

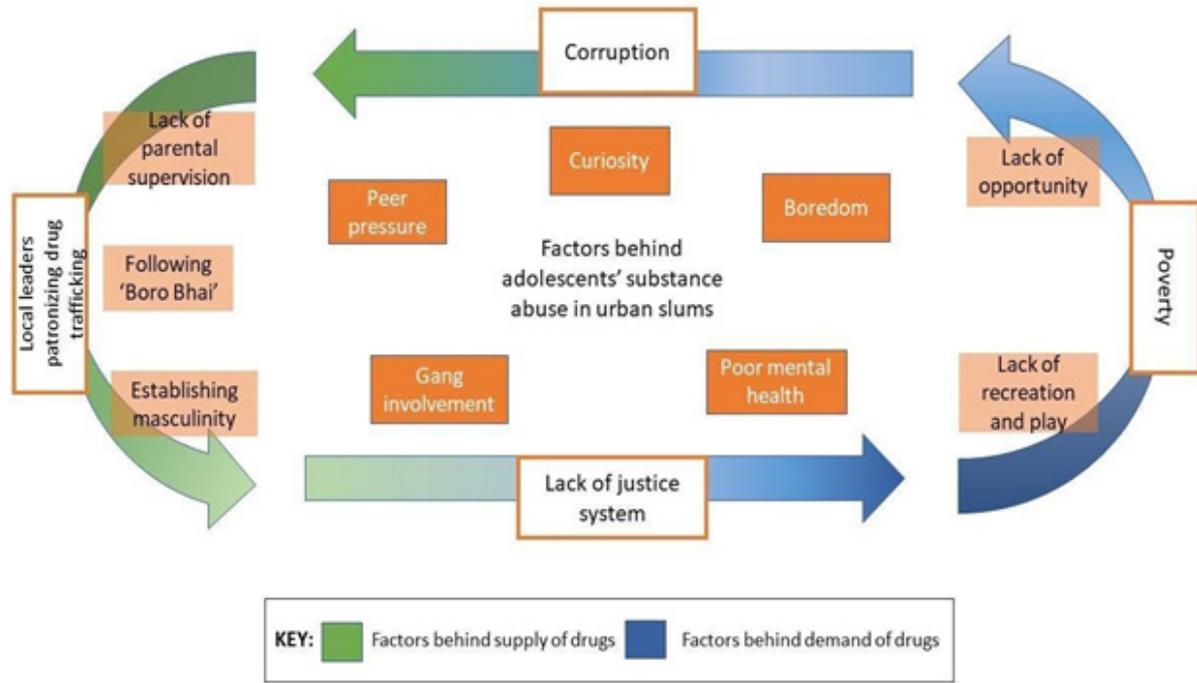


Figure 2: Cycle of Supply and Demand of Drugs Among Adolescents in Urban Slums

⁶ See ‘Perceptions of Substance Abuse in Urban Slums: A Photo Narrative’ - a book complementing this policy brief.

Conclusion

The increasing number of people living in urban slums, and the difficulty to implement and ensure effective coverage of national policies for their wellbeing was generally evident in our study findings. Programs and policies barely reach slum-dwelling adolescents, and besides adolescent health, there is barely any provision of quality education and proper income generating options in urban slums. Our findings showed the realities of the lives of adolescents in urban slums and how they have been affected by economic hardship in their household, lack of parental supervision, lack of employment and recreational opportunities. According to our data, adolescent boys have more mobility in the spaces outside home than adolescent girls. Among our study sites, we found that only Community A located in the peri-urban region had one playing field whereas the other two communities did not have any space for recreational activities outside home.

Our study findings demonstrated the prevalence of local gangs and lack of safety and justice in urban slums. An analysis of our data reveals that the drug scene of the communities is perpetuated by three key actors: corrupted local community leaders, corrupted law enforcement agencies and gang leaders (known as, “boro bhai”). The involvement of local leaders and law enforcement agencies in the illegal drug business were mentioned more commonly among the adolescents, parents and key-informants of Community A and B. On the other hand, respondents from Community C emphasized mainly on the involvement of local gangs in the drug business. Involvement of adolescents in the gangs are mostly gendered as the boys are more vulnerable to be targeted by the “boro bhai” than girls.

Overall, our findings suggest that adolescents have various perceptions on substance abuse through their own experiences. For example, substances which can be abused, by definition include tobacco, alcohol and illicit drugs. However, our respondents demonstrated the perception that tobacco is not a substance that is being “abused” or that it can rarely compare to addiction to yaba and other drugs. They perceived smoking cigarettes as less harmful and saw their elders smoking (i.e., fathers, older brothers) and therefore implying that the behavior is permissible. This was moreover demonstrated through perceptions of paan, jorda and gul - also substances consumed by older members of the community. Alcohol which was mainly interpreted as beer or mod was perceived as something enjoyed during festivities, but could become a problem if people drank too much and end up being violent or aggressive. However, we found that some adolescents were able to draw the line strictly at substances like cannabis and yaba; they clearly knew that these had addictive qualities and could form harmful habits in users.

Our findings show adolescents’ access to different substances in the three communities with glue, tobacco products (e.g., cigarette, gul, jorda) and jhakka being the most easily accessible substances. Most of the adolescents and parents were found to have lack of knowledge about the Tobacco Control Act 2013 which prohibits the selling of tobacco products to anyone under 18; resulting in increased accessibility for the adolescents. On the other hand, having access to yaba and ganja requires to be made through gang leaders and drug dealers which makes these substances more costly than other easily accessible substances. As a result, in order to bear the cost of these relatively high-priced substances, drug abusers seek ways to gather money often through criminal activities such as stealing, pickpocketing, snatching, etc. as mentioned by our study respondents.

Being idle, with no job and lack of recreational activities perceived to be the main factor behind substance abuse for adolescents in urban slums. When you have nothing to do, you become depressed and can easily give into drugs and it becomes a habit in order to cope with the other problems in life. When adolescents have limited access to recreational facilities they tend to get lured into situations and individuals dealing with substance abuse, joining gangs, and partaking in other criminal activity, especially when they lack parental supervision. This leads to the second most identified reason behind substance abuse - the infiltration of gangs in the local community. Findings showed curiosity, peer pressure and adverse experiences also have the potential to lead adolescents towards the use of substances.

Furthermore, there have been recent changes to national policies like the Narcotics Control Act of 1990. For example, the recent amendments added in 2018 have instituted death penalty or life imprisonment for anyone that supplies, patronizes, invests or colludes in drug crimes, according to the law. Giving more focus to the yaba problem in the country, the new law also states that one can be sentenced to death for carrying, trading, storing or processing yaba weighing over five grams (about 50 pills). If a person carries, trades, stores, or processes yaba weighing less than five grams, he or she could be sentenced to five years in jail and fined. The law also finally classified heroin and cocaine as narcotics of the highest level although these drugs seem less relevant now than other more common forms on the streets like jhakka, solvent glue and smokeless tobacco products which are more accessible. These changes to the laws, particularly regarding the use of death penalty has major implications on how the government plans to take on a harsher stance to address the substance abuse problem in the country. The general public needs to understand that beyond being a legal or law enforcement issue, substance abuse is a social problem. Policies and programs should place more emphasis on the issue of addiction as a social issue; in other words, the reasons behind substance abuse should be further examined and awareness should be raised among adolescents, parents, teachers and general community members. However, considering that urban slums are hotspots for substance abuse, more attention must definitely be placed on prevention and awareness raising at the ground level in these communities.

Policy Recommendation

- 1) **Focusing on the awareness of legal addictive substances:** Our findings showed that in terms of accessibility, tobacco products, glue and jhakka are highly available in the urban slum communities. Although the law prohibits selling of tobacco products to anyone under the age of 18, there is a lack of awareness among the community regarding the issue. As much as the local community is aware of the harmful consequences of drugs and alcohol, more creative interventions and awareness initiatives need to be exaggerated so that the public is aware that legal substances such as cigarettes, paan, and overdose of sleeping pills are equally dangerous and hazardous to one's health.
- 2) **Provide alternative activities for slum youth:** A major key finding of our research was how curiosity and lack of space for recreational activities, and playground often diverts children and adolescents to get involved into gang activities and minor crimes such as theft and pickpocketing. Primarily during FGDs majority of the parents have expressed their concern regarding limited recreational activities and playground which often leads children to the path of substance abuse. Creating safer spaces to play or forms of entertainment and other activities outside school for adolescents (i.e., youth clubs), is a critical need to prevent young people from abusing tobacco, alcohol or drugs. Urban slums do not have playgrounds or if they do, it is not sufficient enough for all adolescents. Young people don't have many options available and this needs to be a higher priority for those in charge of infrastructure development and youth programming in urban slums.
- 3) **More programs on vocational training for urban slum adolescents:** Lack of opportunity for adolescents is one of the key findings of the research. Adolescents, their parents and Key Informants mentioned the importance of vocational training and how unemployment acts as a factor of substance abuse. It is clearly important to introduce more programs on vocational training for adolescents especially in urban slums, where adolescents are growing under the vulnerability of substance abuse.
- 4) **Framing the problem as a social issue rather than a criminal justice one:** More emphasis should be placed on making general public understand that substance abuse is a social issue. Social and psychosocial factors such as lack of opportunity, lack of recreational facilities and entertainment, lack recreational facilities and playground spaces, lack of parental supervision, poor mental health, etc. must be investigated and further discussed at a community level to tackle the issue of substance abuse among adolescents.

- 5) **Involving role models and influential speakers into awareness interventions:** In order to improve the current interventions and awareness-raising programs, it is important to include community leaders and other influential individuals, who the community look up to, into these programs. The awareness programs and interventions should be dynamic enough to reach out to the targeted crowd. Therefore, creative and innovative awareness-raising methods involving influential speakers (such as, community leaders, teachers, NGO members, religious leaders, etc.) need to be involved as a strategy to attract more community members to actively participate in these awareness-raising campaigns and programs.

References

1. Ahmed, N. (2019). Economics of Smokeless Tobacco Taxation in Bangladesh. *Tobacco Prevention & Cessation*, 5(Supplement). Doi: 10.18332/tpc/105199
2. Adams, A. M., Islam, R., & Ahmed, T. (2015). Who serves the urban poor? A geospatial and descriptive analysis of health services in slum settlements in Dhaka, Bangladesh. *Health policy and planning*, 30(suppl_1), i32-i45.
3. Alam, F., Rashid, S. F., Camfield, L., Sultan, M. and Muz, J. (2019) Adolescent health, nutrition, and sexual and reproductive health in Dhaka, Bangladesh. London: Gender and Adolescence: Global Evidence.
4. Amin, S., Rahman, L., Hossain, S., & Naved, R.T. (2012). Introduction. IN R.T. Naved and S. Amin (Eds.), *Growing up safe and healthy (SAFE): Baseline report on SRHR and violence against women and girls in Dhaka Slums*. Dhaka, icddr, b. Retrieved from https://www.popcouncil.org/uploads/pdfs/2012PGY_SAFEBaseline_1.pdf
5. Islam, A., & Hossain, M. F. (2017). Drug abuse and its impact on Bangladesh. *International Journal of Sociology and Anthropology*, 9(11), 143-156.
6. Bangladesh Gazette Additional, (2013, May 2), Retrieved from <https://www.tobaccocontrolaws.org/files/live/Bangladesh/Bangladesh%20-%20TC%20Amdt.%20Act%202013%20-%20national.pdf>
7. Bassam, E., Marianne, T. B., Rabbaa, L. K., & Gerbaka, B. (2018). Corporal punishment of children: discipline or abuse?. *Libyan Journal of Medicine*, 13(1).
8. *Census of Slum Areas and Floating Population 2014*, Bangladesh Bureau of Statistics, 2015. ISBN: 978-984-33-9608-2
7. Huque, R., Zaman, M., Huq, S., & Sinha, D. (2017). Smokeless tobacco and public health in Bangladesh. *Indian Journal of Public Health*, 61(5), 18. Doi: 10.4103/ijph.ijph_233_17)
8. Jinez, L. J., Souza, J. R. M. D., & Pillon, S. C. (2009). Drug use and risk factors among secondary students. *Revista latino-americana de enfermagem*, 17(2), 246-252.
9. McNamara, K. E., Olson, L. L., & Rahman, M. A. (2016). Insecure hope: the challenges faced by urban slum dwellers in Bholu Slum, Bangladesh. *Migration and Development*, 5(1), 1-15.
10. Adnan, G., Abid, H., & Nahid, N. (2018). ALARMING SIGNALS OF DRUG ADDICTION AMONG THE SOUTHERN YOUTHS IN BANGLADESH: A SURVEY BASED RESEARCH. *International Journal of Clinical and Biomedical Research*, 17-22.
11. Masud, J. H., Khan, M. M., & Jesmin, -. (2018). Pattern of Drug Abuse among Street Children of Dhaka: Inhalants are the Most Popular Drug. *Delta Medical College Journal*, 6(1), 29-34. <https://doi.org/10.3329/dmcj.v6i1.3596>
14. Hossain, M. F., & Mamun, M. (2006). A critical analysis of the impact of drug addiction in urban life of Bangladesh. *Soc Sci J*, 1(1), 60-4.
15. Rahman, M. A., Mahmood, M. A., Spurrier, N., Rahman, M., Choudhury, S. R., & Leeder, S. (2012). Why Do Bangladeshi People Use Smokeless Tobacco Products? *Asia Pacific Journal of Public Health*, 27(2). Doi: 10.1177/1010539512446957

16. Shazzad, M. N., Abdal, S. J., Majumder, M. S. M., Ali, S. M. M., & Ahmed, S. (2013). Drug addiction in Bangladesh and its effect. *Medicine today*, 25(2), 84-89.
17. Statistical Pocket Book Bangladesh 2015, Bangladesh Bureau of Statistics, 2016.
20. Mohiuddin, A. K. (2019). Drug Addiction in Bangladesh: "A Consequence of Social Demoralization Rather Than Individual Flaws.". *International Journal of Addiction Research and Therapy*.
21. Khan, M. M. H., Karim, M. R., Alam, M. S., Ali, M. M., & Masud, J. H. B. (2018). Prevalence and Determinants of Smoking among Adolescent Boys in Dhaka City. *Anwer Khan Modern Medical College Journal*, 9(1), 34-38. <https://doi.org/10.3329/akmmcj.v9i1.35822>
22. Drug abuse in Bangladesh. (2017, July 24). *The Independent*. Retrieved from <http://www.theindependentbd.com/printversion/details/105660>
23. Khan, M. J. (2018, May 23). DMP lists 56 drug dealers, patrons. *The Daily Star*. <https://www.thedailystar.net/frontpage/dmp-lists-56-drug-dealers-patrons-1580776>
24. Unicef. (2012). *The state of the world's children 2012: children in an urban world*. Esocialsciences.
25. 3 arrested with 800,000 yaba pills in Dhaka. (2019, April 2nd). *Dhaka Tribune*. Retrieved from <https://www.dhakatribune.com/bangladesh/nation/2019/04/02/3-arrested-with-800-000-yaba-pills-in-dhaka>
26. Hasam, M. A., & Mushahid, M. (2017). Drug addiction in urban life of Bangladesh: a sociological study for exploring the causes. *Asia Pacific Journal of Multidisciplinary Research*, 5(2), 1-10.
27. Riaz, A. (2005). Traditional institutions as tools of political Islam in Bangladesh. *Journal of Asian and African Studies*, 40(3), 171-196.
28. Bangladesh Bureau of Educational Information and Statistics. *Bangladesh Education Statistics 2016*. (2017) Retrieved from http://lib.banbeis.gov.bd/BANBEIS_PDF/Bangladesh%20Education%20Statistics%202016.pdf
29. Hagedorn, J. (2008). *A world of gangs: Armed young men and gangsta culture* (Vol. 14). U of Minnesota Press.
30. Lewis, M. (2012). *Social cognition and the acquisition of self*. Springer Science & Business Media.
31. National Institute of Drug Abuse. (2003, January 1). *Diagnosis and Treatment of Drug Abuse in Family Practice - American Family Physician Monograph*. Retrieved from <https://archives.drugabuse.gov/publications/diagnosis-treatment-drug-abuse-in-family-practice-american-family-physician-monograph> on 2021, March 18

Annexes

Annex 1: Table of Common Substances in Bangladesh

Table 1: Common Substances in Bangladesh	
Type	Description
Tobacco (i.e., cigarettes, biri)	Tobacco products like cigarettes are widely legal in Bangladesh and easily accessible even for adolescents. Referred to as “ <i>biri</i> ” in Bangla, local cigarette brands can be bought in full packs or even individually for only 5 to 13 BDT depending on the brand. However, <i>biri</i> is also the name of a local form of cigarette (dried leaves that are rolled and smoked without a filter). Since it is handmade and not manufactured in factories, <i>biri</i> products are cheaper than cigarettes. (Ahmed, 2019)
Gul (smokeless tobacco powder)	<i>Gul</i> (smokeless tobacco powder mixed with molasses) contains nicotine and is used widely in South Asia. <i>Gul</i> is highly available and can be accessed in every “ <i>mudir dokan</i> ” (small store) or <i>cha tong</i> (tea stalls) along with <i>paan</i> and <i>jorda</i> , but is stronger as it has more addictive properties. <i>Gul</i> costs on average 12 BDT per container. (Huque, et al., 2017)
Paan and Jorda	<i>Paan</i> (betel leaf) is extremely popular in South Asia which is chewed for its stimulant and psychoactive effects. <i>Jorda</i> is boiled tobacco which is then mixed with other ingredients like spices (referred to in Bangla as <i>paan masala</i>) and placed inside the leaf. In the context of Bangladesh, <i>paan</i> , <i>jorda</i> and <i>gul</i> (see above) are sold together in small tea stalls or stores; they are categorized and sold together by shopkeepers and as a result, also grouped by consumers when they are purchasing these products together. Each <i>paan</i> costs BDT 5. It is important to note that nowadays, not all <i>paan</i> products contain stimulants or psychoactive ingredients. Thus generally, people in Bangladesh do not view <i>paan</i> and <i>jorda</i> as addictive substances (Rahman et al, 2012).
Alcohol	In Bangladesh, alcohol or any beverage containing more than 0.5% alcohol is restricted by law. Furthermore, since the majority of the population is Muslim, drinking alcohol is culturally viewed as highly taboo. However, alcoholic beverages are still consumed widely and available through the black market. Local forms of alcohol or liquor referred to as <i>mod</i> or Bangla <i>mod</i> (i.e., fermented boiled rice or sugarcane juice) are produced illegally and sold through the black market at a price of around BDT 1,200 per litre. International brands are also smuggled into the country and sold through the black market at a price ranging from 2,300 to 10,000 BDT or more per litre, depending on the brand and type of alcohol (Dewan, 2015).
Beer	Beer is an alcoholic beverage that in Bangladesh is available under the local brand Hunter. Although alcohol is illegal, Hunter can produce beer because it is less than 0.05% in alcohol content. However, Hunter along with other international brands of beer are available only through the black market, especially because of recent crackdowns on alcohol and drugs that has been reported in the local newspapers. One can of Hunter beer is said to cost between 300 to 500 BDT.
Cannabis	Cannabis, also known as marijuana, is a psychoactive substance that is usually smoked. It is locally referred to as <i>ganja</i> or <i>ganja</i> . Anecdotal evidence shows that smoking <i>ganja</i> has been as a traditional practice among local farmers, fishermen and traveling folk singers in the South Asian region for centuries. However, there are no exact facts and figures on local growing regions, usage or numbers. While the use of cannabis is now legalized in several countries for both recreational or medicinal purposes, it has been illegal in Bangladesh since the 1980s. Yet today cannabis is still widely available in the country for purchase in the black market or through dealers. Two rolled joints-worth of cannabis can cost around 50 BDT.
Jhakka	In Bangla the word “ <i>jhakka</i> ” means “shaken-up.” This concoction is made from mixing caffeinated and carbonated beverages (i.e., energy drinks) with over-the-counter (OTC) pills like sleeping pills. The opposing effects of drowsiness from sleeping pills combined with the alertness from caffeine in energy drinks commonly causes a feeling of euphoria or sedation. While this type of concoction is not exclusively found in Bangladesh, it is unique to the country context because the ingredients to make <i>jhakka</i> can be easily available considering lax monitoring of OTC medication sales. To make

Glue	Sniffing glue is a cheap, but dangerous way of getting high. The type of glue that is used is usually solvent glue which can be found in the form of model glue or rubber cement, which are very cheap and easily available. In Bangladesh, glue sniffing is most common among street children who use it for three main reasons: it is relatively cheap; access is easy and legal; and, the feeling of “high” (similar to alcohol intoxication) happens very quickly. Sniffing glue or other chemical solvents are known for causing brain damage. The cost of glue is about 25 to 40 BDT per container.
Yaba	Yaba tablets are heated on aluminum foil to produce a vapor and inhaled to get high. The recent advent of yaba in Bangladesh has replaced heroin (see below) with a rapid decline in heroin demand due to yaba’s easy accessibility, lower price and its high potential to increase concentration and energy (Fattah, 2012). Combating the smuggling of yaba into Bangladesh is one of the biggest challenges the Narcotics Control Department of the country is currently going through. The cost of one yaba pill is about 150 to 350 BDT.
Heroin	Heroin is an extremely addictive drug that is derived from morphine extracted from poppy plants (also known as opioid). Heroin users take it to stimulate their brain's' pleasure receptors when it is either sniffed or injected. It can cause severely adverse psychological effects like seizures, mental breakdown, self-harm, etc. According to newspaper reports and other literature, Heroin started to be smuggled into the country in the 1980s. However, after the advent of yaba in Bangladesh, the demand for Heroin declined drastically. The exact price of heroin now is unknown but it is estimated that each gram of heroin today can cost around 600 BDT.
Phensedyl (cough syrup)	Phensedyl is the brand name of a cough syrup containing the sedative codeine which if abused can be a euphoria-inducing stimulant. It used to be widely available in Bangladesh as an OTC medication. However, in response to the rise of Phensedyl abuse, the Narcotics Control Department banned its sale in the Bangladeshi market. As a result, people began selling it in the black market. The cost of a bottle of Phensedyl today can range between BDT 1,000 to BDT 2,500.

Annex 2: Table of Adolescent’s Perception on Commonly Mentioned Substances

Type	Local name	Description	Price	Access	Effects
Cigarettes	Cigarette or Biri	Filtered tobacco; contains nicotine (tamak); used by elder males; symbol of masculinity; looks “cool”; girls smoke too but it’s less visible	Depends on brand; 5 to 13 BDT for one; 50 to 250 BDT per pack of 20	Cha tong (tea stalls), mudir dokan (small shops), grocery stores	Relieves stress; can cause cancer, lung damage
Vape	Vape	Electronic cigarettes; looks “cool”	Unknown	Shops inside and outside slums	Healthier than cigarettes; relieves stress
Biri	Biri	Viewed as the same as cigarettes but acknowledged as local handmade product	Depending on brand; 5 to 10 BDT for one; 100 BDT or less per pack	Cha tong (tea stalls), mudir dokan (small shops), grocery stores	Relieves stress; same as cigarettes but stronger effect of nicotine
Smokeless tobacco powder	Gul	Used by elderly women; disliked by adolescents	Less than 20 BDT per container	Cha tong (tea stalls), mudir dokan (small shops), grocery stores	More harmful than smoking; bad dental hygiene
Boiled smokeless tobacco	Jorda	Used by elderly men and women; used with <i>paan</i> and culturally accepted	Less than 5 BDT	Cha tong (tea stalls), mudir dokan (small shops), grocery stores	Psychoactive effects; causes cancer; relaxing; remedy for acid reflux

Betel Leaf	Paan	Traditionally used as mouth freshener; symbol of aging	5 BDT	Cha tong (tea stalls), mudir dokan (small shops), grocery stores	After meal digestive
Alcohol	Mod or Beer	Local variety Bangla mod; international brands expensive; haram in Islam; drank during celebrations and festivities; some respondents viewed it as same as beer and vice versa.	1,000 to 2,000 BDT per litre	Black market	“Maatlami” (intoxication); violent aggression, kidney damage, loss of appetite; incapacitation; blurred vision; senselessness; impulsive decision-making; alcoholism; abusing family members
Beer	Beer or Mod	Includes local brand Hunter, and international brands; also referred to some adolescents as mod; symbol of masculinity	Depends on brand, 200 to 500 BDT per can	Black market or designated sources	Healthy for weight gain; “maatlami”, “paytara” (drunken behaviour)
Cannabis	Ganja or Gaja	Most common substance; sometimes mixed with tobacco (tamak); smoked; used by elders (“older generations”); used secretly; smells bad; not as harmful as cigarettes but still bad in the eyes of society	20 to 50 BDT per joint	Dealers in the slum	Relieves stress; helps you socialize; decreases anxiety; makes you sleepy, lazy, dysfunctional and weak; increases appetite; makes you lose weight;
Glue	Dandy or Pasting	Glue is sniffed by street children; used by lower class; glue is stolen from the shoe cobbler; dirty; highly addictive	10 to 20 BDT per packet	Muchis (cobblers), hardware stores	Increases confidence; decreases feelings of guilt and aggression
Jhakka	Jhakka	More known by male than female respondents; viewed as a back-up substance when other forms not in hand	20 to 40 BDT	Shops and pharmacies	Makes you sleepy; memory blackout (forget your problems); causes body pain; similar to alcohol or getting drunk



BRAC SCHOOL OF
JAMES P. GRANT PUBLIC HEALTH



BRAC James P Grant School of Public Health, BRAC University (BRAC JPGSPH)
5th Floor (Level-6), icddr, b building, 68 Shahid Tajuddin Ahmed Sharani,
Mohakhali, Dhaka, Bangladesh 1212

Phone: +880-2-222277501 - 4 Extension - 6050
Fax: +880-2-8810383
E-mail: jpgsph@bracu.ac.bd

Website: www.sph.bracu.ac.bd