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Drug Addiction and Its Consequences in Context of Bangladesh

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Abstract: Addiction is Habitual psychological or physiologic dependence on a substance or practice that is beyond voluntary control. Withdrawal has many meanings, one of which is a psychological and/or physical syndrome caused by the abrupt cessation of the use of a drug in a habituated person. Addictions do not only include physical things we consume, such as drugs or alcohol, but may include virtually anything, such abstract things as gambling to seemingly harmless products, such as chocolate - in other words, addiction may refer to a substance dependence or behavioral addiction such as gambling, sex, internet, work, exercise, etc. should also be counted as addictions, because they can also lead to feelings of guilt, shame, hopelessness, despair, failure, rejection, anxiety and humiliation. Despite all the research done on this subject, there is no consensus on the cause of addiction. However, some potential have been proposed, such as genetic, biochemical and mental illness. Parents, teachers and friends can help in controlling drug addiction by creating an awareness of the dangerous consequences of these drugs among the young people. Preventing drug abuse children are the following steps to help prevent drug abuse in your children, such as, communicate-talk to your children about the risks of drug use and abuse; listen-be a good listener when your children talk about peer pressure and be supportive of their efforts to resist it; set a good example-don't abuse alcohol or addictive drugs. Children of parents who abuse drugs are at greater risk of drug addiction and finally strengthen the bond-work on your relationship with your children. A strong, stable bond between you and your child will reduce your child's risk of using or abusing drugs. Once you have been addicted to a drug, you are at high risk of falling back into a pattern of addiction. If you do start using the drug, it's likely you will lose control over its use again - even if you have had treatment and have not used the drug for some time, avoid high-risk situations, get help immediately if you use the drug again, and be consistent with your treatment plan.Your chances of staying drug-free are much higher if you continue treatment after recover.To prevent re-addiction in patients, innovative treatment containing medical, social and religious aspects must be needed in place. Easy availability of treatment will ensure the elimination of this socially and physically dreaded disease. However, treatment of addiction is still not in a hopeful stage in our country.

Keywords: Drug addiction, consequences, impact, treatment, Bangladesh.

INTRODUCTION

The word addiction means getting habituated with something. In case of drugs when a human body gets dependent on some stimulating things and after a certain period it creates a habit which means that the body has become dependent on the stimulant which is addiction. World Health Organization (WHO) defines 'Drug is a chemical substance of synthetic, semi synthetic or natural origin intended for diagnostic, therapeutic or palliative use or for modifying physiological functions of man and animal.' A drug abuser can undergo different stages of tasting apart from normal lifestyle [1-3]. Drug abuse can decay normal human senses through deep feelings. It creates different types of excitement both in the body and mind. Finally, it makes a person passionate to drugs. In the long run the user must increase the dose slowly.

Drug addiction has several stages, such as, Initial stage, Pre-mature stage, Mature stage and Dangerous stage [4]. Initial stage (starting), is the first stage of drug addiction, a person starts to take drug without concerning his body. At the early stage, he or she takes it just normally and gets the ordinary happiness, which makes him feel better. Sometimes, he wants to touch heavenly excitement and dreams himself as a floating constituent in the sky. This is the first stage of drug abusing. Amateurs are in this group. They take

drug once or twice a week with their friends or seniors in their locality, who are already addicted. He collects and processes it to take. Pre-mature stage, in this stage, drugs becomes a habit and the abuser wants more. Feeling better he or she tries to increase the dosage drugs. It is taken at least 4-5 times a week, is the primary stage for abusers in becoming addicted. At the initial stage, they can easily manage or collect the money for purchasing, collect money from their family, sometimes from other sources and take drugs with their friends. A few days after they need to take more and become dependent on it both mentally and physically. The sudden need for excess money, involves them in criminal acts like hijacking and they feel thrilled to do it. Mature stage, after the pre-mature stage abusers become seriously addicted. After a certain period, they must take it every day. In most of the cases it is taken from evening to night time due to that they are busy all day long in collecting the expenditure of drug, demanding much more money for it and sometimes they turn against the law. Many of them discontinue their education after failing to concentrate on any kind of discipline and forget social protocol, always remain bad tempered and feel they are always in the right, do not want to hear any advice and count themselves as very aware and competent. Most of the time, they feel rated and even lose the will to live. Decaying stage, after mature stage, most of the abusers stay on the verge of decaying means gradually their lives crumble and consequently realize how imbalanced they are. They lose taste for food. At this stage, they become fully dependent on drug, gradually after a few hours they must take it, otherwise their body system stops. In this situation, the abuser loses human characteristics and behaves like a monster, even no sense to evaluate good or bad; they lose interest in normal male/female yearnings, finally, one day they fully surrender to drugs that leads them to their graves. Therefore, the main objective this research is to provide an overview of Bangladesh drug addiction scenarios and its consequences in the surrounding environment.

LITERATURE REVIEW

Narcotics are drugs that dull the sense of pain and cause drowsiness or sleep, are the most effective tool a physician must relieve severe pain that also given pre-operatively to relieve anxiety and induce anesthesia. Other common uses are to suppress cough and to control very severe diarrhea. In large doses, they can suppress the ability to breathe and cause coma and death. Narcotics are also an illegally for recreational use, it only be taken under the direction of a physician. These drugs depress the central nervous system and should not be taken with other drugs, such as alcohol, barbiturates, antihistamines and benzodiazepines that also depress the central nervous system. Opioids are broken down by the liver. Individuals with liver damage may not detoxify these substances as rapidly as healthy individuals, leading to potential accidental overdose. Street narcotics are of uncertain strength and may be contaminated with toxic chemicals or contain a mixture of drugs that can cause life-threatening reactions [5, 3].

Natural narcotics are derived directly from the sap of the unripe seed pods of the opium poppy. Morphine and codeine are the most familiar natural narcotics and are the narcotics most frequently used in medical settings. Often, they are - ascribed in combination with other non-narcotic drugs. Heroin is a semi-synthetic narcotic. It has no medical or legal uses. Other completely synthetic narcotics are made in the laboratory. These include drugs with medical uses such as fentanyl and oxycodone and illegal "designer drugs" synthesized for recreational use. Some man-made narcotics are hundreds of times more potent than natural narcotics but narcotics depress the central nervous system. They work by binding chemically with receptors in a way that blocks the transmission of nerve impulses. These drugs do not cure the source of the pain; they simply block the individual's perception of pain. When used to treat cough or diarrhea, they slow or block muscle contractions. Morphine such as, roxanol, dura morphine, morphine sulfate and morphine hydrochloride is the most commonly used medical narcotic for managing moderate to severe pain. It can be also being used to control extreme diarrhea caused by cholera or similar diseases. Morphine sulfate is a white powder dissolves in water. It is usually given by injection into a muscle or intravenously by injection into a vein. When given intravenously, its effect occurs almost immediately. Individuals given morphine regularly have a high potential for developing dependence on the drug. Morphine can cause withdrawal symptoms if stopped abruptly that are not a common street drug [6-8].

More codeine is prescribed medically than any other narcotic. Concentrations of codeine in the sap of the opium poppy are low, so most codeine is manufactured by chemical alteration of morphine. For pain control, codeine is combined with other non-narcotic painkillers such as aspirin, acetaminophen or non-steroid anti-inflammatory drugs. These combination pain killers are manufactured as tablets or liquids and come in a variety of strengths based on the amount of codeine they contain. Codeine is also found in some cough syrups (Robitussin A-C, for example), commonly used to control dry cough and occasionally is used to control severe diarrhea, although diphenoxylate is used more often [9].

In Canada, certain low-dose codeine pain relievers are sold without prescription but the United States pain medication with codeine requires a prescription. The likelihood of both physical and psychological dependence on codeine is much lower than with morphine. Hydromorphone (Dilaudid) is a narcotic synthetically produced from morphine, available in tablets or as an injectable solution and used for pain relief, is one of the most common pain relievers

prescribed for patients who are terminally ill, because it combines high effectiveness with low side effects. Mederidine (Demerol) was originally developed to treat muscle spasms but is as of 2005 used mainly for pain relief. It is manufactured as tablets of varying strengths. Another synthetic pain relief narcotic whose use parallels mederidine is propoxyphene. When combined with aspirin this narcotic is known under the brand name Darvon.

Oxycodone, a synthetic narcotic used for pain relief, is manufactured both alone and with aspirin or acetaminophen in tablets of various strengths. Oxycontin is a controlled release formula of oxycodone that controls pain continuously for 12 hours at a time. Oxycodone has a high potential for prescription drug and street abuse. Hydrocodone with acetaminophen Yicodin is another synthetic narcotic whose use and potential abuse parallels oxycodone. Fentanyl is used as a surgical anesthetic. It is available as an injectable solution and as a skin patch. Methadone is a synthetic narcotic used mainly as a substitute for heroin in heroin withdrawal treatment, although it does have pain-killing properties. Methadone, when taken by mouth (liquid, wafers, and tablets) provides little of the euphoria of heroin, but it blocks heroin cravings and withdrawal symptoms. The first international attempts to control narcotic drugs were made in 1909 with the formation of the Opium Commission Forum, which developed the first international drug control treaty in 1912. In the early 2000s narcotics are regulated internationally by the International Narcotics Control Board (INCB), established in 1961. The INCB regulates the cultivation of raw materials to make narcotics and natural and man-made drugs. Cocaine and marijuana also fall under the board's control, although they are not technically narcotics. Narcotic drugs are also regulated by federal and state governments. In law enforcement, the term narcotics are extended to include other, mainly illicit drugs such as cocaine that have little medical use [9-11].

Preparation

No special preparation is required before being treated with narcotics, although, as with all medications, individuals should tell their physician about all prescription and non-prescription drugs, supplements, and herbal remedies that they are taking, as certain medications may enhance the effects of narcotics.

Aftercare

If an individual is prescribed narcotics regularly for an extended period, tolerance may develop. With tolerance, the individual must take higher and higher doses to achieve the same level of pain control. In some cases, when narcotics are stopped abruptly, withdrawal symptoms may develop. These include anxiety, irritability, rapid breathing, runny nose, sweating, vomiting and diarrhea, confusion, shaking, lack of appetite etc. To prevent withdrawal symptoms, the dose of narcotics can be gradually diminished, a process known as tapering, until they can be discontinued completely without unpleasant effects. Individuals may also be treated with the drug cloindine to relieve some withdrawal symptoms.

Risks

Ail narcotics have the potential to become physically and psychologically addictive, when used regularly, tolerance can develop. Abuse and dependence on narcotic prescription drugs in an increasing problem among the elderly particularly and among members of the middle class generally. Overdose and withdrawal symptoms and reactions caused by contamination with other drugs or toxic chemicals are common reasons for drug-related visits to the emergency room by individuals using street narcotics recreationally, is treated with the drug naloxone. Naloxone blocks and reverses the effects of narcotics, when given intravenously it is effective within one to two minutes.

Normal results

If used as prescribed, narcotics are a generally safe and effective way to relieve pain and control cough and severe diarrhea. Individuals should not be afraid they will develop an addiction after a short-term course of narcotics following a dental or medical procedure, if they follow their physician's instructions for taking the drugs.

Reasons for Addiction

- Poor religious commitment and inappropriate social upbringing.
- Lack of awareness regarding dangers of drug abuse.
- Poverty, ignorance and illiteracy.
- Extraordinary wealth.
- Broken homes.
- Parental negligence towards their children.
- Lack of dialogue among family members.
- Unemployment.
- Bad companionship.

Signs of Addiction

- Sudden change in lifestyle and frequent absence from work or school.
- Absence from home for a long especially at night.
- Extreme mood changes.
- Spending money without thinking and demanding for more.
- Secretiveness.
- Weight loss or gain.
- Anger for trivial reasons.
- Tending to be Lonely.
- Escaping responsibility.
- Changes in social groups, new and unusual friends.
- Significant downgrade in school and deterioration of performance at work.

Symptoms of Addiction

The addict develops a craving for the drug and spends all his efforts procuring but drug tolerance in users leads to increase dosage of drugs needed to provide the same degree of enjoyment and kick. Without drugs the addict loses his mental and physical abilities to work and enjoy life which is termed as psychological dependence and physical [9, 12, 7, 11]. In addition following symptoms may be observed:

- Despair and frustration among the youth
- Symptoms associated with the use of hashish or marijuana
- Symptoms associated with abusing antipsychotic drugs
- Symptoms associated with doping amphetamine
- Symptoms associated with analgesics and sedatives.

Effects of Addiction [9, 12, 7, 10, 8, 11]

- Religious Effects
- Physical Effects
- AIDS and Drugs
- Psychological Effects
- Economic and Social Effects

Analysis of the world situation

Recently, West Africa has emerged as a transit area for the trafficking of narcotics, especially cocaine, from South America to the lucrative European market. Approximately 30 tons of cocaine was trafficked to West Africa in 2011 [13].Cocaine trafficking in the sub region is estimated to generate $900 million in profit annually for criminal networks. There are an estimated 1.5 million cocaine abusers West and Central Africa. Furthermore, trafficking in heroin and methamphetamine has increased in West Africa. Afghan heroin is trafficked through Pakistan and the Middle East into East and West Africa, and methamphetamine is manufactured in growing quantities across West Africa, mainly in Ghana and Nigeria. East Africa continues to be used as a transit area for the trafficking of heroin. The increase in heroin seizures recently reported in East Africa suggests that illicit heroin trafficking is increasing in that area and, as a spillover effect of such trafficking, heroin abuse is increasing as well, notably in Kenya, United Republic of Tanzania andMauritius.

Cannabis remains the most widely cultivated, trafficked and abused drug in Africa, new threats have emerged the illicit manufacture, trafficking and abuse of amphetamine-type stimulants. Morocco has traditionally been the predominant supplier of the cannabis resin abused in Europe, which is the world's largest illicit market for cannabis resin. Large shipments of illicit cannabis cultivated in Morocco that are destined Europe are transported via speedboats and other small non-commercial vessels. In the past decade, West Africa emerged as a new hub for the smuggling of cocaine from South America to Europe. However, cocaine trafficking routes leading to West Africa seem to have lost some of their attraction in the past several years. The Plurinational State of Bolivia was the second most important country of departure for cocaine destined for West Africa. The main destinations of cocaine consignments coming through Ecuador were Benin and Cote d'Ivoire. Illicit opium poppy cultivation is confined to the Sinai Peninsula in Egypt and is thought to be limited in scale. The opium produced there is abused locally, and there is no evidence of it being used for the manufacture of heroin. Heroin is trafficked to Africa from South-East and South-West Asia. Africa has now emerged as a trafficking hub for heroin for abuse within Africa as well as for onward shipping to Europe and elsewhere. Most heroin enters Africa through the countries located along the East African coastline (Ethiopia, Kenya, Mozambique, Somalia and Tanzania) and consignments of Afghan heroin in amounts of up to several hundred kilograms enter East Africa after crossing the Indian Ocean from the Iran and Pakistan [5]. Airports are used to move smaller quantities of heroin, making use of both air freight and air couriers. Some of the heroin smuggled to East Africa is then smuggled to West Africa and onward to Europe, while smaller quantities are smuggled into North America and some parts of Asia and some of the heroin is smuggled from East Africa to Southern Africa. Major transit hubs for heroin trafficking in Africa include Nigeria and South Africa. Afghan heroin smuggled into West and Central Africa is destined mainly for the illicit markets of Europe. However, recently there has been a significant increase in heroin trafficking in those sub-regions, which could result in the spillover effect of increased heroin abuse. Another severe problem faced by many African countries is the availability of prescription drugs on unregulated markets. Often those drugs have been diverted or are counterfeit, and they contain controlled substances, possibly amphetamine-type stimulants, as well as sedatives and tranquillizers [13].

Central America and the Caribbean

The region of Central America and the Caribbean continues to be used as a major transit area for South American cocaine heading northwards to the North American market. In general, the region experienced a decline in seizures of cocaine in 2010, possibly because of declining demand in North America. That notwithstanding, the increasing power of drug gangs has helped to raise corruption and homicide rates in the region, especially in Belize, El Salvador, Guatemala and Honduras, the Northern Quadrangle, which are particularly affected by significant levels of drug-related violence [5]. Areas exposed to intense drug trafficking 'in Central America show higher homicide rates. Drug trafficking has corrupted some State institutions, which in several cases have been overwhelmed by the resources deployed by trafficking organizations. The UNODC estimates that about 280

tons of South American cocaine (purity-adjusted) is destined for North America. Much of it travels by way of Central America and the Caribbean, where cocaine use is also increasing. Recently, cocaine shipments destined for countries in Central America, with further deliveries for Mexico and the United States of America, have increased. There was increased trafficking in precursor chemicals countries in Central America, non-scheduled chemicals used in the illicit manufacture of methamphetamine. El Salvador, Guatemala and Nicaragua reported incidents in 2011 and 2012 involving significant seizures of esters of phenylacetic acid and methylamine. Illicit laboratories have also been reported in the region. Similarly, seizures of chemical precursors, raw material and laboratories in Guatemala and Honduras indicate the likely existence of both cocaine- and heroin-refining facilities. Large seizures of chemicals affected over a short period present a challenge to the local authorities in terms of safe handling and environmentally friendly disposal. Jamaica continued to be the largest producer of cannabis in the Caribbean and has been exploited by cocaine flickers as a trans-shipment point for other illicit drugs. The illegal drug trade continues to play a critical role in providing capital to gang members and other organized criminal groups operating in Jamaica. Furthermore, Colombian traffickers are increasingly using routes through Panama, as a hub and other Central American countries to move drugs to the USA [13].

North America

In the world, North America remains the biggest illicit drug market, as well as the region reporting the highest drug-related mortality rate and 1 in every 20 deaths among persons aged 15-64 is related to drug abuse. Prescription drug abuse in North America continues to represent a major threat to public health and remains one of the biggest challenges to the drug control efforts being deployed by Governments in the region. In the United States, overdose deaths caused by the abuse of prescription opioids are reported to have quadrupled since 1999. According to research published in the Journal of the American Medical Association, the number of babies born in the United States showing symptoms of opiate withdrawal tripled from 2000 to 2009, affecting 1 of every 1.000 newborns. In 2009 alone, approximately 13,500 babies were born with withdrawal symptoms, which include seizures, breathing problems and feeding difficulties. Drug-smuggling syndicates have continued to innovate in their efforts of smuggle drugs into and within the region, including submersible and semi-submersible vessels to smuggle drugs from South America along the Central American coast to northern markets. In addition, the building of sophisticated cross-border tunnels has continued. According to Immigration and Customs Enforcement of the United States, more than 150 tunnels equipped with lighting, ventilation and, in some cases, railcar systems, have been discovered since 1990. The discovery of the tunnels has resulted in the seizure of several tons of illegal drugs, mostly cannabis. Cannabis is widely produced and trafficked in all three countries in the region, with substantial seizures being reported by each of them. Cross-border cannabis trafficking within North America also remains an issue of great concern. Extensive outdoor production of cannabis has continued to be identified by national law enforcement agencies in North America. United States authorities have identified increased attempts by traffickers to cultivate cannabis on public lands, such as in forests. Mexico and Colombia have remained the main source countries for heroin abused in the United States, with Mexican heroin more prevalent in states west of the Mississippi river and Colombian heroin more prevalent to the east of it. Afghanistan remained the primary source of heroin in Canada. Although North America still represents the largest global market for cocaine, abuse of the drug in the region has continued to decline [5, 13].

South America

The region of South America suffers from the illicit cultivation of coca bush, opium poppy and cannabis plant, as well as the manufacture and production of and trafficking in the illicit drugs stemming from that cultivation. There is significant and growing abuse of these plant-based drugs among the region's population, as well as growing use of synthetic drugs of abuse, both those manufactured illicitly and those diverted from licit channels. The abuse of cocaine in the Americas is no longer confined to North America and a few countries in the Southern Cone, but has spread across Latin America and the Caribbean. According to a CICAD report entitled Report on Drug Use in the Americas: 2011, in the period 2002-2009 about 27% of cocaine abusers in the hemisphere were found in South America? Semi-submersible and submersible vessels have been used by drug trafficking organizations operating in South America. In June 2012, the Colombian army seized a 20 m long semi-submersible vessel made of fiber glass. It is estimated that the construction of the vessel cost about $1 million. Although the illicit cultivation of opium poppy still exists in some countries in South America, the magnitude of that cultivation is much less than that of cannabis plant and coca bush cultivation [5, 13].

Europe

In Europe, abuse of illicit drugs has stabilized in recent years at an elevated level. Yet the emergence of new psychoactive substances, so-called "designer drugs" or "legal highs", poses a major challenge, which many Governments are addressing by placing individual substances or groups of substances under national control. However, adding to the challenge is the pattern of polydrug abuse: the consumption of illicit drugs in combination with other drugs, alcohol and non-controlled substances. Herzegovina and Bosnia has become an important regional trafficking hub for

narcotics shipments. Main trafficking routes pass through Bulgaria, Romania and the Former Yugoslav Republic of Macedonia to Kosovo, then Montenegro and Serbia to Bosnia and Herzegovina and from there to Croatia and Slovenia and Western European markets. The illicit cultivation of cannabis plant in Western and Central Europe, especially indoor cultivation on a commercial scale, has continued to increase. The involvement of criminal groups in illicit cannabis cultivation, as reported by Bulgaria, Denmark, Germany, France, Hungary, Italy, Norway, Slovakia, Sweden and the UK, is a growing concern. Indoor cultivation was the dominant method of illicit cultivation, while the Czech Republic, France, Germany, Latvia, Sweden and the UK reported increases in indoor cultivation in recent years and France reported that three quarters of cases of illicit cultivation of cannabis plant involved indoor cultivation. Hydroponic cultivation was noted by 12 countries such as Belgium, Czech Republic, Ireland, Greece, Hungary, Latvia, Luxembourg, Netherlands, Romania, Slovenia, Slovakia and the UK was reported to have increased in the Czech Republic and Slovakia. In Finland, small-scale cultivation at the household level is increasing. Slovenia reported an increase in indoor cultivation, while at the same time it noted a decrease in outdoor cultivation. Amounts of heroin seized by customs authorities along the traditional Balkan route (Turkey, Romania, Hungary and Austria) were greater than along the southern Balkan route (to Italy via Albania, the former Yugoslav Republic of Macedonia or Greece), with the use of the "silk route" continuing to be significant. Little progress was made in the past year in tackling drug trafficking in Bosnia and Herzegovina, a country which continues to be a transit corridor for international trafficking of narcotics. Organized crime groups linked with drug trafficking continued to operate through the country's territory. Local illicit drug consumption remained relatively low compared with other European countries. Bosnia and Herzegovina remain at an early stage in the fight against drug trafficking, as well as in taking effective action on reducing drug demand [5, 13].

Asia

East and South-East Asia

Asia such as East and South-East continued to be the region with the second largest total area under illicit opium poppy cultivation, over 20% of illicit opium poppy cultivation worldwide. Increased illicit opium poppy cultivation was reported by the Lao People's Democratic Republic and Myanmar for six consecutive years, beginning in 2007. From 2011 to 2012, the total estimated area under cultivation in the two countries increased by approximately 66% and 17%, respectively, indicates potential growth in opium production and continued to be a manufacturing hub, growing illicit market for amphetamine-type stimulants, methamphetamine. Seizures of methamphetamine in East and South-East Asia accounted for almost half of the global total in 2010. In 2011, most countries of the region continued to report increased seizures of methamphetamine. In addition, evidence has shown that the illicit manufacture of amphetamine-type stimulants expanded from traditional manufacturing countries such as China and Myanmar to other countries, including Cambodia, Indonesia, Malaysia, the Philippines and Thailand. Ephedrine and pseudoephedrine, substances used in the illicit manufacture of amphetamine-type stimulants, continued to be trafficked in enormous quantities in the region **[**12]. Trafficking in and abuse of prescription drugs and over-the-counter pharmaceutical preparations containing internationally controlled substances are serious problems in East and South-East Asia. In Malaysia, a clandestine laboratory manufacturing tablets containing nimetazepam was dismantled in 2010. Many countries of the region have also reported abuse and seizures of drugs containing morphine, codeine and benzodiazepines, some of which had been smuggled out of South Asia, stolen or obtained from pharmacies with forged prescriptions. Illicit opium poppy cultivation in the Lao People's Democratic Republic and Myanmar continued to increase in 2012 and aprox. 51,000 ha of opium poppy were estimated to have been illicitly cultivated in Myanmar in 2012.The region of East and South-East Asia continues to be an important market for heroin. Significant increases in heroin seizures were reported in China, where over 7 tons were seized in 2011, compared with 5.4 tons in 2010. In 2012, authorities of the Lao People's Democratic Republic destroyed over 12 kg of heroin that had been seized in the country. Most of the heroin seized in the region continued to be manufactured in and smuggled out of the area known as the Golden Triangle. In addition, the smuggling of heroin from Afghanistan and mainly through Pakistan into East and South-East Asia increased in 2011 [7].

South Asia

South Asia continues to face diversion of and trafficking in pharmaceutical preparations containing internationally controlled substances and a severe problem of abuse of prescription drugs and over-the-counter pharmaceutical preparations. Pharmacies represent one of the key points at which diversion occurs. Drug abusers are often able, in all countries of the region, to obtain prescription pharmaceutical preparations containing internationally controlled substances without a prescription. In some cases, diversion also occurs from manufacturers, sold within the region, the diverted pharmaceuticals are also trafficked on to other countries, in significant part through illegal Internet pharmacies. Pharmaceutical preparations containing narcotic drugs continue to be diverted from India and continue to be the main source for those substances and for preparations smuggled into other country, as well as an important source for smuggling to other regions in the world. The preparations containing narcotic drugs that are most commonly diverted in India are codeine-based cough

syrups, dextropropoxyphene and pethidine. Enormous quantities of preparations containing narcotic drugs are known to be smuggled from India into Bangladesh, Bhutan and Nepal. From India to Bangladesh there is smuggling of codeine/diazepam combination tablets and ampoules of pethidine can be easily injected, among other drugs. In Bangladesh, seizures of ampoules of injectable drugs rose to some 120,000 ampoules in 2011, compared with a previous high of 90,000 in 2009. Codeine-based preparations are also smuggled into Bangladesh, largely overland. Seizures of codeine-based cough syrups in Bangladesh have increased considerably, with the number of litres of codeine-based cough syrups doubling between 2006 and 2010. Codeine-based cough syrups are also smuggled from India to Bhutan, Nepal and Sri Lanka. Other routes for smuggling of pharmaceutical preparations in South Asia are from Pakistan to Sri Lanka and from Sri Lanka to Maldives; Sri Lanka is, alongside India, one of the leading sources for pharmaceutical preparations smuggled into Maldives. It appears that heroin is increasingly being trafficked through Bangladesh, which is being used as an alternative to heroin trafficking routes through India and Myanmar. Heroin from Afghanistan has also recently begun to be sold in Bangladesh. Heroin enters Bangladesh via forest areas, hill tracks and the sea, including from Myanmar. The airport in Dhaka and the port of Chittagong are used as exit points [9, 12, 7, 14, 10].

Drug addiction scenarios in Bangladesh

In Bangladesh, cultivation, manufacture, trade and consumption of drugs were almost absent and the historical and cultural heritage of and limited use of hemp by saints and drinking of home-made alcoholic by tribal people never affected the main stream of the society. British colonial rulers introduced commercial operations of opium, cannabis and alcohol in this country almost two and half century ago. Bangladesh is located within the proximity of Golden Triangle, and surrounded from three sides by India, the world's largest licit opium producing country, where very large amount of illicit opium and heroin production is whispered.

Bangladesh is a country of multi-religion group of populations with no religious group, except Muslims, has any restriction on drinking alcohol. The Hindu and Buddhist saints use cannabis for concentration in meditation: Alcohol is freely used with in Hindu, Buddhist and Christian community. The most threatening drug for Bangladesh is Phensedyl, produced in India. During the British colonial period, there was no control or restriction on drinking alcohol among the Muslim community, even though it was restricted in the Islam. Almost at every Thana Headquarters, even at many of the important union and rural trade centers, there were vending shops for country liquor, cannabis and opium till 1984. The Arabian merchants introduced opium in this country as medicine. The British colonial invaders introduced and expanded the trade and commercial use of opium, alcohol, cannabis and tobacco in our country. After 1947, some sort of control was imposed on liquor in the erstwhile East Pakistan.

Drinking alcohol was restricted for Muslims except on medical ground. People of other religion were also required to take permit for drinking liquor. A system for taking pass was also imposed on consumption of opium during 1957, Opium or cannabis was not at all any concern of the society. More over the adverse effects of intoxicating substances were only visible to the society in case of liquor. As majority of the population in Bangladesh are Muslim, and there is restriction on drinking liquor in Islam, the general popular view to mean any intoxicating substance was liquor. Therefore, when any question about intoxicating substances or adverse effects of getting intoxicated was raised, everybody was used to point their fingers at liquor. Among all the drugs, only liquor was against public sentiment. On consideration of the public sentiment, our father of nation Bangobandhu Sheikh MujiburRahman [16] ordered for closing all the country liquor shops during the year 1972, except for a few bar licenses at aristocratic hotels for the foreigners, diplomats and foreign tourists but it was creating problems for the non-Muslim populations, particularly the coolies at the tea gardens, the tribal populations and sweepers at the municipal areas, the country liquor shops at all municipal areas were reopened. By 1982, it was observed that due to excess restriction and control on liquor, people had started drinking various alcoholic medicinal preparations for intoxicating purposes.

An Ayurvedic preparation called 'MritasanjibaniSura', various homeo patent alcoholic medicines and various allopathic preparations containing alcohol earned immense popularity by 1982. On consideration of the harmful effects of these substances on health, the Government banned all homeopathic and allopathic alcoholic medicinal preparations by proclamation of the Drug Ordinance 1982. But mritasanjibanisura, an ayurvedic medicinal preparation containing 42 proof alcohols was still in use, and as a medicine, there was no control or restriction on it. As a result, mritasanjibanisura became the only alcoholic drink for people who were not allowed to drink liquor legally. Within two years mritasanjibani reached at the pick of popularity as a substitute to country liquor and became the number one drug of abuse in the country. On consideration of the abuse and harmful effects of mritosanjibanisura, the government imposed ban on it during 1984. At the same year, opium was also banned. During the year 1987, the Government stopped the cultivation of cannabis at Naogaon District and imposed ban on cannabis during 1989 [9, 12, 7, 14, 10].

In this way, all the traditional and prevalent drugs of abuse were banned by the year 1989. But unfortunately, there was no program for prevention,

education, campaign, motivation, or social mobilization against drug abuse and their harmful effects. In this situation, the habitual drug abusers and drug dependent persons were looking for alternative substances to get intoxicated. Heroin was introduced in Bangladesh at the early eighties. Though not very popular; it was somehow prevailing in Dhaka and at the Northwestern part of the country. Phensedyl, though banned in Bangladesh, was still a legal medicinal drug in India. In the contemporary period, there was a booming of drug market all over the world. Due to Russian invasion, the Golden Crescent was boomed by the tribal warlords of Afghanistan. There was also tremendous expansion of the Golden Triangle by the war lords of South-east Asia. Besides the legal cultivation, illegal cultivation of opium poppy in India also increased to meet the very highly increased demand in the world market. At the beginning, Bangladesh, for its strategic geographic location, was being used as transit or corridor for trafficking of the narcotics produced in these three regions during the mid-eighties, but within next ten years, it became a market of heroin and phensedyl, because due to ban and restriction on all i traditional drugs, the habitual drug takers in Bangladesh were in search of new intoxicant substances [11].

Heroin and phensedyl sourced from India immediately quenched their thirst for a new intoxicating drug. The Indian drug traffickers established many clandestine laboratories for manufacture of heroin in Indian territories across our East and western border by the end of last century. Experiencing the harmful effect and severe consequences, the media, the law enforcement agencies and the society in Bangladesh became aware of heroin and phensedyl. There was scarcity in the supply of these drugs very often. The addicts of these drugs therefore began practicing Buprenorphine during the periods of scarcity. In this way, abuse of injecting drugs was also introduced in Bangladesh. We do not know the specific reasons for emergence of the 'yaba-culture in Bangladesh due to the influence of satellite TV. It may be related to the imitating behavior of our young generation, because they are always found to imitate the fashions and crazes of the western culture. They are mostly guided by the myths and misconceptions about drugs. The myths and misconceptions prevailing among our young generation about yaba is that: "Yaba is a symbol of smartness and speed. As a stimulant drug, Yaba provides extra energy and body-stamina for singing and dancing at the week-end raving parties that helps to be awakened for the whole night, removes the pains and tiredness. It is an excellent way to get rid of frustration, agitation, anxiousness and boredom, enhances the effects of cheerfulness, is a source of sexual energy, enhances the physical capabilities of performances in music, sports and other recreational activities.' Many of youngsters believe that Yaba enhances their physical appearance and beauty. There are myths that Yaba helps slimming the body.Whatever may be the myths and misconceptions about yaba, and whatever may be the results and consequences of yaba abuse, it has now become the most popular drug among the student community, particularly among the English medium students and students of private universities. At the beginning, yaba was confined among the English medium students of the elegant society of Dhaka city. Thereafter it has spread among the fashion girls, band musicians and models. By now, yaba is prevailing all over the country, even at the rural areas. Another feature of the drug scenario in Bangladesh is sniffing adhesives or glue. The main ingredient of adhesive or glue is toluene.Toluene is a controlled precursor chemical in Bangladesh. Its use is limited in industrial sector under strict control and monitoring of the Department of Narcotics Control (DNC). But the finished product of toluene, the adhesive, as a very essential industrial and household substance, is sold in open market at a very low price. We do not know how it became a substance to get intoxicated, but suddenly, we came to know that it has become a major drug of abuse among the street children in Bangladesh, and from the street children, it has now been spreading among other segments of the population. Hence, if we review the background and history of the drug abusing situation in Bangladesh, we see that cannabis was the most ancient drug in this land. Though the home-made alcoholic drinks were in prevalence among the ancient tribal groups in Bangladesh, the culture of modern liquor and alcohol were introduced by the British rulers in this country. Though opium was introduced by the Arab traders, its use for commercial and intoxicating purposes were introduced by the British colonial rulers in this country. The emergence of modern drugs like heroin and phensedyl was an aftereffect of the restriction and ban on traditional and customary drugs. Injecting drugs were introduced as substitutes to heroin in the periods of scarcity and yaba entered our country as a symbol of fashion [9, 12, 7, 10, 14, 11].

Drugs are found certain prevailing characteristics of our country, which are vulnerable for abuse among its population. Firstly, the country has one of the highest densities of population in the world. Due to this extreme population-density, pollution in nature and society is very high. Polluted and crowded society like Bangladesh is the breeding ground of drug epidemic. The country is on the track of very rapid urbanization. Few years back, the rural-urban ratio of population was 85:15. But the population census during 2011 shows that it is now 76.57%: 23.43%. This rapid urbanization is increasing the number and size of slums in big cities and as slums are the most vulnerable places for all drug-related activities, both marketing and consumption of drugs are increasing day by day. The per capita income in Bangladesh is also on increase. This increased income is enhancing the purchasing capabilities of all segments of population including the drug abusers. Bangladesh was once classified as agriculture based country. In the past, most of the labor

forces were engaged in traditional agricultural activities but the recent census of 2011 projects that employment in industries and numerous services have increased. This increased labor force and service holders mainly reside in crowded cities and in densely populated slums of urban localities. The pressure of the increased population in urban society is augmenting the drug problem [9, 12, 7, 10, 14, 11].

Drug Addiction and its Remedies

Drug Addiction has significantly increased recently in Bangladesh. This agent of human devastation has spread its tentacles worldwide and in our country. Every intelligent and humane person in the world society and international organizations such as the UN and WHO are alarmed by the present rate of addiction. In our country, the regular seizures of stocks of heroin and other hard drugs by the police and narcotics department gives us an indication of the extent of addiction in our country. Nowadays nearly 10% of out-patients in our hospitals are cases of drug addiction involving heroin, ganja and phensidyl. These are generally youths and young men between 15-30 years of age and come from all strata of the society. But there are adolescents below 15 years of age and men and women over 30. Hospital surveys show that average age of drug addicts is 22. The addicts are students, professionals, businessmen, laborer's, rickshaw puller and from other professions. Students are most affected and drugs have caused deterioration in standards of education and students have also given up going to schools and colleges. To procure drugs, these addicts are turning to various criminal activities.

Words of Caution for the Parents

Children are the beloved of their parents. Suspicions of one's child engaged in immoral and criminal activities are a source of the utmost heartache for the parents. Yet for this very reason, children must be kept under close observation. Behavioral and emotional changes are common in the adolescent and young men but long-standing changes and rapid shifts in mood needs specialist doctor's attention and investigation. Heroin addicts live in a dream world, unconnected with realism and the environment around them. They lose concentration, live alone and are irritated by interference and contact with non-addicts or other addicts, rub their eyes and legs, and lose appetite rapidly. If you come to know that your son or daughter is a heroin addict, do not lose calm and temper. Try to take stock of the situation and seek medical attention immediately, without trying to forcibly rid your children of the habit. Symptoms of Heroin addiction your shy child may become aggressive about money but keep your children under observation. If you suspect anything, examine their rooms in their absence. Burnt paper, empty cigarette packets, oily scraps of paper are some signs. Rapid weight loss of your child. Avoidance of any reply to your queries about weight loss. Get answers from them and keep under observation. Uncertain temper, loss of appetite, lack of sleep; hand tremors. Regular onset of fever at a fixed time. Watery eyes. Asks for money for medicines and does not allow others to buy these. Withdrawal symptoms vary with patients according to dosage and the patient's personality and symptoms start four hours after the last dosage of heroin. Eight hours later the patients yawn, sweats, with watery eyes and nose. Six hours later his muscles start aching. No appetite at all. Within 24 to 36 hours the patient may have fever. No sleep and rise in blood pressure and pulse count results. Between 36 to 48 hours the patient may vomit with diarrhea. Some also ejaculate and symptoms slowly disappear. After one week, the patient feels better but normalcy returns after two to four weeks.

The Role of Religious Values

Induction of religious values is a significant part of the treatment. Many addicts can become re-addicted and many of their religious and moral values are not strong enough. Drug treatment and rehabilitation centers maybe attached to mosques and other places of worship. The whole course of treatment of drug addiction revolves around the restoration of social, community and religious values in the patient.

Perspectives and Policy Framework

The perspective from which the phenomenon of drug abuse is viewed and analyzed is the most fundamental aspect in handling drug problems in any country. The social and the legal perspectives are the two most interrelated perspectives that predominantly shape the institutional arrangement and responses to drug demand reduction. From the social perspective addiction is considered as serious sin and offence in Bangladesh society and addicts are viewed as criminals. In this context, it is difficult to develop effective social measures for prevention of drug abuse and rehabilitation of the drug abusers in the society while they have already grown as the chaotic elements both in the family and society having linkage with many criminal deeds. In fact, society is the best institution to make effective response in favor of preventing drug abuse. But presently it cannot do it due to its linear traditional perspective. People are habituated addicts as sinners, not as the victims of the multidimensional forces of open market economy and globalization. The Narcotics Control Act of 1990 promulgated by the Government of Bangladesh provide framework for the legal perspective regarding drug abuse. It has also provided the ground policy framework of the government of the People's Republic of Bangladesh. But the most remarkable reality dominating this framework is that it could not present any new perspective regarding drug other than the afore mentioned social perspective. The focus of the act is to stop drug trafficking and eventually it assumes a police service approach in responding to drug abuse in the country and establish institutional system in line with this approach.

Institutional Responses of Government and NGOs

The Drug and Narcotic Control [15] Board under Home Ministry is the central agency on drug demand reduction in Bangladesh but the enforcement of laws and regulations related to drug demand reduction and illicit trafficking have mainly been entrusted with the DNC which came into being in 1990. The DNC conducts campaign against drug demand reduction, organizes lecture and discussion in various forum, symposia, meetings, seminars, workshops, religious meetings and community assemblies, creates mass awareness through print Media, electronic Media and through the folk songs, jatra, gombhira, kabi gaan, which can effectively penetrate rural mind and they could be the useful tools in spreading anti-drug message to the rural people. Apart from these, DNC also runs a drug addiction rehabilitation center called Niramoy Kendra under its direct supervision since 1991. Niramoy Kendra, the lone government hospital (40 beds) in the city to take care of the addicted patients whiles a couple of years back an average of 20 patients daily used to visit. The hospital cannot provide treatment to all those who come for help.The drug and narcotics control authority of Bangladesh always maintains strict liaison and network with NGOs working for drug demand reduction including Bangladesh Anti-Drug Federation of NGOs (BAF-NGOs). The Govt. started 5-year plan "Master plan on drug abuse control in Bangladesh" in 1991 under the collaboration of UNDCP. The aim of such 5-year plan was: i. Enforcement of law and help related to law ii. Education and information related to cure iii. Treatment and rehabilitation. On the other hand, NGOs are mainly involved in the hospital services to the drug addicts who are still concentrated in the capital city. Most of them are quite unable to provide proper services to the due to their clinical and medicinal perspective in treating the drug addicts. It is to be noted here that the city's drug addicts' rehabilitation centers and hospitals are experiencing increasing rush of patients in recent times. Though some private rehabilitation centers are also working in the field, their services also do not come to the optimum level, mainly because they are run for commercial purposes. They charge a good amount of money from the patients ranging from 10,000 to 90,000 Tk. per month. The curative approach or the clinical approach to the drug abuse in most of the case has created a business sector for some profit hunting NGOs in the country.

Top 5 Ways to Prevent Addiction

While it's practically impossible to prevent anyone and everyone from using drugs, there are things we can all do to avoid drug and alcohol abuse. By sharing this knowledge with those closest to you and yourself may be able to prevent them from taking drugs, too. Here are the top five ways to help prevent drug abuse such as, i) effectively deal with peer pressure, ii) deal with life pressure, iii) seek help for mental illness, iv) examine the risk factors and v) keep a well-balanced life.

Principles of Effective Treatment

- Addiction is a complex but treatable disease that affects brain function and behavior. Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased.
- No single treatment is appropriate for everyone. Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, society and workplace.
- Treatment needs to be readily available because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services, the moment people are ready for treatment is critical.
- Effective treatment attends to multiple needs of the individual, not just drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems.
- Behavioral therapies-including individual, family, or group counseling-are the most commonly used forms of drug abuse treatment.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs.
- Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary. Typically, drug abuse treatment addresses some of the drug-related behaviors that put people at risk of infectious diseases. Targeted counseling focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors.

The Risk Factors for Addiction

- Genetics (family history) - anybody who has a close relative with an addiction problem has a

higher risk of eventually having one themselves. It may be argued that environmental and circumstantial factors that close family members share are the prominent causes.

- Alcoholics are six times more likely than non-alcoholics to have blood relatives who are alcohol dependent.
- Gender - a significantly higher percentage of people addicted to a substance are male. According to the Mayo Clinic, USA, males are twice as likely as females to have problems with drugs.
- Having a mental illness/condition- people with depression, ADHD (attention-deficit hyperactivity disorder) and other mental illnesses have a higher risk of eventually becoming addicted to drugs.
- Peer pressure - trying to conform to other members of a group and gain acceptance can encourage people to take up the use of potentially addictive substances.
- Family behavior - young people who do not have a strong attachment to their parents and siblings have a higher risk of becoming addicted to something one day, compared to people with deep family attachments.
- Loneliness - being alone and feeling lonely can lead to the consumption of substances as a way of copying; resulting in a higher risk of addiction.
- The nature of the substance - some substances, such as crack, heroin or cocaine can bring about addiction more rapidly than others.
- Age when substance was first consumed - studies of alcoholism have shown that people who start consuming a drug earlier in life have a higher risk of eventually becoming addicted, than those who started later.
- Stress - if a person's stress levels are high there is a greater chance a substance, such as alcohol may be used to blank out the upheaval. Some stress hormones are linked to alcoholism.

DISCUSSIONS AND CONCLUSIONS

The first step for the addicted person is to acknowledge that there is aaddiction problem. The next step is to get help. In most of the world there are several support groups and professional services available. Treatment options for addiction depend on several factors, including what type of substance it is and how it affects the patients. Typically, treatment includes a combination of inpatient and outpatient programs, counseling, self-help groups, pairing with individual sponsors, and medication. Treatment programs - these typically focus on getting sober and preventing relapses. Individual, group and family sessions may form part of the program. Depending on the level of addiction, patient behaviors and type of substance this may be in outpatient.

Psychotherapy - there may be one-to-one (one-on-one) or family sessions with a specialist. Help with coping with cravings, avoiding the substance and dealing with possible relapses are key to effective addiction programs. If the patient's family can become involved there is a better probability of positive outcomes.

Self-help groups - these may help the patient meet other people with the same problem, which often boosts motivation. Self-help groups can be a useful source of education and information too. Examples include Alcoholics Anonymous and Narcotics Anonymous. For those dependent on nicotine, ask your doctor or nurse for information on local self-help groups.

Help with withdrawal symptoms - the main aim is usually to get the addictive substance out of the patient's body as quickly as possible. Sometimes the addict is given gradually reduced dosages (tapering). In some cases, a substitute substance is given. Depending on what the person is addicted to, as well as some other factors, the doctor may recommend treatment either as an outpatient or inpatient.

The Possible Complications of Addiction

Health - addiction to a substance, be it a drug, narcotic usually has health consequences. In the case of drug/alcohol addiction there may be emotional as well as physical health problems. In the case of nicotine addiction, the problems tend to be just with physical health. Coma, unconsciousness or death - some drugs, taken in high doses or together with other substances may be severely dangerous.

Some diseases - people who inject drugs have a risk of developing HIV/AIDS if they share needles. Some substances, including specific drugs or alcohol can lead towards riskierunprotected sex increasing the probability of developing sexually transmitted diseases.

Accidental injuries - people with a drug/alcohol addiction have a higher risk of falling over, or driving dangerously when under the influence such as suicide, child abuse, relationship problems, unemployment, poverty and homelessness and problems with the laws.

Step Facilitation Therapy (Alcohol, Stimulants, Opiates)

Twelve-step facilitation therapy is an active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups, thereby promoting abstinence. Three key ideas are predominate:

- Acceptance, which includes the realization that drug addiction is a chronic, progressive disease over which one has no control, that life has become unmanageable because of drugs, that willpower

alone is insufficient to overcome the problem, and that abstinence is the only alternative;

- surrender, which involves giving oneself over to a higher power, accepting the fellowship and support structure of other recovering addicted individuals, and following the recovery activities laid out by the 12-step program; and
- Active involvement in 12-step meetings and related activities. While the efficacy of 12-step programs (and 12-step facilitation) in treating alcohol dependence has been established, the research on its usefulness for other forms of substance abuse is more preliminary, but the treatment appears promising for helping drug abusers sustain recovery. These are the Twelve Steps as published by Alcoholics Anonymous:
    - We admitted our powerlessness over our illness, or drugs and alcohol-that our lives had become unmanageable.
    - Came to believe that a Power greater than ourselves could restore us to sanity.
    - Decided to turn our will and our lives over to the care of our Higher Power.
    - Made a searching and fearless moral inventory of ourselves.
    - Admitted to our Higher Power, to ourselves, and to another human being the exact nature of our wrongs.
    - Were entirely ready to have our Higher Power remove all these defects of character.
    - Humbly asked our Higher Power to remove our shortcomings.
    - Made a list of all persons we had harmed, and became willing to make to them all.
    - Made direct amends to such people wherever possible, except when to do so would injure them or others.
    - Continued to take personal inventory and when we were wrong promptly admitted it.
    - Sought through prayer and meditation to improve our conscious contact with our Higher Power, praying only for knowledge of His will for us and the power to carry that out.
    - Having had a spiritual awakening as the result of these steps, we tried to carry this message to drug and alcohol addicts, and to practice these principles in all our affairs.

Finally, in concluding remarks, the main elements in combating Drug addiction include measures to control availability and use of drugs, treatment of withdrawal symptoms and restoration of social moral and religious values. To prevent re-addiction in patients, innovative treatment containing medical, social and religious aspects must be put in place. Easy availability of treatment will ensure the elimination of this socially and physically dreaded disease. However, treatment of addiction in Bangladesh is still not in a hopeful stage. Some unqualified and unscrupulous people are engaged in making money out of this affliction with mushrooming organizations and signboards, which confuse the patients. Such institutions do not have doctors. Others falsely advertise the availability of services and doctors from abroad. Such doctors even if available cannot be very effective, unless they are truly knowledgeable about our social, cultural and economic environment.

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